



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**

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

**PART I - COST REPORT STATUS**

PROVIDER USE ONLY	1. <input checked="" type="checkbox"/> ELECTRONICALLY FILED COST REPORT	DATE: 11/24/2014	TIME: 14:19
	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 MEDICAL CENTER - DUBUQUE (16-0069) {(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 V	TITLE XVIII		HIT	TITLE XIX	
		1	PART A 2	PART B 3	4	5	
1	HOSPITAL		1,067,920	18,641	16,332		1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF		24,529				3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY		249				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		1,092,698	18,641	16,332		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



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

INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I

Hospital and Hospital Health Care Complex Address:											
1	Street: 250 MERCY DRIVE	P.O. Box:								1	
2	City: DUBUQUE	State: IA	ZIP Code: 52001	County: DUBUQUE						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 MEDICAL CENTER - DUBUQUE	16-0069	20220	1	07/01/1966	N	P	O	3	
4	Subprovider - IPF									4	
5	Subprovider - IRF	MERCY MEDICAL CENTER - DUBUQUE	16-T069	20220	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	MERCY MEDICAL CENTER - DUBUQUE	16-5116	20220		11/29/1983	N	P	O	9	
10	Hospital-Based NF									10	
11	Hospital-Based OLTC									11	
12	Hospital-Based HHA	MERCY HOME CARE - DUBUQUE	16-7145	20220		07/01/1987	N	P	N	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.							3	Y	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.	3,792	798	122	179	14	53	24			
25	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid 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.	72						25			
26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.				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:			
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.									37	



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I

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



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**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.	N			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Worksheet E-4. If column 2 is 'N', complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			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)				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



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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
<b>Inpatient Psychiatric Facility PPS</b>				1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.			N			70
71	If line 70 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.						71
<b>Inpatient Rehabilitation Facility PPS</b>				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.			N	N		76
<b>Long Term Care Hospital PPS</b>							
80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.				N		80
<b>TEFRA Providers</b>							
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

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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	
		Physical	Occupational	Speech	Respiratory
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.				109
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.	Y		117	
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118	
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	14,283	48,845	116,676	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	



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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 Y	2 902022		140
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141	Name: TRINITY HEALTH	Contractor's Name: WPS		Contractor's Number: 08201	
142	Street: 20555 VICTOR PARKWAY	P.O. Box:			
143	City: LIVONIA	State: MI	ZIP Code: 48152		
144	Are provider based physicians' costs included in Worksheet A?	Y			
145	If costs for renal services are claimed on Worksheet A, line 74 are they costs for inpatient services only? Enter 'Y' for yes, or 'N' for no.	N			
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			
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N			
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N			
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter 'Y' for yes or 'N' for no for each component for Part A and Part B. See 42 CFR §413.13)					
		Title XVIII			
		Part A	Part B	Title V	Title XIX
			1	2	3
155	Hospital	N	N	N	N
156	Subprovider - IPF	N	N		
157	Subprovider - IRF	N	N	N	N
158	Subprovider - Other				
159	SNF	N	N	N	N
160	HHA	N	N	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			
166	If line 165 is yes, for each campus, enter the name in column 0, county in column 1, state in column 2, ZIP in column 3, CBSA in column 4, FTE/campus in column 5.				
	Name	County	State	ZIP Code	CBSA
	0	1	2	3	4
					FTE/Campus
					5
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y			
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)				
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)	0.50			
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2013	06/30/2014		



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## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

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

## COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
<b>PROVIDER ORGANIZATION AND OPERATION</b>					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (see instructions)	N			1
		Y/N	DATE	V/I	
		1	2	3	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N			2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (e.g., chain home offices, drug or medical supply companies) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (see instructions)	Y			3
<b>FINANCIAL DATA AND REPORTS</b>					
		Y/N	TYPE	DATE	
		1	2	3	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (see instructions). IF NO, SEE INSTRUCTIONS.	Y	A		4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N			5
<b>APPROVED EDUCATIONAL ACTIVITIES</b>					
		Y/N	Y/N		
		1	2		
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N			6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N			7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N			8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N			9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N			10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N			11
<b>BAD DEBTS</b>					
			Y/N		
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.		Y		12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.		N		13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.		N		14
<b>BED COMPLEMENT</b>					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		N		15
<b>PART A</b>					
		Y/N	DATE	Y/N	DATE
		1	2	3	4
<b>PS&amp;R REPORT DATA</b>					
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (see instructions)	N		N	16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (see instructions)	Y	10/28/2014	Y	10/28/2014
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



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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
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## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

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

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

CAPITAL RELATED 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: NORMA	LAST NAME: SZAJNER	TITLE: REGIONAL DIRECTOR OF REIMB
42	EMPLOYER: TRINITY HEALTH		
43	PHONE NUMBER: 734-343-0263	E-MAIL ADDRESS: SZAJNERN@TRINITY-HEALTH.ORG	



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
PART I

	COMPONENT	WKST A LINE NO.	NO. OF BEDS	BED DAYS AVAILABL E	CAH HOURS	INPATIENT DAYS/OUTPATIENT VISITS/TRIPS				
						TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
						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	165	60,225			16,270	3,588	27,072	1
2	HMO AND OTHER (see instructions)						252	14		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)		165	60,225			16,270	3,588	27,072	7
8	INTENSIVE CARE UNIT	31	8	2,920			1,138	130	1,662	8
9	CORONARY CARE UNIT	32								9
10	BURN INTENSIVE CARE UNIT	33								10
11	SURGICAL INTENSIVE CARE UNIT	34								11
12	OTHER SPECIAL CARE (SPECIFY)	35								12
13	NURSERY	43						1,173	2,838	13
14	TOTAL (see instructions)		173	63,145			17,408	4,891	31,572	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40								16
17	SUBPROVIDER - IRF	41	9	3,285			765	72	1,049	17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44	22	8,030			3,924	454	4,861	19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101					9,042	3,240	15,822	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)		204							27
28	OBSERVATION BED DAYS							139	1,114	28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (see instructions)								534	30
31	EMPLOYEE DISCOUNT DAYS-IRF								90	31
32	LABOR & DELIVERY DAYS (see instructions)		7	2,555				53	237	32
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)								55	32.01
33	LTCH NON-COVERED DAYS									33



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
PART I

	COMPONENT	FULL TIME EQUIVALENTS			DISCHARGES				
		TOTAL INTERNS & RESIDENTS	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)					4,040	1,480	7,668	1
2	HMO AND OTHER (see instructions)					56	6		2
3	HMO IPF SUBPROVIDER								3
4	HMO IRF SUBPROVIDER								4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF								5
6	HOSPITAL ADULTS & PEDS. SWING BED NF								6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)								7
8	INTENSIVE CARE UNIT								8
9	CORONARY CARE UNIT								9
10	BURN INTENSIVE CARE UNIT								10
11	SURGICAL INTENSIVE CARE UNIT								11
12	OTHER SPECIAL CARE (SPECIFY)								12
13	NURSERY								13
14	TOTAL (see instructions)		857.41			4,040	1,480	7,668	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF								16
17	SUBPROVIDER - IRF		7.22			54	3	76	17
18	SUBPROVIDER I								18
19	SKILLED NURSING FACILITY		26.33						19
20	NURSING FACILITY								20
21	OTHER LONG TERM CARE								21
22	HOME HEALTH AGENCY		42.80						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)		933.76						27
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)								32

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## 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		
<b>SALARIES</b>								
1	TOTAL SALARIES (see instructions)	200	45,999,393		45,999,393	1,991,443.00	23.10	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A - ADMINISTRATIVE							4
4.01	PHYSICIAN-PART A - TEACHING							4.01
5	PHYSICIAN-PART B		168,051		168,051	4,267.00	39.38	5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (in an approved program)	21						7
7.01	CONTRACTED INTERNS & RESIDENTS (in an approved program)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44	1,143,269	27,579	1,170,848	54,349.00	21.54	9
10	EXCLUDED AREA SALARIES (see instructions)		5,040,226	321,683	5,361,909	230,953.00	23.22	10
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11	CONTRACT LABOR (see instructions)		2,534,319		2,534,319	84,834.00	29.87	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		451,379		451,379	3,629.00	124.38	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		9,489,480		9,489,480	172,462.00	55.02	14
15	HOME OFFICE: PHYSICIAN PART A - ADMINISTRATIVE							15
16	HOME OFFICE & CONTRACT PHYSICIANS PART A - TEACHING							16
<b>WAGE-RELATED COSTS</b>								
17	WAGE-RELATED COSTS (core)(see instructions)		17,439,195		17,439,195			17
18	WAGE-RELATED COSTS (other)(see instructions)							18
19	EXCLUDED AREAS		2,310,568		2,310,568			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A - ADMINISTRATIVE							22
22.01	PHYSICIAN PART A - TEACHING							22.01
23	PHYSICIAN PART B		72,417		72,417			23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (in an approved program)							25
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26	EMPLOYEE BENEFITS DEPARTMENT		1,579,573	47,827	1,627,400	94,441.00	17.23	26
27	ADMINISTRATIVE & GENERAL		3,334,598	-1,144,291	2,190,307	101,752.00	21.53	27
28	ADMINISTRATIVE & GENERAL UNDER CONTRACT (see instructions)		76,008		76,008	943.00	80.60	28
29	MAINTENANCE & REPAIRS		1,159,920	27,506	1,187,426	55,803.00	21.28	29
30	OPERATION OF PLANT							30
31	LAUNDRY & LINEN SERVICE		480,760	19,700	500,460	38,894.00	12.87	31
32	HOUSEKEEPING		1,023,291	37,355	1,060,646	82,850.00	12.80	32
33	HOUSEKEEPING UNDER CONTRACT (see instructions)		11,550		11,550	1,072.00	10.77	33
34	DIETARY		1,556,039	50,568	1,606,607	108,549.00	14.80	34
35	DIETARY UNDER CONTRACT (see instructions)							35
36	CAFETERIA							36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		973,644	34,903	1,008,547	31,921.00	31.60	38
39	CENTRAL SERVICES AND SUPPLY		336,353	11,864	348,217	23,004.00	15.14	39
40	PHARMACY		1,632,303	28,354	1,660,657	54,653.00	30.39	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,253,842	49,914	2,303,756	96,442.00	23.89	41
42	SOCIAL SERVICE		292,465	7,570	300,035	13,581.00	22.09	42
43	OTHER GENERAL SERVICE		254,672	8,204	262,876	16,908.00	15.55	43

## PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)		45,918,900		45,918,900	1,989,191.00	23.08	1
2	EXCLUDED AREA SALARIES (see instructions)		6,183,495	349,262	6,532,757	285,302.00	22.90	2
3	SUBTOTAL SALARIES (line 1 minus line 2)		39,735,405	-349,262	39,386,143	1,703,889.00	23.12	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)		12,475,178		12,475,178	260,925.00	47.81	4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)		17,439,195		17,439,195		44.28%	5



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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
PARTS II-III

6	TOTAL (sum of lines 3 through 5)		69,649,778	-349,262	69,300,516	1,964,814.00	35.27	6
7	TOTAL OVERHEAD COST (see instructions)		14,965,018	-820,526	14,144,492	720,813.00	19.62	7



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## HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

## PART IV - WAGE RELATED COST

## PART A - CORE LIST

		AMOUNT REPORTED	
	<b>RETIREMENT COST</b>		
1	401K EMPLOYER CONTRIBUTIONS		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)	3,647,104	4
	<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization):</b>		
5	401k/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	322,666	7
	<b>HEALTH AND INSURANCE COST</b>		
8	HEALTH INSURANCE (Purchased or Self Funded)	9,768,182	8
9	PRESCRIPTION DRUG PLAN	45,734	9
10	DENTAL, HEARING AND VISION PLAN	506,919	10
11	LIFE INSURANCE (If employee is owner or beneficiary)	88,349	11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)	69,213	13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)		14
15	WORKERS' COMPENSATION INSURANCE	866,110	15
16	RETIREMENT HEALTH CARE COST (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	<b>TAXES</b>		
17	FICA-EMPLOYERS PORTION ONLY	3,556,962	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE		19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES	18,516	20
	<b>OTHER</b>		
21	EXECUTIVE DEFERRED COMPENSATION (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	DAY CARE COSTS AND ALLOWANCES	656,226	22
23	TUITION REIMBURSEMENT	276,199	23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	19,822,180	24
	<b>PART B - OTHER THAN CORE RELATED COST</b>		
25	OTHER WAGE RELATED (OTHER WAGE REL	100,609	25



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

EXHIBIT 3

<b>STEP 2: DETERMINE THE 3-YEAR AVERAGING PERIOD</b>			
1	WAGE INDEX FISCAL YEAR ENDING DATE	06/30/2017	1
2	PROVIDER'S COST REPORTING PERIOD USED FOR WAGE INDEX YEAR ON LINE 1 (FYB in Col. 1, FYE in Col. 2)	07/01/2013	06/30/2014
3	MIDPOINT OF PROVIDER'S COST REPORTING PERIOD SHOWN ON LINE 2, ADJUSTED TO FIRST OF MONTH	1/01/2014	3
4	DATE BEGINNING THE 3-YEAR AVERAGING PERIOD (subtract 18 months from midpoint shown on Line 3)	7/01/2012	4
5	DATE ENDING THE 3-YEAR AVERAGING PERIOD (add 18 months to midpoint shown on Line 3)	7/01/2015	5
<b>STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)</b>			
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

<b>STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD</b>			
9	BEGINNING DATE OF AVERAGING PERIOD FROM LINE 4 OR LINE 8, AS APPLICABLE	7/01/2012	9
10	ENDING DATE OF AVERAGING PERIOD FROM LINE 5	7/01/2015	10
11	ENTER PROVIDER CONTRIBUTIONS MADE DURING AVERAGING PERIOD ON LINES 9 & 10	<b>DEPOSIT DATE(S)</b>	<b>CONTRIB-UTION(S)</b>
11.03		06/30/2013	3,088,430
11.04		06/30/2014	3,088,430
11.05		06/30/2015	3,088,430
12	TOTAL CALENDAR MONTHS INCLUDED IN AVERAGING PERIOD (36 unless Step 2 completed)	36	12
13	TOTAL CONTRIBUTIONS MADE DURING AVERAGING PERIOD	9,265,290	13
14	AVERAGE MONTHLY CONTRIBUTION (Line 13 divided by Line 12)	257,369	14
15	NUMBER OF MONTHS IN PROVIDER COST REPORTING PERIOD ON LINE 2	12	15
16	AVERAGE PENSION CONTRIBUTIONS (Line 14 times Line 15)	3,088,428	16
<b>STEP 4: TOTAL PENSION COST FOR WAGE INDEX</b>			
17	ANNUAL PREFUNDING INSTALLMENT (see instructions)	558,676	17
18	REPORTABLE PREFUNDING INSTALLMENT ((Line 17 times Line 15) divided by 12)	558,676	18
19	TOTAL PENSION COST FOR WAGE INDEX (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	3,647,104	19



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**HOSPITAL CONTRACT LABOR AND BENEFIT COST**

**WORKSHEET S-3  
PART V**

**PART V - CONTRACT LABOR AND BENEFIT COST**

**HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:**

	COMPONENT	CONTRACT LABOR	BENEFIT COST	
	0	1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	2,534,319	19,822,180	1
2	HOSPITAL	2,534,319	18,308,321	2
3	SUBPROVIDER - IPF			3
4	SUBPROVIDER - IRF		148,667	4
5	SUBPROVIDER - (OTHER)			5
6	SWING BEDS - SNF			6
7	SWING BEDS - NF			7
8	HOSPITAL-BASED SNF		492,660	8
9	HOSPITAL-BASED NF			9
10	HOSPITAL-BASED OLTC			10
11	HOSPITAL-BASED HHA		872,532	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



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## HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 16-7145

WORKSHEET S-4

## HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: DUBUQUE

	DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1	HOME HEALTH AIDE HOURS		887	1,519	585	2,991	1
2	UNDULICATED CENSUS COUNT (see instructions)		639.00	74.00	272.00	950.00	2

## HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK	NUMBER OF EMPLOYEES (Full Time Equivalent)			
		STAFF 1	CONTRACT 2	TOTAL 3	
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	19.52		19.52	3
4	DIRECTOR(S) AND ASSISTANT DIRECTOR(S)				4
5	OTHER ADMINISTRATIVE PERSONNEL				5
6	DIRECT NURSING SERVICE	12.36		12.36	6
7	NURSING SUPERVISOR				7
8	PHYSICAL THERAPY SERVICE	2.70		2.70	8
9	PHYSICAL THERAPY SUPERVISOR				9
10	OCCUPATIONAL THERAPY SERVICE	0.58		0.58	10
11	OCCUPATIONAL THERAPY SUPERVISOR				11
12	SPEECH PATHOLOGY SERVICE	0.01		0.01	12
13	SPEECH PATHOLOGY SUPERVISOR				13
14	MEDICAL SOCIAL SERVICE	0.02		0.02	14
15	MEDICAL SOCIAL SERVICE SUPERVISOR				15
16	HOME HEALTH AIDE	2.40		2.40	16
17	HOME HEALTH AIDE SUPERVISOR				17
18	DME/RT OTHER (CLICK HERE TO CHANG	5.19		5.19	18

## HOME HEALTH AGENCY - CBSA CODES

	ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.		
19	LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (line 20 contains the first code).	16300	20
20.01		20220	20.01
20.02		99914	20.02
20.03		99916	20.03
20.04		99952	20.04

## PPS ACTIVITY

		FULL EPISODES			LUPA EPISODES	PEP ONLY EPISODES	TOTAL (columns 1 through 4)	
		WITHOUT OUTLIERS	WITH OUTLIERS					
		1	2	3	4	5		
21	SKILLED NURSING VISITS	5,662	437	119	132	6,350	21	
22	SKILLED NURSING VISIT CHARGES	728,693	60,630	12,549	16,779	818,651	22	
23	PHYSICAL THERAPY VISITS	1,858	33	27	48	1,966	23	
24	PHYSICAL THERAPY VISIT CHARGES	288,462	5,100	3,570	7,820	304,952	24	
25	OCCUPATIONAL THERAPY VISITS	413	15	2	14	444	25	
26	OCCUPATIONAL THERAPY VISIT CHARGES	67,320	2,550	340	2,210	72,420	26	
27	SPEECH PATHOLOGY VISITS	8	7			15	27	
28	SPEECH PATHOLOGY VISIT CHARGES	1,360	1,190			2,550	28	
29	MEDICAL SOCIAL SERVICE VISITS	9				9	29	
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	1,872				1,872	30	
31	HOME HEALTH AIDE VISITS	805	171	5	8	989	31	
32	HOME HEALTH AIDE VISIT CHARGES	56,374	11,857	284	568	69,083	32	
33	TOTAL VISITS (sum of lines 21, 23, 25, 27, 29, and 31)	8,755	663	153	202	9,773	33	
34	OTHER CHARGES						34	
35	TOTAL CHARGES (sum of lines 22, 24, 26, 28, 30, 32 and 34)	1,144,081	81,327	16,743	27,377	1,269,528	35	
36	TOTAL NUMBER OF EPISODES (standard/non-outlier)	655		37	15	707	36	
37	TOTAL NUMBER OF OUTLIER EPISODES		13		3	16	37	
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	18,716	8,342	429	79	27,566	38	



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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

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

	GROUP	SNF DAYS	SWING BED SNF DAYS	TOTAL (sum of col. 2 + 3)	
	1	2	3	4	
3	RUX				3
4	RUL				4
5	RVX	14		14	5
6	RVL	25		25	6
7	RHX	33		33	7
8	RHL				8
9	RMX				9
10	RML				10
11	RLX				11
12	RUC	28		28	12
13	RUB				13
14	RUA				14
15	RVC	342		342	15
16	RVB	249		249	16
17	RVA	45		45	17
18	RHC	564		564	18
19	RHB	611		611	19
20	RHA	168		168	20
21	RMC	15		15	21
22	RMB	52		52	22
23	RMA	50		50	23
24	RLB				24
25	RLA				25
26	ES3				26
27	ES2				27
28	ES1				28
29	HE2	293		293	29
30	HE1	11		11	30
31	HD2	450		450	31
32	HD1	7		7	32
33	HC2	388		388	33
34	HC1	47		47	34
35	HB2	144		144	35
36	HB1	156		156	36
37	LE2	8		8	37
38	LE1				38
39	LD2	2		2	39
40	LD1	6		6	40
41	LC2				41
42	LC1				42
43	LB2				43
44	LB1				44
45	CE2				45
46	CE1				46
47	CD2	1		1	47
48	CD1				48
49	CC2				49
50	CC1	1		1	50
51	CB2	14		14	51
52	CB1				52
53	CA2	29		29	53
54	CA1	161		161	54
55	SE3				55
56	SE2				56
57	SE1				57
58	SSC				58
59	SSB				59
60	SSA				60
61	IB2				61
62	IB1				62



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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

	GROUP	SNF DAYS	SWING BED SNF DAYS	TOTAL (sum of col. 2 + 3)	
	1	2	3	4	
63	IA1				63
64	IA2				64
65	BB2				65
66	BB1				66
67	BA2				67
68	BA1				68
69	PE2				69
70	PE1				70
71	PD2				71
72	PD1				72
73	PC2				73
74	PC1				74
75	PB2	4		4	75
76	PB1	5		5	76
77	PA2				77
78	PA1				78
199	AAA	1		1	199
200	TOTAL	3,924		3,924	200

SNF SERVICES

		CBSA AT BEGINNING OF COST REPORTING PERIOD	CBSA ON/AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (if applicable)	
		1	2	
201	ENTER IN COLUMN 1 THE SNF CBSA CODE, OR 5 CHARACTER NON-CBSA CODE IF A RURAL FACILITY, IN EFFECT AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COLUMN 2 THE CODE IN EFFECT ON OR AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (if applicable).	20220	20220	201

A NOTICE PUBLISHED IN THE FEDERAL REGISTER VOLUME 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. FOR LINES 202 THROUGH 207: ENTER IN COLUMN 1 THE AMOUNT OF THE EXPENSE FOR EACH CATEGORY. ENTER IN COLUMN 2 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 7, COLUMN 3. IN COLUMN 3, ENTER 'Y' OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (see instructions)

		EXPENSES	PERCENTAGE	ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES?	
		1	2	3	
202	STAFFING	1,433,654	54.38%	Y	202
203	RECRUITMENT				203
204	RETENTION OF EMPLOYEES				204
205	TRAINING				205
206	OTHER (OTHER)	103,191	3.91%	Y	206
207	TOTAL SNF REVENUE (Worksheet G-2, Part I, line 7, column 3)	2,636,248			207



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**HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA**

**WORKSHEET S-10**

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)	0.316013	1
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MEDICAID (see instructions for each line)

2	NET REVENUE FROM MEDICAID	6,533,804	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?	Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?	Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID		5
6	MEDICAID CHARGES	25,304,983	6
7	MEDICAID COST (line 1 times line 6)	7,996,704	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (line 7 minus the sum of lines 2 and 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.	1,462,900	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	17,316	18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (sum of lines 8, 12 and 16)	1,462,900	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	3,728,154	470,000	4,198,154	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (line 1 times line 20)	1,178,145	148,526	1,326,671	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	230,272	47,881	278,153	22
23	COST OF CHARITY CARE (line 21 minus line 22)	947,873	100,645	1,048,518	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)	2,670,868	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)	108,401	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 26 minus line 27)	2,562,467	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 1 times line 28)	809,773	29
30	COST OF UNCOMPENSATED CARE (line 23, column 3 plus line 29)	1,858,291	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (line 19 plus line 30)	3,321,191	31



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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		<b>GENERAL SERVICE COST CENTERS</b>								
1	00100	CAP REL COSTS-BLDG & FIXT		3,981,200	3,981,200	-2,132,069	1,849,131	-409,871	1,439,260	1
1.01	00101	CAP REL COST - 47 BLDG				1,044,466	1,044,466	-338,320	706,146	1.01
1.02	00102	CAP REL COST (PROF ARTS PLAZA)				320,952	320,952	-106,847	214,105	1.02
1.03	00103	CAP REL COST (ASBURY)				24,335	24,335	-23,808	527	1.03
1.04	00104	CAP REL COST (MED ARTS BLDG)				26,756	26,756	-26,353	403	1.04
1.05	00105	CAP REL COST (ENERGY CENTER)				211,597	211,597	-21,998	189,599	1.05
1.06	00106	CAP REL COST (RENTAL PROPERTIES)				5,449	5,449	-2,221	3,228	1.06
1.07	00107	CAP REL COST (PARKING DECK)				83,599	83,599	-2,221	81,378	1.07
1.08	00108	CAP REL COST (97 BLDG)				1,056,115	1,056,115	-161,462	894,653	1.08
1.09	00109	CAP REL COST (BELLEVUE CLINIC)				4,178	4,178	-2,416	1,762	1.09
1.10	00110	CAP REL COST (CASCADE CLINIC)				12,868	12,868	-12,165	703	1.10
1.11	00111	CAP REL COST (RETAIL PHARMACY)				73,829	73,829	-29,378	44,451	1.11
1.12	00112	CAP REL COST (OAKCREST NURSING HOME)				39,396	39,396	-24,315	15,081	1.12
2	00200	CAP REL COSTS-MVBLE EQUIP				5,515,474	5,515,474	-17,051	5,498,423	2
3	00300	OTHER CAP REL COSTS							-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	780,263	824,346	1,604,609	8,227,552	9,832,161	3,078,193	12,910,354	4
4.01	00401	CHILD CARE	799,310	379,511	1,178,821	-199,648	979,173	-979,173		4.01
5.01	01160	COMMUNICATIONS	249,985	93,902	343,887	-50,007	293,880	-10,230	283,650	5.01
5.02	00560	PURCHASING	264,546	479,519	744,065	-42,331	701,734		701,734	5.02
5.03	00580	PFS/COLLECTION	539,147	1,836,070	2,375,217	-97,772	2,277,445		2,277,445	5.03
5.06	00590	OTHER ADMIN & GENERAL	2,280,920	14,642,396	16,923,316	-3,795,741	13,127,575	-2,283,088	10,844,487	5.06
6	00600	MAINTENANCE & REPAIRS	1,159,920	3,807,086	4,967,006	-198,334	4,768,672	-32,184	4,736,488	6
7	00700	OPERATION OF PLANT		139,845	139,845	-14,496	125,349		125,349	7
8	00800	LAUNDRY & LINEN SERVICE	480,760	647,838	1,128,598	-173,887	954,711	-23,848	930,863	8
9	00900	HOUSEKEEPING	1,023,291	622,744	1,646,035	-233,453	1,412,582		1,412,582	9
10	01000	DIETARY	1,556,039	1,527,484	3,083,523	-428,127	2,655,396	-1,011,366	1,644,030	10
11	01100	CAFETERIA								11
12	01200	MAINTENANCE OF PERSONNEL								12
13	01300	NURSING ADMINISTRATION	973,644	639,075	1,612,719	-152,217	1,460,502	-11,129	1,449,373	13
14	01400	CENTRAL SERVICES & SUPPLY	336,353	119,918	456,271	-64,857	391,414		391,414	14
15	01500	PHARMACY	1,632,303	764,558	2,396,861	-439,706	1,957,155	-1,541	1,955,614	15
16	01600	MEDICAL RECORDS & LIBRARY	2,253,842	1,197,268	3,451,110	-421,387	3,029,723	-75,408	2,954,315	16
17	01700	SOCIAL SERVICE	292,465	73,948	366,413	-44,603	321,810		321,810	17
18	01850	CENTRAL STERILIZATION	254,672	296,095	550,767	-202,470	348,297		348,297	18
19	01900	NONPHYSICIAN ANESTHETISTS				492,681	492,681	-492,681		19
20	02000	NURSING SCHOOL								20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD								21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD								22
23	02300	PARAMED ED PRGM-(SPECIFY)								23
		<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	03000	ADULTS & PEDIATRICS	10,032,524	4,430,702	14,463,226	-3,780,840	10,682,386	-1,115,645	9,566,741	30
31	03100	INTENSIVE CARE UNIT	1,161,287	549,424	1,710,711	-416,138	1,294,573		1,294,573	31
41	04100	SUBPROVIDER - IRF	344,998	116,813	461,811	53,751	515,562	-38,180	477,382	41
43	04300	NURSERY	558,327	382,549	940,876	390,627	1,331,503		1,331,503	43
44	04400	SKILLED NURSING FACILITY	1,143,269	393,576	1,536,845	-248,183	1,288,662		1,288,662	44
		<b>ANCILLARY SERVICE COST CENTERS</b>								
50	05000	OPERATING ROOM	3,115,778	12,056,143	15,171,921	-11,137,523	4,034,398	-2,174	4,032,224	50
51	05100	RECOVERY ROOM	1,631,691	641,858	2,273,549	-450,790	1,822,759	-2	1,822,757	51
52	05200	DELIVERY ROOM & LABOR ROOM				1,037,880	1,037,880		1,037,880	52
53	05300	ANESTHESIOLOGY	85,648	862,830	948,478	-788,655	159,823		159,823	53
54	05400	RADIOLOGY-DIAGNOSTIC	1,764,583	1,693,812	3,458,395	-945,094	2,513,301	-23,684	2,489,617	54
58	05800	MRI	187,236	82,876	270,112	-40,314	229,798		229,798	58
60	06000	LABORATORY		6,544,338	6,544,338	-5,212	6,539,126	-1,449,453	5,089,673	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.		602,795	602,795	-1,671	601,124		601,124	63
65	06500	RESPIRATORY THERAPY	860,560	490,332	1,350,892	-257,461	1,093,431	-3,572	1,089,859	65
66	06600	PHYSICAL THERAPY	2,334,692	752,914	3,087,606	-395,427	2,692,179	-72,267	2,619,912	66
69	06900	ELECTROCARDIOLOGY	866,508	2,924,355	3,790,863	-2,533,439	1,257,424	-276,576	980,848	69
70	07000	ELECTROENCEPHALOGRAPHY	284,278	134,780	419,058	-91,317	327,741		327,741	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		210,818	210,818	6,503,587	6,714,405	-3	6,714,402	71



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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
72	07200	IMPL. DEV. CHARGED TO PATIENTS				7,979,511	7,979,511		7,979,511	72
73	07300	DRUGS CHARGED TO PATIENTS		4,479,934	4,479,934	370,393	4,850,327	-85,645	4,764,682	73
76	03950	BEHAVIORAL HEALTH COUNSELING	186,174	60,997	247,171	-14,626	232,545	-6,679	225,866	76
76.01	03951	SHOCK THERAPY	20,759	18,021	38,780	-14,419	24,361		24,361	76.01
76.97	07697	CARDIAC REHABILITATION	268,863	81,967	350,830	-141,561	209,269	-18,994	190,275	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>										
91	09100	EMERGENCY	1,579,530	1,832,439	3,411,969	-484,880	2,927,089	-902,517	2,024,572	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
<b>OTHER REIMBURSABLE COST CENTERS</b>										
95	09500	AMBULANCE SERVICES		54,524	54,524		54,524		54,524	95
98	05950	PURCHASED DIALYSIS SERVICES		149,494	149,494	-196	149,298		149,298	98
101	10100	HOME HEALTH AGENCY	2,024,800	1,938,691	3,963,491	-1,092,234	2,871,257	-106	2,871,151	101
<b>SPECIAL PURPOSE COST CENTERS</b>										
113	11300	INTEREST EXPENSE		1,160,614	1,160,614	-1,160,614				113
118		SUBTOTALS (sum of lines 1-117)	43,328,965	74,720,399	118,049,364	783,297	118,832,661	-7,016,378	111,816,283	118
<b>NONREIMBURSABLE COST CENTERS</b>										
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN								190
190.0	19001	OAKCREST NURSING HOME	996,076	384,119	1,380,195	-224,320	1,155,875		1,155,875	190.0
190.0	19002	SHARED SERVICES	459,740	90,330	550,070	-64,824	485,246		485,246	190.0
190.0	19003	MATERNAL HEALTH	99,866	95,799	195,665	-24,318	171,347		171,347	190.0
190.0	19004	CAFETERIA VISITORS								190.0
190.0	19005	TV SERVICE								190.0
190.0	19006	FUND DEVELOPMENT	257,874	205,763	463,637	150,358	613,995	594,670	1,208,665	190.0
193.0	19301	DAYCARE								193.0
193.0	19302	PHYSICIAN BILLING								193.0
193.0	19303	PHYSICIAN OFFICES								193.0
194	07950	GUEST MEALS								194
194.0	07951	KENNEDY LIVING CENTER	603,233	174,678	777,911	-110,721	667,190		667,190	194.0
194.0	07952	MERCY-CRESCENT DIABETES PROGRAM								194.0
194.0	07953	RENTAL PROPERTIES DBQ		25,750	25,750	14,496	40,246		40,246	194.0
194.0	07954	AUXILIARY								194.0
194.0	07955	COMMUNITY EDUCATION/OUTSIDE LAUNDRY	102,914	26,861	129,775	-13,789	115,986		115,986	194.0
194.0	07956	RURAL OUTREACH PROGRAM		53,859	53,859	-5,998	47,861		47,861	194.0
194.0	07957	OTHER REV DEDUCTIONS		40,187	40,187		40,187		40,187	194.0
194.0	07958	LIFELINE	18,466	90,172	108,638	-3,707	104,931		104,931	194.0
194.0	07959	MMC DYERSVILLE				-387,328	-387,328	4,978,749	4,591,421	194.0
194.1	07960	CCH ELKADER	132,259	26,907	159,166	-14,448	144,718		144,718	194.1
194.1	07961	RETAIL PHARMACY		23,553,148	23,553,148	-98,698	23,454,450		23,454,450	194.1
194.1	07962	IDLE SPACE								194.1
200		TOTAL (sum of lines 118-199)	45,999,393	99,487,972	145,487,365		145,487,365	-1,442,959	144,044,406	200



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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	EQUIPMENT DEPRECIATION	A	CAP REL COSTS-MVBLE EQUIP	2		5,515,474	1
2	EQUIPMENT DEPRECIATION	A					2
3	EQUIPMENT DEPRECIATION	A					3
4	EQUIPMENT DEPRECIATION	A					4
5	EQUIPMENT DEPRECIATION	A					5
6	EQUIPMENT DEPRECIATION	A					6
7	EQUIPMENT DEPRECIATION	A					7
8	EQUIPMENT DEPRECIATION	A					8
9	EQUIPMENT DEPRECIATION	A					9
10	EQUIPMENT DEPRECIATION	A					10
11	EQUIPMENT DEPRECIATION	A					11
12	EQUIPMENT DEPRECIATION	A					12
13	EQUIPMENT DEPRECIATION	A					13
14	EQUIPMENT DEPRECIATION	A					14
15	EQUIPMENT DEPRECIATION	A					15
16	EQUIPMENT DEPRECIATION	A					16
17	EQUIPMENT DEPRECIATION	A					17
18	EQUIPMENT DEPRECIATION	A					18
19	EQUIPMENT DEPRECIATION	A					19
20	EQUIPMENT DEPRECIATION	A					20
21	EQUIPMENT DEPRECIATION	A					21
22	EQUIPMENT DEPRECIATION	A					22
23	EQUIPMENT DEPRECIATION	A					23
24	EQUIPMENT DEPRECIATION	A					24
25	EQUIPMENT DEPRECIATION	A					25
26	EQUIPMENT DEPRECIATION	A					26
27	EQUIPMENT DEPRECIATION	A					27
28	EQUIPMENT DEPRECIATION	A					28
29	EQUIPMENT DEPRECIATION	A					29
30	EQUIPMENT DEPRECIATION	A					30
31	EQUIPMENT DEPRECIATION	A					31
32	EQUIPMENT DEPRECIATION	A					32
33	EQUIPMENT DEPRECIATION	A					33
34	EQUIPMENT DEPRECIATION	A					34
35	EQUIPMENT DEPRECIATION	A					35
36	EQUIPMENT DEPRECIATION	A					36
37	EQUIPMENT DEPRECIATION	A					37
38	EQUIPMENT DEPRECIATION	A					38
500	TOTAL RECLASSIFICATIONS					5,515,474	500
	CODE LETTER - A						
1	DEPRECIATION EXPENSE TO INDIVIDUAL BU	B	CAP REL COST - 47 BLDG	1.01		700,965	1
2	DEPRECIATION EXPENSE TO INDIVIDUAL BU	B	CAP REL COST (PROF ARTS PLAZA	1.02		212,470	2
3	DEPRECIATION EXPENSE TO INDIVIDUAL BU	B	CAP REL COST (ASBURY)	1.03		162	3
4	DEPRECIATION EXPENSE TO INDIVIDUAL BU	B	CAP REL COST (ENERGY CENTER)	1.05		189,263	4
5	DEPRECIATION EXPENSE TO INDIVIDUAL BU	B	CAP REL COST (RENTAL PROPERTI	1.06		3,193	5
6	DEPRECIATION EXPENSE TO INDIVIDUAL BU	B	CAP REL COST (PARKING DECK)	1.07		81,343	6
7	DEPRECIATION EXPENSE TO INDIVIDUAL BU	B	CAP REL COST (97 BLDG)	1.08		892,181	7
8	DEPRECIATION EXPENSE TO INDIVIDUAL BU	B	CAP REL COST (BELLEVUE CLINIC	1.09		1,726	8
9	DEPRECIATION EXPENSE TO INDIVIDUAL BU	B	CAP REL COST (CASCADE CLINIC)	1.10		517	9
10	DEPRECIATION EXPENSE TO INDIVIDUAL BU	B	CAP REL COST (OAKCREST NURSIN	1.12		14,709	10
500	TOTAL RECLASSIFICATIONS					2,096,529	500
	CODE LETTER - B						
1	RETAIL PHARMACY DEPRECIATION	D	CAP REL COST (RETAIL PHARMACY	1.11		44,001	1
500	TOTAL RECLASSIFICATIONS					44,001	500
	CODE LETTER - D						
1	CRNA FEES	F	NONPHYSICIAN ANESTHETISTS	19		492,681	1
500	TOTAL RECLASSIFICATIONS					492,681	500
	CODE LETTER - F						
1	PAP PROPERTY TAX	G	RENTAL PROPERTIES DBQ	194.03		14,496	1
500	TOTAL RECLASSIFICATIONS					14,496	500
	CODE LETTER - G						
1	NON ALLOWABLE ADVERTISING	H	FUND DEVELOPMENT	190.06	168,018	15,148	1
500	TOTAL RECLASSIFICATIONS				168,018	15,148	500
	CODE LETTER - H						



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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	BIRTH CENTER COSTS	J	NURSERY	43	429,272	146,298	1
2	BIRTH CENTER COSTS	J	DELIVERY ROOM & LABOR ROOM	52	774,073	263,807	2
500	TOTAL RECLASSIFICATIONS				1,203,345	410,105	500
	CODE LETTER - J						
1	GENERAL INSURANCE	K	OTHER ADMIN & GENERAL	5.06		864,465	1
500	TOTAL RECLASSIFICATIONS					864,465	500
	CODE LETTER - K						
1	INTEREST EXPENSE	L	CAP REL COSTS-BLDG & FIXT	1		423,390	1
2	INTEREST EXPENSE	L	CAP REL COST - 47 BLDG	1.01		331,891	2
3	INTEREST EXPENSE	L	CAP REL COST (PROF ARTS PLAZA	1.02		104,816	3
4	INTEREST EXPENSE	L	CAP REL COST (ASBURY)	1.03		23,356	4
5	INTEREST EXPENSE	L	CAP REL COST (MED ARTS BLDG)	1.04		25,852	5
6	INTEREST EXPENSE	L	CAP REL COST (ENERGY CENTER)	1.05		21,579	6
7	INTEREST EXPENSE	L	CAP REL COST (RENTAL PROPERTI	1.06		2,180	7
8	INTEREST EXPENSE	L	CAP REL COST (PARKING DECK)	1.07		2,180	8
9	INTEREST EXPENSE	L	CAP REL COST (97 BLDG)	1.08		158,394	9
10	INTEREST EXPENSE	L	CAP REL COST (BELLEVUE CLINIC	1.09		2,369	10
11	INTEREST EXPENSE	L	CAP REL COST (CASCADE CLINIC)	1.10		11,934	11
12	INTEREST EXPENSE	L	CAP REL COST (RETAIL PHARMACY	1.11		28,820	12
13	INTEREST EXPENSE	L	CAP REL COST (OAKCREST NURSIN	1.12		23,853	13
500	TOTAL RECLASSIFICATIONS					1,160,614	500
	CODE LETTER - L						
1	LAND IMPROVEMENT DEPR EXP	M	CAP REL COST - 47 BLDG	1.01		11,610	1
2	LAND IMPROVEMENT DEPR EXP	M	CAP REL COST (PROF ARTS PLAZA	1.02		3,666	2
3	LAND IMPROVEMENT DEPR EXP	M	CAP REL COST (ASBURY)	1.03		817	3
4	LAND IMPROVEMENT DEPR EXP	M	CAP REL COST (MED ARTS BLDG)	1.04		904	4
5	LAND IMPROVEMENT DEPR EXP	M	CAP REL COST (ENERGY CENTER)	1.05		755	5
6	LAND IMPROVEMENT DEPR EXP	M	CAP REL COST (RENTAL PROPERTI	1.06		76	6
7	LAND IMPROVEMENT DEPR EXP	M	CAP REL COST (PARKING DECK)	1.07		76	7
8	LAND IMPROVEMENT DEPR EXP	M	CAP REL COST (97 BLDG)	1.08		5,540	8
9	LAND IMPROVEMENT DEPR EXP	M	CAP REL COST (BELLEVUE CLINIC	1.09		83	9
10	LAND IMPROVEMENT DEPR EXP	M	CAP REL COST (CASCADE CLINIC)	1.10		417	10
11	LAND IMPROVEMENT DEPR EXP	M	CAP REL COST (RETAIL PHARMACY	1.11		1,008	11
12	LAND IMPROVEMENT DEPR EXP	M	CAP REL COST (OAKCREST NURSIN	1.12		834	12
500	TOTAL RECLASSIFICATIONS					25,786	500
	CODE LETTER - M						
1	MEDICAL SUPPLIES RECLASS	N	MEDICAL SUPPLIES CHARGED TO P	71		6,581,815	1
2	MEDICAL SUPPLIES RECLASS	N					2
3	MEDICAL SUPPLIES RECLASS	N					3
4	MEDICAL SUPPLIES RECLASS	N					4
5	MEDICAL SUPPLIES RECLASS	N					5
6	MEDICAL SUPPLIES RECLASS	N					6
7	MEDICAL SUPPLIES RECLASS	N					7
8	MEDICAL SUPPLIES RECLASS	N					8
9	MEDICAL SUPPLIES RECLASS	N					9
10	MEDICAL SUPPLIES RECLASS	N					10
11	MEDICAL SUPPLIES RECLASS	N					11
12	MEDICAL SUPPLIES RECLASS	N					12
13	MEDICAL SUPPLIES RECLASS	N					13
14	MEDICAL SUPPLIES RECLASS	N					14
15	MEDICAL SUPPLIES RECLASS	N					15
16	MEDICAL SUPPLIES RECLASS	N					16
17	MEDICAL SUPPLIES RECLASS	N					17
18	MEDICAL SUPPLIES RECLASS	N					18
19	MEDICAL SUPPLIES RECLASS	N					19
20	MEDICAL SUPPLIES RECLASS	N					20
21	MEDICAL SUPPLIES RECLASS	N					21
22	MEDICAL SUPPLIES RECLASS	N					22
23	MEDICAL SUPPLIES RECLASS	N					23
24	MEDICAL SUPPLIES RECLASS	N					24
25	MEDICAL SUPPLIES RECLASS	N					25
26	MEDICAL SUPPLIES RECLASS	N					26
27	MEDICAL SUPPLIES RECLASS	N					27
28	MEDICAL SUPPLIES RECLASS	N					28
29	MEDICAL SUPPLIES RECLASS	N					29
30	MEDICAL SUPPLIES RECLASS	N					30



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RECLASSIFICATIONS

WORKSHEET A-6

			INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
31	MEDICAL SUPPLIES RECLASS	N					31
32	MEDICAL SUPPLIES RECLASS	N					32
33	MEDICAL SUPPLIES RECLASS	N					33
34	MEDICAL SUPPLIES RECLASS	N					34
35	MEDICAL SUPPLIES RECLASS	N					35
36	MEDICAL SUPPLIES RECLASS	N					36
37	MEDICAL SUPPLIES RECLASS	N					37
38	MEDICAL SUPPLIES RECLASS	N					38
39	MEDICAL SUPPLIES RECLASS	N					39
40	MEDICAL SUPPLIES RECLASS	N					40
41	MEDICAL SUPPLIES RECLASS	N					41
42	MEDICAL SUPPLIES RECLASS	N					42
500	TOTAL RECLASSIFICATIONS					6,581,815	500
	CODE LETTER - N						
1	DRUGS CHARGED TO PATIENTS RECLASS	O	MEDICAL SUPPLIES CHARGED TO P	71		7,488	1
2	DRUGS CHARGED TO PATIENTS RECLASS	O	DRUGS CHARGED TO PATIENTS	73		379,748	2
3	DRUGS CHARGED TO PATIENTS RECLASS	O					3
4	DRUGS CHARGED TO PATIENTS RECLASS	O					4
5	DRUGS CHARGED TO PATIENTS RECLASS	O					5
6	DRUGS CHARGED TO PATIENTS RECLASS	O					6
7	DRUGS CHARGED TO PATIENTS RECLASS	O					7
8	DRUGS CHARGED TO PATIENTS RECLASS	O					8
9	DRUGS CHARGED TO PATIENTS RECLASS	O					9
10	DRUGS CHARGED TO PATIENTS RECLASS	O					10
11	DRUGS CHARGED TO PATIENTS RECLASS	O					11
12	DRUGS CHARGED TO PATIENTS RECLASS	O					12
13	DRUGS CHARGED TO PATIENTS RECLASS	O					13
14	DRUGS CHARGED TO PATIENTS RECLASS	O					14
15	DRUGS CHARGED TO PATIENTS RECLASS	O					15
16	DRUGS CHARGED TO PATIENTS RECLASS	O					16
17	DRUGS CHARGED TO PATIENTS RECLASS	O					17
18	DRUGS CHARGED TO PATIENTS RECLASS	O					18
19	DRUGS CHARGED TO PATIENTS RECLASS	O					19
20	DRUGS CHARGED TO PATIENTS RECLASS	O					20
21	DRUGS CHARGED TO PATIENTS RECLASS	O					21
22	DRUGS CHARGED TO PATIENTS RECLASS	O					22
23	DRUGS CHARGED TO PATIENTS RECLASS	O					23
24	DRUGS CHARGED TO PATIENTS RECLASS	O					24
25	DRUGS CHARGED TO PATIENTS RECLASS	O					25
26	DRUGS CHARGED TO PATIENTS RECLASS	O					26
27	DRUGS CHARGED TO PATIENTS RECLASS	O					27
28	DRUGS CHARGED TO PATIENTS RECLASS	O					28
29	DRUGS CHARGED TO PATIENTS RECLASS	O					29
30	DRUGS CHARGED TO PATIENTS RECLASS	O					30
31	DRUGS CHARGED TO PATIENTS RECLASS	O					31
32	DRUGS CHARGED TO PATIENTS RECLASS	O					32
33	DRUGS CHARGED TO PATIENTS RECLASS	O					33
500	TOTAL RECLASSIFICATIONS					387,236	500
	CODE LETTER - O						
1	DIRECT ASSIGNED EMP BENE	P	EMPLOYEE BENEFITS DEPARTMENT	4		7,798,634	1
2	DIRECT ASSIGNED EMP BENE	P					2
3	DIRECT ASSIGNED EMP BENE	P					3
4	DIRECT ASSIGNED EMP BENE	P					4
5	DIRECT ASSIGNED EMP BENE	P					5
6	DIRECT ASSIGNED EMP BENE	P					6
7	DIRECT ASSIGNED EMP BENE	P					7
8	DIRECT ASSIGNED EMP BENE	P					8
9	DIRECT ASSIGNED EMP BENE	P					9
10	DIRECT ASSIGNED EMP BENE	P					10
11	DIRECT ASSIGNED EMP BENE	P					11
12	DIRECT ASSIGNED EMP BENE	P					12
13	DIRECT ASSIGNED EMP BENE	P					13
14	DIRECT ASSIGNED EMP BENE	P					14
15	DIRECT ASSIGNED EMP BENE	P					15
16	DIRECT ASSIGNED EMP BENE	P					16
17	DIRECT ASSIGNED EMP BENE	P					17
18	DIRECT ASSIGNED EMP BENE	P					18
19	DIRECT ASSIGNED EMP BENE	P					19



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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
20	DIRECT ASSIGNED EMP BENE	P					20
21	DIRECT ASSIGNED EMP BENE	P					21
22	DIRECT ASSIGNED EMP BENE	P					22
23	DIRECT ASSIGNED EMP BENE	P					23
24	DIRECT ASSIGNED EMP BENE	P					24
25	DIRECT ASSIGNED EMP BENE	P					25
26	DIRECT ASSIGNED EMP BENE	P					26
27	DIRECT ASSIGNED EMP BENE	P					27
28	DIRECT ASSIGNED EMP BENE	P					28
29	DIRECT ASSIGNED EMP BENE	P					29
30	DIRECT ASSIGNED EMP BENE	P					30
31	DIRECT ASSIGNED EMP BENE	P					31
32	DIRECT ASSIGNED EMP BENE	P					32
33	DIRECT ASSIGNED EMP BENE	P					33
34	DIRECT ASSIGNED EMP BENE	P					34
35	DIRECT ASSIGNED EMP BENE	P					35
36	DIRECT ASSIGNED EMP BENE	P					36
37	DIRECT ASSIGNED EMP BENE	P					37
38	DIRECT ASSIGNED EMP BENE	P					38
39	DIRECT ASSIGNED EMP BENE	P					39
40	DIRECT ASSIGNED EMP BENE	P					40
41	DIRECT ASSIGNED EMP BENE	P					41
42	DIRECT ASSIGNED EMP BENE	P					42
43	DIRECT ASSIGNED EMP BENE	P					43
500	TOTAL RECLASSIFICATIONS					7,798,634	500
	CODE LETTER - P						
1	IMPLANTABLE SUPPLIES	Q	IMPL. DEV. CHARGED TO PATIENT	72		7,979,511	1
2	IMPLANTABLE SUPPLIES	Q					2
3	IMPLANTABLE SUPPLIES	Q					3
4	IMPLANTABLE SUPPLIES	Q					4
5	IMPLANTABLE SUPPLIES	Q					5
500	TOTAL RECLASSIFICATIONS					7,979,511	500
	CODE LETTER - Q						
1	CARDIAC REHAB	S	ADULTS & PEDIATRICS	30	71,302	21,431	1
500	TOTAL RECLASSIFICATIONS				71,302	21,431	500
	CODE LETTER - S						
1	DYERSVILLE BENEFIT RECLASS	T	EMPLOYEE BENEFITS DEPARTMENT	4		417,238	1
500	TOTAL RECLASSIFICATIONS					417,238	500
	CODE LETTER - T						
1	DYERSVILLE LAUNDRY RECLASS	U	LAUNDRY & LINEN SERVICE	8		23,848	1
500	TOTAL RECLASSIFICATIONS					23,848	500
	CODE LETTER - U						
1	PROFESSIONAL LIABILITY	V	CAP REL COSTS-BLDG & FIXT	1		431,321	1
500	TOTAL RECLASSIFICATIONS					431,321	500
	CODE LETTER - V						
1	MEDICAL DIRECTOR	W	SUBPROVIDER - IRF	41		125,939	1
2	MEDICAL DIRECTOR	W	RADIOLOGY-DIAGNOSTIC	54		51,148	2
3	MEDICAL DIRECTOR	W	RESPIRATORY THERAPY	65		11,400	3
4	MEDICAL DIRECTOR	W	BEHAVIORAL HEALTH COUNSELING	76		14,688	4
5	MEDICAL DIRECTOR	W	OAKCREST NURSING HOME	190.01		3,000	5
500	TOTAL RECLASSIFICATIONS					206,175	500
	CODE LETTER - W						
1	BONUS RECLASS	X	EMPLOYEE BENEFITS DEPARTMENT	4	16,385	1,253	1
2	BONUS RECLASS	X	CHILD CARE	4.01	31,442	2,405	2
3	BONUS RECLASS	X	COMMUNICATIONS	5.01	8,114	621	3
4	BONUS RECLASS	X	PURCHASING	5.02	6,219	476	4
5	BONUS RECLASS	X	PFS/COLLECTION	5.03	16,842	1,288	5
6	BONUS RECLASS	X	MAINTENANCE & REPAIRS	6	27,506	2,104	6
7	BONUS RECLASS	X	LAUNDRY & LINEN SERVICE	8	19,700	1,507	7
8	BONUS RECLASS	X	HOUSEKEEPING	9	37,355	2,858	8
9	BONUS RECLASS	X	DIETARY	10	50,568	3,868	9
10	BONUS RECLASS	X	NURSING ADMINISTRATION	13	34,903	2,670	10
11	BONUS RECLASS	X	CENTRAL SERVICES & SUPPLY	14	11,864	908	11



COMPU-MAX

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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
12	BONUS RECLASS	X	PHARMACY	15	28,354	2,169	12
13	BONUS RECLASS	X	MEDICAL RECORDS & LIBRARY	16	49,914	3,818	13
14	BONUS RECLASS	X	SOCIAL SERVICE	17	7,570	579	14
15	BONUS RECLASS	X	CENTRAL STERILIZATION	18	8,204	628	15
16	BONUS RECLASS	X	ADULTS & PEDIATRICS	30	172,551	13,202	16
17	BONUS RECLASS	X	INTENSIVE CARE UNIT	31	21,768	1,665	17
18	BONUS RECLASS	X	SUBPROVIDER - IRF	41	8,163	624	18
19	BONUS RECLASS	X	NURSERY	43	15,174	1,161	19
20	BONUS RECLASS	X	SKILLED NURSING FACILITY	44	27,579	2,110	20
21	BONUS RECLASS	X	OPERATING ROOM	50	65,338	4,998	21
22	BONUS RECLASS	X	RECOVERY ROOM	51	36,103	2,762	22
23	BONUS RECLASS	X	ANESTHESIOLOGY	53	977	75	23
24	BONUS RECLASS	X	RADIOLOGY-DIAGNOSTIC	54	34,713	2,655	24
25	BONUS RECLASS	X	MRI	58	3,282	251	25
26	BONUS RECLASS	X	RESPIRATORY THERAPY	65	17,384	1,330	26
27	BONUS RECLASS	X	PHYSICAL THERAPY	66	41,151	3,148	27
28	BONUS RECLASS	X	ELECTROCARDIOLOGY	69	17,011	1,301	28
29	BONUS RECLASS	X	ELECTROENCEPHALOGRAPHY	70	6,586	504	29
30	BONUS RECLASS	X	BEHAVIORAL HEALTH COUNSELING	76	4,886	374	30
31	BONUS RECLASS	X	CARDIAC REHABILITATION	76.97	5,167	395	31
32	BONUS RECLASS	X	EMERGENCY	91	29,173	2,232	32
33	BONUS RECLASS	X	HOME HEALTH AGENCY	101	39,295	3,006	33
34	BONUS RECLASS	X	OAKCREST NURSING HOME	190.01	26,609	2,036	34
35	BONUS RECLASS	X	SHARED SERVICES	190.02	1,219	93	35
36	BONUS RECLASS	X	MATERNAL HEALTH	190.03	2,575	197	36
37	BONUS RECLASS	X	FUND DEVELOPMENT	190.06	3,312	185	37
38	BONUS RECLASS	X	KENNEDY LIVING CENTER	194.01	19,712	1,508	38
39	BONUS RECLASS	X	COMMUNITY EDUCATION/OUTSIDE L	194.05	1,738	133	39
40	BONUS RECLASS	X	MMC DYERSVILLE	194.09	49,938	3,820	40
41	BONUS RECLASS	X	CCH ELKADER	194.10	1,104	16	41
500	TOTAL RECLASSIFICATIONS				1,007,448	76,933	500
	CODE LETTER - X						
	GRAND TOTAL (INCREASES)				2,450,113	34,563,441	

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



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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1	EQUIPMENT DEPRECIATION	A	EMPLOYEE BENEFITS DEPARTMENT	4		5,145	9	1
2	EQUIPMENT DEPRECIATION	A	CHILD CARE	4.01		6,805		2
3	EQUIPMENT DEPRECIATION	A	COMMUNICATIONS	5.01		5,794		3
4	EQUIPMENT DEPRECIATION	A	OTHER ADMIN & GENERAL	5.06		2,556,854		4
5	EQUIPMENT DEPRECIATION	A	MAINTENANCE & REPAIRS	6		13,626		5
6	EQUIPMENT DEPRECIATION	A	LAUNDRY & LINEN SERVICE	8		85,682		6
7	EQUIPMENT DEPRECIATION	A	HOUSEKEEPING	9		7,009		7
8	EQUIPMENT DEPRECIATION	A	DIETARY	10		118,340		8
9	EQUIPMENT DEPRECIATION	A	NURSING ADMINISTRATION	13		40,674		9
10	EQUIPMENT DEPRECIATION	A	CENTRAL SERVICES & SUPPLY	14		272		10
11	EQUIPMENT DEPRECIATION	A	PHARMACY	15		171,414		11
12	EQUIPMENT DEPRECIATION	A	MEDICAL RECORDS & LIBRARY	16		86,274		12
13	EQUIPMENT DEPRECIATION	A	CENTRAL STERILIZATION	18		58,928		13
14	EQUIPMENT DEPRECIATION	A	ADULTS & PEDIATRICS	30		264,982		14
15	EQUIPMENT DEPRECIATION	A	INTENSIVE CARE UNIT	31		138,974		15
16	EQUIPMENT DEPRECIATION	A	SUBPROVIDER - IRF	41		5,878		16
17	EQUIPMENT DEPRECIATION	A	NURSERY	43		27,143		17
18	EQUIPMENT DEPRECIATION	A	SKILLED NURSING FACILITY	44		21,003		18
19	EQUIPMENT DEPRECIATION	A	OPERATING ROOM	50		763,148		19
20	EQUIPMENT DEPRECIATION	A	RECOVERY ROOM	51		50,772		20
21	EQUIPMENT DEPRECIATION	A	ANESTHESIOLOGY	53		60,596		21
22	EQUIPMENT DEPRECIATION	A	RADIOLOGY-DIAGNOSTIC	54		602,392		22
23	EQUIPMENT DEPRECIATION	A	MRI	58		8,470		23
24	EQUIPMENT DEPRECIATION	A	LABORATORY	60		861		24
25	EQUIPMENT DEPRECIATION	A	BLOOD STORING, PROCESSING & T	63		1,671		25
26	EQUIPMENT DEPRECIATION	A	RESPIRATORY THERAPY	65		44,112		26
27	EQUIPMENT DEPRECIATION	A	PHYSICAL THERAPY	66		14,995		27
28	EQUIPMENT DEPRECIATION	A	ELECTROCARDIOLOGY	69		71,178		28
29	EQUIPMENT DEPRECIATION	A	ELECTROENCEPHALOGRAPHY	70		32,080		29
30	EQUIPMENT DEPRECIATION	A	MEDICAL SUPPLIES CHARGED TO P	71		85,716		30
31	EQUIPMENT DEPRECIATION	A	BEHAVIORAL HEALTH COUNSELING	76		53		31
32	EQUIPMENT DEPRECIATION	A	SHOCK THERAPY	76.01		6,693		32
33	EQUIPMENT DEPRECIATION	A	CARDIAC REHABILITATION	76.97		8,825		33
34	EQUIPMENT DEPRECIATION	A	EMERGENCY	91		41,464		34
35	EQUIPMENT DEPRECIATION	A	HOME HEALTH AGENCY	101		25,168		35
36	EQUIPMENT DEPRECIATION	A	OAKCREST NURSING HOME	190.01		26,409		36
37	EQUIPMENT DEPRECIATION	A	FUND DEVELOPMENT	190.06		1,377		37
38	EQUIPMENT DEPRECIATION	A	RETAIL PHARMACY	194.11		54,697		38
500	TOTAL RECLASSIFICATIONS					5,515,474		500
	CODE LETTER - A							
1	DEPRECIATION EXPENSE TO INDIVIDUAL BU	B	CAP REL COSTS-BLDG & FIXT	1		2,096,529	9	1
2	DEPRECIATION EXPENSE TO INDIVIDUAL BU	B					9	2
3	DEPRECIATION EXPENSE TO INDIVIDUAL BU	B					9	3
4	DEPRECIATION EXPENSE TO INDIVIDUAL BU	B					9	4
5	DEPRECIATION EXPENSE TO INDIVIDUAL BU	B					9	5
6	DEPRECIATION EXPENSE TO INDIVIDUAL BU	B					9	6
7	DEPRECIATION EXPENSE TO INDIVIDUAL BU	B					9	7
8	DEPRECIATION EXPENSE TO INDIVIDUAL BU	B					9	8
9	DEPRECIATION EXPENSE TO INDIVIDUAL BU	B					9	9
10	DEPRECIATION EXPENSE TO INDIVIDUAL BU	B					9	10
500	TOTAL RECLASSIFICATIONS					2,096,529		500
	CODE LETTER - B							
1	RETAIL PHARMACY DEPRECIATION	D	RETAIL PHARMACY	194.11		44,001	9	1
500	TOTAL RECLASSIFICATIONS					44,001		500
	CODE LETTER - D							
1	CRNA FEES	F	ANESTHESIOLOGY	53		492,681		1



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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
500	TOTAL RECLASSIFICATIONS CODE LETTER - F					492,681	500	
1	PAP PROPERTY TAX	G	OPERATION OF PLANT	7		14,496	1	
500	TOTAL RECLASSIFICATIONS CODE LETTER - G					14,496	500	
1	NON ALLOWABLE ADVERTISING	H	OTHER ADMIN & GENERAL	5.06	168,018	15,148	1	
500	TOTAL RECLASSIFICATIONS CODE LETTER - H				168,018	15,148	500	
1	BIRTH CENTER COSTS	J	ADULTS & PEDIATRICS	30	1,203,345	410,105	1	
2	BIRTH CENTER COSTS	J					2	
500	TOTAL RECLASSIFICATIONS CODE LETTER - J				1,203,345	410,105	500	
1	GENERAL INSURANCE	K	CAP REL COSTS-BLDG & FIXT	1		864,465	9 1	
500	TOTAL RECLASSIFICATIONS CODE LETTER - K					864,465	500	
1	INTEREST EXPENSE	L	INTEREST EXPENSE	113		1,160,614	9 1	
2	INTEREST EXPENSE	L					9 2	
3	INTEREST EXPENSE	L					9 3	
4	INTEREST EXPENSE	L					9 4	
5	INTEREST EXPENSE	L					9 5	
6	INTEREST EXPENSE	L					9 6	
7	INTEREST EXPENSE	L					9 7	
8	INTEREST EXPENSE	L					9 8	
9	INTEREST EXPENSE	L					9 9	
10	INTEREST EXPENSE	L					9 10	
11	INTEREST EXPENSE	L					9 11	
12	INTEREST EXPENSE	L					9 12	
13	INTEREST EXPENSE	L					9 13	
500	TOTAL RECLASSIFICATIONS CODE LETTER - L					1,160,614	500	
1	LAND IMPROVEMENT DEPR EXP	M	CAP REL COSTS-BLDG & FIXT	1		25,786	9 1	
2	LAND IMPROVEMENT DEPR EXP	M					9 2	
3	LAND IMPROVEMENT DEPR EXP	M					9 3	
4	LAND IMPROVEMENT DEPR EXP	M					9 4	
5	LAND IMPROVEMENT DEPR EXP	M					9 5	
6	LAND IMPROVEMENT DEPR EXP	M					9 6	
7	LAND IMPROVEMENT DEPR EXP	M					9 7	
8	LAND IMPROVEMENT DEPR EXP	M					9 8	
9	LAND IMPROVEMENT DEPR EXP	M					9 9	
10	LAND IMPROVEMENT DEPR EXP	M					9 10	
11	LAND IMPROVEMENT DEPR EXP	M					9 11	
12	LAND IMPROVEMENT DEPR EXP	M					9 12	
500	TOTAL RECLASSIFICATIONS CODE LETTER - M					25,786	500	
1	MEDICAL SUPPLIES RECLASS	N	EMPLOYEE BENEFITS DEPARTMENT	4		421	1	
2	MEDICAL SUPPLIES RECLASS	N	CHILD CARE	4.01		13,425	2	
3	MEDICAL SUPPLIES RECLASS	N	COMMUNICATIONS	5.01		176	3	
4	MEDICAL SUPPLIES RECLASS	N	PURCHASING	5.02		999	4	
5	MEDICAL SUPPLIES RECLASS	N	PFS/COLLECTION	5.03		62	5	
6	MEDICAL SUPPLIES RECLASS	N	OTHER ADMIN & GENERAL	5.06		17	6	
7	MEDICAL SUPPLIES RECLASS	N	MAINTENANCE & REPAIRS	6		165	7	
8	MEDICAL SUPPLIES RECLASS	N	LAUNDRY & LINEN SERVICE	8		12,762	8	
9	MEDICAL SUPPLIES RECLASS	N	HOUSEKEEPING	9		9,211	9	
10	MEDICAL SUPPLIES RECLASS	N	DIETARY	10		9,124	10	
11	MEDICAL SUPPLIES RECLASS	N	NURSING ADMINISTRATION	13		18	11	
12	MEDICAL SUPPLIES RECLASS	N	CENTRAL SERVICES & SUPPLY	14		807	12	
13	MEDICAL SUPPLIES RECLASS	N	PHARMACY	15		19,650	13	
14	MEDICAL SUPPLIES RECLASS	N	MEDICAL RECORDS & LIBRARY	16		43	14	
15	MEDICAL SUPPLIES RECLASS	N	CENTRAL STERILIZATION	18		95,636	15	
16	MEDICAL SUPPLIES RECLASS	N	ADULTS & PEDIATRICS	30		390,620	16	
17	MEDICAL SUPPLIES RECLASS	N	INTENSIVE CARE UNIT	31		93,767	17	
18	MEDICAL SUPPLIES RECLASS	N	SUBPROVIDER - IRF	41		15,260	18	



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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
19	MEDICAL SUPPLIES RECLASS	N	NURSERY	43		83,100	19	
20	MEDICAL SUPPLIES RECLASS	N	SKILLED NURSING FACILITY	44		37,202	20	
21	MEDICAL SUPPLIES RECLASS	N	OPERATING ROOM	50		3,476,749	21	
22	MEDICAL SUPPLIES RECLASS	N	RECOVERY ROOM	51		100,648	22	
23	MEDICAL SUPPLIES RECLASS	N	ANESTHESIOLOGY	53		182,943	23	
24	MEDICAL SUPPLIES RECLASS	N	RADIOLOGY-DIAGNOSTIC	54		123,069	24	
25	MEDICAL SUPPLIES RECLASS	N	MRI	58		6,110	25	
26	MEDICAL SUPPLIES RECLASS	N	LABORATORY	60		4,339	26	
27	MEDICAL SUPPLIES RECLASS	N	RESPIRATORY THERAPY	65		97,798	27	
28	MEDICAL SUPPLIES RECLASS	N	PHYSICAL THERAPY	66		46,815	28	
29	MEDICAL SUPPLIES RECLASS	N	ELECTROCARDIOLOGY	69		778,983	29	
30	MEDICAL SUPPLIES RECLASS	N	ELECTROENCEPHALOGRAPHY	70		17,158	30	
31	MEDICAL SUPPLIES RECLASS	N	DRUGS CHARGED TO PATIENTS	73		9,355	31	
32	MEDICAL SUPPLIES RECLASS	N	BEHAVIORAL HEALTH COUNSELING	76		285	32	
33	MEDICAL SUPPLIES RECLASS	N	SHOCK THERAPY	76.01		3,966	33	
34	MEDICAL SUPPLIES RECLASS	N	CARDIAC REHABILITATION	76.97		3,205	34	
35	MEDICAL SUPPLIES RECLASS	N	EMERGENCY	91		169,895	35	
36	MEDICAL SUPPLIES RECLASS	N	PURCHASED DIALYSIS SERVICES	98		131	36	
37	MEDICAL SUPPLIES RECLASS	N	HOME HEALTH AGENCY	101		752,490	37	
38	MEDICAL SUPPLIES RECLASS	N	OAKCREST NURSING HOME	190.01		23,313	38	
39	MEDICAL SUPPLIES RECLASS	N	SHARED SERVICES	190.02		1,400	39	
40	MEDICAL SUPPLIES RECLASS	N	MATERNAL HEALTH	190.03		692	40	
41	MEDICAL SUPPLIES RECLASS	N	KENNEDY LIVING CENTER	194.01		5	41	
42	MEDICAL SUPPLIES RECLASS	N	LIFELINE	194.08		1	42	
500	TOTAL RECLASSIFICATIONS					6,581,815	500	
	CODE LETTER - N							
1	DRUGS CHARGED TO PATIENTS RECLASS	O	EMPLOYEE BENEFITS DEPARTMENT	4		392	1	
2	DRUGS CHARGED TO PATIENTS RECLASS	O	COMMUNICATIONS	5.01		16	2	
3	DRUGS CHARGED TO PATIENTS RECLASS	O	PFS/COLLECTION	5.03		10	3	
4	DRUGS CHARGED TO PATIENTS RECLASS	O	OTHER ADMIN & GENERAL	5.06		3	4	
5	DRUGS CHARGED TO PATIENTS RECLASS	O	MAINTENANCE & REPAIRS	6		22	5	
6	DRUGS CHARGED TO PATIENTS RECLASS	O	CENTRAL SERVICES & SUPPLY	14		145	6	
7	DRUGS CHARGED TO PATIENTS RECLASS	O	PHARMACY	15		36,857	7	
8	DRUGS CHARGED TO PATIENTS RECLASS	O	MEDICAL RECORDS & LIBRARY	16		13	8	
9	DRUGS CHARGED TO PATIENTS RECLASS	O	CENTRAL STERILIZATION	18		410	9	
10	DRUGS CHARGED TO PATIENTS RECLASS	O	ADULTS & PEDIATRICS	30		101,728	10	
11	DRUGS CHARGED TO PATIENTS RECLASS	O	INTENSIVE CARE UNIT	31		19,576	11	
12	DRUGS CHARGED TO PATIENTS RECLASS	O	SUBPROVIDER - IRF	41		19	12	
13	DRUGS CHARGED TO PATIENTS RECLASS	O	NURSERY	43		3,840	13	
14	DRUGS CHARGED TO PATIENTS RECLASS	O	SKILLED NURSING FACILITY	44		11,295	14	
15	DRUGS CHARGED TO PATIENTS RECLASS	O	OPERATING ROOM	50		24,162	15	
16	DRUGS CHARGED TO PATIENTS RECLASS	O	RECOVERY ROOM	51		63,461	16	
17	DRUGS CHARGED TO PATIENTS RECLASS	O	ANESTHESIOLOGY	53		37,399	17	
18	DRUGS CHARGED TO PATIENTS RECLASS	O	RADIOLOGY-DIAGNOSTIC	54		7,162	18	
19	DRUGS CHARGED TO PATIENTS RECLASS	O	MRI	58		344	19	
20	DRUGS CHARGED TO PATIENTS RECLASS	O	LABORATORY	60		12	20	
21	DRUGS CHARGED TO PATIENTS RECLASS	O	RESPIRATORY THERAPY	65		841	21	
22	DRUGS CHARGED TO PATIENTS RECLASS	O	PHYSICAL THERAPY	66		582	22	
23	DRUGS CHARGED TO PATIENTS RECLASS	O	ELECTROCARDIOLOGY	69		16,391	23	
24	DRUGS CHARGED TO PATIENTS RECLASS	O	ELECTROENCEPHALOGRAPHY	70		626	24	
25	DRUGS CHARGED TO PATIENTS RECLASS	O	BEHAVIORAL HEALTH COUNSELING	76		9	25	
26	DRUGS CHARGED TO PATIENTS RECLASS	O	SHOCK THERAPY	76.01		113	26	
27	DRUGS CHARGED TO PATIENTS RECLASS	O	CARDIAC REHABILITATION	76.97		8	27	
28	DRUGS CHARGED TO PATIENTS RECLASS	O	EMERGENCY	91		45,300	28	
29	DRUGS CHARGED TO PATIENTS RECLASS	O	PURCHASED DIALYSIS SERVICES	98		65	29	
30	DRUGS CHARGED TO PATIENTS RECLASS	O	HOME HEALTH AGENCY	101		540	30	
31	DRUGS CHARGED TO PATIENTS RECLASS	O	OAKCREST NURSING HOME	190.01		67	31	
32	DRUGS CHARGED TO PATIENTS RECLASS	O	MATERNAL HEALTH	190.03		9,830	32	
33	DRUGS CHARGED TO PATIENTS RECLASS	O	RURAL OUTREACH PROGRAM	194.06		5,998	33	
500	TOTAL RECLASSIFICATIONS					387,236	500	
	CODE LETTER - O							
1	DIRECT ASSIGNED EMP BENE	P	CHILD CARE	4.01		213,265	1	
2	DIRECT ASSIGNED EMP BENE	P	COMMUNICATIONS	5.01		52,756	2	
3	DIRECT ASSIGNED EMP BENE	P	PURCHASING	5.02		48,027	3	
4	DIRECT ASSIGNED EMP BENE	P	PFS/COLLECTION	5.03		115,830	4	
5	DIRECT ASSIGNED EMP BENE	P	OTHER ADMIN & GENERAL	5.06		198,289	5	
6	DIRECT ASSIGNED EMP BENE	P	MAINTENANCE & REPAIRS	6		214,131	6	



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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF. 10
7	DIRECT ASSIGNED EMP BENE	P	LAUNDRY & LINEN SERVICE	8		120,498	7
8	DIRECT ASSIGNED EMP BENE	P	HOUSEKEEPING	9		257,446	8
9	DIRECT ASSIGNED EMP BENE	P	DIETARY	10		355,099	9
10	DIRECT ASSIGNED EMP BENE	P	NURSING ADMINISTRATION	13		149,098	10
11	DIRECT ASSIGNED EMP BENE	P	CENTRAL SERVICES & SUPPLY	14		76,405	11
12	DIRECT ASSIGNED EMP BENE	P	PHARMACY	15		242,308	12
13	DIRECT ASSIGNED EMP BENE	P	MEDICAL RECORDS & LIBRARY	16		388,789	13
14	DIRECT ASSIGNED EMP BENE	P	SOCIAL SERVICE	17		52,752	14
15	DIRECT ASSIGNED EMP BENE	P	CENTRAL STERILIZATION	18		56,328	15
16	DIRECT ASSIGNED EMP BENE	P	ADULTS & PEDIATRICS	30		1,684,120	16
17	DIRECT ASSIGNED EMP BENE	P	INTENSIVE CARE UNIT	31		187,254	17
18	DIRECT ASSIGNED EMP BENE	P	SUBPROVIDER - IRF	41		59,818	18
19	DIRECT ASSIGNED EMP BENE	P	NURSERY	43		87,195	19
20	DIRECT ASSIGNED EMP BENE	P	SKILLED NURSING FACILITY	44		208,372	20
21	DIRECT ASSIGNED EMP BENE	P	OPERATING ROOM	50		526,582	21
22	DIRECT ASSIGNED EMP BENE	P	RECOVERY ROOM	51		274,774	22
23	DIRECT ASSIGNED EMP BENE	P	ANESTHESIOLOGY	53		16,088	23
24	DIRECT ASSIGNED EMP BENE	P	RADIOLOGY-DIAGNOSTIC	54		293,218	24
25	DIRECT ASSIGNED EMP BENE	P	MRI	58		28,923	25
26	DIRECT ASSIGNED EMP BENE	P	RESPIRATORY THERAPY	65		144,824	26
27	DIRECT ASSIGNED EMP BENE	P	PHYSICAL THERAPY	66		377,334	27
28	DIRECT ASSIGNED EMP BENE	P	ELECTROCARDIOLOGY	69		135,868	28
29	DIRECT ASSIGNED EMP BENE	P	ELECTROENCEPHALOGRAPHY	70		48,543	29
30	DIRECT ASSIGNED EMP BENE	P	BEHAVIORAL HEALTH COUNSELING	76		34,227	30
31	DIRECT ASSIGNED EMP BENE	P	SHOCK THERAPY	76.01		3,647	31
32	DIRECT ASSIGNED EMP BENE	P	CARDIAC REHABILITATION	76.97		42,352	32
33	DIRECT ASSIGNED EMP BENE	P	EMERGENCY	91		259,626	33
34	DIRECT ASSIGNED EMP BENE	P	HOME HEALTH AGENCY	101		355,570	34
35	DIRECT ASSIGNED EMP BENE	P	OAKCREST NURSING HOME	190.01		206,176	35
36	DIRECT ASSIGNED EMP BENE	P	SHARED SERVICES	190.02		64,736	36
37	DIRECT ASSIGNED EMP BENE	P	MATERNAL HEALTH	190.03		16,568	37
38	DIRECT ASSIGNED EMP BENE	P	FUND DEVELOPMENT	190.06		34,928	38
39	DIRECT ASSIGNED EMP BENE	P	KENNEDY LIVING CENTER	194.01		131,936	39
40	DIRECT ASSIGNED EMP BENE	P	COMMUNITY EDUCATION/OUTSIDE L	194.05		15,660	40
41	DIRECT ASSIGNED EMP BENE	P	LIFELINE	194.08		3,706	41
42	DIRECT ASSIGNED EMP BENE	P	CCH ELKADER	194.10		15,568	42
43	DIRECT ASSIGNED EMP BENE	P					43
500	TOTAL RECLASSIFICATIONS					7,798,634	500
	CODE LETTER - P						
1	IMPLANTABLE SUPPLIES	Q	ADULTS & PEDIATRICS	30		4,426	1
2	IMPLANTABLE SUPPLIES	Q	OPERATING ROOM	50		6,417,218	2
3	IMPLANTABLE SUPPLIES	Q	RADIOLOGY-DIAGNOSTIC	54		7,769	3
4	IMPLANTABLE SUPPLIES	Q	ELECTROCARDIOLOGY	69		1,549,331	4
5	IMPLANTABLE SUPPLIES	Q	HOME HEALTH AGENCY	101		767	5
500	TOTAL RECLASSIFICATIONS					7,979,511	500
	CODE LETTER - Q						
1	CARDIAC REHAB	S	CARDIAC REHABILITATION	76.97	71,302	21,431	1
500	TOTAL RECLASSIFICATIONS				71,302	21,431	500
	CODE LETTER - S						
1	DYERSVILLE BENEFIT RECLASS	T	MMC DYERSVILLE	194.09		417,238	1
500	TOTAL RECLASSIFICATIONS					417,238	500
	CODE LETTER - T						
1	DYERSVILLE LAUNDRY RECLASS	U	MMC DYERSVILLE	194.09		23,848	1
500	TOTAL RECLASSIFICATIONS					23,848	500
	CODE LETTER - U						
1	PROFESSIONAL LIABILITY	V	OTHER ADMIN & GENERAL	5.06		431,321	9
500	TOTAL RECLASSIFICATIONS					431,321	500
	CODE LETTER - V						
1	MEDICAL DIRECTOR	W	OTHER ADMIN & GENERAL	5.06		206,175	1
2	MEDICAL DIRECTOR	W					2
3	MEDICAL DIRECTOR	W					3
4	MEDICAL DIRECTOR	W					4
5	MEDICAL DIRECTOR	W					5



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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF. 10	
		1	6	7	8	9	10	
500	TOTAL RECLASSIFICATIONS					206,175		500
	CODE LETTER - W							
1	BONUS RECLASS	X	OTHER ADMIN & GENERAL	5.06	1,007,448	76,933		1
2	BONUS RECLASS	X						2
3	BONUS RECLASS	X						3
4	BONUS RECLASS	X						4
5	BONUS RECLASS	X						5
6	BONUS RECLASS	X						6
7	BONUS RECLASS	X						7
8	BONUS RECLASS	X						8
9	BONUS RECLASS	X						9
10	BONUS RECLASS	X						10
11	BONUS RECLASS	X						11
12	BONUS RECLASS	X						12
13	BONUS RECLASS	X						13
14	BONUS RECLASS	X						14
15	BONUS RECLASS	X						15
16	BONUS RECLASS	X						16
17	BONUS RECLASS	X						17
18	BONUS RECLASS	X						18
19	BONUS RECLASS	X						19
20	BONUS RECLASS	X						20
21	BONUS RECLASS	X						21
22	BONUS RECLASS	X						22
23	BONUS RECLASS	X						23
24	BONUS RECLASS	X						24
25	BONUS RECLASS	X						25
26	BONUS RECLASS	X						26
27	BONUS RECLASS	X						27
28	BONUS RECLASS	X						28
29	BONUS RECLASS	X						29
30	BONUS RECLASS	X						30
31	BONUS RECLASS	X						31
32	BONUS RECLASS	X						32
33	BONUS RECLASS	X						33
34	BONUS RECLASS	X						34
35	BONUS RECLASS	X						35
36	BONUS RECLASS	X						36
37	BONUS RECLASS	X						37
38	BONUS RECLASS	X						38
39	BONUS RECLASS	X						39
40	BONUS RECLASS	X						40
41	BONUS RECLASS	X						41
500	TOTAL RECLASSIFICATIONS				1,007,448	76,933		500
	CODE LETTER - X							
	GRAND TOTAL (DECREASES)				2,450,113	34,563,441		

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



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RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS			DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS	
			PURCHASES	DONATION	TOTAL				
		1	2	3	4	5	6	7	
1	LAND	2,825,189					2,825,189		1
2	LAND IMPROVEMENTS	3,306,284	21,107		21,107		3,327,391		2
3	BUILDINGS AND FIXTURES	51,359,146	1,163,818		1,163,818		52,522,964		3
4	BUILDING IMPROVEMENTS	43,124,033	1,561,478		1,561,478	51,583	44,633,928		4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	57,495,015	4,758,318		4,758,318	1,989,568	60,263,765		6
7	HIT DESIGNATED ASSETS								7
8	SUBTOTAL (sum of lines 1-7)	158,109,667	7,504,721		7,504,721	2,041,151	163,573,237		8
9	RECONCILING ITEMS								9
10	TOTAL (line 7 minus line 9)	158,109,667	7,504,721		7,504,721	2,041,151	163,573,237		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	3,070,991		24,821	864,636	-171	20,923	3,981,200	1	
1.01	CAP REL COST - 47 BLDG								1.01	
1.02	CAP REL COST (PROF ARTS PLAZA)								1.02	
1.03	CAP REL COST (ASBURY)								1.03	
1.04	CAP REL COST (MED ARTS BLDG)								1.04	
1.05	CAP REL COST (ENERGY CENTER)								1.05	
1.06	CAP REL COST (RENTAL PROPERTIES)								1.06	
1.07	CAP REL COST (PARKING DECK)								1.07	
1.08	CAP REL COST (97 BLDG)								1.08	
1.09	CAP REL COST (BELLEVUE CLINIC)								1.09	
1.10	CAP REL COST (CASCADE CLINIC)								1.10	
1.11	CAP REL COST (RETAIL PHARMACY)								1.11	
1.12	CAP REL COST (OAKCREST NURSING HOME)								1.12	
2	CAP REL COSTS-MVBLE EQUIP								2	
3	TOTAL (sum of lines 1-2)	3,070,991		24,821	864,636	-171	20,923	3,981,200	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
1.01	CAP REL COST - 47 BLDG				0.000000					1.01



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RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
PARTS I, II & III

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITAL-IZED 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	
1.02	CAP REL COST (PROF ARTS)				0.000000					1.02
1.03	CAP REL COST (ASBURY)				0.000000					1.03
1.04	CAP REL COST (MED ARTS)				0.000000					1.04
1.05	CAP REL COST (ENERGY CE)				0.000000					1.05
1.06	CAP REL COST (RENTAL PR)				0.000000					1.06
1.07	CAP REL COST (PARKING D)				0.000000					1.07
1.08	CAP REL COST (97 BLDG)				0.000000					1.08
1.09	CAP REL COST (BELLEVUE)				0.000000					1.09
1.10	CAP REL COST (CASCADE C)				0.000000					1.10
1.11	CAP REL COST (RETAIL PH)				0.000000					1.11
1.12	CAP REL COST (OAKCREST)				0.000000					1.12
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	529,051		24,821	864,636	-171	20,923	1,439,260	1	
1.01	CAP REL COST - 47 BLDG	706,146						706,146	1.01	
1.02	CAP REL COST (PROF ARTS PLAZA)	214,105						214,105	1.02	
1.03	CAP REL COST (ASBURY)	527						527	1.03	
1.04	CAP REL COST (MED ARTS BLDG)	403						403	1.04	
1.05	CAP REL COST (ENERGY CENTER)	189,599						189,599	1.05	
1.06	CAP REL COST (RENTAL PROPERTIES)	3,228						3,228	1.06	
1.07	CAP REL COST (PARKING DECK)	81,378						81,378	1.07	
1.08	CAP REL COST (97 BLDG)	894,653						894,653	1.08	
1.09	CAP REL COST (BELLEVUE CLINIC)	1,762						1,762	1.09	
1.10	CAP REL COST (CASCADE CLINIC)	703						703	1.10	
1.11	CAP REL COST (RETAIL PHARMACY)	44,451						44,451	1.11	
1.12	CAP REL COST (OAKCREST NURSING HOME)	15,081						15,081	1.12	
2	CAP REL COSTS-MVBLE EQUIP	5,498,423						5,498,423	2	
3	TOTAL (sum of lines 1-2)	8,179,510		24,821	864,636	-171	20,923	9,089,719	3	

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

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## ADJUSTMENTS TO EXPENSES

## WORKSHEET A-8

	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)			CAP REL COSTS-BLDG & FIXT	1	1
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (chapter 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3	INVESTMENT INCOME-OTHER (chapter 2)					3
4	TRADE, QUANTITY, AND TIME DISCOUNTS (chapter 8)					4
5	REFUNDS AND REBATES OF EXPENSES (chapter 8)					5
6	RENTAL OF PROVIDER SPACE BY SUPPLIERS (chapter 8)					6
7	TELEPHONE SERVICES (PAY STATIONS EXCL) (chapter 21)					7
8	TELEVISION AND RADIO SERVICE (chapter 21)					8
9	PARKING LOT (chapter 21)					9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2,167,734			10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)					11
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1	58,306			12
13	LAUNDRY AND LINEN SERVICE					13
14	CAFETERIA - EMPLOYEES AND GUESTS	B	-997,443	DIETARY	10	14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-3	MEDICAL SUPPLIES CHARGED TO PATIENTS	71	16
17	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-35,784	DRUGS CHARGED TO PATIENTS	73	17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-72,553	MEDICAL RECORDS & LIBRARY	16	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	VENDING MACHINE REVENUE	B	-13,851	DIETARY	10	33
33.01	TELEPHONE REVENUE	B	-10,230	COMMUNICATIONS	5.01	33.01
33.02	TELEPHONE REVENUE	B	-19,100	OTHER ADMIN & GENERAL	5.06	33.02
33.03	CONSULTING REVENUE	B	-406	PHARMACY	15	33.03
33.04	MISC OTHER REVENUE	B	-74,685	EMPLOYEE BENEFITS DEPARTMENT	4	33.04
33.05	MISC OTHER REVENUE	B	-979,173	CHILD CARE	4.01	33.05
33.06	MISC OTHER REVENUE	B	-94,202	OTHER ADMIN & GENERAL	5.06	33.06
33.07	MISC OTHER REVENUE	B	-72	DIETARY	10	33.07
33.08	MISC OTHER REVENUE	B	-1,185	MEDICAL RECORDS & LIBRARY	16	33.08
33.09	MISC OTHER REVENUE	B	-90	RADIOLOGY-DIAGNOSTIC	54	33.09
33.10	MISC OTHER REVENUE	B	-350	LABORATORY	60	33.10
33.11	MISC OTHER REVENUE	B	-18,994	CARDIAC REHABILITATION	76.97	33.11
33.12	MISC OTHER REVENUE	B	-106	HOME HEALTH AGENCY	101	33.12
33.13	CASH OVER SHORT	B	-130	OTHER ADMIN & GENERAL	5.06	33.13
33.14	PRINTING REVENUE	B	-15,190	OTHER ADMIN & GENERAL	5.06	33.14
33.15	PRINTING REVENUE	B	-923	ADULTS & PEDIATRICS	30	33.15
33.16	IC OTHER REVENUE	B	-3,523	OTHER ADMIN & GENERAL	5.06	33.16
33.17	IC OTHER REVENUE	B	-23,848	LAUNDRY & LINEN SERVICE	8	33.17
33.18	IC OTHER REVENUE	B	-2,174	OPERATING ROOM	50	33.18
33.19	IC OTHER REVENUE	B	-23,594	RADIOLOGY-DIAGNOSTIC	54	33.19
33.20	IC OTHER REVENUE	B	-49,861	DRUGS CHARGED TO PATIENTS	73	33.20
33.21	HEALTH EDUCATION SERVICE	B	-11,129	NURSING ADMINISTRATION	13	33.21
33.22	HEALTH EDUCATION SERVICE	B	-49	MEDICAL RECORDS & LIBRARY	16	33.22
33.23	HEALTH EDUCATION SERVICE	B	-4,775	ADULTS & PEDIATRICS	30	33.23



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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
33.24	PHYSICAL THERAPY OTHER OP REV	B	-72,267	PHYSICAL THERAPY	66	33.24
33.25	CRNA EXPENSE OFFSET	A	-492,681	NONPHYSICIAN ANESTHETISTS	19	33.25
33.26	NON ALLOWABLE ADVERTISING	A	-498,273	OTHER ADMIN & GENERAL	5.06	33.26
33.27	PATIENT TV EXPENSE	A	-17,051	CAP REL COSTS-MVBLE EQUIP	2	9 33.27
33.28	PATIENT TV EXPENSE	A	-32,184	MAINTENANCE & REPAIRS	6	33.28
33.29	DUES - LOBBYING ALLOCATION	A	-23,817	OTHER ADMIN & GENERAL	5.06	33.29
33.30	ATHLETIC TRAINER - MED ASSOC	A	-15,000	OTHER ADMIN & GENERAL	5.06	33.30
33.31	NURSE PRACTITIONER	A	-25,460	EMPLOYEE BENEFITS DEPARTMENT	4	33.31
33.32	NURSE PRACTITIONER	A	-85,113	ADULTS & PEDIATRICS	30	33.32
33.33	NURSE PRACTITIONER	A	-2	RECOVERY ROOM	51	33.33
33.34	NURSE PRACTITIONER	A	-95,311	ELECTROCARDIOLOGY	69	33.34
33.35	DONATIONS	A	-15,538	OTHER ADMIN & GENERAL	5.06	33.35
33.36	TUITION ASSIST - PT EMPLOYESS	A	-39,718	EMPLOYEE BENEFITS DEPARTMENT	4	33.36
33.37	MEDICAID PROVIDER TAX ADJUSTMENT (	A	-711,905	OTHER ADMIN & GENERAL	5.06	33.37
33.38	WS A-8 - INTEREST EXP TO EXTENT OF	A	-120,094	CAP REL COSTS-BLDG & FIXT	1	9 33.38
33.39	WS A-8 - INTEREST EXP TO EXTENT OF	A	-94,141	CAP REL COST - 47 BLDG	1.01	9 33.39
33.40	WS A-8 - INTEREST EXP TO EXTENT OF	A	-29,731	CAP REL COST (PROF ARTS PLAZA)	1.02	9 33.40
33.41	WS A-8 - INTEREST EXP TO EXTENT OF	A	-6,625	CAP REL COST (ASBURY)	1.03	9 33.41
33.42	WS A-8 - INTEREST EXP TO EXTENT OF	A	-7,333	CAP REL COST (MED ARTS BLDG)	1.04	9 33.42
33.43	WS A-8 - INTEREST EXP TO EXTENT OF	A	-6,121	CAP REL COST (ENERGY CENTER)	1.05	9 33.43
33.44	WS A-8 - INTEREST EXP TO EXTENT OF	A	-618	CAP REL COST (RENTAL PROPERTIES)	1.06	9 33.44
33.45	WS A-8 - INTEREST EXP TO EXTENT OF	A	-618	CAP REL COST (PARKING DECK)	1.07	9 33.45
33.46	WS A-8 - INTEREST EXP TO EXTENT OF	A	-44,928	CAP REL COST (97 BLDG)	1.08	9 33.46
33.47	WS A-8 - INTEREST EXP TO EXTENT OF	A	-672	CAP REL COST (BELLEVUE CLINIC)	1.09	9 33.47
33.48	WS A-8 - INTEREST EXP TO EXTENT OF	A	-3,385	CAP REL COST (CASCADE CLINIC)	1.10	9 33.48
33.49	WS A-8 - INTEREST EXP TO EXTENT OF	A	-8,175	CAP REL COST (RETAIL PHARMACY)	1.11	9 33.49
33.50	WS A-8 - INTEREST EXP TO EXTENT OF	A	-6,766	CAP REL COST (OAKCREST NURSING HOME)	1.12	9 33.50
33.51	DYERSVILLE OPERATING EXPENSE	A	4,978,749	MMC DYERSVILLE	194.09	33.51
33.52	FOUNDATION OPERATING EXPENSE	A	594,670	FUND DEVELOPMENT	190.06	33.52
34						34
35						35
36						36
37						37
38						38
39						39
40						40
41						41
42						42
43						43
44						44
45						45
46						46
47						47
48						48
49						49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-1,442,959			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.



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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

**A: COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:**

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT INCLUDED IN WKST. A COLUMN 5	NET ADJUSTMENTS (col. 4 minus col. 5)*	WKST A-7 REF.	
1	2	3	4	5	6	7	
1	5.06	OTHER ADMIN & GENERAL	MALPRACTICE INSURANCE	176,805	433,315	-256,510	1
2	1	CAP REL COSTS-BLDG & FIXT	PROPERTY INTEGRATED RISK	335,684	431,321	-95,637	9 2
3	4	EMPLOYEE BENEFITS DEPARTMENT	STOP LOSS INSURANCE	916,235	-562,341	1,478,576	3
3.01	4	EMPLOYEE BENEFITS DEPARTMENT	WORKERS COMPENSATION	344,473	827,558	-483,085	3.01
3.02	4	EMPLOYEE BENEFITS DEPARTMENT	PENSION EXPENSE	5,186,709	2,964,000	2,222,709	3.02
3.03	5.06	OTHER ADMIN & GENERAL	CENTRAL ADMIN FEE	7,208,722	6,715,945	492,777	3.03
3.04	1	CAP REL COSTS-BLDG & FIXT	TRINITY CAPITAL	48,028		48,028	9 3.04
3.05	5.06	OTHER ADMIN & GENERAL	IC COMMUNICATIONS	195,378	195,378		3.05
3.06	5.06	OTHER ADMIN & GENERAL	IC AMORTIZATION	2,177,768	2,177,768		3.06
3.07	5.06	OTHER ADMIN & GENERAL	TIS EXPENSE	5,068,160	6,183,050	-1,114,890	3.07
3.08	1	CAP REL COSTS-BLDG & FIXT	TIS CAPITAL	69,328		69,328	9 3.08
3.09	1	CAP REL COSTS-BLDG & FIXT	INTERCOMPANY INTEREST	126,950	438,446	-311,496	9 3.09
3.10	1.01	CAP REL COST - 47 BLDG	INTERCOMPANY INTEREST	99,515	343,694	-244,179	9 3.10
3.11	1.02	CAP REL COST (PROF ARTS PLAZA)	INTERCOMPANY INTEREST	31,428	108,544	-77,116	9 3.11
3.12	1.03	CAP REL COST (ASBURY)	INTERCOMPANY INTEREST	7,003	24,186	-17,183	9 3.12
3.13	1.04	CAP REL COST (MED ARTS BLDG)	INTERCOMPANY INTEREST	7,751	26,771	-19,020	9 3.13
3.14	1.05	CAP REL COST (ENERGY CENTER)	INTERCOMPANY INTEREST	6,470	22,347	-15,877	9 3.14
3.15	1.06	CAP REL COST (RENTAL PROPERTIES)	INTERCOMPANY INTEREST	654	2,257	-1,603	9 3.15
3.16	1.07	CAP REL COST (PARKING DECK)	INTERCOMPANY INTEREST	654	2,257	-1,603	9 3.16
3.17	1.08	CAP REL COST (97 BLDG)	INTERCOMPANY INTEREST	47,493	164,027	-116,534	9 3.17
3.18	1.09	CAP REL COST (BELLEVUE CLINIC)	INTERCOMPANY INTEREST	710	2,454	-1,744	9 3.18
3.19	1.10	CAP REL COST (CASCADE CLINIC)	INTERCOMPANY INTEREST	3,578	12,358	-8,780	9 3.19
3.20	1.11	CAP REL COST (RETAIL PHARMACY)	INTERCOMPANY INTEREST	8,642	29,845	-21,203	9 3.20
3.21	1.12	CAP REL COST (OAKCREST NURSING HOME)	INTERCOMPANY INTEREST	7,152	24,701	-17,549	9 3.21
3.22	60	LABORATORY	UCL LABORATORY	5,036,946	6,486,049	-1,449,103	3.22
3.23	194.09	MMC DYERSVILLE	TIS EXPENSE	-11,232	-11,232		3.23
4							4
5	TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12			27,101,004	27,042,698	58,306	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	
6	B			CHE TRINITY HEALTH		HOME OFFICE	6
7	C			UNITED CLINICAL LABORATORIES		CONSOLIDATED LAB SERVICE	7
8	C			MERCY MEDICAL CTR DYERSVILLE		CRITICAL ACCESS HOSPITAL	8
9							9
10							10



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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

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

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

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

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

(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:



COMPU-MAX

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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	4	EMPLOYEE BENEFITS DE	721		721	171,400	7	577	29	1
2	5.06	OTHER ADMIN & GENERA	25,833		25,833	171,400	219	18,046	902	2
3	15	PHARMACY	6,491		6,491	171,400	65	5,356	268	3
4	16	MEDICAL RECORDS & LI	8,213		8,213	171,400	80	6,592	330	4
5	30	ADULTS & PEDIATRICS AGGREGATE	1,043,787	1,015,099	28,688	171,400	230	18,953	948	5
6	41	SUBPROVIDER - IRF	125,940		125,940	171,400	1,065	87,760	4,388	6
7	53	ANESTHESIOLOGY								7
8	54	RADIOLOGY-DIAGNOSTIC	51,148		51,148	231,100	461	51,220	2,561	8
9	65	RESPIRATORY THERAPY	11,400		11,400	171,400	95	7,828	391	9
10	69	ELECTROCARDIOLOGY AGGREGATE	181,265	181,265		171,400				10
11	76	BEHAVIORAL HEALTH CO AGGREGATE	16,403	1,715	14,688	171,400	118	9,724	486	11
12	91	EMERGENCY AGGREGATE	1,103,418	799,220	304,198	171,400	2,438	200,901	10,045	12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	2,574,619	1,997,299	577,320		4,778	406,957	20,348	200



COMPU-MAX

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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 MALPRACT - 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	4	EMPLOYEE BENEFITS DE					577	144	144	1
2	5.06	OTHER ADMIN & GENERA					18,046	7,787	7,787	2
3	15	PHARMACY					5,356	1,135	1,135	3
4	16	MEDICAL RECORDS & LI					6,592	1,621	1,621	4
5	30	ADULTS & PEDIATRICS AGGREGATE					18,953	9,735	1,024,834	5
6	41	SUBPROVIDER - IRF					87,760	38,180	38,180	6
7	53	ANESTHESIOLOGY								7
8	54	RADIOLOGY-DIAGNOSTIC					51,220			8
9	65	RESPIRATORY THERAPY					7,828	3,572	3,572	9
10	69	ELECTROCARDIOLOGY AGGREGATE							181,265	10
11	76	BEHAVIORAL HEALTH CO AGGREGATE					9,724	4,964	6,679	11
12	91	EMERGENCY AGGREGATE					200,901	103,297	902,517	12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					406,957	170,435	2,167,734	200



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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP 47 BLDG	CAP PROF ARTS PLAZA	CAP ASBURY	CAP MED ARTS BLDG	
		0	1	1.01	1.02	1.03	1.04	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT	1,439,260	1,439,260					1
1.01	CAP REL COST - 47 BLDG	706,146		706,146				1.01
1.02	CAP REL COST (PROF ARTS PLAZA)	214,105			214,105			1.02
1.03	CAP REL COST (ASBURY)	527				527		1.03
1.04	CAP REL COST (MED ARTS BLDG)	403					403	1.04
1.05	CAP REL COST (ENERGY CENTER)	189,599						1.05
1.06	CAP REL COST (RENTAL PROPERTIES)	3,228						1.06
1.07	CAP REL COST (PARKING DECK)	81,378						1.07
1.08	CAP REL COST (97 BLDG)	894,653						1.08
1.09	CAP REL COST (BELLEVUE CLINIC)	1,762						1.09
1.10	CAP REL COST (CASCADE CLINIC)	703						1.10
1.11	CAP REL COST (RETAIL PHARMACY)	44,451						1.11
1.12	CAP REL COST (OAKCREST NURSING HOME)	15,081						1.12
2	CAP REL COSTS-MVBLE EQUIP	5,498,423						2
4	EMPLOYEE BENEFITS DEPARTMENT	12,910,354		12,851				4
4.01	CHILD CARE				47,045			4.01
5.01	COMMUNICATIONS	283,650	4,727	2,560				5.01
5.02	PURCHASING	701,734	7,195					5.02
5.03	PFS/COLLECTION	2,277,445	1,252					5.03
5.06	OTHER ADMIN & GENERAL	10,844,487	222,358	191,457	31,234	376		5.06
6	MAINTENANCE & REPAIRS	4,736,488	184,479	79,624	1,167			6
7	OPERATION OF PLANT	125,349	1,578					7
8	LAUNDRY & LINEN SERVICE	930,863	3,520	46,479				8
9	HOUSEKEEPING	1,412,582	30,128	1,855	1,224			9
10	DIETARY	1,644,030	80,773					10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,449,373		9,099				13
14	CENTRAL SERVICES & SUPPLY	391,414	72,178					14
15	PHARMACY	1,955,614	12,233	6,678				15
16	MEDICAL RECORDS & LIBRARY	2,954,315	32,358	946		126		16
17	SOCIAL SERVICE	321,810	2,942	853				17
18	CENTRAL STERILIZATION	348,297	23,681					18
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
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	9,566,741	327,197	101,709		25		30
31	INTENSIVE CARE UNIT	1,294,573	78,143					31
41	SUBPROVIDER - IRF	477,382		26,045				41
43	NURSERY	1,331,503		14,980				43
44	SKILLED NURSING FACILITY	1,288,662		47,847				44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	4,032,224	128,655	8,232				50
51	RECOVERY ROOM	1,822,757		390				51
52	DELIVERY ROOM & LABOR ROOM	1,037,880		23,133				52
53	ANESTHESIOLOGY	159,823						53
54	RADIOLOGY-DIAGNOSTIC	2,489,617	81,314	844				54
58	MRI	229,798	3,371					58
60	LABORATORY	5,089,673	31,588	9,169				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	601,124						63
65	RESPIRATORY THERAPY	1,089,859		6,080				65
66	PHYSICAL THERAPY	2,619,912	1,793	3,033	22,026			66
69	ELECTROCARDIOLOGY	980,848		427				69
70	ELECTROENCEPHALOGRAPHY	327,741		11,464				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,714,402						71
72	IMPL. DEV. CHARGED TO PATIENTS	7,979,511						72
73	DRUGS CHARGED TO PATIENTS	4,764,682						73
76	BEHAVIORAL HEALTH COUNSELING	225,866		20,206				76
76.01	SHOCK THERAPY	24,361		6,210				76.01
76.97	CARDIAC REHABILITATION	190,275			27,565			76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99



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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP 47 BLDG	CAP PROF ARTS PLAZA	CAP ASBURY	CAP MED ARTS BLDG	
		0	1	1.01	1.02	1.03	1.04	
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	2,024,572	73,771					91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES	54,524						95
98	PURCHASED DIALYSIS SERVICES	149,298	282					98
101	HOME HEALTH AGENCY	2,871,151	24,534	17,248				101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	111,816,283	1,430,050	649,419	130,261	527		118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
190.0	OAKCREST NURSING HOME	1,155,875						190.0
1								1
190.0	SHARED SERVICES	485,246			405			190.0
2								2
190.0	MATERNAL HEALTH	171,347			1,906			190.0
3								3
190.0	CAFETERIA VISITORS							190.0
4								4
190.0	TV SERVICE		1,482					190.0
5								5
190.0	FUND DEVELOPMENT	1,208,665		3,923				190.0
6								6
193.0	DAYCARE							193.0
1								1
193.0	PHYSICIAN BILLING							193.0
5								5
193.0	PHYSICIAN OFFICES							193.0
6								6
194	GUEST MEALS							194
194.0	KENNEDY LIVING CENTER	667,190						194.0
1								1
194.0	MERCY-CRESCENT DIABETES PROGRAM							194.0
2								2
194.0	RENTAL PROPERTIES DBQ	40,246		5,050	81,533			194.0
3								3
194.0	AUXILIARY		7,728	2,857				194.0
4								4
194.0	COMMUNITY EDUCATION/OUTSIDE LAUNDRY	115,986		7,383				194.0
5								5
194.0	RURAL OUTREACH PROGRAM	47,861						194.0
6								6
194.0	OTHER REV DEDUCTIONS	40,187						194.0
7								7
194.0	LIFELINE	104,931						194.0
8								8
194.0	MMC DYERSVILLE	4,591,421					341	194.0
9								9
194.1	CCH ELKADER	144,718						194.1
0								0
194.1	RETAIL PHARMACY	23,454,450					62	194.1
1								1
194.1	IDLE SPACE			37,514				194.1
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	144,044,406	1,439,260	706,146	214,105	527	403	202



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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	CAP ENERGY CENTER 1.05	CAP RENTAL PROPERTIES 1.06	CAP PARKING DECK 1.07	CAP 97 BLDG 1.08	CAP BELLEVUE CLINIC 1.09	CAP CASCADE CLINIC 1.10	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COST - 47 BLDG							1.01
1.02	CAP REL COST (PROF ARTS PLAZA)							1.02
1.03	CAP REL COST (ASBURY)							1.03
1.04	CAP REL COST (MED ARTS BLDG)							1.04
1.05	CAP REL COST (ENERGY CENTER)	189,599						1.05
1.06	CAP REL COST (RENTAL PROPERTIES)		3,228					1.06
1.07	CAP REL COST (PARKING DECK)			81,378				1.07
1.08	CAP REL COST (97 BLDG)				894,653			1.08
1.09	CAP REL COST (BELLEVUE CLINIC)					1,762		1.09
1.10	CAP REL COST (CASCADE CLINIC)						703	1.10
1.11	CAP REL COST (RETAIL PHARMACY)							1.11
1.12	CAP REL COST (OAKCREST NURSING HOME)							1.12
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
4.01	CHILD CARE							4.01
5.01	COMMUNICATIONS							5.01
5.02	PURCHASING							5.02
5.03	PFS/COLLECTION				16,104			5.03
5.06	OTHER ADMIN & GENERAL			81,378	189,601			5.06
6	MAINTENANCE & REPAIRS	32,002			120,162			6
7	OPERATION OF PLANT	157,597						7
8	LAUNDRY & LINEN SERVICE				2,696			8
9	HOUSEKEEPING				9,702			9
10	DIETARY				9,640			10
11	CAFETERIA				78,684			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION				492			13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY				4,014			16
17	SOCIAL SERVICE							17
18	CENTRAL STERILIZATION							18
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
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS				15,057			30
31	INTENSIVE CARE UNIT							31
41	SUBPROVIDER - IRF							41
43	NURSERY							43
44	SKILLED NURSING FACILITY							44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM				40,875			50
51	RECOVERY ROOM				164,816			51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY				5,035			53
54	RADIOLOGY-DIAGNOSTIC				4,395			54
58	MRI							58
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY					1,762	250	66
69	ELECTROCARDIOLOGY				115,102			69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76	BEHAVIORAL HEALTH COUNSELING				8,064			76
76.01	SHOCK THERAPY							76.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY				64,673			91



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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	CAP ENERGY CENTER 1.05	CAP RENTAL PROPERTIES 1.06	CAP PARKING DECK 1.07	CAP 97 BLDG 1.08	CAP BELLEVUE CLINIC 1.09	CAP CASCADE CLINIC 1.10	
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
98	PURCHASED DIALYSIS SERVICES							98
101	HOME HEALTH AGENCY				21,447			101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	189,599		81,378	870,559	1,762	250	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
190.0	OAKCREST NURSING HOME							190.0
1								1
190.0	SHARED SERVICES							190.0
2								2
190.0	MATERNAL HEALTH							190.0
3								3
190.0	CAFETERIA VISITORS							190.0
4								4
190.0	TV SERVICE							190.0
5								5
190.0	FUND DEVELOPMENT							190.0
6								6
193.0	DAYCARE							193.0
1								1
193.0	PHYSICIAN BILLING							193.0
5								5
193.0	PHYSICIAN OFFICES							193.0
6								6
194	GUEST MEALS							194
194.0	KENNEDY LIVING CENTER							194.0
1								1
194.0	MERCY-CRESCENT DIABETES PROGRAM							194.0
2								2
194.0	RENTAL PROPERTIES DBQ		3,228				348	194.0
3								3
194.0	AUXILIARY				8,286			194.0
4								4
194.0	COMMUNITY EDUCATION/OUTSIDE LAUNDRY							194.0
5								5
194.0	RURAL OUTREACH PROGRAM							194.0
6								6
194.0	OTHER REV DEDUCTIONS							194.0
7								7
194.0	LIFELINE							194.0
8								8
194.0	MMC DYERSVILLE							194.0
9								9
194.1	CCH ELKADER							194.1
0								0
194.1	RETAIL PHARMACY				15,808		105	194.1
1								1
194.1	IDLE SPACE							194.1
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	189,599	3,228	81,378	894,653	1,762	703	202



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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	CAP RETAIL PHARMACY	CAP OAKCREST NURSING HM	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	COMMUNICAT	
		1.11	1.12	2	4	4.01	5.01	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COST - 47 BLDG							1.01
1.02	CAP REL COST (PROF ARTS PLAZA)							1.02
1.03	CAP REL COST (ASBURY)							1.03
1.04	CAP REL COST (MED ARTS BLDG)							1.04
1.05	CAP REL COST (ENERGY CENTER)							1.05
1.06	CAP REL COST (RENTAL PROPERTIES)							1.06
1.07	CAP REL COST (PARKING DECK)							1.07
1.08	CAP REL COST (97 BLDG)							1.08
1.09	CAP REL COST (BELLEVUE CLINIC)							1.09
1.10	CAP REL COST (CASCADE CLINIC)							1.10
1.11	CAP REL COST (RETAIL PHARMACY)	44,451						1.11
1.12	CAP REL COST (OAKCREST NURSING HOME)		15,081					1.12
2	CAP REL COSTS-MVBLE EQUIP			5,498,423				2
4	EMPLOYEE BENEFITS DEPARTMENT			5,129	12,928,334			4
4.01	CHILD CARE			6,784	217,495	271,324		4.01
5.01	COMMUNICATIONS			5,776	68,022	75	364,810	5.01
5.02	PURCHASING				71,984	4,367	1,256	5.02
5.03	PFS/COLLECTION				146,704	3,329	6,698	5.03
5.06	OTHER ADMIN & GENERAL			2,548,951	574,929	13,180	60,069	5.06
6	MAINTENANCE & REPAIRS			13,584	315,619	4,606	12,558	6
7	OPERATION OF PLANT						628	7
8	LAUNDRY & LINEN SERVICE			85,417	130,817	6,353	1,256	8
9	HOUSEKEEPING			6,987	278,442		837	9
10	DIETARY			117,974	423,404	14	7,116	10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION			40,548	264,932	2,990	4,605	13
14	CENTRAL SERVICES & SUPPLY			271	91,523	292	1,256	14
15	PHARMACY			170,884	444,156	29,506	5,023	15
16	MEDICAL RECORDS & LIBRARY			86,007	613,279	1,553	17,581	16
17	SOCIAL SERVICE				79,581	8,277	837	17
18	CENTRAL STERILIZATION			58,746	69,297		628	18
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
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS			232,951	2,421,858	27,599	67,811	30
31	INTENSIVE CARE UNIT			138,544	315,991	9,234	9,419	31
41	SUBPROVIDER - IRF			5,860	93,875	141	9,419	41
43	NURSERY			39,010	268,729	3,851	4,186	43
44	SKILLED NURSING FACILITY			20,938	311,088	11,343	6,070	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM			760,788	847,816	19,708	31,604	50
51	RECOVERY ROOM			50,615	443,990	20,118	11,930	51
52	DELIVERY ROOM & LABOR ROOM			21,550	210,628		9,000	52
53	ANESTHESIOLOGY			60,409	23,305			53
54	RADIOLOGY-DIAGNOSTIC			600,529	480,150	26,342	10,674	54
58	MRI			8,444	50,948		837	58
60	LABORATORY			858			7,326	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.			1,666				63
65	RESPIRATORY THERAPY			43,976	234,162	608	2,721	65
66	PHYSICAL THERAPY			14,949	635,279	22,517	4,814	66
69	ELECTROCARDIOLOGY			70,958	235,780	17,932	4,605	69
70	ELECTROENCEPHALOGRAPHY			31,981	77,353	2,724	1,465	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			85,451				71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76	BEHAVIORAL HEALTH COUNSELING			53	50,659		2,930	76
76.01	SHOCK THERAPY			6,672	5,649			76.01
76.97	CARDIAC REHABILITATION			6,509	53,757		1,465	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							



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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	CAP RETAIL PHARMACY	CAP OAKCREST NURSING HM	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMEN T	CHILD CARE	COMMUNICA T	
		1.11	1.12	2	4	4.01	5.01	
91	EMERGENCY			41,336	429,796	12,268	13,814	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
98	PURCHASED DIALYSIS SERVICES							98
101	HOME HEALTH AGENCY			25,090	550,956	15,909	15,907	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)			5,416,195	11,531,953	264,836	336,345	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						1,465	190
190.0	OAKCREST NURSING HOME		15,081	26,327	271,036			190.0
1								1
190.0	SHARED SERVICES				125,097		628	190.0
2								2
190.0	MATERNAL HEALTH				27,174		1,465	190.0
3								3
190.0	CAFETERIA VISITORS							190.0
4								4
190.0	TV SERVICE							190.0
5								5
190.0	FUND DEVELOPMENT			1,373	115,887	5,327	1,465	190.0
6								6
193.0	DAYCARE							193.0
1								1
193.0	PHYSICIAN BILLING							193.0
5								5
193.0	PHYSICIAN OFFICES							193.0
6								6
194	GUEST MEALS							194
194.0	KENNEDY LIVING CENTER				164,142			194.0
1								1
194.0	MERCY-CRESCENT DIABETES PROGRAM							194.0
2								2
194.0	RENTAL PROPERTIES DBQ						209	194.0
3								3
194.0	AUXILIARY							194.0
4								4
194.0	COMMUNITY EDUCATION/OUTSIDE LAUNDRY				28,003	1,161	2,512	194.0
5								5
194.0	RURAL OUTREACH PROGRAM							194.0
6								6
194.0	OTHER REV DEDUCTIONS							194.0
7								7
194.0	LIFELINE				5,025			194.0
8								8
194.0	MMC DYERSVILLE				624,029			194.0
9								9
194.1	CCH ELKADER				35,988			194.1
0								0
194.1	RETAIL PHARMACY	44,451		54,528			20,721	194.1
1								1
194.1	IDLE SPACE							194.1
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	44,451	15,081	5,498,423	12,928,334	271,324	364,810	202

MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	PURCHASING 5.02	PFS COLLECTION 5.03	SUBTOTAL (cols.0-4) 4A	OTHER ADMIN & GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COST - 47 BLDG							1.01
1.02	CAP REL COST (PROF ARTS PLAZA)							1.02
1.03	CAP REL COST (ASBURY)							1.03
1.04	CAP REL COST (MED ARTS BLDG)							1.04
1.05	CAP REL COST (ENERGY CENTER)							1.05
1.06	CAP REL COST (RENTAL PROPERTIES)							1.06
1.07	CAP REL COST (PARKING DECK)							1.07
1.08	CAP REL COST (97 BLDG)							1.08
1.09	CAP REL COST (BELLEVUE CLINIC)							1.09
1.10	CAP REL COST (CASCADE CLINIC)							1.10
1.11	CAP REL COST (RETAIL PHARMACY)							1.11
1.12	CAP REL COST (OAKCREST NURSING HOME)							1.12
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
4.01	CHILD CARE							4.01
5.01	COMMUNICATIONS							5.01
5.02	PURCHASING	786,536						5.02
5.03	PFS/COLLECTION	535	2,452,067					5.03
5.06	OTHER ADMIN & GENERAL	2,600		14,760,620	14,760,620			5.06
6	MAINTENANCE & REPAIRS	4,338		5,504,627	628,474	6,133,101		6
7	OPERATION OF PLANT	38		285,190	32,561	165,568	483,319	7
8	LAUNDRY & LINEN SERVICE	7,404		1,214,805	138,697	210,166	17,022	8
9	HOUSEKEEPING	2,889		1,744,646	199,190	108,437	8,782	9
10	DIETARY	17,625		2,300,576	262,661	229,151	18,559	10
11	CAFETERIA			78,684	8,984	125,343	10,152	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	638		1,772,677	202,390	39,264	3,180	13
14	CENTRAL SERVICES & SUPPLY	203		557,137	63,609	191,044	15,473	14
15	PHARMACY	1,332		2,625,426	299,750	60,622	4,910	15
16	MEDICAL RECORDS & LIBRARY	375		3,710,554	423,641	96,042	7,779	16
17	SOCIAL SERVICE	10		414,310	47,303	11,395	923	17
18	CENTRAL STERILIZATION	1,158		501,807	57,292	62,681	5,077	18
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
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	4,668	322,182	13,087,798	1,494,260	1,320,148	106,917	30
31	INTENSIVE CARE UNIT	786	37,584	1,884,274	215,131	206,832	16,752	31
41	SUBPROVIDER - IRF	38	12,491	625,251	71,386	110,143	8,921	41
43	NURSERY	824	26,202	1,689,285	192,869	63,348	5,131	43
44	SKILLED NURSING FACILITY	693	20,252	1,706,893	194,879	202,341	16,388	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	6,053	406,588	6,282,543	717,290	440,455	35,673	50
51	RECOVERY ROOM	1,854	70,040	2,586,510	295,307	264,198	21,398	51
52	DELIVERY ROOM & LABOR ROOM	1,058	17,962	1,321,211	150,845	97,826	7,923	52
53	ANESTHESIOLOGY	2,021	110,924	361,517	41,275	8,021	650	53
54	RADIOLOGY-DIAGNOSTIC	6,761	244,653	3,945,279	450,440	225,797	18,288	54
58	MRI	487	46,315	340,200	38,841	8,924	723	58
60	LABORATORY	32	205,623	5,344,269	610,166	122,381	9,912	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	6	8,511	611,307	69,794			63
65	RESPIRATORY THERAPY	2,547	51,903	1,431,856	163,478	25,712	2,082	65
66	PHYSICAL THERAPY	430	83,457	3,410,222	389,352	114,595	9,281	66
69	ELECTROCARDIOLOGY	1,038	166,760	1,593,450	181,927	185,160	14,996	69
70	ELECTROENCEPHALOGRAPHY	164	15,729	468,621	53,503	48,482	3,927	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	127,628	91,465	7,018,946	801,367			71
72	IMPL. DEV. CHARGED TO PATIENTS	154,172	103,398	8,237,081	940,444			72
73	DRUGS CHARGED TO PATIENTS	86,327	257,281	5,108,290	583,224			73
76	BEHAVIORAL HEALTH COUNSELING	135	5,005	312,918	35,726	98,297	7,961	76
76.01	SHOCK THERAPY	43	2,612	45,547	5,200	26,261	2,127	76.01
76.97	CARDIAC REHABILITATION	73	4,510	284,154	32,442	121,420	9,834	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	1,875	137,273	2,799,378	319,611	298,284	24,158	91



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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	PURCHASING 5.02	PFS COLLECTION 5.03	SUBTOTAL (cols.0-4) 4A	OTHER ADMIN & GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES			54,524	6,225			95
98	PURCHASED DIALYSIS SERVICES	1	2,332	151,913	17,344	745	60	98
101	HOME HEALTH AGENCY	8,309		3,550,551	405,374	172,040	13,934	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	447,168	2,451,052	109,724,847	10,842,252	5,461,123	428,893	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN			1,465	167			190
190.0	OAKCREST NURSING HOME	543		1,468,862	167,703			190.0
190.0	SHARED SERVICES	26		611,402	69,805	1,785	145	190.0
190.0	MATERNAL HEALTH	249	1,015	203,156	23,195	8,394	680	190.0
190.0	CAFETERIA VISITORS							190.0
190.0	TV SERVICE			1,482	169	3,922	318	190.0
190.0	FUND DEVELOPMENT	653		1,337,293	152,681	16,592	1,344	190.0
193.0	DAYCARE							193.0
193.0	PHYSICIAN BILLING							193.0
193.0	PHYSICIAN OFFICES							193.0
194	GUEST MEALS							194
194.0	KENNEDY LIVING CENTER	37		831,369	94,919			194.0
194.0	MERCY-CRESCENT DIABETES PROGRAM							194.0
194.0	RENTAL PROPERTIES DBQ			130,614	14,912	380,500	30,817	194.0
194.0	AUXILIARY			18,871	2,155	45,736	3,704	194.0
194.0	COMMUNITY EDUCATION/OUTSIDE LAUNDRY	22		155,067	17,704	31,223	2,529	194.0
194.0	RURAL OUTREACH PROGRAM	194		48,055	5,487			194.0
194.0	OTHER REV DEDUCTIONS			40,187	4,588			194.0
194.0	LIFELINE	51		110,007	12,560			194.0
194.0	MMC DYERSVILLE			5,215,791	595,497			194.0
194.1	CCH ELKADER			180,706	20,632			194.1
194.1	RETAIL PHARMACY	337,593		23,927,718	2,731,911	25,182	2,040	194.1
194.1	IDLE SPACE			37,514	4,283	158,644	12,849	194.1
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	786,536	2,452,067	144,044,406	14,760,620	6,133,101	483,319	202

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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	
		8	9	10	11	13	14	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COST - 47 BLDG							1.01
1.02	CAP REL COST (PROF ARTS PLAZA)							1.02
1.03	CAP REL COST (ASBURY)							1.03
1.04	CAP REL COST (MED ARTS BLDG)							1.04
1.05	CAP REL COST (ENERGY CENTER)							1.05
1.06	CAP REL COST (RENTAL PROPERTIES)							1.06
1.07	CAP REL COST (PARKING DECK)							1.07
1.08	CAP REL COST (97 BLDG)							1.08
1.09	CAP REL COST (BELLEVUE CLINIC)							1.09
1.10	CAP REL COST (CASCADE CLINIC)							1.10
1.11	CAP REL COST (RETAIL PHARMACY)							1.11
1.12	CAP REL COST (OAKCREST NURSING HOME)							1.12
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
4.01	CHILD CARE							4.01
5.01	COMMUNICATIONS							5.01
5.02	PURCHASING							5.02
5.03	PFS/COLLECTION							5.03
5.06	OTHER ADMIN & GENERAL							5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE	1,580,690						8
9	HOUSEKEEPING	59,012	2,120,067					9
10	DIETARY	14,932	86,001	2,911,880				10
11	CAFETERIA		47,042	140,579	410,784			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		14,736		9,349	2,041,596		13
14	CENTRAL SERVICES & SUPPLY	4,427	71,700		6,690		910,080	14
15	PHARMACY	2,499	22,752		14,630		1,617	15
16	MEDICAL RECORDS & LIBRARY		36,045		28,124		456	16
17	SOCIAL SERVICE		4,277		3,970		12	17
18	CENTRAL STERILIZATION		23,524		4,920	32,996	1,406	18
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
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	325,520	495,458	2,059,958	106,201	712,160	4,778	30
31	INTENSIVE CARE UNIT	25,811	77,625	74,792	12,419	83,279	955	31
41	SUBPROVIDER - IRF	12,920	41,337	88,687	4,356	29,210	46	41
43	NURSERY	3,150	23,775		10,256	68,774	1,001	43
44	SKILLED NURSING FACILITY	49,973	75,939	370,707	15,892	106,572	842	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	139,975	165,304	18	37,068	248,577	7,349	50
51	RECOVERY ROOM	49,461	99,155	3,433	19,286	129,330	2,252	51
52	DELIVERY ROOM & LABOR ROOM	5,680	36,715		8,291	55,600	1,285	52
53	ANESTHESIOLOGY		3,010		1,252	8,397	2,454	53
54	RADIOLOGY-DIAGNOSTIC	42,126	84,743		20,334		8,209	54
58	MRI		3,349		1,860		591	58
60	LABORATORY		45,930				39	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.						8	63
65	RESPIRATORY THERAPY	1,086	9,650		10,118		3,093	65
66	PHYSICAL THERAPY	11,375	43,008		25,480		522	66
69	ELECTROCARDIOLOGY	18,656	69,491		8,864	59,439	1,260	69
70	ELECTROENCEPHALOGRAPHY	10,278	18,195		3,425		199	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						154,969	71
72	IMPL. DEV. CHARGED TO PATIENTS						187,199	72
73	DRUGS CHARGED TO PATIENTS						104,820	73
76	BEHAVIORAL HEALTH COUNSELING		36,891		2,586	17,341	164	76
76.01	SHOCK THERAPY		9,856		268	1,796	52	76.01
76.97	CARDIAC REHABILITATION		45,569		2,064	13,843	89	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	115,514	111,947	7,244	17,762	119,107	2,277	91



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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		8	9	10	11	13	14	
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
98	PURCHASED DIALYSIS SERVICES		280				2	98
101	HOME HEALTH AGENCY		64,567		25,833	173,231	10,089	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	892,395	1,867,871	2,745,418	401,298	1,859,652	498,035	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
190.0 1	OAKCREST NURSING HOME	79,281				114,448	660	190.0 1
190.0 2	SHARED SERVICES	621	670		3,630		32	190.0 2
190.0 3	MATERNAL HEALTH	1,101	3,150		1,123	7,530	302	190.0 3
190.0 4	CAFETERIA VISITORS			166,462				190.0 4
190.0 5	TV SERVICE		1,472					190.0 5
190.0 6	FUND DEVELOPMENT		6,227		3,476	10,944	793	190.0 6
193.0 1	DAYCARE							193.0 1
193.0 5	PHYSICIAN BILLING							193.0 5
193.0 6	PHYSICIAN OFFICES							193.0 6
194	GUEST MEALS							194
194.0 1	KENNEDY LIVING CENTER						45	194.0 1
194.0 2	MERCY-CRESCENT DIABETES PROGRAM							194.0 2
194.0 3	RENTAL PROPERTIES DBQ		142,803					194.0 3
194.0 4	AUXILIARY		17,165					194.0 4
194.0 5	COMMUNITY EDUCATION/OUTSIDE LAUNDRY	554,490	11,718		954		27	194.0 5
194.0 6	RURAL OUTREACH PROGRAM						236	194.0 6
194.0 7	OTHER REV DEDUCTIONS							194.0 7
194.0 8	LIFELINE				303		62	194.0 8
194.0 9	MMC DYERSVILLE	29,907				49,022		194.0 9
194.1 0	CCH ELKADER	22,895						194.1 0
194.1 1	RETAIL PHARMACY		9,451				409,888	194.1 1
194.1 2	IDLE SPACE		59,540					194.1 2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,580,690	2,120,067	2,911,880	410,784	2,041,596	910,080	202



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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTH GEN SV CENTRAL STERILIZAT	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		15	16	17	18	24	25	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COST - 47 BLDG							1.01
1.02	CAP REL COST (PROF ARTS PLAZA)							1.02
1.03	CAP REL COST (ASBURY)							1.03
1.04	CAP REL COST (MED ARTS BLDG)							1.04
1.05	CAP REL COST (ENERGY CENTER)							1.05
1.06	CAP REL COST (RENTAL PROPERTIES)							1.06
1.07	CAP REL COST (PARKING DECK)							1.07
1.08	CAP REL COST (97 BLDG)							1.08
1.09	CAP REL COST (BELLEVUE CLINIC)							1.09
1.10	CAP REL COST (CASCADE CLINIC)							1.10
1.11	CAP REL COST (RETAIL PHARMACY)							1.11
1.12	CAP REL COST (OAKCREST NURSING HOME)							1.12
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
4.01	CHILD CARE							4.01
5.01	COMMUNICATIONS							5.01
5.02	PURCHASING							5.02
5.03	PFS/COLLECTION							5.03
5.06	OTHER ADMIN & GENERAL							5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	3,032,206						15
16	MEDICAL RECORDS & LIBRARY		4,302,641					16
17	SOCIAL SERVICE			482,190				17
18	CENTRAL STERILIZATION				689,703			18
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
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS		565,307	394,726		20,673,231	-835,479	30
31	INTENSIVE CARE UNIT		65,945	5,819		2,669,634		31
41	SUBPROVIDER - IRF		21,916	4,559		1,018,732		41
43	NURSERY		45,974	43,732		2,147,295		43
44	SKILLED NURSING FACILITY		35,534	28,075		2,804,035		44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM		713,606		512,821	9,300,679		50
51	RECOVERY ROOM		122,894			3,593,224	835,479	51
52	DELIVERY ROOM & LABOR ROOM		31,516		57,206	1,774,098		52
53	ANESTHESIOLOGY		194,629			621,205		53
54	RADIOLOGY-DIAGNOSTIC	8,822	429,273			5,233,311		54
58	MRI	3,415	81,265			479,168		58
60	LABORATORY		360,791			6,493,488		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.		14,933			696,042		63
65	RESPIRATORY THERAPY		91,070			1,738,145		65
66	PHYSICAL THERAPY		146,435			4,150,270		66
69	ELECTROCARDIOLOGY	3,297	292,600		56,001	2,485,141		69
70	ELECTROENCEPHALOGRAPHY		27,598			634,228		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		160,487			8,135,769		71
72	IMPL. DEV. CHARGED TO PATIENTS		181,425			9,546,149		72
73	DRUGS CHARGED TO PATIENTS	676,499	451,430			6,924,263		73
76	BEHAVIORAL HEALTH COUNSELING		8,782			520,666		76
76.01	SHOCK THERAPY		4,583			95,690		76.01
76.97	CARDIAC REHABILITATION		7,913			517,328		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY		240,862		63,675	4,119,819		91



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**COST ALLOCATION - GENERAL SERVICE COSTS**

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	COST CENTER DESCRIPTIONS	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	OTH GEN SV CENTRAL STERILIZAT 18	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES					60,749		95
98	PURCHASED DIALYSIS SERVICES		4,093			174,437		98
101	HOME HEALTH AGENCY					4,415,619		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	692,033	4,300,861	476,911	689,703	101,022,415		118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN					1,632		190
190.0 1	OAKCREST NURSING HOME			1,080		1,832,034		190.0 1
190.0 2	SHARED SERVICES					688,090		190.0 2
190.0 3	MATERNAL HEALTH		1,780			250,411		190.0 3
190.0 4	CAFETERIA VISITORS					166,462		190.0 4
190.0 5	TV SERVICE					7,363		190.0 5
190.0 6	FUND DEVELOPMENT					1,529,350		190.0 6
193.0 1	DAYCARE							193.0 1
193.0 5	PHYSICIAN BILLING							193.0 5
193.0 6	PHYSICIAN OFFICES							193.0 6
194	GUEST MEALS							194
194.0 1	KENNEDY LIVING CENTER					926,333		194.0 1
194.0 2	MERCY-CRESCENT DIABETES PROGRAM							194.0 2
194.0 3	RENTAL PROPERTIES DBQ					699,646		194.0 3
194.0 4	AUXILIARY					87,631		194.0 4
194.0 5	COMMUNITY EDUCATION/OUTSIDE LAUNDRY					773,712		194.0 5
194.0 6	RURAL OUTREACH PROGRAM					53,778		194.0 6
194.0 7	OTHER REV DEDUCTIONS					44,775		194.0 7
194.0 8	LIFELINE					122,932		194.0 8
194.0 9	MMC DYERSVILLE			4,199		5,894,416		194.0 9
194.1 0	CCH ELKADER					224,233		194.1 0
194.1 1	RETAIL PHARMACY	2,340,173				29,446,363		194.1 1
194.1 2	IDLE SPACE					272,830		194.1 2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	3,032,206	4,302,641	482,190	689,703	144,044,406		202



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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	<b>GENERAL SERVICE COST CENTERS</b>						
1	CAP REL COSTS-BLDG & FIXT						1
1.01	CAP REL COST - 47 BLDG						1.01
1.02	CAP REL COST (PROF ARTS PLAZA)						1.02
1.03	CAP REL COST (ASBURY)						1.03
1.04	CAP REL COST (MED ARTS BLDG)						1.04
1.05	CAP REL COST (ENERGY CENTER)						1.05
1.06	CAP REL COST (RENTAL PROPERTIES)						1.06
1.07	CAP REL COST (PARKING DECK)						1.07
1.08	CAP REL COST (97 BLDG)						1.08
1.09	CAP REL COST (BELLEVUE CLINIC)						1.09
1.10	CAP REL COST (CASCADE CLINIC)						1.10
1.11	CAP REL COST (RETAIL PHARMACY)						1.11
1.12	CAP REL COST (OAKCREST NURSING HOME)						1.12
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
4.01	CHILD CARE						4.01
5.01	COMMUNICATIONS						5.01
5.02	PURCHASING						5.02
5.03	PFS/COLLECTION						5.03
5.06	OTHER ADMIN & GENERAL						5.06
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
18	CENTRAL STERILIZATION						18
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
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS	19,837,752					30
31	INTENSIVE CARE UNIT	2,669,634					31
41	SUBPROVIDER - IRF	1,018,732					41
43	NURSERY	2,147,295					43
44	SKILLED NURSING FACILITY	2,804,035					44
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM	9,300,679					50
51	RECOVERY ROOM	4,428,703					51
52	DELIVERY ROOM & LABOR ROOM	1,774,098					52
53	ANESTHESIOLOGY	621,205					53
54	RADIOLOGY-DIAGNOSTIC	5,233,311					54
58	MRI	479,168					58
60	LABORATORY	6,493,488					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	696,042					63
65	RESPIRATORY THERAPY	1,738,145					65
66	PHYSICAL THERAPY	4,150,270					66
69	ELECTROCARDIOLOGY	2,485,141					69
70	ELECTROENCEPHALOGRAPHY	634,228					70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,135,769					71
72	IMPL. DEV. CHARGED TO PATIENTS	9,546,149					72
73	DRUGS CHARGED TO PATIENTS	6,924,263					73
76	BEHAVIORAL HEALTH COUNSELING	520,666					76
76.01	SHOCK THERAPY	95,690					76.01
76.97	CARDIAC REHABILITATION	517,328					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	EMERGENCY	4,119,819					91



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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	AMBULANCE SERVICES	60,749					95
98	PURCHASED DIALYSIS SERVICES	174,437					98
101	HOME HEALTH AGENCY	4,415,619					101
	<b>SPECIAL PURPOSE COST CENTERS</b>						
113	INTEREST EXPENSE						113
118	SUBTOTALS (sum of lines 1-117)	101,022,415					118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,632					190
190.0	OAKCREST NURSING HOME	1,832,034					190.0
1							1
190.0	SHARED SERVICES	688,090					190.0
2							2
190.0	MATERNAL HEALTH	250,411					190.0
3							3
190.0	CAFETERIA VISITORS	166,462					190.0
4							4
190.0	TV SERVICE	7,363					190.0
5							5
190.0	FUND DEVELOPMENT	1,529,350					190.0
6							6
193.0	DAYCARE						193.0
1							1
193.0	PHYSICIAN BILLING						193.0
5							5
193.0	PHYSICIAN OFFICES						193.0
6							6
194	GUEST MEALS						194
194.0	KENNEDY LIVING CENTER	926,333					194.0
1							1
194.0	MERCY-CRESCENT DIABETES PROGRAM						194.0
2							2
194.0	RENTAL PROPERTIES DBQ	699,646					194.0
3							3
194.0	AUXILIARY	87,631					194.0
4							4
194.0	COMMUNITY EDUCATION/OUTSIDE LAUNDRY	773,712					194.0
5							5
194.0	RURAL OUTREACH PROGRAM	53,778					194.0
6							6
194.0	OTHER REV DEDUCTIONS	44,775					194.0
7							7
194.0	LIFELINE	122,932					194.0
8							8
194.0	MMC DYERSVILLE	5,894,416					194.0
9							9
194.1	CCH ELKADER	224,233					194.1
0							0
194.1	RETAIL PHARMACY	29,446,363					194.1
1							1
194.1	IDLE SPACE	272,830					194.1
2							2
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	144,044,406					202

MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP 47 BLDG	CAP PROF ARTS PLAZA	CAP ASBURY	CAP MED ARTS BLDG	
		0	1	1.01	1.02	1.03	1.04	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COST - 47 BLDG							1.01
1.02	CAP REL COST (PROF ARTS PLAZA)							1.02
1.03	CAP REL COST (ASBURY)							1.03
1.04	CAP REL COST (MED ARTS BLDG)							1.04
1.05	CAP REL COST (ENERGY CENTER)							1.05
1.06	CAP REL COST (RENTAL PROPERTIES)							1.06
1.07	CAP REL COST (PARKING DECK)							1.07
1.08	CAP REL COST (97 BLDG)							1.08
1.09	CAP REL COST (BELLEVUE CLINIC)							1.09
1.10	CAP REL COST (CASCADE CLINIC)							1.10
1.11	CAP REL COST (RETAIL PHARMACY)							1.11
1.12	CAP REL COST (OAKCREST NURSING HOME)							1.12
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT	10		12,851				4
4.01	CHILD CARE				47,045			4.01
5.01	COMMUNICATIONS	6,877	4,727	2,560				5.01
5.02	PURCHASING		7,195					5.02
5.03	PFS/COLLECTION		1,252					5.03
5.06	OTHER ADMIN & GENERAL	77,802	222,358	191,457	31,234	376		5.06
6	MAINTENANCE & REPAIRS	371	184,479	79,624	1,167			6
7	OPERATION OF PLANT		1,578					7
8	LAUNDRY & LINEN SERVICE		3,520	46,479				8
9	HOUSEKEEPING		30,128	1,855	1,224			9
10	DIETARY		80,773					10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION			9,099				13
14	CENTRAL SERVICES & SUPPLY		72,178					14
15	PHARMACY	377	12,233	6,678				15
16	MEDICAL RECORDS & LIBRARY		32,358	946		126		16
17	SOCIAL SERVICE		2,942	853				17
18	CENTRAL STERILIZATION		23,681					18
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
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS		327,197	101,709		25		30
31	INTENSIVE CARE UNIT		78,143					31
41	SUBPROVIDER - IRF	675		26,045				41
43	NURSERY			14,980				43
44	SKILLED NURSING FACILITY	62		47,847				44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	18,560	128,655	8,232				50
51	RECOVERY ROOM			390				51
52	DELIVERY ROOM & LABOR ROOM			23,133				52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC		81,314	844				54
58	MRI		3,371					58
60	LABORATORY		31,588	9,169				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY	4,130		6,080				65
66	PHYSICAL THERAPY	1,860	1,793	3,033	22,026			66
69	ELECTROCARDIOLOGY			427				69
70	ELECTROENCEPHALOGRAPHY	1,440		11,464				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	34,591						71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76	BEHAVIORAL HEALTH COUNSELING			20,206				76
76.01	SHOCK THERAPY			6,210				76.01
76.97	CARDIAC REHABILITATION				27,565			76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY		73,771					91



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP 47 BLDG	CAP PROF ARTS PLAZA	CAP ASBURY	CAP MED ARTS BLDG	
		0	1	1.01	1.02	1.03	1.04	
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
98	PURCHASED DIALYSIS SERVICES		282					98
101	HOME HEALTH AGENCY	7,136	24,534	17,248				101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	153,891	1,430,050	649,419	130,261	527		118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
190.0	OAKCREST NURSING HOME	115						190.0
190.0	1							1
190.0	SHARED SERVICES				405			190.0
190.0	2							2
190.0	MATERNAL HEALTH				1,906			190.0
190.0	3							3
190.0	CAFETERIA VISITORS							190.0
190.0	4							4
190.0	TV SERVICE		1,482					190.0
190.0	5							5
190.0	FUND DEVELOPMENT			3,923				190.0
190.0	6							6
193.0	DAYCARE							193.0
193.0	1							1
193.0	PHYSICIAN BILLING							193.0
193.0	5							5
193.0	PHYSICIAN OFFICES							193.0
193.0	6							6
194	GUEST MEALS							194
194.0	KENNEDY LIVING CENTER							194.0
194.0	1							1
194.0	MERCY-CRESCENT DIABETES PROGRAM							194.0
194.0	2							2
194.0	RENTAL PROPERTIES DBQ			5,050	81,533			194.0
194.0	3							3
194.0	AUXILIARY		7,728	2,857				194.0
194.0	4							4
194.0	COMMUNITY EDUCATION/OUTSIDE LAUNDRY			7,383				194.0
194.0	5							5
194.0	RURAL OUTREACH PROGRAM							194.0
194.0	6							6
194.0	OTHER REV DEDUCTIONS							194.0
194.0	7							7
194.0	LIFELINE	68,429						194.0
194.0	8							8
194.0	MMC DYERSVILLE						341	194.0
194.0	9							9
194.1	CCH ELKADER							194.1
194.1	0							0
194.1	RETAIL PHARMACY	5,340					62	194.1
194.1	1							1
194.1	IDLE SPACE			37,514				194.1
194.1	2							2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	227,775	1,439,260	706,146	214,105	527	403	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	CAP ENERGY CENTER	CAP RENTAL PROPERTIES	CAP PARKING DECK	CAP 97 BLDG	CAP BELLEVUE CLINIC	CAP CASCADE CLINIC	
		1.05	1.06	1.07	1.08	1.09	1.10	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COST - 47 BLDG							1.01
1.02	CAP REL COST (PROF ARTS PLAZA)							1.02
1.03	CAP REL COST (ASBURY)							1.03
1.04	CAP REL COST (MED ARTS BLDG)							1.04
1.05	CAP REL COST (ENERGY CENTER)							1.05
1.06	CAP REL COST (RENTAL PROPERTIES)							1.06
1.07	CAP REL COST (PARKING DECK)							1.07
1.08	CAP REL COST (97 BLDG)							1.08
1.09	CAP REL COST (BELLEVUE CLINIC)							1.09
1.10	CAP REL COST (CASCADE CLINIC)							1.10
1.11	CAP REL COST (RETAIL PHARMACY)							1.11
1.12	CAP REL COST (OAKCREST NURSING HOME)							1.12
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
4.01	CHILD CARE							4.01
5.01	COMMUNICATIONS							5.01
5.02	PURCHASING							5.02
5.03	PFS/COLLECTION				16,104			5.03
5.06	OTHER ADMIN & GENERAL			81,378	189,601			5.06
6	MAINTENANCE & REPAIRS	32,002			120,162			6
7	OPERATION OF PLANT	157,597						7
8	LAUNDRY & LINEN SERVICE				2,696			8
9	HOUSEKEEPING				9,702			9
10	DIETARY				9,640			10
11	CAFETERIA				78,684			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION				492			13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY				4,014			16
17	SOCIAL SERVICE							17
18	CENTRAL STERILIZATION							18
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
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS				15,057			30
31	INTENSIVE CARE UNIT							31
41	SUBPROVIDER - IRF							41
43	NURSERY							43
44	SKILLED NURSING FACILITY							44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM				40,875			50
51	RECOVERY ROOM				164,816			51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY				5,035			53
54	RADIOLOGY-DIAGNOSTIC				4,395			54
58	MRI							58
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY					1,762	250	66
69	ELECTROCARDIOLOGY				115,102			69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76	BEHAVIORAL HEALTH COUNSELING				8,064			76
76.01	SHOCK THERAPY							76.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY				64,673			91



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	CAP ENERGY CENTER	CAP RENTAL PROPERTIES	CAP PARKING DECK	CAP 97 BLDG	CAP BELLEVUE CLINIC	CAP CASCADE CLINIC	
		1.05	1.06	1.07	1.08	1.09	1.10	
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
98	PURCHASED DIALYSIS SERVICES							98
101	HOME HEALTH AGENCY				21,447			101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	189,599		81,378	870,559	1,762	250	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
190.0	OAKCREST NURSING HOME							190.0
1								1
190.0	SHARED SERVICES							190.0
2								2
190.0	MATERNAL HEALTH							190.0
3								3
190.0	CAFETERIA VISITORS							190.0
4								4
190.0	TV SERVICE							190.0
5								5
190.0	FUND DEVELOPMENT							190.0
6								6
193.0	DAYCARE							193.0
1								1
193.0	PHYSICIAN BILLING							193.0
5								5
193.0	PHYSICIAN OFFICES							193.0
6								6
194	GUEST MEALS							194
194.0	KENNEDY LIVING CENTER							194.0
1								1
194.0	MERCY-CRESCENT DIABETES PROGRAM							194.0
2								2
194.0	RENTAL PROPERTIES DBQ		3,228				348	194.0
3								3
194.0	AUXILIARY				8,286			194.0
4								4
194.0	COMMUNITY EDUCATION/OUTSIDE LAUNDRY							194.0
5								5
194.0	RURAL OUTREACH PROGRAM							194.0
6								6
194.0	OTHER REV DEDUCTIONS							194.0
7								7
194.0	LIFELINE							194.0
8								8
194.0	MMC DYERSVILLE							194.0
9								9
194.1	CCH ELKADER							194.1
0								0
194.1	RETAIL PHARMACY				15,808		105	194.1
1								1
194.1	IDLE SPACE							194.1
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	189,599	3,228	81,378	894,653	1,762	703	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	CAP RETAIL PHARMACY	CAP OAKCREST NURSING HM	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	
		1.11	1.12	2	2A	4	4.01	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COST - 47 BLDG							1.01
1.02	CAP REL COST (PROF ARTS PLAZA)							1.02
1.03	CAP REL COST (ASBURY)							1.03
1.04	CAP REL COST (MED ARTS BLDG)							1.04
1.05	CAP REL COST (ENERGY CENTER)							1.05
1.06	CAP REL COST (RENTAL PROPERTIES)							1.06
1.07	CAP REL COST (PARKING DECK)							1.07
1.08	CAP REL COST (97 BLDG)							1.08
1.09	CAP REL COST (BELLEVUE CLINIC)							1.09
1.10	CAP REL COST (CASCADE CLINIC)							1.10
1.11	CAP REL COST (RETAIL PHARMACY)							1.11
1.12	CAP REL COST (OAKCREST NURSING HOME)							1.12
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT			5,129	17,990	17,990		4
4.01	CHILD CARE			6,784	53,829	303	54,132	4.01
5.01	COMMUNICATIONS			5,776	19,940	95	15	5.01
5.02	PURCHASING				7,195	100	871	5.02
5.03	PFS/COLLECTION				17,356	204	664	5.03
5.06	OTHER ADMIN & GENERAL			2,548,951	3,343,157	801	2,630	5.06
6	MAINTENANCE & REPAIRS			13,584	431,389	440	919	6
7	OPERATION OF PLANT				159,175			7
8	LAUNDRY & LINEN SERVICE			85,417	138,112	182	1,267	8
9	HOUSEKEEPING			6,987	49,896	388		9
10	DIETARY			117,974	208,387	590	3	10
11	CAFETERIA				78,684			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION			40,548	50,139	369	597	13
14	CENTRAL SERVICES & SUPPLY			271	72,449	127	58	14
15	PHARMACY			170,884	190,172	619	5,887	15
16	MEDICAL RECORDS & LIBRARY			86,007	123,451	854	310	16
17	SOCIAL SERVICE				3,795	111	1,651	17
18	CENTRAL STERILIZATION			58,746	82,427	97		18
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
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS			232,951	676,939	3,356	5,506	30
31	INTENSIVE CARE UNIT			138,544	216,687	440	1,842	31
41	SUBPROVIDER - IRF			5,860	32,580	131	28	41
43	NURSERY			39,010	53,990	374	768	43
44	SKILLED NURSING FACILITY			20,938	68,847	433	2,263	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM			760,788	957,110	1,181	3,932	50
51	RECOVERY ROOM			50,615	215,821	618	4,014	51
52	DELIVERY ROOM & LABOR ROOM			21,550	44,683	293		52
53	ANESTHESIOLOGY			60,409	65,444	32		53
54	RADIOLOGY-DIAGNOSTIC			600,529	687,082	669	5,255	54
58	MRI			8,444	11,815	71		58
60	LABORATORY			858	41,615			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.			1,666	1,666			63
65	RESPIRATORY THERAPY			43,976	54,186	326	121	65
66	PHYSICAL THERAPY			14,949	45,673	885	4,492	66
69	ELECTROCARDIOLOGY			70,958	186,487	328	3,578	69
70	ELECTROENCEPHALOGRAPHY			31,981	44,885	108	544	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			85,451	120,042			71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76	BEHAVIORAL HEALTH COUNSELING			53	28,323	71		76
76.01	SHOCK THERAPY			6,672	12,882	8		76.01
76.97	CARDIAC REHABILITATION			6,509	34,074	75		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							



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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	CAP RETAIL PHARMACY	CAP OAKCREST NURSING HM	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	CHILD CARE	
		1.11	1.12	2	2A	4	4.01	
91	EMERGENCY			41,336	179,780	599	2,448	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
98	PURCHASED DIALYSIS SERVICES				282			98
101	HOME HEALTH AGENCY			25,090	95,455	767	3,174	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)			5,416,195	8,923,891	16,045	52,837	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
190.0	OAKCREST NURSING HOME		15,081	26,327	41,523	378		190.0
1								1
190.0	SHARED SERVICES				405	174		190.0
2								2
190.0	MATERNAL HEALTH				1,906	38		190.0
3								3
190.0	CAFETERIA VISITORS							190.0
4								4
190.0	TV SERVICE				1,482			190.0
5								5
190.0	FUND DEVELOPMENT			1,373	5,296	161	1,063	190.0
6								6
193.0	DAYCARE							193.0
1								1
193.0	PHYSICIAN BILLING							193.0
5								5
193.0	PHYSICIAN OFFICES							193.0
6								6
194	GUEST MEALS							194
194.0	KENNEDY LIVING CENTER					229		194.0
1								1
194.0	MERCY-CRESCENT DIABETES PROGRAM							194.0
2								2
194.0	RENTAL PROPERTIES DBQ				90,159			194.0
3								3
194.0	AUXILIARY				18,871			194.0
4								4
194.0	COMMUNITY EDUCATION/OUTSIDE LAUNDRY				7,383	39	232	194.0
5								5
194.0	RURAL OUTREACH PROGRAM							194.0
6								6
194.0	OTHER REV DEDUCTIONS							194.0
7								7
194.0	LIFELINE				68,429	7		194.0
8								8
194.0	MMC DYERSVILLE				341	869		194.0
9								9
194.1	CCH ELKADER					50		194.1
0								0
194.1	RETAIL PHARMACY	44,451		54,528	120,294			194.1
1								1
194.1	IDLE SPACE				37,514			194.1
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	44,451	15,081	5,498,423	9,317,494	17,990	54,132	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	COMMUNICAT	PURCHASING	PFS COLLECTION	OTHER ADMIN & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	
		5.01	5.02	5.03	5.06	6	7	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COST - 47 BLDG							1.01
1.02	CAP REL COST (PROF ARTS PLAZA)							1.02
1.03	CAP REL COST (ASBURY)							1.03
1.04	CAP REL COST (MED ARTS BLDG)							1.04
1.05	CAP REL COST (ENERGY CENTER)							1.05
1.06	CAP REL COST (RENTAL PROPERTIES)							1.06
1.07	CAP REL COST (PARKING DECK)							1.07
1.08	CAP REL COST (97 BLDG)							1.08
1.09	CAP REL COST (BELLEVUE CLINIC)							1.09
1.10	CAP REL COST (CASCADE CLINIC)							1.10
1.11	CAP REL COST (RETAIL PHARMACY)							1.11
1.12	CAP REL COST (OAKCREST NURSING HOME)							1.12
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
4.01	CHILD CARE							4.01
5.01	COMMUNICATIONS	20,050						5.01
5.02	PURCHASING	69	8,235					5.02
5.03	PFS/COLLECTION	368	6	18,598				5.03
5.06	OTHER ADMIN & GENERAL	3,301	27		3,349,916			5.06
6	MAINTENANCE & REPAIRS	690	45		142,630	576,113		6
7	OPERATION OF PLANT	35			7,390	15,553	182,153	7
8	LAUNDRY & LINEN SERVICE	69	77		31,477	19,742	6,415	8
9	HOUSEKEEPING	46	30		45,206	10,186	3,310	9
10	DIETARY	391	184		59,610	21,525	6,995	10
11	CAFETERIA				2,039	11,774	3,826	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	253	7		45,932	3,688	1,198	13
14	CENTRAL SERVICES & SUPPLY	69	2		14,436	17,946	5,831	14
15	PHARMACY	276	14		68,027	5,695	1,850	15
16	MEDICAL RECORDS & LIBRARY	966	4		96,144	9,022	2,932	16
17	SOCIAL SERVICE	46			10,735	1,070	348	17
18	CENTRAL STERILIZATION	35	12		13,002	5,888	1,913	18
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
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	3,721	49	2,433	339,118	124,010	40,299	30
31	INTENSIVE CARE UNIT	518	8	284	48,823	19,429	6,313	31
41	SUBPROVIDER - IRF	518		94	16,201	10,346	3,362	41
43	NURSERY	230	9	198	43,771	5,951	1,934	43
44	SKILLED NURSING FACILITY	334	7	153	44,227	19,007	6,176	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	1,737	63	3,152	162,787	41,374	13,444	50
51	RECOVERY ROOM	656	19	529	67,019	24,817	8,064	51
52	DELIVERY ROOM & LABOR ROOM	495	11	136	34,234	9,189	2,986	52
53	ANESTHESIOLOGY		21	837	9,367	753	245	53
54	RADIOLOGY-DIAGNOSTIC	587	71	1,847	102,226	21,210	6,892	54
58	MRI	46	5	350	8,815	838	272	58
60	LABORATORY	403		1,552	138,475	11,496	3,736	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.			64	15,840			63
65	RESPIRATORY THERAPY	150	27	392	37,101	2,415	785	65
66	PHYSICAL THERAPY	265	4	630	88,362	10,764	3,498	66
69	ELECTROCARDIOLOGY	253	11	1,259	41,288	17,393	5,652	69
70	ELECTROENCEPHALOGRAPHY	81	2	119	12,142	4,554	1,480	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,334	691	181,868			71
72	IMPL. DEV. CHARGED TO PATIENTS		1,612	781	213,431			72
73	DRUGS CHARGED TO PATIENTS		903	1,943	132,361			73
76	BEHAVIORAL HEALTH COUNSELING	161	1	38	8,108	9,234	3,000	76
76.01	SHOCK THERAPY			20	1,180	2,467	802	76.01
76.97	CARDIAC REHABILITATION	81	1	34	7,363	11,406	3,706	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							



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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	COMMUNICA T	PURCHASING	PFS COLLECTION	OTHER ADMIN & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
		5.01	5.02	5.03	5.06	6	7	
91	EMERGENCY	759	20	1,036	72,535	28,019	9,105	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES				1,413			95
98	PURCHASED DIALYSIS SERVICES			18	3,936	70	23	98
101	HOME HEALTH AGENCY	874	87		91,998	16,161	5,251	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	18,483	4,673	18,590	2,460,617	512,992	161,643	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	81			38			190
190.0	OAKCREST NURSING HOME		6		38,060			190.0
1								1
190.0	SHARED SERVICES	35			15,842	168	54	190.0
2								2
190.0	MATERNAL HEALTH	81	3	8	5,264	788	256	190.0
3								3
190.0	CAFETERIA VISITORS							190.0
4								4
190.0	TV SERVICE				38	368	120	190.0
5								5
190.0	FUND DEVELOPMENT	81	7		34,651	1,559	506	190.0
6								6
193.0	DAYCARE							193.0
1								1
193.0	PHYSICIAN BILLING							193.0
5								5
193.0	PHYSICIAN OFFICES							193.0
6								6
194	GUEST MEALS							194
194.0	KENNEDY LIVING CENTER				21,542			194.0
1								1
194.0	MERCY-CRESCENT DIABETES PROGRAM							194.0
2								2
194.0	RENTAL PROPERTIES DBQ	12			3,384	35,742	11,614	194.0
3								3
194.0	AUXILIARY				489	4,296	1,396	194.0
4								4
194.0	COMMUNITY EDUCATION/OUTSIDE LAUNDRY	138			4,018	2,933	953	194.0
5								5
194.0	RURAL OUTREACH PROGRAM		2		1,245			194.0
6								6
194.0	OTHER REV DEDUCTIONS				1,041			194.0
7								7
194.0	LIFELINE		1		2,850			194.0
8								8
194.0	MMC DYERSVILLE				135,146			194.0
9								9
194.1	CCH ELKADER				4,682			194.1
0								0
194.1	RETAIL PHARMACY	1,139	3,543		620,037	2,365	769	194.1
1								1
194.1	IDLE SPACE				972	14,902	4,842	194.1
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	20,050	8,235	18,598	3,349,916	576,113	182,153	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		8	9	10	11	13	14	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COST - 47 BLDG							1.01
1.02	CAP REL COST (PROF ARTS PLAZA)							1.02
1.03	CAP REL COST (ASBURY)							1.03
1.04	CAP REL COST (MED ARTS BLDG)							1.04
1.05	CAP REL COST (ENERGY CENTER)							1.05
1.06	CAP REL COST (RENTAL PROPERTIES)							1.06
1.07	CAP REL COST (PARKING DECK)							1.07
1.08	CAP REL COST (97 BLDG)							1.08
1.09	CAP REL COST (BELLEVUE CLINIC)							1.09
1.10	CAP REL COST (CASCADE CLINIC)							1.10
1.11	CAP REL COST (RETAIL PHARMACY)							1.11
1.12	CAP REL COST (OAKCREST NURSING HOME)							1.12
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
4.01	CHILD CARE							4.01
5.01	COMMUNICATIONS							5.01
5.02	PURCHASING							5.02
5.03	PFS/COLLECTION							5.03
5.06	OTHER ADMIN & GENERAL							5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE	197,341						8
9	HOUSEKEEPING	7,367	116,429					9
10	DIETARY	1,864	4,723	304,272				10
11	CAFETERIA		2,583	14,690	113,596			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		809		2,585	105,577		13
14	CENTRAL SERVICES & SUPPLY	553	3,938		1,850		117,259	14
15	PHARMACY	312	1,249		4,046		208	15
16	MEDICAL RECORDS & LIBRARY		1,979		7,777		59	16
17	SOCIAL SERVICE		235		1,098		2	17
18	CENTRAL STERILIZATION		1,292		1,361	1,706	181	18
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
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	40,640	27,211	215,252	29,367	36,828	616	30
31	INTENSIVE CARE UNIT	3,222	4,263	7,815	3,434	4,307	123	31
41	SUBPROVIDER - IRF	1,613	2,270	9,267	1,205	1,511	6	41
43	NURSERY	393	1,306		2,836	3,557	129	43
44	SKILLED NURSING FACILITY	6,239	4,170	38,736	4,395	5,511	108	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	17,475	9,078	2	10,251	12,855	947	50
51	RECOVERY ROOM	6,175	5,445	359	5,333	6,688	290	51
52	DELIVERY ROOM & LABOR ROOM	709	2,016		2,293	2,875	166	52
53	ANESTHESIOLOGY		165		346	434	316	53
54	RADIOLOGY-DIAGNOSTIC	5,259	4,654		5,623		1,058	54
58	MRI		184		514		76	58
60	LABORATORY		2,522				5	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.						1	63
65	RESPIRATORY THERAPY	136	530		2,798		399	65
66	PHYSICAL THERAPY	1,420	2,362		7,046		67	66
69	ELECTROCARDIOLOGY	2,329	3,816		2,451	3,074	162	69
70	ELECTROENCEPHALOGRAPHY	1,283	999		947		26	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						19,969	71
72	IMPL. DEV. CHARGED TO PATIENTS						24,122	72
73	DRUGS CHARGED TO PATIENTS						13,507	73
76	BEHAVIORAL HEALTH COUNSELING		2,026		715	897	21	76
76.01	SHOCK THERAPY		541		74	93	7	76.01
76.97	CARDIAC REHABILITATION		2,503		571	716	11	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	14,421	6,148	757	4,912	6,159	293	91



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		8	9	10	11	13	14	
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
98	PURCHASED DIALYSIS SERVICES		15					98
101	HOME HEALTH AGENCY		3,546		7,144	8,958	1,300	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	111,410	102,578	286,878	110,972	96,169	64,175	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
190.0 1	OAKCREST NURSING HOME	9,898				5,918	85	190.0 1
190.0 2	SHARED SERVICES	78	37		1,004		4	190.0 2
190.0 3	MATERNAL HEALTH	138	173		311	389	39	190.0 3
190.0 4	CAFETERIA VISITORS			17,394				190.0 4
190.0 5	TV SERVICE		81					190.0 5
190.0 6	FUND DEVELOPMENT		342		961	566	102	190.0 6
193.0 1	DAYCARE							193.0 1
193.0 5	PHYSICIAN BILLING							193.0 5
193.0 6	PHYSICIAN OFFICES							193.0 6
194	GUEST MEALS							194
194.0 1	KENNEDY LIVING CENTER						6	194.0 1
194.0 2	MERCY-CRESCENT DIABETES PROGRAM							194.0 2
194.0 3	RENTAL PROPERTIES DBQ		7,842					194.0 3
194.0 4	AUXILIARY		943					194.0 4
194.0 5	COMMUNITY EDUCATION/OUTSIDE LAUNDRY	69,225	644		264		3	194.0 5
194.0 6	RURAL OUTREACH PROGRAM						30	194.0 6
194.0 7	OTHER REV DEDUCTIONS							194.0 7
194.0 8	LIFELINE				84		8	194.0 8
194.0 9	MMC DYERSVILLE	3,734				2,535		194.0 9
194.1 0	CCH ELKADER	2,858						194.1 0
194.1 1	RETAIL PHARMACY		519				52,807	194.1 1
194.1 2	IDLE SPACE		3,270					194.1 2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	197,341	116,429	304,272	113,596	105,577	117,259	202



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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTH GEN SV CENTRAL STERILIZAT	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		15	16	17	18	24	25	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COST - 47 BLDG							1.01
1.02	CAP REL COST (PROF ARTS PLAZA)							1.02
1.03	CAP REL COST (ASBURY)							1.03
1.04	CAP REL COST (MED ARTS BLDG)							1.04
1.05	CAP REL COST (ENERGY CENTER)							1.05
1.06	CAP REL COST (RENTAL PROPERTIES)							1.06
1.07	CAP REL COST (PARKING DECK)							1.07
1.08	CAP REL COST (97 BLDG)							1.08
1.09	CAP REL COST (BELLEVUE CLINIC)							1.09
1.10	CAP REL COST (CASCADE CLINIC)							1.10
1.11	CAP REL COST (RETAIL PHARMACY)							1.11
1.12	CAP REL COST (OAKCREST NURSING HOME)							1.12
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
4.01	CHILD CARE							4.01
5.01	COMMUNICATIONS							5.01
5.02	PURCHASING							5.02
5.03	PFS/COLLECTION							5.03
5.06	OTHER ADMIN & GENERAL							5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	278,355						15
16	MEDICAL RECORDS & LIBRARY		243,498					16
17	SOCIAL SERVICE			19,091				17
18	CENTRAL STERILIZATION				107,914			18
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
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS		32,000	15,628		1,592,973		30
31	INTENSIVE CARE UNIT		3,733	230		321,471		31
41	SUBPROVIDER - IRF		1,241	181		80,554		41
43	NURSERY		2,602	1,731		119,779		43
44	SKILLED NURSING FACILITY		2,011	1,112		203,729		44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM		40,336		80,238	1,355,962		50
51	RECOVERY ROOM		6,957			352,804		51
52	DELIVERY ROOM & LABOR ROOM		1,784		8,951	110,821		52
53	ANESTHESIOLOGY		11,017			88,977		53
54	RADIOLOGY-DIAGNOSTIC	810	24,300			867,543		54
58	MRI	313	4,600			27,899		58
60	LABORATORY		20,423			220,227		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.		845			18,416		63
65	RESPIRATORY THERAPY		5,155			104,521		65
66	PHYSICAL THERAPY		8,289			173,757		66
69	ELECTROCARDIOLOGY	303	16,563		8,762	293,709		69
70	ELECTROENCEPHALOGRAPHY		1,562			68,732		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		9,085			332,989		71
72	IMPL. DEV. CHARGED TO PATIENTS		10,270			250,216		72
73	DRUGS CHARGED TO PATIENTS	62,102	25,554			236,370		73
76	BEHAVIORAL HEALTH COUNSELING		497			53,092		76
76.01	SHOCK THERAPY		259			18,333		76.01
76.97	CARDIAC REHABILITATION		448			60,989		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY		13,634		9,963	350,588		91



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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTH GEN SV CENTRAL STERILIZAT	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		15	16	17	18	24	25	
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES					1,413		95
98	PURCHASED DIALYSIS SERVICES		232			4,576		98
101	HOME HEALTH AGENCY					234,715		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	63,528	243,397	18,882	107,914	7,545,155		118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN					119		190
190.0 1	OAKCREST NURSING HOME			43		95,911		190.0 1
190.0 2	SHARED SERVICES					17,801		190.0 2
190.0 3	MATERNAL HEALTH		101			9,495		190.0 3
190.0 4	CAFETERIA VISITORS					17,394		190.0 4
190.0 5	TV SERVICE					2,089		190.0 5
190.0 6	FUND DEVELOPMENT					45,295		190.0 6
193.0 1	DAYCARE							193.0 1
193.0 5	PHYSICIAN BILLING							193.0 5
193.0 6	PHYSICIAN OFFICES							193.0 6
194	GUEST MEALS							194
194.0 1	KENNEDY LIVING CENTER					21,777		194.0 1
194.0 2	MERCY-CRESCENT DIABETES PROGRAM							194.0 2
194.0 3	RENTAL PROPERTIES DBQ					148,753		194.0 3
194.0 4	AUXILIARY					25,995		194.0 4
194.0 5	COMMUNITY EDUCATION/OUTSIDE LAUNDRY					85,832		194.0 5
194.0 6	RURAL OUTREACH PROGRAM					1,277		194.0 6
194.0 7	OTHER REV DEDUCTIONS					1,041		194.0 7
194.0 8	LIFELINE					71,379		194.0 8
194.0 9	MMC DYERSVILLE			166		142,791		194.0 9
194.1 0	CCH ELKADER					7,590		194.1 0
194.1 1	RETAIL PHARMACY	214,827				1,016,300		194.1 1
194.1 2	IDLE SPACE					61,500		194.1 2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	278,355	243,498	19,091	107,914	9,317,494		202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	<b>GENERAL SERVICE COST CENTERS</b>						
1	CAP REL COSTS-BLDG & FIXT						1
1.01	CAP REL COST - 47 BLDG						1.01
1.02	CAP REL COST (PROF ARTS PLAZA)						1.02
1.03	CAP REL COST (ASBURY)						1.03
1.04	CAP REL COST (MED ARTS BLDG)						1.04
1.05	CAP REL COST (ENERGY CENTER)						1.05
1.06	CAP REL COST (RENTAL PROPERTIES)						1.06
1.07	CAP REL COST (PARKING DECK)						1.07
1.08	CAP REL COST (97 BLDG)						1.08
1.09	CAP REL COST (BELLEVUE CLINIC)						1.09
1.10	CAP REL COST (CASCADE CLINIC)						1.10
1.11	CAP REL COST (RETAIL PHARMACY)						1.11
1.12	CAP REL COST (OAKCREST NURSING HOME)						1.12
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
4.01	CHILD CARE						4.01
5.01	COMMUNICATIONS						5.01
5.02	PURCHASING						5.02
5.03	PFS/COLLECTION						5.03
5.06	OTHER ADMIN & GENERAL						5.06
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
18	CENTRAL STERILIZATION						18
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
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS	1,592,973					30
31	INTENSIVE CARE UNIT	321,471					31
41	SUBPROVIDER - IRF	80,554					41
43	NURSERY	119,779					43
44	SKILLED NURSING FACILITY	203,729					44
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM	1,355,962					50
51	RECOVERY ROOM	352,804					51
52	DELIVERY ROOM & LABOR ROOM	110,821					52
53	ANESTHESIOLOGY	88,977					53
54	RADIOLOGY-DIAGNOSTIC	867,543					54
58	MRI	27,899					58
60	LABORATORY	220,227					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	18,416					63
65	RESPIRATORY THERAPY	104,521					65
66	PHYSICAL THERAPY	173,757					66
69	ELECTROCARDIOLOGY	293,709					69
70	ELECTROENCEPHALOGRAPHY	68,732					70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	332,989					71
72	IMPL. DEV. CHARGED TO PATIENTS	250,216					72
73	DRUGS CHARGED TO PATIENTS	236,370					73
76	BEHAVIORAL HEALTH COUNSELING	53,092					76
76.01	SHOCK THERAPY	18,333					76.01
76.97	CARDIAC REHABILITATION	60,989					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	EMERGENCY	350,588					91



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	AMBULANCE SERVICES	1,413					95
98	PURCHASED DIALYSIS SERVICES	4,576					98
101	HOME HEALTH AGENCY	234,715					101
	<b>SPECIAL PURPOSE COST CENTERS</b>						
113	INTEREST EXPENSE						113
118	SUBTOTALS (sum of lines 1-117)	7,545,155					118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	119					190
190.0	OAKCREST NURSING HOME	95,911					190.0
1							1
190.0	SHARED SERVICES	17,801					190.0
2							2
190.0	MATERNAL HEALTH	9,495					190.0
3							3
190.0	CAFETERIA VISITORS	17,394					190.0
4							4
190.0	TV SERVICE	2,089					190.0
5							5
190.0	FUND DEVELOPMENT	45,295					190.0
6							6
193.0	DAYCARE						193.0
1							1
193.0	PHYSICIAN BILLING						193.0
5							5
193.0	PHYSICIAN OFFICES						193.0
6							6
194	GUEST MEALS						194
194.0	KENNEDY LIVING CENTER	21,777					194.0
1							1
194.0	MERCY-CRESCENT DIABETES PROGRAM						194.0
2							2
194.0	RENTAL PROPERTIES DBQ	148,753					194.0
3							3
194.0	AUXILIARY	25,995					194.0
4							4
194.0	COMMUNITY EDUCATION/OUTSIDE LAUNDRY	85,832					194.0
5							5
194.0	RURAL OUTREACH PROGRAM	1,277					194.0
6							6
194.0	OTHER REV DEDUCTIONS	1,041					194.0
7							7
194.0	LIFELINE	71,379					194.0
8							8
194.0	MMC DYERSVILLE	142,791					194.0
9							9
194.1	CCH ELKADER	7,590					194.1
0							0
194.1	RETAIL PHARMACY	1,016,300					194.1
1							1
194.1	IDLE SPACE	61,500					194.1
2							2
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	9,317,494					202



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP 47 BLDG SQUARE FEET	CAP PROF ARTS PLAZA SQUARE FEET	CAP ASBURY SQUARE FEET	CAP MED ARTS BLDG SQUARE FEET	CAP ENERGY CENTER SQUARE FEET	
		1	1.01	1.02	1.03	1.04	1.05	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT	194,240						1
1.01	CAP REL COST - 47 BLDG		152,263					1.01
1.02	CAP REL COST (PROF ARTS PLAZA)			48,087				1.02
1.03	CAP REL COST (ASBURY)				10,715			1.03
1.04	CAP REL COST (MED ARTS BLDG)					11,860		1.04
1.05	CAP REL COST (ENERGY CENTER)						9,900	1.05
1.06	CAP REL COST (RENTAL PROPERTIES)							1.06
1.07	CAP REL COST (PARKING DECK)							1.07
1.08	CAP REL COST (97 BLDG)							1.08
1.09	CAP REL COST (BELLEVUE CLINIC)							1.09
1.10	CAP REL COST (CASCADE CLINIC)							1.10
1.11	CAP REL COST (RETAIL PHARMACY)							1.11
1.12	CAP REL COST (OAKCREST NURSING HOME)							1.12
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT		2,771					4
4.01	CHILD CARE			10,566				4.01
5.01	COMMUNICATIONS	638	552					5.01
5.02	PURCHASING	971						5.02
5.03	PFS/COLLECTION	169						5.03
5.06	OTHER ADMIN & GENERAL	30,009	41,283	7,015	7,648			5.06
6	MAINTENANCE & REPAIRS	24,897	17,169	262			1,671	6
7	OPERATION OF PLANT	213					8,229	7
8	LAUNDRY & LINEN SERVICE	475	10,022					8
9	HOUSEKEEPING	4,066	400	275				9
10	DIETARY	10,901						10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		1,962					13
14	CENTRAL SERVICES & SUPPLY	9,741						14
15	PHARMACY	1,651	1,440					15
16	MEDICAL RECORDS & LIBRARY	4,367	204		2,552			16
17	SOCIAL SERVICE	397	184					17
18	CENTRAL STERILIZATION	3,196						18
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
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	44,158	21,931		515			30
31	INTENSIVE CARE UNIT	10,546						31
41	SUBPROVIDER - IRF		5,616					41
43	NURSERY		3,230					43
44	SKILLED NURSING FACILITY		10,317					44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	17,363	1,775					50
51	RECOVERY ROOM		84					51
52	DELIVERY ROOM & LABOR ROOM		4,988					52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC	10,974	182					54
58	MRI	455						58
60	LABORATORY	4,263	1,977					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY		1,311					65
66	PHYSICAL THERAPY	242	654	4,947				66
69	ELECTROCARDIOLOGY		92					69
70	ELECTROENCEPHALOGRAPHY		2,472					70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76	BEHAVIORAL HEALTH COUNSELING		4,357					76
76.01	SHOCK THERAPY		1,339					76.01
76.97	CARDIAC REHABILITATION			6,191				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP 47 BLDG SQUARE FEET	CAP PROF ARTS PLAZA SQUARE FEET	CAP ASBURY SQUARE FEET	CAP MED ARTS BLDG SQUARE FEET	CAP ENERGY CENTER SQUARE FEET	
		1	1.01	1.02	1.03	1.04	1.05	
91	EMERGENCY	9,956						91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
98	PURCHASED DIALYSIS SERVICES	38						98
101	HOME HEALTH AGENCY	3,311	3,719					101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	192,997	140,031	29,256	10,715		9,900	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
190.0	OAKCREST NURSING HOME							190.0
1								1
190.0	SHARED SERVICES			91				190.0
2								2
190.0	MATERNAL HEALTH			428				190.0
3								3
190.0	CAFETERIA VISITORS							190.0
4								4
190.0	TV SERVICE	200						190.0
5								5
190.0	FUND DEVELOPMENT		846					190.0
6								6
193.0	DAYCARE							193.0
1								1
193.0	PHYSICIAN BILLING							193.0
5								5
193.0	PHYSICIAN OFFICES							193.0
6								6
194	GUEST MEALS							194
194.0	KENNEDY LIVING CENTER							194.0
1								1
194.0	MERCY-CRESCENT DIABETES PROGRAM							194.0
2								2
194.0	RENTAL PROPERTIES DBQ		1,089	18,312				194.0
3								3
194.0	AUXILIARY	1,043	616					194.0
4								4
194.0	COMMUNITY EDUCATION/OUTSIDE LAUNDRY		1,592					194.0
5								5
194.0	RURAL OUTREACH PROGRAM							194.0
6								6
194.0	OTHER REV DEDUCTIONS							194.0
7								7
194.0	LIFELINE							194.0
8								8
194.0	MMC DYERSVILLE					10,030		194.0
9								9
194.1	CCH ELKADER							194.1
0								0
194.1	RETAIL PHARMACY					1,830		194.1
1								1
194.1	IDLE SPACE		8,089					194.1
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	1,439,260	706,146	214,105	527	403	189,599	202
203	UNIT COST MULT-WS B PT I	7.409699	4.637673	4.452451	0.049183	0.033980	19.151414	203
204	COST TO BE ALLOC PER B PT II							204
205	UNIT COST MULT-WS B PT II							205



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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP RENTAL PROPERTIES SQUARE FEET	CAP PARKING DECK SQUARE FEET	CAP 97 BLDG SQUARE FEET	CAP BELLEVUE CLINIC SQUARE FEET	CAP CASCADE CLINIC SQUARE FEET	CAP RETAIL PHARMACY SQUARE FEET	
		1.06	1.07	1.08	1.09	1.10	1.11	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COST - 47 BLDG							1.01
1.02	CAP REL COST (PROF ARTS PLAZA)							1.02
1.03	CAP REL COST (ASBURY)							1.03
1.04	CAP REL COST (MED ARTS BLDG)							1.04
1.05	CAP REL COST (ENERGY CENTER)							1.05
1.06	CAP REL COST (RENTAL PROPERTIES)	1,000						1.06
1.07	CAP REL COST (PARKING DECK)		1,000					1.07
1.08	CAP REL COST (97 BLDG)			72,667				1.08
1.09	CAP REL COST (BELLEVUE CLINIC)				1,087			1.09
1.10	CAP REL COST (CASCADE CLINIC)					5,475		1.10
1.11	CAP REL COST (RETAIL PHARMACY)						13,222	1.11
1.12	CAP REL COST (OAKCREST NURSING HOME)							1.12
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
4.01	CHILD CARE							4.01
5.01	COMMUNICATIONS							5.01
5.02	PURCHASING							5.02
5.03	PFS/COLLECTION			1,308				5.03
5.06	OTHER ADMIN & GENERAL		1,000	15,400				5.06
6	MAINTENANCE & REPAIRS			9,760				6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE			219				8
9	HOUSEKEEPING			788				9
10	DIETARY			783				10
11	CAFETERIA			6,391				11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION			40				13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY			326				16
17	SOCIAL SERVICE							17
18	CENTRAL STERILIZATION							18
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
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS			1,223				30
31	INTENSIVE CARE UNIT							31
41	SUBPROVIDER - IRF							41
43	NURSERY							43
44	SKILLED NURSING FACILITY							44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM			3,320				50
51	RECOVERY ROOM			13,387				51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY			409				53
54	RADIOLOGY-DIAGNOSTIC			357				54
58	MRI							58
60	LABORATORY							60
62.30	BLOOD CLOTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY				1,087	1,948		66
69	ELECTROCARDIOLOGY			9,349				69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76	BEHAVIORAL HEALTH COUNSELING			655				76
76.01	SHOCK THERAPY							76.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP RENTAL PROPERTIES SQUARE FEET	CAP PARKING DECK SQUARE FEET	CAP 97 BLDG SQUARE FEET	CAP BELLEVUE CLINIC SQUARE FEET	CAP CASCADE CLINIC SQUARE FEET	CAP RETAIL PHARMACY SQUARE FEET	
		1.06	1.07	1.08	1.09	1.10	1.11	
91	EMERGENCY			5,253				91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
98	PURCHASED DIALYSIS SERVICES							98
101	HOME HEALTH AGENCY			1,742				101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)		1,000	70,710	1,087	1,948		118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
190.0	OAKCREST NURSING HOME							190.0
1								1
190.0	SHARED SERVICES							190.0
2								2
190.0	MATERNAL HEALTH							190.0
3								3
190.0	CAFETERIA VISITORS							190.0
4								4
190.0	TV SERVICE							190.0
5								5
190.0	FUND DEVELOPMENT							190.0
6								6
193.0	DAYCARE							193.0
1								1
193.0	PHYSICIAN BILLING							193.0
5								5
193.0	PHYSICIAN OFFICES							193.0
6								6
194	GUEST MEALS							194
194.0	KENNEDY LIVING CENTER							194.0
1								1
194.0	MERCY-CRESCENT DIABETES PROGRAM							194.0
2								2
194.0	RENTAL PROPERTIES DBQ	1,000				2,710		194.0
3								3
194.0	AUXILIARY			673				194.0
4								4
194.0	COMMUNITY EDUCATION/OUTSIDE LAUNDRY							194.0
5								5
194.0	RURAL OUTREACH PROGRAM							194.0
6								6
194.0	OTHER REV DEDUCTIONS							194.0
7								7
194.0	LIFELINE							194.0
8								8
194.0	MMC DYERSVILLE							194.0
9								9
194.1	CCH ELKADER							194.1
0								0
194.1	RETAIL PHARMACY			1,284		817	13,222	194.1
1								1
194.1	IDLE SPACE							194.1
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	3,228	81,378	894,653	1,762	703	44,451	202
203	UNIT COST MULT-WS B PT I	3.228000	81.378000	12.311682	1.620975	0.128402	3.361897	203
204	COST TO BE ALLOC PER B PT II							204
205	UNIT COST MULT-WS B PT II							205



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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP OAKCREST NURSING HM SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	CHILD CARE PAYROLL DEDUCTIONS	COMMUNICAT DUBUQUE PHONES	PURCHASING PURCHASING REQUISITIO	
		1.12	2	4	4.01	5.01	5.02	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COST - 47 BLDG							1.01
1.02	CAP REL COST (PROF ARTS PLAZA)							1.02
1.03	CAP REL COST (ASBURY)							1.03
1.04	CAP REL COST (MED ARTS BLDG)							1.04
1.05	CAP REL COST (ENERGY CENTER)							1.05
1.06	CAP REL COST (RENTAL PROPERTIES)							1.06
1.07	CAP REL COST (PARKING DECK)							1.07
1.08	CAP REL COST (97 BLDG)							1.08
1.09	CAP REL COST (BELLEVUE CLINIC)							1.09
1.10	CAP REL COST (CASCADE CLINIC)							1.10
1.11	CAP REL COST (RETAIL PHARMACY)							1.11
1.12	CAP REL COST (OAKCREST NURSING HOME)	10,943						1.12
2	CAP REL COSTS-MVBLE EQUIP		5,515,476					2
4	EMPLOYEE BENEFITS DEPARTMENT		5,145	47,512,479				4
4.01	CHILD CARE		6,805	799,310	384,739			4.01
5.01	COMMUNICATIONS		5,794	249,985	106	1,743		5.01
5.02	PURCHASING			264,546	6,193	6	40,708,000	5.02
5.03	PFS/COLLECTION			539,147	4,721	32	27,687	5.03
5.06	OTHER ADMIN & GENERAL		2,556,855	2,112,902	18,690	287	134,586	5.06
6	MAINTENANCE & REPAIRS		13,626	1,159,920	6,531	60	224,536	6
7	OPERATION OF PLANT					3	1,979	7
8	LAUNDRY & LINEN SERVICE		85,682	480,760	9,008	6	383,204	8
9	HOUSEKEEPING		7,009	1,023,291		4	149,550	9
10	DIETARY		118,340	1,556,039	20	34	912,230	10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		40,674	973,644	4,240	22	33,044	13
14	CENTRAL SERVICES & SUPPLY		272	336,353	414	6	10,530	14
15	PHARMACY		171,414	1,632,303	41,838	24	68,941	15
16	MEDICAL RECORDS & LIBRARY		86,274	2,253,842	2,202	84	19,417	16
17	SOCIAL SERVICE			292,465	11,737	4	529	17
18	CENTRAL STERILIZATION		58,928	254,672		3	59,918	18
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
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS		233,674	8,900,484	39,135	324	241,581	30
31	INTENSIVE CARE UNIT		138,974	1,161,287	13,094	45	40,687	31
41	SUBPROVIDER - IRF		5,878	344,998	200	45	1,952	41
43	NURSERY		39,131	987,598	5,461	20	42,672	43
44	SKILLED NURSING FACILITY		21,003	1,143,269	16,084	29	35,891	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM		763,148	3,115,778	27,946	151	313,272	50
51	RECOVERY ROOM		50,772	1,631,691	28,528	57	95,979	51
52	DELIVERY ROOM & LABOR ROOM		21,617	774,073		43	54,756	52
53	ANESTHESIOLOGY		60,596	85,648			104,600	53
54	RADIOLOGY-DIAGNOSTIC		602,392	1,764,583	37,353	51	349,915	54
58	MRI		8,470	187,236		4	25,210	58
60	LABORATORY		861			35	1,658	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.		1,671				321	63
65	RESPIRATORY THERAPY		44,112	860,560	862	13	131,849	65
66	PHYSICAL THERAPY		14,995	2,334,692	31,929	23	22,239	66
69	ELECTROCARDIOLOGY		71,178	866,508	25,428	22	53,705	69
70	ELECTROENCEPHALOGRAPHY		32,080	284,278	3,863	7	8,484	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		85,716				6,605,674	71
72	IMPL. DEV. CHARGED TO PATIENTS						7,979,511	72
73	DRUGS CHARGED TO PATIENTS						4,468,052	73
76	BEHAVIORAL HEALTH COUNSELING		53	186,174		14	6,978	76
76.01	SHOCK THERAPY		6,693	20,759			2,205	76.01
76.97	CARDIAC REHABILITATION		6,529	197,560		7	3,791	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99



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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP OAKCREST NURSING HM SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	CHILD CARE PAYROLL DEDUCTIONS	COMMUNICAT DUBUQUE PHONES	PURCHASING PURCHASING REQUISITIO	
		1.12	2	4	4.01	5.01	5.02	
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY		41,464	1,579,530	17,396	66	97,060	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
98	PURCHASED DIALYSIS SERVICES						65	98
101	HOME HEALTH AGENCY		25,168	2,024,800	22,559	76	430,053	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)		5,432,993	42,380,685	375,538	1,607	23,144,311	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN					7		190
190.0	OAKCREST NURSING HOME	10,943	26,409	996,076			28,114	190.0
190.0	SHARED SERVICES			459,740		3	1,350	190.0
190.0	MATERNAL HEALTH			99,866		7	12,892	190.0
190.0	CAFETERIA VISITORS							190.0
190.0	TV SERVICE							190.0
190.0	FUND DEVELOPMENT		1,377	425,892	7,554	7	33,794	190.0
193.0	DAYCARE							193.0
193.0	PHYSICIAN BILLING							193.0
193.0	PHYSICIAN OFFICES							193.0
194	GUEST MEALS							194
194.0	KENNEDY LIVING CENTER			603,233			1,903	194.0
194.0	MERCY-CRESCENT DIABETES PROGRAM							194.0
194.0	RENTAL PROPERTIES DBQ					1		194.0
194.0	AUXILIARY							194.0
194.0	COMMUNITY EDUCATION/OUTSIDE LAUNDRY			102,914	1,647	12	1,146	194.0
194.0	RURAL OUTREACH PROGRAM						10,042	194.0
194.0	OTHER REV DEDUCTIONS							194.0
194.0	LIFELINE			18,466			2,629	194.0
194.0	MMC DYERSVILLE			2,293,348				194.0
194.1	CCH ELKADER			132,259				194.1
194.1	RETAIL PHARMACY		54,697			99	17,471,819	194.1
194.1	IDLE SPACE							194.1
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	15,081	5,498,423	12,928,334	271,324	364,810	786,536	202
203	UNIT COST MULT-WS B PT I	1.378141	0.996908	0.272104	0.705216	209.300057	0.019321	203
204	COST TO BE ALLOC PER B PT II			17,990	54,132	20,050	8,235	204
205	UNIT COST MULT-WS B PT II			0.000379	0.140698	11.503155	0.000202	205

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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PFS COLLECTION  GROSS CHARGES	RECON- CILIATION	OTHER ADMIN & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT  SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	
		5.03	5A.06	5.06	6	7	8	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COST - 47 BLDG							1.01
1.02	CAP REL COST (PROF ARTS PLAZA)							1.02
1.03	CAP REL COST (ASBURY)							1.03
1.04	CAP REL COST (MED ARTS BLDG)							1.04
1.05	CAP REL COST (ENERGY CENTER)							1.05
1.06	CAP REL COST (RENTAL PROPERTIES)							1.06
1.07	CAP REL COST (PARKING DECK)							1.07
1.08	CAP REL COST (97 BLDG)							1.08
1.09	CAP REL COST (BELLEVUE CLINIC)							1.09
1.10	CAP REL COST (CASCADE CLINIC)							1.10
1.11	CAP REL COST (RETAIL PHARMACY)							1.11
1.12	CAP REL COST (OAKCREST NURSING HOME)							1.12
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
4.01	CHILD CARE							4.01
5.01	COMMUNICATIONS							5.01
5.02	PURCHASING							5.02
5.03	PFS/COLLECTION	319,213,051						5.03
5.06	OTHER ADMIN & GENERAL		-14,760,620	129,283,786				5.06
6	MAINTENANCE & REPAIRS			5,504,627	312,716			6
7	OPERATION OF PLANT			285,190	8,442	304,274		7
8	LAUNDRY & LINEN SERVICE			1,214,805	10,716	10,716	1,598,682	8
9	HOUSEKEEPING			1,744,646	5,529	5,529	59,684	9
10	DIETARY			2,300,576	11,684	11,684	15,102	10
11	CAFETERIA			78,684	6,391	6,391		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION			1,772,677	2,002	2,002		13
14	CENTRAL SERVICES & SUPPLY			557,137	9,741	9,741	4,477	14
15	PHARMACY			2,625,426	3,091	3,091	2,527	15
16	MEDICAL RECORDS & LIBRARY			3,710,554	4,897	4,897		16
17	SOCIAL SERVICE			414,310	581	581		17
18	CENTRAL STERILIZATION			501,807	3,196	3,196		18
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
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	41,939,847		13,087,798	67,312	67,312	329,225	30
31	INTENSIVE CARE UNIT	4,892,435		1,884,274	10,546	10,546	26,105	31
41	SUBPROVIDER - IRF	1,625,945		625,251	5,616	5,616	13,067	41
43	NURSERY	3,410,820		1,689,285	3,230	3,230	3,186	43
44	SKILLED NURSING FACILITY	2,636,248		1,706,893	10,317	10,317	50,542	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	52,944,289		6,282,543	22,458	22,458	141,568	50
51	RECOVERY ROOM	9,117,444		2,586,510	13,471	13,471	50,024	51
52	DELIVERY ROOM & LABOR ROOM	2,338,141		1,321,211	4,988	4,988	5,745	52
53	ANESTHESIOLOGY	14,439,441		361,517	409	409		53
54	RADIOLOGY-DIAGNOSTIC	31,847,558		3,945,279	11,513	11,513	42,605	54
58	MRI	6,029,026		340,200	455	455		58
60	LABORATORY	26,766,910		5,344,269	6,240	6,240		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	1,107,887		611,307				63
65	RESPIRATORY THERAPY	6,756,410		1,431,856	1,311	1,311	1,098	65
66	PHYSICAL THERAPY	10,863,958		3,410,222	5,843	5,843	11,504	66
69	ELECTROCARDIOLOGY	21,707,838		1,593,450	9,441	9,441	18,868	69
70	ELECTROENCEPHALOGRAPHY	2,047,469		468,621	2,472	2,472	10,395	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,906,467		7,018,946				71
72	IMPL. DEV. CHARGED TO PATIENTS	13,459,808		8,237,081				72
73	DRUGS CHARGED TO PATIENTS	33,491,385		5,108,290				73
76	BEHAVIORAL HEALTH COUNSELING	651,523		312,918	5,012	5,012		76
76.01	SHOCK THERAPY	340,011		45,547	1,339	1,339		76.01
76.97	CARDIAC REHABILITATION	587,080		284,154	6,191	6,191		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							

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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PFS COLLECTION  GROSS CHARGES	RECON- CILIATION	OTHER ADMIN & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT  SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	
		5.03	5A.06	5.06	6	7	8	
91	EMERGENCY	17,869,400		2,799,378	15,209	15,209	116,829	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES			54,524				95
98	PURCHASED DIALYSIS SERVICES	303,624		151,913	38	38		98
101	HOME HEALTH AGENCY			3,550,551	8,772	8,772		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	319,080,964	-14,760,620	94,964,227	278,453	270,011	902,551	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN			1,465				190
190.0	OAKCREST NURSING HOME			1,468,862			80,183	190.0
1								1
190.0	SHARED SERVICES			611,402	91	91	628	190.0
2								2
190.0	MATERNAL HEALTH	132,087		203,156	428	428	1,114	190.0
3								3
190.0	CAFETERIA VISITORS							190.0
4								4
190.0	TV SERVICE			1,482	200	200		190.0
5								5
190.0	FUND DEVELOPMENT			1,337,293	846	846		190.0
6								6
193.0	DAYCARE							193.0
1								1
193.0	PHYSICIAN BILLING							193.0
5								5
193.0	PHYSICIAN OFFICES							193.0
6								6
194	GUEST MEALS							194
194.0	KENNEDY LIVING CENTER			831,369				194.0
1								1
194.0	MERCY-CRESCENT DIABETES PROGRAM							194.0
2								2
194.0	RENTAL PROPERTIES DBQ			130,614	19,401	19,401		194.0
3								3
194.0	AUXILIARY			18,871	2,332	2,332		194.0
4								4
194.0	COMMUNITY EDUCATION/OUTSIDE LAUNDRY			155,067	1,592	1,592	560,803	194.0
5								5
194.0	RURAL OUTREACH PROGRAM			48,055				194.0
6								6
194.0	OTHER REV DEDUCTIONS			40,187				194.0
7								7
194.0	LIFELINE			110,007				194.0
8								8
194.0	MMC DYERSVILLE			5,215,791			30,247	194.0
9								9
194.1	CCH ELKADER			180,706			23,156	194.1
0								0
194.1	RETAIL PHARMACY			23,927,718	1,284	1,284		194.1
1								1
194.1	IDLE SPACE			37,514	8,089	8,089		194.1
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	2,452,067		14,760,620	6,133,101	483,319	1,580,690	202
203	UNIT COST MULT-WS B PT I	0.007682		0.114172	19.612367	1.588433	0.988746	203
204	COST TO BE ALLOC PER B PT II	18,598		3,349,916	576,113	182,153	197,341	204
205	UNIT COST MULT-WS B PT II	0.000058		0.025911	1.842288	0.598648	0.123440	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		SQUARE FEET	MEALS SERVED	HOURS OF SERVICE	DIRECT NRSING HRS	COSTED REQUIS.	COSTED REQUIS.	
		9	10	11	13	14	15	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COST - 47 BLDG							1.01
1.02	CAP REL COST (PROF ARTS PLAZA)							1.02
1.03	CAP REL COST (ASBURY)							1.03
1.04	CAP REL COST (MED ARTS BLDG)							1.04
1.05	CAP REL COST (ENERGY CENTER)							1.05
1.06	CAP REL COST (RENTAL PROPERTIES)							1.06
1.07	CAP REL COST (PARKING DECK)							1.07
1.08	CAP REL COST (97 BLDG)							1.08
1.09	CAP REL COST (BELLEVUE CLINIC)							1.09
1.10	CAP REL COST (CASCADE CLINIC)							1.10
1.11	CAP REL COST (RETAIL PHARMACY)							1.11
1.12	CAP REL COST (OAKCREST NURSING HOME)							1.12
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
4.01	CHILD CARE							4.01
5.01	COMMUNICATIONS							5.01
5.02	PURCHASING							5.02
5.03	PFS/COLLECTION							5.03
5.06	OTHER ADMIN & GENERAL							5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING	288,029						9
10	DIETARY	11,684	162,000					10
11	CAFETERIA	6,391	7,821	1,415,826				11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	2,002		32,224	1,049,325			13
14	CENTRAL SERVICES & SUPPLY	9,741		23,059		38,792,746		14
15	PHARMACY	3,091		50,424		68,941	21,724,336	15
16	MEDICAL RECORDS & LIBRARY	4,897		96,934		19,417		16
17	SOCIAL SERVICE	581		13,684		529		17
18	CENTRAL STERILIZATION	3,196		16,959	16,959	59,918		18
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
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	67,312	114,604	366,031	366,031	203,673		30
31	INTENSIVE CARE UNIT	10,546	4,161	42,803	42,803	40,687		31
41	SUBPROVIDER - IRF	5,616	4,934	15,013	15,013	1,952		41
43	NURSERY	3,230		35,348	35,348	42,672		43
44	SKILLED NURSING FACILITY	10,317	20,624	54,775	54,775	35,891		44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	22,458	1	127,762	127,762	313,272		50
51	RECOVERY ROOM	13,471	191	66,472	66,472	95,979		51
52	DELIVERY ROOM & LABOR ROOM	4,988		28,577	28,577	54,756		52
53	ANESTHESIOLOGY	409		4,316	4,316	104,600		53
54	RADIOLOGY-DIAGNOSTIC	11,513		70,084		349,915	63,209	54
58	MRI	455		6,410		25,210	24,465	58
60	LABORATORY	6,240				1,658		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.					321		63
65	RESPIRATORY THERAPY	1,311		34,874		131,849		65
66	PHYSICAL THERAPY	5,843		87,822		22,239		66
69	ELECTROCARDIOLOGY	9,441		30,550	30,550	53,705	23,622	69
70	ELECTROENCEPHALOGRAPHY	2,472		11,806		8,484		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS					6,605,674		71
72	IMPL. DEV. CHARGED TO PATIENTS					7,979,511		72
73	DRUGS CHARGED TO PATIENTS					4,468,052	4,846,816	73
76	BEHAVIORAL HEALTH COUNSELING	5,012		8,913	8,913	6,978		76
76.01	SHOCK THERAPY	1,339		923	923	2,205		76.01
76.97	CARDIAC REHABILITATION	6,191		7,115	7,115	3,791		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							



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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA HOURS OF SERVICE	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	
		9	10	11	13	14	15	
91	EMERGENCY	15,209	403	61,218	61,218	97,060		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
98	PURCHASED DIALYSIS SERVICES	38				65		98
101	HOME HEALTH AGENCY	8,772		89,036	89,036	430,053		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	253,766	152,739	1,383,132	955,811	21,229,057	4,958,112	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
190.0	OAKCREST NURSING HOME				58,823	28,114		190.0
1								1
190.0	SHARED SERVICES	91		12,512		1,350		190.0
2								2
190.0	MATERNAL HEALTH	428		3,870	3,870	12,892		190.0
3								3
190.0	CAFETERIA VISITORS		9,261					190.0
4								4
190.0	TV SERVICE	200						190.0
5								5
190.0	FUND DEVELOPMENT	846		11,980	5,625	33,794		190.0
6								6
193.0	DAYCARE							193.0
1								1
193.0	PHYSICIAN BILLING							193.0
5								5
193.0	PHYSICIAN OFFICES							193.0
6								6
194	GUEST MEALS							194
194.0	KENNEDY LIVING CENTER					1,903		194.0
1								1
194.0	MERCY-CRESCENT DIABETES PROGRAM							194.0
2								2
194.0	RENTAL PROPERTIES DBQ	19,401						194.0
3								3
194.0	AUXILIARY	2,332						194.0
4								4
194.0	COMMUNITY EDUCATION/OUTSIDE LAUNDRY	1,592		3,288		1,146		194.0
5								5
194.0	RURAL OUTREACH PROGRAM					10,042		194.0
6								6
194.0	OTHER REV DEDUCTIONS							194.0
7								7
194.0	LIFELINE			1,044		2,629		194.0
8								8
194.0	MMC DYERSVILLE				25,196			194.0
9								9
194.1	CCH ELKADER							194.1
0								0
194.1	RETAIL PHARMACY	1,284				17,471,819	16,766,224	194.1
1								1
194.1	IDLE SPACE	8,089						194.1
2								2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	2,120,067	2,911,880	410,784	2,041,596	910,080	3,032,206	202
203	UNIT COST MULT-WS B PT I	7.360603	17.974568	0.290137	1.945628	0.023460	0.139576	203
204	COST TO BE ALLOC PER B PT II	116,429	304,272	113,596	105,577	117,259	278,355	204
205	UNIT COST MULT-WS B PT II	0.404227	1.878222	0.080233	0.100614	0.003023	0.012813	205



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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	OTH GEN SV CENTRAL STERILIZAT HOURS				
	16	17	18				

<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT						1
1.01	CAP REL COST - 47 BLDG						1.01
1.02	CAP REL COST (PROF ARTS PLAZA)						1.02
1.03	CAP REL COST (ASBURY)						1.03
1.04	CAP REL COST (MED ARTS BLDG)						1.04
1.05	CAP REL COST (ENERGY CENTER)						1.05
1.06	CAP REL COST (RENTAL PROPERTIES)						1.06
1.07	CAP REL COST (PARKING DECK)						1.07
1.08	CAP REL COST (97 BLDG)						1.08
1.09	CAP REL COST (BELLEVUE CLINIC)						1.09
1.10	CAP REL COST (CASCADE CLINIC)						1.10
1.11	CAP REL COST (RETAIL PHARMACY)						1.11
1.12	CAP REL COST (OAKCREST NURSING HOME)						1.12
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
4.01	CHILD CARE						4.01
5.01	COMMUNICATIONS						5.01
5.02	PURCHASING						5.02
5.03	PFS/COLLECTION						5.03
5.06	OTHER ADMIN & GENERAL						5.06
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY	319,213,051					16
17	SOCIAL SERVICE		8,038				17
18	CENTRAL STERILIZATION			10,875			18
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
<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	41,939,847	6,580				30
31	INTENSIVE CARE UNIT	4,892,435	97				31
41	SUBPROVIDER - IRF	1,625,945	76				41
43	NURSERY	3,410,820	729				43
44	SKILLED NURSING FACILITY	2,636,248	468				44
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	52,944,289		8,086			50
51	RECOVERY ROOM	9,117,444					51
52	DELIVERY ROOM & LABOR ROOM	2,338,141		902			52
53	ANESTHESIOLOGY	14,439,441					53
54	RADIOLOGY-DIAGNOSTIC	31,847,558					54
58	MRI	6,029,026					58
60	LABORATORY	26,766,910					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	1,107,887					63
65	RESPIRATORY THERAPY	6,756,410					65
66	PHYSICAL THERAPY	10,863,958					66
69	ELECTROCARDIOLOGY	21,707,838		883			69
70	ELECTROENCEPHALOGRAPHY	2,047,469					70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,906,467					71
72	IMPL. DEV. CHARGED TO PATIENTS	13,459,808					72
73	DRUGS CHARGED TO PATIENTS	33,491,385					73
76	BEHAVIORAL HEALTH COUNSELING	651,523					76
76.01	SHOCK THERAPY	340,011					76.01
76.97	CARDIAC REHABILITATION	587,080					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	OTH GEN SV CENTRAL STERILIZAT HOURS				
		16	17	18				
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	17,869,400		1,004				91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
98	PURCHASED DIALYSIS SERVICES	303,624						98
101	HOME HEALTH AGENCY							101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	319,080,964	7,950	10,875				118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
190.0	OAKCREST NURSING HOME		18					190.0
190.0	1							1
190.0	SHARED SERVICES							190.0
190.0	2							2
190.0	MATERNAL HEALTH	132,087						190.0
190.0	3							3
190.0	CAFETERIA VISITORS							190.0
190.0	4							4
190.0	TV SERVICE							190.0
190.0	5							5
190.0	FUND DEVELOPMENT							190.0
190.0	6							6
193.0	DAYCARE							193.0
193.0	1							1
193.0	PHYSICIAN BILLING							193.0
193.0	5							5
193.0	PHYSICIAN OFFICES							193.0
193.0	6							6
194	GUEST MEALS							194
194.0	KENNEDY LIVING CENTER							194.0
194.0	1							1
194.0	MERCY-CRESCENT DIABETES PROGRAM							194.0
194.0	2							2
194.0	RENTAL PROPERTIES DBQ							194.0
194.0	3							3
194.0	AUXILIARY							194.0
194.0	4							4
194.0	COMMUNITY EDUCATION/OUTSIDE LAUNDRY							194.0
194.0	5							5
194.0	RURAL OUTREACH PROGRAM							194.0
194.0	6							6
194.0	OTHER REV DEDUCTIONS							194.0
194.0	7							7
194.0	LIFELINE							194.0
194.0	8							8
194.0	MMC DYERSVILLE		70					194.0
194.0	9							9
194.1	CCH ELKADER							194.1
194.1	0							0
194.1	RETAIL PHARMACY							194.1
194.1	1							1
194.1	IDLE SPACE							194.1
194.1	2							2
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	4,302,641	482,190	689,703				202
203	UNIT COST MULT-WS B PT I	0.013479	59.988803	63.420966				203
204	COST TO BE ALLOC PER B PT II	243,498	19,091	107,914				204
205	UNIT COST MULT-WS B PT II	0.000763	2.375093	9.923126				205



COMPU-MAX

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET			
		PART	LINE NO.	AMOUNT	
	1	2	3	4	
1					1
2					2
3					3
4					4
5					5
6					6
7	ADULTS & PEDS TO SAME DAY SURGERY	1	30	-835,479	7
8	SAME DAY SURGERY	1	51	835,479	8



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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	TOTAL COST (from Wkst. B, Part I, col. 26)	THERAPY LIMIT ADJ.	COSTS			
				TOTAL COSTS	RCE DISALLOW- ANCE	TOTAL COSTS	
		1	2	3	4	5	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS	19,837,752		19,837,752	9,735	19,847,487	30
31	INTENSIVE CARE UNIT	2,669,634		2,669,634		2,669,634	31
41	SUBPROVIDER - IRF	1,018,732		1,018,732	38,180	1,056,912	41
43	NURSERY	2,147,295		2,147,295		2,147,295	43
44	SKILLED NURSING FACILITY	2,804,035		2,804,035		2,804,035	44
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM	9,300,679		9,300,679		9,300,679	50
51	RECOVERY ROOM	4,428,703		4,428,703		4,428,703	51
52	DELIVERY ROOM & LABOR ROOM	1,774,098		1,774,098		1,774,098	52
53	ANESTHESIOLOGY	621,205		621,205		621,205	53
54	RADIOLOGY-DIAGNOSTIC	5,233,311		5,233,311		5,233,311	54
58	MRI	479,168		479,168		479,168	58
60	LABORATORY	6,493,488		6,493,488		6,493,488	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	696,042		696,042		696,042	63
65	RESPIRATORY THERAPY	1,738,145		1,738,145	3,572	1,741,717	65
66	PHYSICAL THERAPY	4,150,270		4,150,270		4,150,270	66
69	ELECTROCARDIOLOGY	2,485,141		2,485,141		2,485,141	69
70	ELECTROENCEPHALOGRAPHY	634,228		634,228		634,228	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,135,769		8,135,769		8,135,769	71
72	IMPL. DEV. CHARGED TO PATIENTS	9,546,149		9,546,149		9,546,149	72
73	DRUGS CHARGED TO PATIENTS	6,924,263		6,924,263		6,924,263	73
76	BEHAVIORAL HEALTH COUNSELING	520,666		520,666	4,964	525,630	76
76.01	SHOCK THERAPY	95,690		95,690		95,690	76.01
76.97	CARDIAC REHABILITATION	517,328		517,328		517,328	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	EMERGENCY	4,119,819		4,119,819	103,297	4,223,116	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	784,434		784,434		784,434	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	AMBULANCE SERVICES	60,749		60,749		60,749	95
98	PURCHASED DIALYSIS SERVICES	174,437		174,437		174,437	98
101	HOME HEALTH AGENCY	4,415,619		4,415,619		4,415,619	101
113	INTEREST EXPENSE						113
200	SUBTOTAL (SEE INSTRUCTIONS)	101,806,849		101,806,849	159,748	101,966,597	200
201	LESS OBSERVATION BEDS	784,434		784,434		784,434	201
202	TOTAL (SEE INSTRUCTIONS)	101,022,415		101,022,415		101,182,163	202



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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	CHARGES			COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO	
		INPATIENT	OUTPATIENT	TOTAL (column 6 + column 7)				
		6	7	8	9	10	11	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	41,469,492		41,469,492				30
31	INTENSIVE CARE UNIT	4,839,411		4,839,411				31
41	SUBPROVIDER - IRF	1,485,638		1,485,638				41
43	NURSERY	3,359,505		3,359,505				43
44	SKILLED NURSING FACILITY	2,594,050		2,594,050				44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	24,665,440	25,974,660	50,640,100	0.183662	0.183662	0.183662	50
51	RECOVERY ROOM	3,190,542	5,253,143	8,443,685	0.524499	0.524499	0.524499	51
52	DELIVERY ROOM & LABOR ROOM	2,338,141		2,338,141	0.758764	0.758764	0.758764	52
53	ANESTHESIOLOGY	7,441,814	6,546,812	13,988,626	0.044408	0.044408	0.044408	53
54	RADIOLOGY-DIAGNOSTIC	9,940,552	20,779,056	30,719,608	0.170357	0.170357	0.170357	54
58	MRI	1,420,310	4,211,714	5,632,024	0.085079	0.085079	0.085079	58
60	LABORATORY	17,050,802	9,193,779	26,244,581	0.247422	0.247422	0.247422	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	857,027	229,135	1,086,162	0.640827	0.640827	0.640827	63
65	RESPIRATORY THERAPY	5,934,600	700,938	6,635,538	0.261945	0.261945	0.262483	65
66	PHYSICAL THERAPY	4,978,129	4,826,019	9,804,148	0.423318	0.423318	0.423318	66
69	ELECTROCARDIOLOGY	9,381,183	11,812,629	21,193,812	0.117258	0.117258	0.117258	69
70	ELECTROENCEPHALOGRAPHY	321,743	1,667,774	1,989,517	0.318785	0.318785	0.318785	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,732,674	5,104,613	11,837,287	0.687300	0.687300	0.687300	71
72	IMPL. DEV. CHARGED TO PATIENTS	9,763,368	3,696,440	13,459,808	0.709234	0.709234	0.709234	72
73	DRUGS CHARGED TO PATIENTS	23,454,182	9,024,570	32,478,752	0.213194	0.213194	0.213194	73
76	BEHAVIORAL HEALTH COUNSELING	1,348	628,121	629,469	0.827151	0.827151	0.835037	76
76.01	SHOCK THERAPY	131,841	208,170	340,011	0.281432	0.281432	0.281432	76.01
76.97	CARDIAC REHABILITATION	2,130	572,001	574,131	0.901063	0.901063	0.901063	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	5,340,161	12,222,860	17,563,021	0.234573	0.234573	0.240455	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	322,696	2,871,544	3,194,240	0.245578	0.245578	0.245578	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
98	PURCHASED DIALYSIS SERVICES	266,553	37,071	303,624	0.574517	0.574517	0.574517	98
101	HOME HEALTH AGENCY		6,833,177	6,833,177				101
113	INTEREST EXPENSE							113
200	SUBTOTAL (SEE INSTRUCTIONS)	187,283,332	132,394,226	319,677,558				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	187,283,332	132,394,226	319,677,558				202



COMPU-MAX

MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
PART I

CHECK  TITLE V  PPS  
 APPLICABLE  TITLE XVIII, PART A  TEFRA  
 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)	
1	2	3	4	5	6	7	8	9	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	ADULTS & PEDIATRICS (General Routine Care)	1,592,973		1,592,973	28,186	56.52	16,270	919,580	30
31	INTENSIVE CARE UNIT	321,471		321,471	1,662	193.42	1,138	220,112	31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF								40
41	SUBPROVIDER - IRF	80,554		80,554	1,049	76.79	765	58,744	41
42	SUBPROVIDER I								42
43	NURSERY	119,779		119,779	2,838	42.21			43
44	SKILLED NURSING FACILITY	203,729		203,729	4,861	41.91	3,924	164,455	44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	2,318,506		2,318,506	38,596		22,097	1,362,891	200

(A) Worksheet A line numbers



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 16-0069

WORKSHEET D  
PART II

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  PPS  
 APPLICABLE  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	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM	1,355,962	50,640,100	0.026776	15,700,978	420,409	50
51	RECOVERY ROOM	352,804	8,443,685	0.041783	1,984,892	82,935	51
52	DELIVERY ROOM & LABOR ROOM	110,821	2,338,141	0.047397	1,637	78	52
53	ANESTHESIOLOGY	88,977	13,988,626	0.006361	4,725,879	30,061	53
54	RADIOLOGY-DIAGNOSTIC	867,543	30,719,608	0.028241	6,646,559	187,705	54
58	MRI	27,899	5,632,024	0.004954	947,060	4,692	58
60	LABORATORY	220,227	26,244,581	0.008391	10,413,791	87,382	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	18,416	1,086,162	0.016955	640,017	10,851	63
65	RESPIRATORY THERAPY	104,521	6,635,538	0.015752	3,752,393	59,108	65
66	PHYSICAL THERAPY	173,757	9,804,148	0.017723	2,282,696	40,456	66
69	ELECTROCARDIOLOGY	293,709	21,193,812	0.013858	6,559,650	90,904	69
70	ELECTROENCEPHALOGRAPHY	68,732	1,989,517	0.034547	192,811	6,661	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	332,989	11,837,287	0.028131	3,930,214	110,561	71
72	IMPL. DEV. CHARGED TO PATIENTS	250,216	13,459,808	0.018590	6,190,095	115,074	72
73	DRUGS CHARGED TO PATIENTS	236,370	32,478,752	0.007278	14,236,330	103,612	73
76	BEHAVIORAL HEALTH COUNSELING	53,092	629,469	0.084344	379	32	76
76.01	SHOCK THERAPY	18,333	340,011	0.053919	90,978	4,905	76.01
76.97	CARDIAC REHABILITATION	60,989	574,131	0.106228	1,988	211	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	EMERGENCY	350,588	17,563,021	0.019962	2,412,588	48,160	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	62,959	3,194,240	0.019710	168,298	3,317	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	AMBULANCE SERVICES						95
98	PURCHASED DIALYSIS SERVICES	4,576	303,624	0.015071	137,567	2,073	98
200	TOTAL (sum of lines 50-199)	5,053,480	259,096,285		81,016,800	1,409,187	200

(A) Worksheet A line numbers



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

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

(A)	COST CENTER DESCRIPTION	NURSING SCHOOL	ALLIED HEALTH COST	ALL OTHER MEDICAL EDUCATION COST	SWING-BED ADJUSTMENT AMOUNT (see instructions)	TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
		1	2	3	4	5	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS (General Routine Care)						30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	OTHER SPECIAL CARE (SPECIFY)						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

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

		TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
(A)	COST CENTER DESCRIPTION	6	7	8	9	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>					
30	ADULTS & PEDIATRICS (General Routine Care)	28,186		16,270		30
31	INTENSIVE CARE UNIT	1,662		1,138		31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF	1,049		765		41
42	SUBPROVIDER I					42
43	NURSERY	2,838				43
44	SKILLED NURSING FACILITY	4,861		3,924		44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	38,596		22,097		200

(A) Worksheet A line numbers



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 16-0069

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	1	2	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
58	MRI							58
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76	BEHAVIORAL HEALTH COUNSELING							76
76.01	SHOCK THERAPY							76.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
98	PURCHASED DIALYSIS SERVICES							98
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 16-0069

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	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)
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	OPERATING ROOM	50,640,100			15,700,978		10,484,175	50
51	RECOVERY ROOM	8,443,685			1,984,892		1,765,152	51
52	DELIVERY ROOM & LABOR ROOM	2,338,141			1,637			52
53	ANESTHESIOLOGY	13,988,626			4,725,879		2,556,386	53
54	RADIOLOGY-DIAGNOSTIC	30,719,608			6,646,559		8,080,510	54
58	MRI	5,632,024			947,060		1,507,298	58
60	LABORATORY	26,244,581			10,413,791		2,590,998	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	1,086,162			640,017		168,823	63
65	RESPIRATORY THERAPY	6,635,538			3,752,393		378,578	65
66	PHYSICAL THERAPY	9,804,148			2,282,696			66
69	ELECTROCARDIOLOGY	21,193,812			6,559,650		8,033,685	69
70	ELECTROENCEPHALOGRAPHY	1,989,517			192,811		739,218	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,837,287			3,930,214		2,296,318	71
72	IMPL. DEV. CHARGED TO PATIENTS	13,459,808			6,190,095		1,986,253	72
73	DRUGS CHARGED TO PATIENTS	32,478,752			14,236,330		4,551,147	73
76	BEHAVIORAL HEALTH COUNSELING	629,469			379		41,943	76
76.01	SHOCK THERAPY	340,011			90,978		144,177	76.01
76.97	CARDIAC REHABILITATION	574,131			1,988		353,735	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91	EMERGENCY	17,563,021			2,412,588		3,213,087	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	3,194,240			168,298		685,680	92
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	AMBULANCE SERVICES							95
98	PURCHASED DIALYSIS SERVICES	303,624			137,567		4,278	98
200	TOTAL (sum of lines 50-199)	259,096,285			81,016,800		49,581,441	200

(A) Worksheet A line numbers



COMPU-MAX

MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 16-0069

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.)
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	0.183662	10,484,175			1,925,545		50
51	RECOVERY ROOM	0.524499	1,765,152			925,820		51
52	DELIVERY ROOM & LABOR ROOM	0.758764						52
53	ANESTHESIOLOGY	0.044408	2,556,386			113,524		53
54	RADIOLOGY-DIAGNOSTIC	0.170357	8,080,510			1,376,571		54
58	MRI	0.085079	1,507,298			128,239		58
60	LABORATORY	0.247422	2,590,998			641,070		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.640827	168,823			108,186		63
65	RESPIRATORY THERAPY	0.261945	378,578			99,167		65
66	PHYSICAL THERAPY	0.423318						66
69	ELECTROCARDIOLOGY	0.117258	8,033,685			942,014		69
70	ELECTROENCEPHALOGRAPHY	0.318785	739,218			235,652		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.687300	2,296,318	3,500		1,578,259	2,406	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.709234	1,986,253			1,408,718		72
73	DRUGS CHARGED TO PATIENTS	0.213194	4,551,147			970,277		73
76	BEHAVIORAL HEALTH COUNSELING	0.827151	41,943			34,693		76
76.01	SHOCK THERAPY	0.281432	144,177			40,576		76.01
76.97	CARDIAC REHABILITATION	0.901063	353,735			318,738		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	0.234573	3,213,087			753,703		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.245578	685,680			168,388		92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
98	PURCHASED DIALYSIS SERVICES	0.574517	4,278			2,458		98
200	SUBTOTAL (see instructions)		49,581,441	3,500		11,771,598	2,406	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)		49,581,441	3,500		11,771,598	2,406	202

(A) Worksheet A line numbers



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 16-T069

WORKSHEET D  
PART II

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  PPS  
 APPLICABLE  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	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM	1,355,962	50,640,100	0.026776			50
51	RECOVERY ROOM	352,804	8,443,685	0.041783	1,060	44	51
52	DELIVERY ROOM & LABOR ROOM	110,821	2,338,141	0.047397			52
53	ANESTHESIOLOGY	88,977	13,988,626	0.006361			53
54	RADIOLOGY-DIAGNOSTIC	867,543	30,719,608	0.028241	29,716	839	54
58	MRI	27,899	5,632,024	0.004954	9,100	45	58
60	LABORATORY	220,227	26,244,581	0.008391	63,392	532	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	18,416	1,086,162	0.016955	790	13	63
65	RESPIRATORY THERAPY	104,521	6,635,538	0.015752	23,003	362	65
66	PHYSICAL THERAPY	173,757	9,804,148	0.017723	554,556	9,828	66
69	ELECTROCARDIOLOGY	293,709	21,193,812	0.013858	1,211	17	69
70	ELECTROENCEPHALOGRAPHY	68,732	1,989,517	0.034547	583	20	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	332,989	11,837,287	0.028131	18,446	519	71
72	IMPL. DEV. CHARGED TO PATIENTS	250,216	13,459,808	0.018590			72
73	DRUGS CHARGED TO PATIENTS	236,370	32,478,752	0.007278	128,619	936	73
76	BEHAVIORAL HEALTH COUNSELING	53,092	629,469	0.084344			76
76.01	SHOCK THERAPY	18,333	340,011	0.053919			76.01
76.97	CARDIAC REHABILITATION	60,989	574,131	0.106228			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	EMERGENCY	350,588	17,563,021	0.019962	133	3	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		3,194,240				92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	AMBULANCE SERVICES						95
98	PURCHASED DIALYSIS SERVICES	4,576	303,624	0.015071			98
200	TOTAL (sum of lines 50-199)	4,990,521	259,096,285		830,609	13,158	200

(A) Worksheet A line numbers



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 16-T069

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	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
58	MRI							58
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76	BEHAVIORAL HEALTH COUNSELING							76
76.01	SHOCK THERAPY							76.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
98	PURCHASED DIALYSIS SERVICES							98
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 16-T069

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	7	8	9	10	11	12	13
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	50,640,100						50
51	RECOVERY ROOM	8,443,685			1,060			51
52	DELIVERY ROOM & LABOR ROOM	2,338,141						52
53	ANESTHESIOLOGY	13,988,626						53
54	RADIOLOGY-DIAGNOSTIC	30,719,608			29,716			54
58	MRI	5,632,024			9,100			58
60	LABORATORY	26,244,581			63,392			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	1,086,162			790			63
65	RESPIRATORY THERAPY	6,635,538			23,003			65
66	PHYSICAL THERAPY	9,804,148			554,556			66
69	ELECTROCARDIOLOGY	21,193,812			1,211			69
70	ELECTROENCEPHALOGRAPHY	1,989,517			583			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,837,287			18,446			71
72	IMPL. DEV. CHARGED TO PATIENTS	13,459,808						72
73	DRUGS CHARGED TO PATIENTS	32,478,752			128,619			73
76	BEHAVIORAL HEALTH COUNSELING	629,469						76
76.01	SHOCK THERAPY	340,011						76.01
76.97	CARDIAC REHABILITATION	574,131						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	17,563,021			133			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	3,194,240						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
98	PURCHASED DIALYSIS SERVICES	303,624						98
200	TOTAL (sum of lines 50-199)	259,096,285			830,609			200

(A) Worksheet A line numbers



COMPU-MAX

MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 16-T069

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.)	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	OPERATING ROOM	0.183662							50
51	RECOVERY ROOM	0.524499							51
52	DELIVERY ROOM & LABOR ROOM	0.758764							52
53	ANESTHESIOLOGY	0.044408							53
54	RADIOLOGY-DIAGNOSTIC	0.170357							54
58	MRI	0.085079							58
60	LABORATORY	0.247422							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.640827							63
65	RESPIRATORY THERAPY	0.261945							65
66	PHYSICAL THERAPY	0.423318							66
69	ELECTROCARDIOLOGY	0.117258							69
70	ELECTROENCEPHALOGRAPHY	0.318785							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.687300							71
72	IMPL. DEV. CHARGED TO PATIENTS	0.709234							72
73	DRUGS CHARGED TO PATIENTS	0.213194							73
76	BEHAVIORAL HEALTH COUNSELING	0.827151							76
76.01	SHOCK THERAPY	0.281432							76.01
76.97	CARDIAC REHABILITATION	0.901063							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
91	EMERGENCY	0.234573							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.245578							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	AMBULANCE SERVICES								95
98	PURCHASED DIALYSIS SERVICES	0.574517							98
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 MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 16-5116

WORKSHEET D  
PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [XX] SNF [ ] TEFRA  
 BOXES: [ ] TITLE XIX [ ] 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	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
58	MRI							58
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76	BEHAVIORAL HEALTH COUNSELING							76
76.01	SHOCK THERAPY							76.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
98	PURCHASED DIALYSIS SERVICES							98
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 16-5116

WORKSHEET D  
PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [XX] SNF [ ] TEFRA  
 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			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	OPERATING ROOM	50,640,100							50
51	RECOVERY ROOM	8,443,685			30,710				51
52	DELIVERY ROOM & LABOR ROOM	2,338,141							52
53	ANESTHESIOLOGY	13,988,626							53
54	RADIOLOGY-DIAGNOSTIC	30,719,608			111,252				54
58	MRI	5,632,024			2,187				58
60	LABORATORY	26,244,581			475,552				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	1,086,162			26,797				63
65	RESPIRATORY THERAPY	6,635,538			570,340				65
66	PHYSICAL THERAPY	9,804,148			1,239,041				66
69	ELECTROCARDIOLOGY	21,193,812			29,887				69
70	ELECTROENCEPHALOGRAPHY	1,989,517			4,201				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,837,287			88,826				71
72	IMPL. DEV. CHARGED TO PATIENTS	13,459,808							72
73	DRUGS CHARGED TO PATIENTS	32,478,752			1,340,344				73
76	BEHAVIORAL HEALTH COUNSELING	629,469							76
76.01	SHOCK THERAPY	340,011							76.01
76.97	CARDIAC REHABILITATION	574,131							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
91	EMERGENCY	17,563,021							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	3,194,240							92
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95	AMBULANCE SERVICES								95
98	PURCHASED DIALYSIS SERVICES	303,624			40,362				98
200	TOTAL (sum of lines 50-199)	259,096,285			3,959,499				200

(A) Worksheet A line numbers



COMPU-MAX

MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 16-5116

WORKSHEET D  
PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] SWING BED SNF  
 APPLICABLE [XX] TITLE XVIII, PART B [ ] IPF [XX] 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.)	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	OPERATING ROOM	0.183662							50
51	RECOVERY ROOM	0.524499							51
52	DELIVERY ROOM & LABOR ROOM	0.758764							52
53	ANESTHESIOLOGY	0.044408							53
54	RADIOLOGY-DIAGNOSTIC	0.170357							54
58	MRI	0.085079							58
60	LABORATORY	0.247422							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.640827							63
65	RESPIRATORY THERAPY	0.261945							65
66	PHYSICAL THERAPY	0.423318							66
69	ELECTROCARDIOLOGY	0.117258							69
70	ELECTROENCEPHALOGRAPHY	0.318785							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.687300							71
72	IMPL. DEV. CHARGED TO PATIENTS	0.709234							72
73	DRUGS CHARGED TO PATIENTS	0.213194							73
76	BEHAVIORAL HEALTH COUNSELING	0.827151							76
76.01	SHOCK THERAPY	0.281432							76.01
76.97	CARDIAC REHABILITATION	0.901063							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
91	EMERGENCY	0.234573							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.245578							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	AMBULANCE SERVICES								95
98	PURCHASED DIALYSIS SERVICES	0.574517							98
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



COMPU-MAX

MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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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)	
1	2	3	4	5	6	7	8	9	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	ADULTS & PEDIATRICS (General Routine Care)	1,592,973		1,592,973	28,186	56.52	3,588	202,794	30
31	INTENSIVE CARE UNIT	321,471		321,471	1,662	193.42	130	25,145	31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF								40
41	SUBPROVIDER - IRF	80,554		80,554	1,049	76.79	72	5,529	41
42	SUBPROVIDER I								42
43	NURSERY	119,779		119,779	2,838	42.21	1,173	49,512	43
44	SKILLED NURSING FACILITY	203,729		203,729	4,861	41.91	454	19,027	44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	2,318,506		2,318,506	38,596		5,417	302,007	200

(A) Worksheet A line numbers



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 16-0069

WORKSHEET D  
PART II

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  
 APPLICABLE  TITLE XVIII, PART A  IPF  
 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
	<b>ANCILLARY SERVICE COST CENTERS</b>					
50	OPERATING ROOM	1,355,962	50,640,100	0.026776		50
51	RECOVERY ROOM	352,804	8,443,685	0.041783		51
52	DELIVERY ROOM & LABOR ROOM	110,821	2,338,141	0.047397		52
53	ANESTHESIOLOGY	88,977	13,988,626	0.006361		53
54	RADIOLOGY-DIAGNOSTIC	867,543	30,719,608	0.028241		54
58	MRI	27,899	5,632,024	0.004954		58
60	LABORATORY	220,227	26,244,581	0.008391		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	BLOOD STORING, PROCESSING & TRANS.	18,416	1,086,162	0.016955		63
65	RESPIRATORY THERAPY	104,521	6,635,538	0.015752		65
66	PHYSICAL THERAPY	173,757	9,804,148	0.017723		66
69	ELECTROCARDIOLOGY	293,709	21,193,812	0.013858		69
70	ELECTROENCEPHALOGRAPHY	68,732	1,989,517	0.034547		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	332,989	11,837,287	0.028131		71
72	IMPL. DEV. CHARGED TO PATIENTS	250,216	13,459,808	0.018590		72
73	DRUGS CHARGED TO PATIENTS	236,370	32,478,752	0.007278		73
76	BEHAVIORAL HEALTH COUNSELING	53,092	629,469	0.084344		76
76.01	SHOCK THERAPY	18,333	340,011	0.053919		76.01
76.97	CARDIAC REHABILITATION	60,989	574,131	0.106228		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
91	EMERGENCY	350,588	17,563,021	0.019962		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	62,959	3,194,240	0.019710		92
	<b>OTHER REIMBURSABLE COST CENTERS</b>					
95	AMBULANCE SERVICES					95
98	PURCHASED DIALYSIS SERVICES	4,576	303,624	0.015071		98
200	TOTAL (sum of lines 50-199)	5,053,480	259,096,285			200

(A) Worksheet A line numbers



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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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	NURSING SCHOOL	ALLIED HEALTH COST	ALL OTHER MEDICAL EDUCATION COST	SWING-BED ADJUSTMENT AMOUNT (see instructions)	TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
		1	2	3	4	5	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS (General Routine Care)						30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	OTHER SPECIAL CARE (SPECIFY)						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

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

		TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
(A)	COST CENTER DESCRIPTION	6	7	8	9	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>					
30	ADULTS & PEDIATRICS (General Routine Care)	28,186		3,588		30
31	INTENSIVE CARE UNIT	1,662		130		31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF	1,049		72		41
42	SUBPROVIDER I					42
43	NURSERY	2,838		1,173		43
44	SKILLED NURSING FACILITY	4,861		454		44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	38,596		5,417		200

(A) Worksheet A line numbers



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 16-0069

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	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	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
58	MRI							58
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76	BEHAVIORAL HEALTH COUNSELING							76
76.01	SHOCK THERAPY							76.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
98	PURCHASED DIALYSIS SERVICES							98
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



COMPU-MAX

MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 16-0069

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		
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	50,640,100						50
51	RECOVERY ROOM	8,443,685						51
52	DELIVERY ROOM & LABOR ROOM	2,338,141						52
53	ANESTHESIOLOGY	13,988,626						53
54	RADIOLOGY-DIAGNOSTIC	30,719,608						54
58	MRI	5,632,024						58
60	LABORATORY	26,244,581						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	1,086,162						63
65	RESPIRATORY THERAPY	6,635,538						65
66	PHYSICAL THERAPY	9,804,148						66
69	ELECTROCARDIOLOGY	21,193,812						69
70	ELECTROENCEPHALOGRAPHY	1,989,517						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,837,287						71
72	IMPL. DEV. CHARGED TO PATIENTS	13,459,808						72
73	DRUGS CHARGED TO PATIENTS	32,478,752						73
76	BEHAVIORAL HEALTH COUNSELING	629,469						76
76.01	SHOCK THERAPY	340,011						76.01
76.97	CARDIAC REHABILITATION	574,131						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	17,563,021						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	3,194,240						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
98	PURCHASED DIALYSIS SERVICES	303,624						98
200	TOTAL (sum of lines 50-199)	259,096,285						200

(A) Worksheet A line numbers



COMPU-MAX

MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 16-0069

WORKSHEET D  
PART V

CHECK  TITLE V - O/P  HOSPITAL  SUB (OTHER)  SWING BED SNF  
 APPLICABLE  TITLE XVIII, PART B  IPF  SNF  SWING BED NF  
 BOXES:  TITLE XIX - O/P  IRF  NF  ICF/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.)	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	OPERATING ROOM	0.183662							50
51	RECOVERY ROOM	0.524499							51
52	DELIVERY ROOM & LABOR ROOM	0.758764							52
53	ANESTHESIOLOGY	0.044408							53
54	RADIOLOGY-DIAGNOSTIC	0.170357							54
58	MRI	0.085079							58
60	LABORATORY	0.247422							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.640827							63
65	RESPIRATORY THERAPY	0.261945							65
66	PHYSICAL THERAPY	0.423318							66
69	ELECTROCARDIOLOGY	0.117258							69
70	ELECTROENCEPHALOGRAPHY	0.318785							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.687300							71
72	IMPL. DEV. CHARGED TO PATIENTS	0.709234							72
73	DRUGS CHARGED TO PATIENTS	0.213194							73
76	BEHAVIORAL HEALTH COUNSELING	0.827151							76
76.01	SHOCK THERAPY	0.281432							76.01
76.97	CARDIAC REHABILITATION	0.901063							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
91	EMERGENCY	0.234573							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.245578							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	AMBULANCE SERVICES								95
98	PURCHASED DIALYSIS SERVICES	0.574517							98
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 MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 16-T069

WORKSHEET D  
PART II

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  
 APPLICABLE  TITLE XVIII, PART A  IPF  
 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
	<b>ANCILLARY SERVICE COST CENTERS</b>					
50	OPERATING ROOM	1,355,962	50,640,100	0.026776		50
51	RECOVERY ROOM	352,804	8,443,685	0.041783		51
52	DELIVERY ROOM & LABOR ROOM	110,821	2,338,141	0.047397		52
53	ANESTHESIOLOGY	88,977	13,988,626	0.006361		53
54	RADIOLOGY-DIAGNOSTIC	867,543	30,719,608	0.028241		54
58	MRI	27,899	5,632,024	0.004954		58
60	LABORATORY	220,227	26,244,581	0.008391		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	BLOOD STORING, PROCESSING & TRANS.	18,416	1,086,162	0.016955		63
65	RESPIRATORY THERAPY	104,521	6,635,538	0.015752		65
66	PHYSICAL THERAPY	173,757	9,804,148	0.017723		66
69	ELECTROCARDIOLOGY	293,709	21,193,812	0.013858		69
70	ELECTROENCEPHALOGRAPHY	68,732	1,989,517	0.034547		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	332,989	11,837,287	0.028131		71
72	IMPL. DEV. CHARGED TO PATIENTS	250,216	13,459,808	0.018590		72
73	DRUGS CHARGED TO PATIENTS	236,370	32,478,752	0.007278		73
76	BEHAVIORAL HEALTH COUNSELING	53,092	629,469	0.084344		76
76.01	SHOCK THERAPY	18,333	340,011	0.053919		76.01
76.97	CARDIAC REHABILITATION	60,989	574,131	0.106228		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
91	EMERGENCY	350,588	17,563,021	0.019962		91
92	OBSERVATION BEDS (NON-DISTINCT PART)		3,194,240			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>					
95	AMBULANCE SERVICES					95
98	PURCHASED DIALYSIS SERVICES	4,576	303,624	0.015071		98
200	TOTAL (sum of lines 50-199)	4,990,521	259,096,285			200

(A) Worksheet A line numbers



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 16-T069

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	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	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
58	MRI							58
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76	BEHAVIORAL HEALTH COUNSELING							76
76.01	SHOCK THERAPY							76.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
98	PURCHASED DIALYSIS SERVICES							98
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



COMPU-MAX

MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 16-T069

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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	OPERATING ROOM	50,640,100						50
51	RECOVERY ROOM	8,443,685						51
52	DELIVERY ROOM & LABOR ROOM	2,338,141						52
53	ANESTHESIOLOGY	13,988,626						53
54	RADIOLOGY-DIAGNOSTIC	30,719,608						54
58	MRI	5,632,024						58
60	LABORATORY	26,244,581						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	1,086,162						63
65	RESPIRATORY THERAPY	6,635,538						65
66	PHYSICAL THERAPY	9,804,148						66
69	ELECTROCARDIOLOGY	21,193,812						69
70	ELECTROENCEPHALOGRAPHY	1,989,517						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,837,287						71
72	IMPL. DEV. CHARGED TO PATIENTS	13,459,808						72
73	DRUGS CHARGED TO PATIENTS	32,478,752						73
76	BEHAVIORAL HEALTH COUNSELING	629,469						76
76.01	SHOCK THERAPY	340,011						76.01
76.97	CARDIAC REHABILITATION	574,131						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91	EMERGENCY	17,563,021						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	3,194,240						92
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	AMBULANCE SERVICES							95
98	PURCHASED DIALYSIS SERVICES	303,624						98
200	TOTAL (sum of lines 50-199)	259,096,285						200

(A) Worksheet A line numbers



COMPU-MAX

MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 16-T069

WORKSHEET D  
PART V

CHECK  TITLE V - O/P  HOSPITAL  SUB (OTHER)  SWING BED SNF  
 APPLICABLE  TITLE XVIII, PART B  IPF  SNF  SWING BED NF  
 BOXES:  TITLE XIX - O/P  IRF  NF  ICF/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.)	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	OPERATING ROOM	0.183662							50
51	RECOVERY ROOM	0.524499							51
52	DELIVERY ROOM & LABOR ROOM	0.758764							52
53	ANESTHESIOLOGY	0.044408							53
54	RADIOLOGY-DIAGNOSTIC	0.170357							54
58	MRI	0.085079							58
60	LABORATORY	0.247422							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.640827							63
65	RESPIRATORY THERAPY	0.261945							65
66	PHYSICAL THERAPY	0.423318							66
69	ELECTROCARDIOLOGY	0.117258							69
70	ELECTROENCEPHALOGRAPHY	0.318785							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.687300							71
72	IMPL. DEV. CHARGED TO PATIENTS	0.709234							72
73	DRUGS CHARGED TO PATIENTS	0.213194							73
76	BEHAVIORAL HEALTH COUNSELING	0.827151							76
76.01	SHOCK THERAPY	0.281432							76.01
76.97	CARDIAC REHABILITATION	0.901063							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
91	EMERGENCY	0.234573							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.245578							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	AMBULANCE SERVICES								95
98	PURCHASED DIALYSIS SERVICES	0.574517							98
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 MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 16-5116

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	NON PHYSICIAN ANESTH- ETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPAT- IENT COST (sum of col. 2, 3, and 4)	
		1	2	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
58	MRI							58
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
76	BEHAVIORAL HEALTH COUNSELING							76
76.01	SHOCK THERAPY							76.01
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
98	PURCHASED DIALYSIS SERVICES							98
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 16-5116

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		
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	50,640,100						50
51	RECOVERY ROOM	8,443,685						51
52	DELIVERY ROOM & LABOR ROOM	2,338,141						52
53	ANESTHESIOLOGY	13,988,626						53
54	RADIOLOGY-DIAGNOSTIC	30,719,608						54
58	MRI	5,632,024						58
60	LABORATORY	26,244,581						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	1,086,162						63
65	RESPIRATORY THERAPY	6,635,538						65
66	PHYSICAL THERAPY	9,804,148						66
69	ELECTROCARDIOLOGY	21,193,812						69
70	ELECTROENCEPHALOGRAPHY	1,989,517						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,837,287						71
72	IMPL. DEV. CHARGED TO PATIENTS	13,459,808						72
73	DRUGS CHARGED TO PATIENTS	32,478,752						73
76	BEHAVIORAL HEALTH COUNSELING	629,469						76
76.01	SHOCK THERAPY	340,011						76.01
76.97	CARDIAC REHABILITATION	574,131						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
91	EMERGENCY	17,563,021						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	3,194,240						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
98	PURCHASED DIALYSIS SERVICES	303,624						98
200	TOTAL (sum of lines 50-199)	259,096,285						200

(A) Worksheet A line numbers



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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 16-5116

WORKSHEET D  
PART V

CHECK  TITLE V - O/P  HOSPITAL  SUB (OTHER)  SWING BED SNF  
 APPLICABLE  TITLE XVIII, PART B  IPF  SNF  SWING BED NF  
 BOXES:  TITLE XIX - O/P  IRF  NF  ICF/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.)	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	OPERATING ROOM	0.183662							50
51	RECOVERY ROOM	0.524499							51
52	DELIVERY ROOM & LABOR ROOM	0.758764							52
53	ANESTHESIOLOGY	0.044408							53
54	RADIOLOGY-DIAGNOSTIC	0.170357							54
58	MRI	0.085079							58
60	LABORATORY	0.247422							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.640827							63
65	RESPIRATORY THERAPY	0.261945							65
66	PHYSICAL THERAPY	0.423318							66
69	ELECTROCARDIOLOGY	0.117258							69
70	ELECTROENCEPHALOGRAPHY	0.318785							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.687300							71
72	IMPL. DEV. CHARGED TO PATIENTS	0.709234							72
73	DRUGS CHARGED TO PATIENTS	0.213194							73
76	BEHAVIORAL HEALTH COUNSELING	0.827151							76
76.01	SHOCK THERAPY	0.281432							76.01
76.97	CARDIAC REHABILITATION	0.901063							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
91	EMERGENCY	0.234573							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.245578							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	AMBULANCE SERVICES								95
98	PURCHASED DIALYSIS SERVICES	0.574517							98
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



COMPU-MAX

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-0069

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)	28,186	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	28,186	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)	27,072	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)	16,270	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)	19,847,487	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	19,847,487	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)	19,847,487	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-0069

WORKSHEET D-1  
PART II

CHECK [ ] TITLE V - I/P [XX] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] 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)					704.16	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					11,456,683	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)					11,456,683	41
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)	
		1	2	3	4	5	
42	NURSERY (Titles V and XIX only)						42
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS</b>						
43	INTENSIVE CARE UNIT	2,669,634	1,662	1,606.28	1,138	1,827,947	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					21,972,098	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					35,256,728	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					1,139,692	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					1,409,187	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					2,548,879	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					32,707,849	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



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-0069

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)					1,114	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)					704.16	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)					784,434	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	1,592,973	19,847,487	0.080261	784,434	62,959	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-T069

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)	1,049	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	1,049	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)	1,049	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)	765	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)		15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)		16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions)	1,056,912	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 5 x line 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 6 x line 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 8 x line 20)		25
26	TOTAL SWING-BED COST (see instructions)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,056,912	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)	1,056,912	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-T069

WORKSHEET D-1  
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	1,007.54	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	770,768	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)	770,768	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	303,834	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	1,074,602	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	58,744	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	13,158	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	71,902	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)	1,002,700	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



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-5116

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)	4,861	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	4,861	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)	4,861	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)	3,924	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)	2,804,035	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	2,804,035	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)	2,804,035	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-5116

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 III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST (line 37)	2,804,035	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (line 70 ÷ line 2)	576.84	71
72	PROGRAM ROUTINE SERVICE COST (line 9 x line 71)	2,263,520	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (line 14 x line 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (line 72 + line 73)	2,263,520	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (from Worksheet B, Part II, column 26, line 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (line 75 ÷ line 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (line 9 x line 76)		77
78	INPATIENT ROUTINE SERVICE COST (line 74 minus line 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (from provider records)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (line 78 minus line 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (line 9 x line 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (see instructions)	2,263,520	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (see instructions)	1,218,821	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (see instructions)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (sum of lines 83 through 85)	3,482,341	86



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-0069

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)	28,186	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	28,186	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)	27,072	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)	3,588	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)	2,838	15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)	1,173	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)	19,837,752	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	19,837,752	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)	19,837,752	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-0069

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)					703.82	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					2,525,306	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)					2,525,306	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)	2,147,295	2,838	756.62	1,173	887,515	42
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS</b>						
43	INTENSIVE CARE UNIT	2,669,634	1,662	1,606.28	130	208,816	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)						1	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					3,621,637		49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					277,451	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)					277,451	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



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-0069

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)					1,114	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



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-T069

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)	1,049	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	1,049	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)	1,049	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)	72	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)		15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)		16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions)	1,018,732	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 5 x line 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 6 x line 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 7 x line 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 8 x line 20)		25
26	TOTAL SWING-BED COST (see instructions)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,018,732	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)	1,018,732	37



COMPU-MAX

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-T069

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)	971.15	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	69,923	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)	69,923	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)	69,923	49

**PASS-THROUGH COST ADJUSTMENTS**

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	5,529	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)	5,529	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 MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-5116

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)	4,861	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	4,861	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)	4,861	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)	454	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)	2,804,035	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	2,804,035	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)	2,804,035	37



COMPU-MAX

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-5116

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 III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST (line 37)	2,804,035	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (line 70 ÷ line 2)	576.84	71
72	PROGRAM ROUTINE SERVICE COST (line 9 x line 71)	261,885	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (line 14 x line 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (line 72 + line 73)	261,885	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (from Worksheet B, Part II, column 26, line 45)	203,729	75
76	PER DIEM CAPITAL-RELATED COSTS (line 75 ÷ line 2)	41.91	76
77	PROGRAM CAPITAL-RELATED COSTS (line 9 x line 76)	19,027	77
78	INPATIENT ROUTINE SERVICE COST (line 74 minus line 77)	242,858	78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (from provider records)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (line 78 minus line 79)	242,858	80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (line 9 x line 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (see instructions)	19,027	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (see instructions)		84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (see instructions)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (sum of lines 83 through 85)	19,027	86



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 16-0069

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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	ADULTS & PEDIATRICS		25,497,432		30
31	INTENSIVE CARE UNIT		3,336,336		31
41	SUBPROVIDER - IRF				41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	OPERATING ROOM	0.183662	15,700,978	2,883,673	50
51	RECOVERY ROOM	0.524499	1,984,892	1,041,074	51
52	DELIVERY ROOM & LABOR ROOM	0.758764	1,637	1,242	52
53	ANESTHESIOLOGY	0.044408	4,725,879	209,867	53
54	RADIOLOGY-DIAGNOSTIC	0.170357	6,646,559	1,132,288	54
58	MRI	0.085079	947,060	80,575	58
60	LABORATORY	0.247422	10,413,791	2,576,601	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.640827	640,017	410,140	63
65	RESPIRATORY THERAPY	0.262483	3,752,393	984,939	65
66	PHYSICAL THERAPY	0.423318	2,282,696	966,306	66
69	ELECTROCARDIOLOGY	0.117258	6,559,650	769,171	69
70	ELECTROENCEPHALOGRAPHY	0.318785	192,811	61,465	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.687300	3,930,214	2,701,236	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.709234	6,190,095	4,390,226	72
73	DRUGS CHARGED TO PATIENTS	0.213194	14,236,330	3,035,100	73
76	BEHAVIORAL HEALTH COUNSELING	0.835037	379	316	76
76.01	SHOCK THERAPY	0.281432	90,978	25,604	76.01
76.97	CARDIAC REHABILITATION	0.901063	1,988	1,791	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
91	EMERGENCY	0.240455	2,412,588	580,119	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.245578	168,298	41,330	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
95	AMBULANCE SERVICES				95
98	PURCHASED DIALYSIS SERVICES	0.574517	137,567	79,035	98
200	TOTAL (sum of lines 50-94, and 96-98)		81,016,800	21,972,098	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		81,016,800		202

(A) Worksheet A line numbers



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 16-T069

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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
41	SUBPROVIDER - IRF		1,084,239		41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	OPERATING ROOM	0.183662			50
51	RECOVERY ROOM	0.524499	1,060	556	51
52	DELIVERY ROOM & LABOR ROOM	0.758764			52
53	ANESTHESIOLOGY	0.044408			53
54	RADIOLOGY-DIAGNOSTIC	0.170357	29,716	5,062	54
58	MRI	0.085079	9,100	774	58
60	LABORATORY	0.247422	63,392	15,685	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.640827	790	506	63
65	RESPIRATORY THERAPY	0.262483	23,003	6,038	65
66	PHYSICAL THERAPY	0.423318	554,556	234,754	66
69	ELECTROCARDIOLOGY	0.117258	1,211	142	69
70	ELECTROENCEPHALOGRAPHY	0.318785	583	186	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.687300	18,446	12,678	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.709234			72
73	DRUGS CHARGED TO PATIENTS	0.213194	128,619	27,421	73
76	BEHAVIORAL HEALTH COUNSELING	0.835037			76
76.01	SHOCK THERAPY	0.281432			76.01
76.97	CARDIAC REHABILITATION	0.901063			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
91	EMERGENCY	0.240455	133	32	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.245578			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
95	AMBULANCE SERVICES				95
98	PURCHASED DIALYSIS SERVICES	0.574517			98
200	TOTAL (sum of lines 50-94, and 96-98)		830,609	303,834	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		830,609		202

(A) Worksheet A line numbers



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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 16-5116

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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
41	SUBPROVIDER - IRF				41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	OPERATING ROOM	0.183662			50
51	RECOVERY ROOM	0.524499	30,710	16,107	51
52	DELIVERY ROOM & LABOR ROOM	0.758764			52
53	ANESTHESIOLOGY	0.044408			53
54	RADIOLOGY-DIAGNOSTIC	0.170357	111,252	18,953	54
58	MRI	0.085079	2,187	186	58
60	LABORATORY	0.247422	475,552	117,662	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.640827	26,797	17,172	63
65	RESPIRATORY THERAPY	0.261945	570,340	149,398	65
66	PHYSICAL THERAPY	0.423318	1,239,041	524,508	66
69	ELECTROCARDIOLOGY	0.117258	29,887	3,504	69
70	ELECTROENCEPHALOGRAPHY	0.318785	4,201	1,339	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.687300	88,826	61,050	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.709234			72
73	DRUGS CHARGED TO PATIENTS	0.213194	1,340,344	285,753	73
76	BEHAVIORAL HEALTH COUNSELING	0.827151			76
76.01	SHOCK THERAPY	0.281432			76.01
76.97	CARDIAC REHABILITATION	0.901063			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
91	EMERGENCY	0.234573			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.245578			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
95	AMBULANCE SERVICES				95
98	PURCHASED DIALYSIS SERVICES	0.574517	40,362	23,189	98
200	TOTAL (sum of lines 50-94, and 96-98)		3,959,499	1,218,821	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		3,959,499		202

(A) Worksheet A line numbers



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 16-0069

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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
41	SUBPROVIDER - IRF				41
43	NURSERY				43
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	OPERATING ROOM	0.183662			50
51	RECOVERY ROOM	0.524499			51
52	DELIVERY ROOM & LABOR ROOM	0.758764			52
53	ANESTHESIOLOGY	0.044408			53
54	RADIOLOGY-DIAGNOSTIC	0.170357			54
58	MRI	0.085079			58
60	LABORATORY	0.247422			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.640827			63
65	RESPIRATORY THERAPY	0.261945			65
66	PHYSICAL THERAPY	0.423318			66
69	ELECTROCARDIOLOGY	0.117258			69
70	ELECTROENCEPHALOGRAPHY	0.318785			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.687300			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.709234			72
73	DRUGS CHARGED TO PATIENTS	0.213194			73
76	BEHAVIORAL HEALTH COUNSELING	0.827151			76
76.01	SHOCK THERAPY	0.281432			76.01
76.97	CARDIAC REHABILITATION	0.901063			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
91	EMERGENCY	0.234573			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.245578			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
95	AMBULANCE SERVICES				95
98	PURCHASED DIALYSIS SERVICES	0.574517			98
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 MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 16-T069

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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
41	SUBPROVIDER - IRF				41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	OPERATING ROOM	0.183662			50
51	RECOVERY ROOM	0.524499			51
52	DELIVERY ROOM & LABOR ROOM	0.758764			52
53	ANESTHESIOLOGY	0.044408			53
54	RADIOLOGY-DIAGNOSTIC	0.170357			54
58	MRI	0.085079			58
60	LABORATORY	0.247422			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.640827			63
65	RESPIRATORY THERAPY	0.261945			65
66	PHYSICAL THERAPY	0.423318			66
69	ELECTROCARDIOLOGY	0.117258			69
70	ELECTROENCEPHALOGRAPHY	0.318785			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.687300			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.709234			72
73	DRUGS CHARGED TO PATIENTS	0.213194			73
76	BEHAVIORAL HEALTH COUNSELING	0.827151			76
76.01	SHOCK THERAPY	0.281432			76.01
76.97	CARDIAC REHABILITATION	0.901063			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
91	EMERGENCY	0.234573			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.245578			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
95	AMBULANCE SERVICES				95
98	PURCHASED DIALYSIS SERVICES	0.574517			98
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



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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 16-5116

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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
41	SUBPROVIDER - IRF				41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	OPERATING ROOM	0.183662			50
51	RECOVERY ROOM	0.524499			51
52	DELIVERY ROOM & LABOR ROOM	0.758764			52
53	ANESTHESIOLOGY	0.044408			53
54	RADIOLOGY-DIAGNOSTIC	0.170357			54
58	MRI	0.085079			58
60	LABORATORY	0.247422			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.640827			63
65	RESPIRATORY THERAPY	0.261945			65
66	PHYSICAL THERAPY	0.423318			66
69	ELECTROCARDIOLOGY	0.117258			69
70	ELECTROENCEPHALOGRAPHY	0.318785			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.687300			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.709234			72
73	DRUGS CHARGED TO PATIENTS	0.213194			73
76	BEHAVIORAL HEALTH COUNSELING	0.827151			76
76.01	SHOCK THERAPY	0.281432			76.01
76.97	CARDIAC REHABILITATION	0.901063			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
91	EMERGENCY	0.234573			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.245578			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
95	AMBULANCE SERVICES				95
98	PURCHASED DIALYSIS SERVICES	0.574517			98
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



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## CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK  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)	7,224,080			1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (see instructions)	23,426,200			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)	312,939			2
2.01	OUTLIER RECONCILIATION AMOUNT				2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (see instructions)				
3	MANAGED CARE SIMULATED PAYMENTS	5,311			3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	176.80			4
	<b>INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS</b>				
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (see instructions)				5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)				6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105(f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS				7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2)(iv) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002				8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS				8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (see instructions)				8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (see instructions)				9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS				10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS				11
12	CURRENT YEAR ALLOWABLE FTE (see instructions)				12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR				13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO				14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3				15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM				16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE				17
18	ADJUSTED ROLLING AVERAGE FTE COUNT				18
19	CURRENT YEAR RESIDENT TO BED RATIO (line 18 divided by line 4)				19
20	PRIOR YEAR RESIDENT TO BED RATIO (see instructions)				20
21	ENTER THE LESSER OF LINES 19 OR 20 (see instructions)				21
22	IME PAYMENT ADJUSTMENT (see instructions)				22
	<b>INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON</b>				
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)				23
24	IME FTE RESIDENT COUNT OVER CAP (see instructions)				24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (see instructions)				25
26	RESIDENT TO BED RATIO (divide line 25 by line 4)				26
27	IME PAYMENTS ADJUSTMENT (see instructions)				27
28	IME ADJUSTMENT (see instructions)				28
29	TOTAL IME PAYMENT (sum of lines 22 and 28)				29
	<b>DISPROPORTIONATE SHARE ADJUSTMENT</b>				
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (see instructions)	0.0297			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (see instructions)	0.1533			31
32	SUM OF LINES 30 AND 31	0.1830			32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0465			33
34	DISPROPORTIONATE SHARE ADJUSTMENT (see instructions)	608,250			34
		PRIOR TO	ON OR AFTER		
	<b>UNCOMPENSATED CARE ADJUSTMENT</b>	OCTOBER 1	OCTOBER 1		



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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK  HOSPITAL  
 APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
35	TOTAL UNCOMPENSATED CARE AMOUNT (see instructions)		9,046,380,143		35
35.01	FACTOR 3 (see instructions)		0.000074445		35.01
35.02	HOSPITAL UNCOMPENSATED CARE PAYMENT (if line 34 is zero, enter zero on this line) (see instructions)		673,458		35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (see instructions)		503,710		35.03
36	TOTAL UNCOMPENSATED CARE (sum of columns 1 and 2 on line 35.03)	503,710			36
	<b>ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES</b>				
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)	32,075,179			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)	32,075,179			49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (from Wkst L, Parts I, II, as applicable)	2,521,129			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)				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)	34,596,308			59
60	PRIMARY PAYER PAYMENTS	39,843			60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (line 59 minus line 60)	34,556,465			61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,738,912			62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	24,400			63
64	ALLOWABLE BAD DEBTS (see instructions)	113,922			64
65	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	74,049			65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	62,825			66
67	SUBTOTAL (line 61 plus line 65 minus lines 62 and 63)	30,867,202			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)	75,958			70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (see instructions)	-4,684			70.94
71	AMOUNT DUE PROVIDER (see instructions)	30,938,476			71
71.01	SEQUESTRATION ADJUSTMENT (see instructions)	618,770			71.01
72	INTERIM PAYMENTS	29,251,786			72
73	TENTATIVE SETTLEMENT (for contractor use only)				73
74	BALANCE DUE PROVIDER/PROGRAM (line 71 minus lines 71.01, 72 and 73)	1,067,920			74
75	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	460,360			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 MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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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



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 16-0069

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)	2,406			1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (see instructions)	11,771,598			2
3	PPS PAYMENTS	11,389,462			3
4	OUTLIER PAYMENT (see instructions)	88,000			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)	2,406			11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES	3,500			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)	3,500			14
	CUSTOMARY CHARGES				
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)				16
17	RATIO OF LINE 15 TO LINE 16 (not to exceed 1.000000)	1.000000			17
18	TOTAL CUSTOMARY CHARGES (see instructions)	3,500			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))	1,094			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)	2,406			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)	11,477,462			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	DEDUCTIBLES AND COINSURANCE (see instructions)	700			25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)	2,399,070			26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	9,080,098			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)	9,080,098			30
31	PRIMARY PAYER PAYMENTS	1,558			31
32	SUBTOTAL (line 30 minus line 31)	9,078,540			32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)				33
34	ALLOWABLE BAD DEBTS (see instructions)	52,458			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	34,098			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	36,285			36
37	SUBTOTAL (see instructions)	9,112,638			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	-175			38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	9,112,813			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	182,256			40.01
41	INTERIM PAYMENTS	8,911,916			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	18,641			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



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 16-T069

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 OPPS (see instructions)				2
3	PPS PAYMENTS				3
4	OUTLIER PAYMENT (see instructions)				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)				11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	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
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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 MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 16-5116

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 OPPS (see instructions)			2
3	PPS PAYMENTS			3
4	OUTLIER PAYMENT (see instructions)			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)			11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
	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
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
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
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>			
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



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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 16-0069

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	AMOUNT	mm/dd/yyyy	AMOUNT	
			1	2	3	4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			29,251,786		8,911,916	1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO						2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT		.01				3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM		.02				3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM	.03				3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO	.04				3.04
		PROVIDER	.05				3.05
			.06				3.06
			.07				3.07
			.08				3.08
			.09				3.09
			.10				3.10
			.50				3.50
			.51				3.51
		PROVIDER	.52				3.52
		TO	.53				3.53
		PROGRAM	.54				3.54
			.55				3.55
			.56				3.56
			.57				3.57
			.58				3.58
			.59				3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99				3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)			29,251,786		8,911,916	4
<b>TO BE COMPLETED BY CONTRACTOR</b>							
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)		.01				5.01
			.02				5.02
		PROGRAM	.03				5.03
		TO	.04				5.04
		PROVIDER	.05				5.05
			.06				5.06
			.07				5.07
			.08				5.08
			.09				5.09
			.10				5.10
			.50				5.50
			.51				5.51
		PROVIDER	.52				5.52
		TO	.53				5.53
		PROGRAM	.54				5.54
			.55				5.55
			.56				5.56
			.57				5.57
			.58				5.58
			.59				5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99				5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)		.01	1,686,690		200,897	6.01
			.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)			30,938,476		9,112,813	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 MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 16-T069

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		991,246		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)		991,246		4
<b>TO BE COMPLETED BY CONTRACTOR</b>					
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)		45,259		6.01
	BASED ON THE COST REPORT (1)				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)		1,036,505		7
8	NAME OF CONTRACTOR	CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)	
					8

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



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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 16-5116

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	AMOUNT	mm/dd/yyyy	AMOUNT
		1	2	3	4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,387,228		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)		1,387,228		4
	<b>TO BE COMPLETED BY CONTRACTOR</b>				
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)				5.01
		PROGRAM			5.02
		TO			5.03
		PROVIDER			5.04
					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)		28,565		6.01
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)		1,415,793		7
8	NAME OF CONTRACTOR	CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)	8

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



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## CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK                     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	7,668	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	17,408	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	252	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	28,734	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	319,677,558	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	4,198,154	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (see instructions)	1,028,804	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)	20,576	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)	1,008,228	10

## INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	991,896	30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)	16,332	32



COMPU-MAX

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## CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 16-T069

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)	276,698	679,168	1
2	MEDICARE SSI RATIO (see instructions)	0.051500		2
3	INPATIENT REHABILITATION LIP PAYMENTS (see instructions)	14,222	23,839	3
4	OUTLIER PAYMENTS	46,162		4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (see instructions)			5
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)			5.01
6	NEW TEACHING PROGRAM ADJUSTMENT (see instructions)			6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (see instructions)			7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (see instructions)			8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (see instructions)			9
10	AVERAGE DAILY CENSUS (see instructions)	2.873973		10
11	TEACHING ADJUSTMENT FACTOR (see instructions)			11
12	TEACHING ADJUSTMENT (see instructions)			12
13	TOTAL PPS PAYMENT (see instructions)	1,040,089		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)	1,040,089		17
18	PRIMARY PAYER PAYMENTS			18
19	SUBTOTAL (line 17 less line 18)	1,040,089		19
20	DEDUCTIBLES	3,584		20
21	SUBTOTAL (line 19 minus line 20)	1,036,505		21
22	COINSURANCE			22
23	SUBTOTAL (line 21 minus line 22)	1,036,505		23
24	ALLOWABLE BAD DEBTS (exclude bad debts for professional services) (see instructions)			24
25	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)			25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)			26
27	SUBTOTAL (sum of lines 23 and 25)	1,036,505		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)	1,036,505		32
32.01	SEQUESTRATION ADJUSTMENT (see instructions)	20,730		32.01
33	INTERIM PAYMENTS	991,246		33
34	TENTATIVE SETTLEMENT (for contractor use only)			34
35	BALANCE DUE PROVIDER/PROGRAM (line 32 minus lines 32.01, 33 and 34)	24,529		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



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## CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART VI

## PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES

	PROSPECTIVE PAYMENT AMOUNT (see instructions)		
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	1,478,187	1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS		2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		3
4	SUBTOTAL (sum of lines 1-3)	1,478,187	4
	<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>		
5	DO NOT USE THIS LINE		5
6	DEDUCTIBLES		6
7	COINSURANCE	62,648	7
8	ALLOWABLE BAD DEBTS (see instructions)	289	8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	289	9
10	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	254	10
11	UTILIZATION REVIEW		11
12	SUBTOTAL (sum of lines 4 and 5 minus 6 & 7 plus 10 and 11) (see instructions)	1,415,793	12
13	INPATIENT PRIMARY PAYER PAYMENTS		13
14	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		14
15	SUBTOTAL (line 12 minus 13 ± line 14)	1,415,793	15
15.01	SEQUESTRATION ADJUSTMENT (see instructions)	28,316	15.01
16	INTERIM PAYMENTS	1,387,228	16
17	TENTATIVE SETTLEMENT (for contractor use only)		17
18	BALANCE DUE PROVIDER/PROGRAM (line 15 minus 15.01, 16 and 17)	249	18
19	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		19



COMPU-MAX

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 16-0069

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	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
1	INPATIENT HOSPITAL SNF/NF SERVICES	3,621,637	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (certified transplant centers only)		3
4	SUBTOTAL (sum of lines 1, 2 and 3)	3,621,637	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)	3,621,637	7
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES		8
9	ANCILLARY SERVICE CHARGES		9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12	TOTAL REASONABLE CHARGES (sum of lines 8-11)		12
<b>CUSTOMARY CHARGES</b>			
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15	RATIO OF LINE 13 TO LINE 14 (not to exceed 1.000000)	1	15
16	TOTAL CUSTOMARY CHARGES (see instructions)		16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 16 exceeds line 4) (see instructions)		17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 4 exceeds line 16) (see instructions)	3,621,637	18
19	INTERNS AND RESIDENTS (see instructions)		19
20	COST OF TEACHING PHYSICIANS (see instructions)		20
21	COST OF COVERED SERVICES (lesser of line 4 or line 16) (for CAH, see instructions)		21
<b>PROSPECTIVE PAYMENT AMOUNT</b>			
22	OTHER THAN OUTLIER PAYMENTS		22
23	OUTLIER PAYMENTS		23
24	PROGRAM CAPITAL PAYMENTS		24
25	CAPITAL EXCEPTION PAYMENTS (see instructions)		25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27	SUBTOTAL (sum of lines 22 through 26)		27
28	CUSTOMARY CHARGES (Titles V or XIX PPS covered services only)		28
29	SUM OF LINES 27 AND 21		29
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
30	EXCESS OF REASONABLE COST (from line 18)	3,621,637	30
31	SUBTOTAL (sum of lines 19 and 20 plus 29 minus lines 5 and 6)		31
32	DEDUCTIBLES		32
33	COINSURANCE		33
34	ALLOWABLE BAD DEBTS (see instructions)		34
35	UTILIZATION REVIEW		35
36	SUBTOTAL (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		37
38	SUBTOTAL (line 36 ± line 37)		38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4)		39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (sum of lines 38 and 39)		40
41	INTERIM PAYMENTS		41
42	BALANCE DUE PROVIDER/PROGRAM (line 40 minus 41)		42
43	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43



COMPU-MAX

MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 16-T069

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	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
1	INPATIENT HOSPITAL SNF/NF SERVICES	69,923	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (certified transplant centers only)		3
4	SUBTOTAL (sum of lines 1, 2 and 3)	69,923	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)	69,923	7
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES		8
9	ANCILLARY SERVICE CHARGES		9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12	TOTAL REASONABLE CHARGES (sum of lines 8-11)		12
<b>CUSTOMARY CHARGES</b>			
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15	RATIO OF LINE 13 TO LINE 14 (not to exceed 1.000000)	1	15
16	TOTAL CUSTOMARY CHARGES (see instructions)		16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 16 exceeds line 4) (see instructions)		17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 4 exceeds line 16) (see instructions)	69,923	18
19	INTERNS AND RESIDENTS (see instructions)		19
20	COST OF TEACHING PHYSICIANS (see instructions)		20
21	COST OF COVERED SERVICES (lesser of line 4 or line 16) (for CAH, see instructions)		21
<b>PROSPECTIVE PAYMENT AMOUNT</b>			
22	OTHER THAN OUTLIER PAYMENTS		22
23	OUTLIER PAYMENTS		23
24	PROGRAM CAPITAL PAYMENTS		24
25	CAPITAL EXCEPTION PAYMENTS (see instructions)		25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27	SUBTOTAL (sum of lines 22 through 26)		27
28	CUSTOMARY CHARGES (Titles V or XIX PPS covered services only)		28
29	SUM OF LINES 27 AND 21		29
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
30	EXCESS OF REASONABLE COST (from line 18)	69,923	30
31	SUBTOTAL (sum of lines 19 and 20 plus 29 minus lines 5 and 6)		31
32	DEDUCTIBLES		32
33	COINSURANCE		33
34	ALLOWABLE BAD DEBTS (see instructions)		34
35	UTILIZATION REVIEW		35
36	SUBTOTAL (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		37
38	SUBTOTAL (line 36 ± line 37)		38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4)		39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (sum of lines 38 and 39)		40
41	INTERIM PAYMENTS		41
42	BALANCE DUE PROVIDER/PROGRAM (line 40 minus 41)		42
43	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43



COMPU-MAX

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 16-5116

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	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
1	INPATIENT HOSPITAL SNF/NF SERVICES	19,027	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (certified transplant centers only)		3
4	SUBTOTAL (sum of lines 1, 2 and 3)	19,027	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)	19,027	7
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES		8
9	ANCILLARY SERVICE CHARGES		9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12	TOTAL REASONABLE CHARGES (sum of lines 8-11)		12
<b>CUSTOMARY CHARGES</b>			
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15	RATIO OF LINE 13 TO LINE 14 (not to exceed 1.000000)	1	15
16	TOTAL CUSTOMARY CHARGES (see instructions)		16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 16 exceeds line 4) (see instructions)		17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 4 exceeds line 16) (see instructions)	19,027	18
19	INTERNS AND RESIDENTS (see instructions)		19
20	COST OF TEACHING PHYSICIANS (see instructions)		20
21	COST OF COVERED SERVICES (lesser of line 4 or line 16) (for CAH, see instructions)		21
<b>PROSPECTIVE PAYMENT AMOUNT</b>			
22	OTHER THAN OUTLIER PAYMENTS		22
23	OUTLIER PAYMENTS		23
24	PROGRAM CAPITAL PAYMENTS		24
25	CAPITAL EXCEPTION PAYMENTS (see instructions)		25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27	SUBTOTAL (sum of lines 22 through 26)		27
28	CUSTOMARY CHARGES (Titles V or XIX PPS covered services only)		28
29	SUM OF LINES 27 AND 21		29
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
30	EXCESS OF REASONABLE COST (from line 18)	19,027	30
31	SUBTOTAL (sum of lines 19 and 20 plus 29 minus lines 5 and 6)		31
32	DEDUCTIBLES		32
33	COINSURANCE		33
34	ALLOWABLE BAD DEBTS (see instructions)		34
35	UTILIZATION REVIEW		35
36	SUBTOTAL (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		37
38	SUBTOTAL (line 36 ± line 37)		38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4)		39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (sum of lines 38 and 39)		40
41	INTERIM PAYMENTS		41
42	BALANCE DUE PROVIDER/PROGRAM (line 40 minus 41)		42
43	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43



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**BALANCE SHEET****WORKSHEET G**

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

	ASSETS (Omit Cents)	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
<b>CURRENT ASSETS</b>						
1	CASH ON HAND AND IN BANKS	1,854,702				1
2	TEMPORARY INVESTMENTS	42,865,206				2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	16,768,624				4
5	OTHER RECEIVABLES	6,784,982				5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	-1,100,001				6
7	INVENTORY	6,736,521				7
8	PREPAID EXPENSES	207,569				8
9	OTHER CURRENT ASSETS					9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	74,117,603				11
<b>FIXED ASSETS</b>						
12	LAND	2,825,189				12
13	LAND IMPROVEMENTS					13
14	ACCUMULATED DEPRECIATION					14
15	BUILDINGS	99,711,386				15
16	ACCUMULATED DEPRECIATION	-68,966,543				16
17	LEASEHOLD IMPROVEMENTS					17
18	ACCUMULATED AMORTIZATION					18
19	FIXED EQUIPMENT	772,897				19
20	ACCUMULATED DEPRECIATION	-115,935				20
21	AUTOMOBILES AND TRUCKS					21
22	ACCUMULATED DEPRECIATION					22
23	MAJOR MOVABLE EQUIPMENT	60,276,416				23
24	ACCUMULATED DEPRECIATION	-45,726,324				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)	48,777,086				30
<b>OTHER ASSETS</b>						
31	INVESTMENTS	30,663,240				31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	16,260,356				34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	46,923,596				35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	169,818,285				36

	LIABILITIES AND FUND BALANCES (Omit Cents)	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
<b>CURRENT LIABILITIES</b>						
37	ACCOUNTS PAYABLE	6,793,800				37
38	SALARIES, WAGES & FEES PAYABLE	6,864,263				38
39	PAYROLL TAXES PAYABLE	288,350				39
40	NOTES & LOANS PAYABLE (short term)	964,486				40
41	DEFERRED INCOME					41
42	ACCELERATED PAYMENTS					42
43	DUE TO OTHER FUNDS					43
44	OTHER CURRENT LIABILITIES	1,768,420				44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	16,679,319				45
<b>LONG TERM LIABILITIES</b>						
46	MORTGAGE PAYABLE					46
47	NOTES PAYABLE	31,647,627				47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES	455,465				49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	32,103,092				50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	48,782,411				51
<b>CAPITAL ACCOUNTS</b>						
52	GENERAL FUND BALANCE	121,035,874				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



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**BALANCE SHEET**

**WORKSHEET G**

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

	ASSETS (Omit Cents)	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
57	PLANT FUND BALANCE - INVESTED IN PLANT					57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT, AND EXPANSION					58
59	TOTAL FUND BALANCES (sum of lines 52-58)	121,035,874				59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	169,818,285				60



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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	FUND BALANCES AT BEGINNING OF PERIOD		108,793,293			1
2	NET INCOME (loss) (from Worksheet G-3, line 29)		13,936,365			2
3	TOTAL (sum of line 1 and line 2)		122,729,658			3
4	ADDITIONS (credit adjustments)					4
5	ROUNDING	1				5
6						6
7						7
8						8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)		1			10
11	SUBTOTAL (line 3 plus line 10)		122,729,659			11
12	DEDUCTIONS (debit adjustments)					12
13	UNRESTRICTED TRANSFER EQUITY IC	1,682,046				13
14	TEMPORARY RESTRICTED NET ASSETS, CO	11,739				14
15						15
16						16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)		1,693,785			18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		121,035,874			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	ROUNDING					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	UNRESTRICTED TRANSFER EQUITY IC					13
14	TEMPORARY RESTRICTED NET ASSETS, CO					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 MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
1	HOSPITAL	45,174,886		45,174,886	1
2	SUBPROVIDER IPF				2
3	SUBPROVIDER IRF	1,625,945		1,625,945	3
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY	2,636,248		2,636,248	7
8	NURSING FACILITY				8
9	OTHER LONG TERM CARE				9
10	TOTAL GENERAL INPATIENT CARE SERVICES (sum of lines 1-9)	49,437,079		49,437,079	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	INTENSIVE CARE UNIT	4,893,015		4,893,015	11
12	CORONARY CARE UNIT				12
13	BURN INTENSIVE CARE UNIT				13
14	SURGICAL INTENSIVE CARE UNIT				14
15	OTHER SPECIAL CARE (SPECIFY)				15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (sum of lines 11-15)	4,893,015		4,893,015	16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	54,330,094		54,330,094	17
18	ANCILLARY SERVICES	131,334,225	118,761,098	250,095,323	18
19	OUTPATIENT SERVICES	5,412,987	12,467,890	17,880,877	19
20	RHC				20
21	FQHC				21
22	HOME HEALTH AGENCY		6,833,177	6,833,177	22
23	AMBULANCE				23
25	ASC				25
26	HOSPICE				26
27	OTHER PATIENT REVENUES	68,625	140,763	209,388	27
		2,564,942		2,564,942	
28	TOTAL PATIENT REVENUES (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	193,710,873	138,202,928	331,913,801	28

PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)		145,487,365	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	ROUNDING			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)		145,487,365	43



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## STATEMENT OF REVENUES AND EXPENSES

## WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES (from Worksheet G-2, Part I, column 3, line 28)	331,913,801	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	212,750,268	2
3	NET PATIENT REVENUES (line 1 minus line 2)	119,163,533	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	145,487,365	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	-26,323,832	5

## OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	6,680,697	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES	29,330	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	433,674	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,054,660	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	35,784	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	4,832	20
21	RENTAL OF VENDING MACHINES	13,851	21
22	RENTAL OF HOSPITAL SPACE	348,943	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SPECIFY)		24
24.0	OTHER (OTHER OPERATING REVENUE)	28,948,544	24.0
1			1
24.0	OTHER (RESTRICTED NET ASSETS RELEASED)	15,516	24.0
3			3
24.0	OTHER (EQUITY GAINS (LOSSES) IN UNCONSOLID)	2,987,637	24.0
4			4
24.0	OTHER (NON OPERATING DERIVATIVES)	-168,272	24.0
5			5
24.0	OTHER (OTHER NON OPERATING GAIN/LOSS)		24.0
6			6
24.0	OTHER (ROUNDING)	1	24.0
7			7
25	TOTAL OTHER INCOME (sum of lines 6-24)	40,385,197	25
26	TOTAL (line 5 plus line 25)	14,061,365	26
27	OTHER EXPENSES (OTHER NON OPERATING GAIN/LOSS)	125,000	27
28	TOTAL OTHER EXPENSES (sum of line 27 and subscripts)	125,000	28
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	13,936,365	29



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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## ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 16-7145

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTER</b>						
1	CAPITAL RELATED-BLDGS & FIXTURES						1
2	CAPITAL RELATED-MOVABLE EQUIPMENT						2
3	PLANT OPERATION & MAINTENANCE						3
4	TRANSPORTATION (see instructions)						4
5	ADMINISTRATIVE AND GENERAL	885,719	220,595	1,870		20,545	5
	<b>HHA REIMBURSABLE SERVICES</b>						
6	SKILLED NURSING CARE	652,549	162,523	52,505		20,448	6
7	PHYSICAL THERAPY	188,604	46,973	19,947		5,910	7
8	OCCUPATIONAL THERAPY	41,257	10,275	1,036		1,293	8
9	SPEECH PATHOLOGY	994	248	78		31	9
10	MEDICAL SOCIAL SERVICES	1,012	252	51		32	10
11	HOME HEALTH AIDE	58,355	14,534	11,291		1,829	11
12	SUPPLIES (see instructions)						12
13	DRUGS						13
14	DME	92,632	23,071	14,136		1,282,425	14
	<b>HHA NONREIMBURSABLE SERVICES</b>						
15	HOME DIALYSIS AIDE SERVICES						15
16	RESPIRATORY THERAPY	103,678	25,822	479		490	16
17	PRIVATE DUTY NURSING						17
18	CLINIC						18
19	HEALTH PROMOTION ACTIVITIES						19
20	DAY CARE PROGRAM						20
21	HOME DELIVERED MEALS PROGRAM						21
22	HOMEMAKER SERVICE						22
23	ALL OTHERS						23
23.50	TELEMEDICINE						23.50
24	TOTAL (sum of lines 1-23)	2,024,800	504,293	101,393		1,333,003	24



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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## ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 16-7145

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENT S	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	<b>GENERAL SERVICE COST CENTER</b>						
1	CAPITAL RELATED-BLDGS & FIXTURES						1
2	CAPITAL RELATED-MOVABLE EQUIPMENT						2
3	PLANT OPERATION & MAINTENANCE						3
4	TRANSPORTATION (see instructions)						4
5	ADMINISTRATIVE AND GENERAL	1,128,729	-75,910	1,052,819	-85	1,052,734	5
	<b>HHA REIMBURSABLE SERVICES</b>						
6	SKILLED NURSING CARE	888,025	-115,979	772,046	-20	772,026	6
7	PHYSICAL THERAPY	261,434	-33,522	227,912		227,912	7
8	OCCUPATIONAL THERAPY	53,861	-7,338	46,523		46,523	8
9	SPEECH PATHOLOGY	1,351	-174	1,177		1,177	9
10	MEDICAL SOCIAL SERVICES	1,347	-184	1,163		1,163	10
11	HOME HEALTH AIDE	86,009	-10,371	75,638		75,638	11
12	SUPPLIES (see instructions)						12
13	DRUGS						13
14	DME	1,412,264	-830,751	581,513		581,513	14
	<b>HHA NONREIMBURSABLE SERVICES</b>						
15	HOME DIALYSIS AIDE SERVICES						15
16	RESPIRATORY THERAPY	130,469	-18,004	112,465		112,465	16
17	PRIVATE DUTY NURSING						17
18	CLINIC						18
19	HEALTH PROMOTION ACTIVITIES						19
20	DAY CARE PROGRAM						20
21	HOME DELIVERED MEALS PROGRAM						21
22	HOMEMAKER SERVICE						22
23	ALL OTHERS						23
23.50	TELEMEDICINE						23.50
24	TOTAL (sum of lines 1-23)	3,963,489	-1,092,233	2,871,256	-105	2,871,151	24

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



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## ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 16-7145

WORKSHEET H-1  
PART I

	NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	CAPITAL RELATED COSTS			
		BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANC E	
	0	1	2	3	
<b>GENERAL SERVICE COST CENTER</b>					
1 CAPITAL RELATED-BLDGS & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION (see instructions)					4
5 ADMINISTRATIVE AND GENERAL	1,052,734				5
<b>HHA REIMBURSABLE SERVICES</b>					
6 SKILLED NURSING CARE	772,026				6
7 PHYSICAL THERAPY	227,912				7
8 OCCUPATIONAL THERAPY	46,523				8
9 SPEECH PATHOLOGY	1,177				9
10 MEDICAL SOCIAL SERVICES	1,163				10
11 HOME HEALTH AIDE	75,638				11
12 SUPPLIES (see instructions)					12
13 DRUGS					13
14 DME	581,513				14
<b>HHA NONREIMBURSABLE SERVICES</b>					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY	112,465				16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL (sum of lines 1-23)	2,871,151				24



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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## ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 16-7145

WORKSHEET H-1  
PART I

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	<b>GENERAL SERVICE COST CENTER</b>					
1	CAPITAL RELATED-BLDGS & FIXTURES					1
2	CAPITAL RELATED-MOVABLE EQUIPMENT					2
3	PLANT OPERATION & MAINTENANCE					3
4	TRANSPORTATION (see instructions)					4
5	ADMINISTRATIVE AND GENERAL		1,052,734	1,052,734		5
	<b>HHA REIMBURSABLE SERVICES</b>					
6	SKILLED NURSING CARE		772,026	446,948	1,218,974	6
7	PHYSICAL THERAPY		227,912	131,945	359,857	7
8	OCCUPATIONAL THERAPY		46,523	26,934	73,457	8
9	SPEECH PATHOLOGY		1,177	681	1,858	9
10	MEDICAL SOCIAL SERVICES		1,163	673	1,836	10
11	HOME HEALTH AIDE		75,638	43,789	119,427	11
12	SUPPLIES (see instructions)					12
13	DRUGS					13
14	DME		581,513	336,655	918,168	14
	<b>HHA NONREIMBURSABLE SERVICES</b>					
15	HOME DIALYSIS AIDE SERVICES					15
16	RESPIRATORY THERAPY		112,465	65,109	177,574	16
17	PRIVATE DUTY NURSING					17
18	CLINIC					18
19	HEALTH PROMOTION ACTIVITIES					19
20	DAY CARE PROGRAM					20
21	HOME DELIVERED MEALS PROGRAM					21
22	HOMEMAKER SERVICE					22
23	ALL OTHERS					23
23.50	TELEMEDICINE					23.50
24	TOTAL (sum of lines 1-23)		2,871,151		2,871,151	24



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 16-7145

WORKSHEET H-1  
PART II

	CAPITAL RELATED COSTS					RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
	BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)				
	1	2	3	4	5A	5		
<b>GENERAL SERVICE COST CENTER</b>								
1 CAPITAL RELATED-BLDGS & FIXTURES							1	
2 CAPITAL RELATED-MOVABLE EQUIPMENT							2	
3 PLANT OPERATION & MAINTENANCE							3	
4 TRANSPORTATION (see instructions)							4	
5 ADMINISTRATIVE AND GENERAL					-1,052,734	1,818,417	5	
<b>HHA REIMBURSABLE SERVICES</b>								
6 SKILLED NURSING CARE						772,026	6	
7 PHYSICAL THERAPY						227,912	7	
8 OCCUPATIONAL THERAPY						46,523	8	
9 SPEECH PATHOLOGY						1,177	9	
10 MEDICAL SOCIAL SERVICES						1,163	10	
11 HOME HEALTH AIDE						75,638	11	
12 SUPPLIES (see instructions)							12	
13 DRUGS							13	
14 DME						581,513	14	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15 HOME DIALYSIS AIDE SERVICES							15	
16 RESPIRATORY THERAPY						112,465	16	
17 PRIVATE DUTY NURSING							17	
18 CLINIC							18	
19 HEALTH PROMOTION ACTIVITIES							19	
20 DAY CARE PROGRAM							20	
21 HOME DELIVERED MEALS PROGRAM							21	
22 HOMEMAKER SERVICE							22	
23 ALL OTHERS							23	
23.50 TELEMEDICINE							23.50	
24 TOTAL (sum of lines 1-23)					-1,052,734	1,818,417	24	
25 COST TO BE ALLOC (per Worksheet H-1, Part I)						1,052,734	25	
26 UNIT COST MULTIPLIER						0.578929	26	



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 16-7145

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP 47 BLDG	CAP PROF ARTS PLAZA	CAP ASBURY	CAP MED ARTS BLDG	
		0	1	1.01	1.02	1.03	1.04	
1	ADMINISTRATIVE AND GENERAL			17,248				1
2	SKILLED NURSING CARE	1,218,974						2
3	PHYSICAL THERAPY	359,857						3
4	OCCUPATIONAL THERAPY	73,457						4
5	SPEECH PATHOLOGY	1,858						5
6	MEDICAL SOCIAL SERVICES	1,836						6
7	HOME HEALTH AIDE	119,427						7
8	SUPPLIES							8
9	DRUGS							9
10	DME	918,168	24,534					10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY	177,574						12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)	2,871,151	24,534	17,248				20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.  
 (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 16-7145

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	CAP ENERGY CENTER	CAP RENTAL PROPERTIES	CAP PARKING DECK	CAP 97 BLDG	CAP BELLEVUE CLINIC	CAP CASCADE CLINIC	
		1.05	1.06	1.07	1.08	1.09	1.10	
1	ADMINISTRATIVE AND GENERAL							1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME				21,447			10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)				21,447			20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.  
 (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 16-7145

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	CAP RETAIL PHARMACY 1.11	CAP OAKCREST NURSING HM 1.12	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	CHILD CARE 4.01	COMMUNICAT 5.01	
1	ADMINISTRATIVE AND GENERAL			1,062	241,008	3,193	9,629	1
2	SKILLED NURSING CARE				177,561	7,116	837	2
3	PHYSICAL THERAPY				51,320	2,057	209	3
4	OCCUPATIONAL THERAPY				11,226	450	209	4
5	SPEECH PATHOLOGY				270	11		5
6	MEDICAL SOCIAL SERVICES				275	11		6
7	HOME HEALTH AIDE				15,879	636		7
8	SUPPLIES							8
9	DRUGS							9
10	DME			24,028	25,206	2,435	5,023	10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY				28,211			12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)			25,090	550,956	15,909	15,907	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.  
 (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 16-7145

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	PURCHASING	PFS COLLECTION	SUBTOTAL (cols.0-4)	OTHER ADMIN & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
		5.02	5.03	4A	5.06	6	7	
1	ADMINISTRATIVE AND GENERAL	146		272,286	31,087	72,939	5,907	1
2	SKILLED NURSING CARE	98		1,404,586	160,366			2
3	PHYSICAL THERAPY	28		413,471	47,207			3
4	OCCUPATIONAL THERAPY	6		85,348	9,744			4
5	SPEECH PATHOLOGY			2,139	244			5
6	MEDICAL SOCIAL SERVICES			2,122	242			6
7	HOME HEALTH AIDE	9		135,951	15,522			7
8	SUPPLIES							8
9	DRUGS							9
10	DME	8,022		1,028,863	117,467	99,101	8,027	10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY			205,785	23,495			12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)	8,309		3,550,551	405,374	172,040	13,934	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.  
 (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 16-7145

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	
		8	9	10	11	12	13	
1	ADMINISTRATIVE AND GENERAL		27,374		5,990		40,168	1
2	SKILLED NURSING CARE				7,867		52,756	2
3	PHYSICAL THERAPY				2,274		15,250	3
4	OCCUPATIONAL THERAPY				498		3,339	4
5	SPEECH PATHOLOGY				12		80	5
6	MEDICAL SOCIAL SERVICES				12		84	6
7	HOME HEALTH AIDE				704		4,718	7
8	SUPPLIES							8
9	DRUGS							9
10	DME		37,193		7,028		47,125	10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY				1,448		9,711	12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)		64,567		25,833		173,231	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.  
 (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 16-7145

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTH GEN SV CENTRAL STERILIZAT	NONPHYSIC. ANESTHET.	
		14	15	16	17	18	19	
1	ADMINISTRATIVE AND GENERAL	177						1
2	SKILLED NURSING CARE	119						2
3	PHYSICAL THERAPY	34						3
4	OCCUPATIONAL THERAPY	8						4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE	11						7
8	SUPPLIES							8
9	DRUGS							9
10	DME	9,740						10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)	10,089						20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.  
 (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 16-7145

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL (sum of col.4A-23)	I&R COST & POST STEP- DOWN ADJS	
		20	21	22	23	24	25	
1	ADMINISTRATIVE AND GENERAL					455,928		1
2	SKILLED NURSING CARE					1,625,694		2
3	PHYSICAL THERAPY					478,236		3
4	OCCUPATIONAL THERAPY					98,937		4
5	SPEECH PATHOLOGY					2,475		5
6	MEDICAL SOCIAL SERVICES					2,460		6
7	HOME HEALTH AIDE					156,906		7
8	SUPPLIES							8
9	DRUGS							9
10	DME					1,354,544		10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY					240,439		12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)					4,415,619		20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.  
 (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 16-7145

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	SUBTOTAL (sum of col.4A-23) 26	ALLOCATED HHA A&G (see Pt.2) 27	TOTAL HHA COSTS 28			
1	ADMINISTRATIVE AND GENERAL	455,928					1
2	SKILLED NURSING CARE	1,625,694	187,187	1,812,881			2
3	PHYSICAL THERAPY	478,236	55,065	533,301			3
4	OCCUPATIONAL THERAPY	98,937	11,392	110,329			4
5	SPEECH PATHOLOGY	2,475	285	2,760			5
6	MEDICAL SOCIAL SERVICES	2,460	283	2,743			6
7	HOME HEALTH AIDE	156,906	18,066	174,972			7
8	SUPPLIES						8
9	DRUGS						9
10	DME	1,354,544	155,965	1,510,509			10
11	HOME DIALYSIS AIDE SERVICES						11
12	RESPIRATORY THERAPY	240,439	27,685	268,124			12
13	PRIVATE DUTY NURSING						13
14	CLINIC						14
15	HEALTH PROMOTION ACTIVITIES						15
16	DAY CARE PROGRAM						16
17	HOME DELIVERED MEALS PROGRAM						17
18	HOMEMAKER SERVICE						18
19	ALL OTHERS						19
20	TOTALS (sum of lines 1-19)(2)	4,415,619	455,928	4,415,619			20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.		0.115142				21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.  
 (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.



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## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 16-7145

WORKSHEET H-2  
PART II

	HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP 47 BLDG SQUARE FEET	CAP PROF ARTS PLAZA SQUARE FEET	CAP ASBURY SQUARE FEET	CAP MED ARTS BLDG SQUARE FEET	CAP ENERGY CENTER SQUARE FEET	
		1	1.01	1.02	1.03	1.04	1.05	
1	ADMINISTRATIVE AND GENERAL		3,719					1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME	3,311						10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)	3,311	3,719					20
21	TOTAL COST TO BE ALLOCATED	24,534	17,248					21
22	UNIT COST MULTIPLIER	7.409846						22
22	UNIT COST MULTIPLIER		4.637806					22



MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 16-7145

WORKSHEET H-2  
PART II

	HHA COST CENTER	CAP RENTAL PROPERTIES SQUARE FEET	CAP PARKING DECK SQUARE FEET	CAP 97 BLDG SQUARE FEET	CAP BELLEVUE CLINIC SQUARE FEET	CAP CASCADE CLINIC SQUARE FEET	CAP RETAIL PHARMACY SQUARE FEET	
		1.06	1.07	1.08	1.09	1.10	1.11	
1	ADMINISTRATIVE AND GENERAL							1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME			1,742				10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)			1,742				20
21	TOTAL COST TO BE ALLOCATED			21,447				21
22	UNIT COST MULTIPLIER			12.311711				22
22	UNIT COST MULTIPLIER							22



## COMPU-MAX

MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 16-7145

WORKSHEET H-2  
PART II

	HHA COST CENTER	CAP OAKCREST NURSING HM SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	CHILD CARE  PAYROLL DEDUCTIONS	COMMUNICAT  DUBUQUE PHONES	PURCHASING  PURCHASING REQUISITIO	
		1.12	2	4	4.01	5.01	5.02	
1	ADMINISTRATIVE AND GENERAL		1,065	885,719	4,527	46	7,554	1
2	SKILLED NURSING CARE			652,549	10,091	4	5,084	2
3	PHYSICAL THERAPY			188,604	2,917	1	1,469	3
4	OCCUPATIONAL THERAPY			41,257	638	1	322	4
5	SPEECH PATHOLOGY			994	15		8	5
6	MEDICAL SOCIAL SERVICES			1,012	16		8	6
7	HOME HEALTH AIDE			58,355	902		455	7
8	SUPPLIES							8
9	DRUGS							9
10	DME		24,103	92,632	3,453	24	415,153	10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY			103,678				12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)		25,168	2,024,800	22,559	76	430,053	20
21	TOTAL COST TO BE ALLOCATED		25,090	550,956	15,909	15,907	8,309	21
22	UNIT COST MULTIPLIER			0.272104		209.302632		22
22	UNIT COST MULTIPLIER		0.996901		0.705217		0.019321	22



## COMPU-MAX

MERCY MEDICAL CENTER - DUBUQUE Provider CCN: 16-0069	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:19 Version: 2014.10
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## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 16-7145

WORKSHEET H-2  
PART II

	HHA COST CENTER	PFS COLLECTION  GROSS CHARGES	RECON- CILIATION	OTHER ADMIN & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT  SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	
		5.03	4A.06	5.06	6	7	8	
1	ADMINISTRATIVE AND GENERAL			272,286	3,719	3,719		1
2	SKILLED NURSING CARE			1,404,586				2
3	PHYSICAL THERAPY			413,471				3
4	OCCUPATIONAL THERAPY			85,348				4
5	SPEECH PATHOLOGY			2,139				5
6	MEDICAL SOCIAL SERVICES			2,122				6
7	HOME HEALTH AIDE			135,951				7
8	SUPPLIES							8
9	DRUGS							9
10	DME			1,028,863	5,053	5,053		10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY			205,785				12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)			3,550,551	8,772	8,772		20
21	TOTAL COST TO BE ALLOCATED			405,374	172,040	13,934		21
22	UNIT COST MULTIPLIER			0.114172		1.588463		22
22	UNIT COST MULTIPLIER				19.612403			22



## COMPU-MAX

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## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 16-7145

WORKSHEET H-2  
PART II

	HHA COST CENTER	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA HOURS OF SERVICE	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		9	10	11	12	13	14	
1	ADMINISTRATIVE AND GENERAL	3,719		20,645		20,645	7,554	1
2	SKILLED NURSING CARE			27,116		27,116	5,084	2
3	PHYSICAL THERAPY			7,838		7,838	1,469	3
4	OCCUPATIONAL THERAPY			1,716		1,716	322	4
5	SPEECH PATHOLOGY			41		41	8	5
6	MEDICAL SOCIAL SERVICES			43		43	8	6
7	HOME HEALTH AIDE			2,425		2,425	455	7
8	SUPPLIES							8
9	DRUGS							9
10	DME	5,053		24,221		24,221	415,153	10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY			4,991		4,991		12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)	8,772		89,036		89,036	430,053	20
21	TOTAL COST TO BE ALLOCATED	64,567		25,833		173,231	10,089	21
22	UNIT COST MULTIPLIER	7.360579		0.290141		1.945629		22
22	UNIT COST MULTIPLIER						0.023460	22



COMPU-MAX

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 16-7145

WORKSHEET H-2  
PART II

	HHA COST CENTER	PHARMACY  COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE  TIME SPENT	OTH GEN SV CENTRAL STERILIZAT HOURS	NONPHYSIC. ANESTHET.  ASSIGNED TIME	NURSING SCHOOL  ASSIGNED TIME	
		15	16	17	18	19	20	
1	ADMINISTRATIVE AND GENERAL							1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)							20
21	TOTAL COST TO BE ALLOCATED							21
22	UNIT COST MULTIPLIER							22
22	UNIT COST MULTIPLIER							22



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 16-7145

WORKSHEET H-2  
PART II

	HHA COST CENTER	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION  ASSIGNED TIME			
		21	22	23			
1	ADMINISTRATIVE AND GENERAL						1
2	SKILLED NURSING CARE						2
3	PHYSICAL THERAPY						3
4	OCCUPATIONAL THERAPY						4
5	SPEECH PATHOLOGY						5
6	MEDICAL SOCIAL SERVICES						6
7	HOME HEALTH AIDE						7
8	SUPPLIES						8
9	DRUGS						9
10	DME						10
11	HOME DIALYSIS AIDE SERVICES						11
12	RESPIRATORY THERAPY						12
13	PRIVATE DUTY NURSING						13
14	CLINIC						14
15	HEALTH PROMOTION ACTIVITIES						15
16	DAY CARE PROGRAM						16
17	HOME DELIVERED MEALS PROGRAM						17
18	HOMEMAKER SERVICE						18
19	ALL OTHERS						19
19.50	TELEMEDICINE						19.50
20	TOTALS (sum of lines 1-19)						20
21	TOTAL COST TO BE ALLOCATED						21
22	UNIT COST MULTIPLIER						22
22	UNIT COST MULTIPLIER						22



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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 16-7145

WORKSHEET H-3  
PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION							
	PATIENT SERVICES	FROM WKST. H-2, PART I, COL. 28, LINE	FACILITY COSTS (from Wkst. H-2, Part I)	SHARED ANCILLARY COSTS (from Part II)	TOTAL HHA COSTS (cols. 1 + 2)	TOTAL VISITS	AVERAGE COST PER VISIT (col. 3 ÷ col. 4)
			1	2	3	4	5
1	SKILLED NURSING CARE	2	1,812,881		1,812,881	9,050	200.32
2	PHYSICAL THERAPY	3	533,301	178,513	711,814	2,518	282.69
3	OCCUPATIONAL THERAPY	4	110,329		110,329	499	221.10
4	SPEECH PATHOLOGY	5	2,760		2,760	16	172.50
5	MEDICAL SOCIAL SERVICES	6	2,743		2,743	13	211.00
6	HOME HEALTH AIDE	7	174,972		174,972	3,726	46.96
7	TOTAL (sum of lines 1-6)		2,636,986	178,513	2,815,499	15,822	

LIMITATION COST COMPUTATION				PROGRAM VISITS	
	PATIENT SERVICES	CBSA NO.	PART A	PART B	
				NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE
		1	2	3	4
8	SKILLED NURSING CARE	16300			8
8.01	SKILLED NURSING CARE	20220	1,045	3,466	8.01
8.02	SKILLED NURSING CARE	99914	101	502	8.02
8.03	SKILLED NURSING CARE	99916	71	415	8.03
8.04	SKILLED NURSING CARE	99952	185	556	8.04
9	PHYSICAL THERAPY	16300		6	9
9.01	PHYSICAL THERAPY	20220	313	1,168	9.01
9.02	PHYSICAL THERAPY	99914	42	120	9.02
9.03	PHYSICAL THERAPY	99916	26	90	9.03
9.04	PHYSICAL THERAPY	99952	47	154	9.04
10	OCCUPATIONAL THERAPY	16300		5	10
10.01	OCCUPATIONAL THERAPY	20220	85	265	10.01
10.02	OCCUPATIONAL THERAPY	99914	4	29	10.02
10.03	OCCUPATIONAL THERAPY	99916	7	16	10.03
10.04	OCCUPATIONAL THERAPY	99952	4	29	10.04
11	SPEECH PATHOLOGY	16300			11
11.01	SPEECH PATHOLOGY	20220		13	11.01
11.02	SPEECH PATHOLOGY	99914			11.02
11.03	SPEECH PATHOLOGY	99916		2	11.03
11.04	SPEECH PATHOLOGY	99952			11.04
12	MEDICAL SOCIAL SERVICES	16300			12
12.01	MEDICAL SOCIAL SERVICES	20220	2	6	12.01
12.02	MEDICAL SOCIAL SERVICES	99914			12.02
12.03	MEDICAL SOCIAL SERVICES	99916		1	12.03
12.04	MEDICAL SOCIAL SERVICES	99952			12.04
13	HOME HEALTH AIDE	16300			13
13.01	HOME HEALTH AIDE	20220	135	551	13.01
13.02	HOME HEALTH AIDE	99914	50	89	13.02
13.03	HOME HEALTH AIDE	99916	4	117	13.03
13.04	HOME HEALTH AIDE	99952	20	23	13.04
14	TOTAL (sum of lines 8-13)		2,141	7,632	14

SUPPLIES AND DRUGS COSTS COMPUTATIONS							
	OTHER PATIENT SERVICES	FROM WKST. H-2, PART I, COL. 28, LINE	FACILITY COSTS (from Wkst. H-2, Part I)	SHARED ANCILLARY COSTS (from Part II)	TOTAL HHA COSTS (cols. 1 + 2)	TOTAL CHARGES (from HHA Record)	RATIO (col. 3 ÷ col. 4)
			1	2	3	4	5



COMPU-MAX

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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 16-7145

WORKSHEET H-3  
PARTS I & II

CHECK APPLICABLE BOX:     TITLE V             TITLE XVIII             TITLE XIX

15	COST OF MEDICAL SUPPLIES	8		21,192	21,192	30,834	0.687293	15
16	COST OF DRUGS	9						16

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

		FROM WKST. C, PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (from provider records	HHA SHARED ANCILLARY COSTS (col. 1 x col. 2)	TRANSFER TO PART I AS INDICATED	
			1	2	3	4	
1	PHYSICAL THERAPY	66	0.423318	421,699	178,513	col. 2, line 2	1
2	OCCUPATIONAL THERAPY	67		85,128		col. 2, line 3	2
3	SPEECH PATHOLOGY	68		2,720		col. 2, line 4	3
4	MEDICAL SUPPLIES CHARGED TO PAT	71	0.687300	30,834	21,192	col. 2, line 15	4
5	DRUGS CHARGED TO PATIENTS	73	0.213194			col. 2, line 16	5



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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 16-7145

WORKSHEET H-3  
PARTS I & II

CHECK APPLICABLE BOX:     TITLE V             TITLE XVIII             TITLE XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		PROGRAM VISITS			COST OF SERVICES				
		PART B			PART B				
	PATIENT SERVICES	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	TOTAL PROGRAM COST (sum of cols 9-10)	
		6	7	8	9	10	11	12	
1	SKILLED NURSING CARE	1,402	4,948		280,849	991,183		1,272,032	1
2	PHYSICAL THERAPY	428	1,538		120,991	434,777		555,768	2
3	OCCUPATIONAL THERAPY	100	344		22,110	76,058		98,168	3
4	SPEECH PATHOLOGY		15			2,588		2,588	4
5	MEDICAL SOCIAL SERVICES	2	7		422	1,477		1,899	5
6	HOME HEALTH AIDE	209	780		9,815	36,629		46,444	6
7	TOTAL (sum of lines 1-6)	2,141	7,632		434,187	1,542,712		1,976,899	7

SUPPLIES AND DRUGS COSTS COMPUTATIONS		PROGRAM COVERED CHARGES			COST OF SERVICES				
		PART B			PART B				
	OTHER PATIENT SERVICES	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE		
		6	7	8	9	10	11		
15	COST OF MEDICAL SUPPLIES								15
16	COST OF DRUGS								16



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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 16-7145

WORKSHEET H-4  
PARTS I & II

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

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

	DESCRIPTION	PART A 1	PART B		
			NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
	REASONABLE COST OF PART A & PART B SERVICES				
1	REASONABLE COST OF SERVICES (see instructions)				1
2	TOTAL CHARGES				2
	CUSTOMARY CHARGES				
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (from your records)				3
4	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(b)				4
5	RATIO OF LINE 3 TO LINE 4 (not to exceed 1.000000)				5
6	TOTAL CUSTOMARY CHARGES (see instructions)				6
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (complete only if line 6 exceeds line 1)				7
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 1 exceeds line 6)				8
9	PRIMARY PAYER PAYMENTS				9

COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10	TOTAL REASONABLE COST (see instructions)			10
11	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	282,814	1,131,985	11
12	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	12,550	20,195	12
13	TOTAL PPS REIMBURSEMENT - LUPA EPISODES	1,904	13,052	13
14	TOTAL PPS REIMBURSEMENT - PEP EPISODES	4,556	4,773	14
15	TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	4,733	6,574	15
16	TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES	407	122	16
17	TOTAL OTHER PAYMENTS			17
18	DME PAYMENTS			18
19	OXYGEN PAYMENTS			19
20	PROSTHETIC AND ORTHOTIC PAYMENTS			20
21	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (exclude coinsurance)			21
22	SUBTOTAL (sum of lines 10-20 minus line 21)	306,964	1,176,701	22
23	EXCESS REASONABLE COST (from line 8)			23
24	SUBTOTAL (line 22 minus line 23)	306,964	1,176,701	24
25	COINSURANCE BILLED TO PROGRAM PATIENTS (from your records)			25
26	NET COST (line 24 minus line 25)	306,964	1,176,701	26
27	REIMBURSABLE BAD DEBTS (from your records)			27
28	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)			28
29	TOTAL COSTS - CURRENT COST REPORTING PERIOD (line 26 plus line 27)	306,964	1,176,701	29
30	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			30
31	SUBTOTAL (line 29 plus/minus line 30)	306,964	1,176,701	31
31.01	SEQUESTRATION ADJUSTMENT (see instructions)	6,139	23,534	31.01
32	INTERIM PAYMENTS (see instructions)	300,825	1,153,167	32
33	TENTATIVE SETTLEMENT (for contractor use only)			33
34	BALANCE DUE PROVIDER/PROGRAM (line 31 minus lines 31.01, 32 and 33)			34
35	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115-2			35



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

**HHA CCN: 16-7145**

**WORKSHEET H-5**

	DESCRIPTION	PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		300,825		1,153,167	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.	TO				3.04
	(1)	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. H-4, Part II, column as appropriate, line 32)		300,825		1,153,167	4
	<b>TO BE COMPLETED BY CONTRACTOR</b>					
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)		6,139		23,534	6.01
	BASED ON THE COST REPORT (1)					6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)		306,964		1,176,701	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.



COMPU-MAX

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 16-0069

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	2,414,698	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS	15,155	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)	80.19	3
4	NUMBER OF INTERNS & RESIDENTS (see instructions)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (see instructions)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (multiply line 5 by the sum of lines 1 and 1.01)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (Worksheet E, Part A line 30) (see instructions)	0.0297	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)	0.1533	8
9	SUM OF LINES 7 AND 8	0.1830	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0378	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)	91,276	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	2,521,129	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



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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	
	<b>GENERAL SERVICE COST CENTERS</b>						
1	CAP REL COSTS-BLDG & FIXT						1
1.01	CAP REL COST - 47 BLDG						1.01
1.02	CAP REL COST (PROF ARTS PLAZA)						1.02
1.03	CAP REL COST (ASBURY)						1.03
1.04	CAP REL COST (MED ARTS BLDG)						1.04
1.05	CAP REL COST (ENERGY CENTER)						1.05
1.06	CAP REL COST (RENTAL PROPERTIES)						1.06
1.07	CAP REL COST (PARKING DECK)						1.07
1.08	CAP REL COST (97 BLDG)						1.08
1.09	CAP REL COST (BELLEVUE CLINIC)						1.09
1.10	CAP REL COST (CASCADE CLINIC)						1.10
1.11	CAP REL COST (RETAIL PHARMACY)						1.11
1.12	CAP REL COST (OAKCREST NURSING HOME)						1.12
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
4.01	CHILD CARE						4.01
5.01	COMMUNICATIONS						5.01
5.02	PURCHASING						5.02
5.03	PFS/COLLECTION						5.03
5.06	OTHER ADMIN & GENERAL						5.06
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
18	CENTRAL STERILIZATION						18
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
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS						30
31	INTENSIVE CARE UNIT						31
41	SUBPROVIDER - IRF						41
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM						50
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
58	MRI						58
60	LABORATORY						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.						63
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
76	BEHAVIORAL HEALTH COUNSELING						76
76.01	SHOCK THERAPY						76.01
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
91	EMERGENCY						91



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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	
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	AMBULANCE SERVICES						95
98	PURCHASED DIALYSIS SERVICES						98
101	HOME HEALTH AGENCY						101
	<b>SPECIAL PURPOSE COST CENTERS</b>						
113	INTEREST EXPENSE						113
118	SUBTOTALS (sum of lines 1-117)						118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
190.0	OAKCREST NURSING HOME						190.0
1							1
190.0	SHARED SERVICES						190.0
2							2
190.0	MATERNAL HEALTH						190.0
3							3
190.0	CAFETERIA VISITORS						190.0
4							4
190.0	TV SERVICE						190.0
5							5
190.0	FUND DEVELOPMENT						190.0
6							6
193.0	DAYCARE						193.0
1							1
193.0	PHYSICIAN BILLING						193.0
5							5
193.0	PHYSICIAN OFFICES						193.0
6							6
194	GUEST MEALS						194
194.0	KENNEDY LIVING CENTER						194.0
1							1
194.0	MERCY-CRESCENT DIABETES PROGRAM						194.0
2							2
194.0	RENTAL PROPERTIES DBQ						194.0
3							3
194.0	AUXILIARY						194.0
4							4
194.0	COMMUNITY EDUCATION/OUTSIDE LAUNDRY						194.0
5							5
194.0	RURAL OUTREACH PROGRAM						194.0
6							6
194.0	OTHER REV DEDUCTIONS						194.0
7							7
194.0	LIFELINE						194.0
8							8
194.0	MMC DYERSVILLE						194.0
9							9
194.1	CCH ELKADER						194.1
0							0
194.1	RETAIL PHARMACY						194.1
1							1
194.1	IDLE SPACE						194.1
2							2
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)						202