



MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 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: 14:41
	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 checked="" 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 (16-0080) {(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		-763,224	-21,910	75,107		1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY		60,606				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		-702,618	-21,910	75,107		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: 1410 N. FOURTH ST	P.O. Box:								1	
2	City: CLINTON	State: IA	ZIP Code: 52832	County: CLINTON						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	16-0080	19340	1	07/01/1966	N	P	O	3	
4	Subprovider - IPF									4	
5	Subprovider - IRF									5	
6	Subprovider - (OTHER)									6	
7	Swing Beds - SNF									7	
8	Swing Beds - NF									8	
9	Hospital-Based SNF	MERCY LIVING CENTER-SOUTH	16-5119	19340		04/01/1983	N	P	N	9	
10	Hospital-Based NF									10	
11	Hospital-Based OLTC									11	
12	Hospital-Based HHA	MERCY HOME CARE AND HOSPICE	16-7154	19340		07/01/1998	N	P	N	12	
13	Separately Certified ASC									13	
14	Hospital-Based Hospice	MERCY HOSPICE	16-1527	19340		07/01/1998				14	
15	Hospital-Based Health Clinic - RHC									15	
16	Hospital-Based Health Clinic - FQHC									16	
17	Hospital-Based (CMHC)									17	
18	Renal Dialysis	MERCY RENAL DIALYSIS	16-2313	19340		07/01/1991				18	
19	Other									19	
20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2013	To: 06 / 30 / 2014								20
21	Type of control (see instructions)	2									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	N	23	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1	2	3	4	5	6				
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	2,278	513	291	141	450				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.									25	
26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.			2						26	
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.			2						27	
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.			1						35	
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			Beginning: 07 / 01 / 2013		Ending: 06 / 30 / 2014			36		
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.								37		
38	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			Beginning:			Ending:			38	
								1	2		



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**WORKSHEET S-2  
PART I**

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

**WORKSHEET S-2  
PART I**

Prospective Payment System (PPS)-Capital		V 1	XVIII 2	XIX 3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	N	N	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete 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		I 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
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1. (see instructions)	Y/N N	IME	Direct GME	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
Inpatient Psychiatric Facility PPS				1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.			N			70
71	If line 70 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
Inpatient Rehabilitation Facility PPS				1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.			N			75
76	If line 75 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.						76
Long Term Care Hospital PPS							
80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.				N		80
TEFRA Providers							
85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA?. Enter 'Y' for yes or 'N' for no.				N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.						86



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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.	Y	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.	Y		116	
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	Y		117	
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118	
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	10,670	55,008	73,287	118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	Y	N	120	
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y		121	
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	2		140
		Y	902022		
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: CHE 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		
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	09/15/2014	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
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	06/20/2014	Y	06/20/2014
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: KRISTY	LAST NAME: RUSSELL	TITLE: MGR, REGIONAL REIMB
42	EMPLOYER: CHE TRINITY HEALTH		
43	PHONE NUMBER: 734-343-0422	E-MAIL ADDRESS: LAUERR@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	
		1	2	3	4	5	6	7	8	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	129	47,085			9,535	2,538	15,508	1
2	HMO AND OTHER (see instructions)						1,199	450		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)		129	47,085			9,535	2,538	15,508	7
8	INTENSIVE CARE UNIT	31	10	3,650			1,103	135	1,631	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						422	694	13
14	TOTAL (see instructions)		139	50,735			10,638	3,095	17,833	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40								16
17	SUBPROVIDER - IRF	41								17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44	97	35,405			7,245	13,807	31,266	19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101					12,022	5,253	20,680	22
23	ASC (Distinct Part)	115								23
24	HOSPICE (Distinct Part)	116					6,495	106	6,974	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)		236							27
28	OBSERVATION BED DAYS							253	1,214	28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (see instructions)								179	30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (see instructions)		11	4,015				128	175	32
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)									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)					2,227	682	4,382	1
2	HMO AND OTHER (see instructions)					194	153		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)		612.08			2,227	682	4,382	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF								16
17	SUBPROVIDER - IRF								17
18	SUBPROVIDER I								18
19	SKILLED NURSING FACILITY		97.52						19
20	NURSING FACILITY								20
21	OTHER LONG TERM CARE								21
22	HOME HEALTH AGENCY		47.21						22
23	ASC (Distinct Part)								23
24	HOSPICE (Distinct Part)		4.34						24
24.10	HOSPICE (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	TOTAL (sum of lines 14-26)		761.15						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	36,852,401		36,852,401	1,571,382.17	23.45
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B		560,631		560,631	6,127.81	91.49
4	PHYSICIAN-PART A - ADMINISTRATIVE		21,789		21,789	110.00	198.08
4.01	PHYSICIAN-PART A - TEACHING						4.01
5	PHYSICIAN-PART B		377,598		377,598	1,770.07	213.32
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	2,951,070		2,951,070	163,918.14	18.00
10	EXCLUDED AREA SALARIES (see instructions)		5,072,218	145,514	5,217,732	243,720.78	21.41
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11	CONTRACT LABOR (see instructions)						11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE						13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		9,348,433		9,348,433	201,784.00	46.33
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)		8,798,223		8,798,223		17
18	WAGE-RELATED COSTS (other)(see instructions)						18
19	EXCLUDED AREAS		1,535,658		1,535,658		19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B		78,534		78,534		21
22	PHYSICIAN PART A - ADMINISTRATIVE		3,038		3,038		22
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B		48,885		48,885		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		555,217	-145,514	409,703	10,820.83	37.86
27	ADMINISTRATIVE & GENERAL		3,904,750		3,904,750	154,577.59	25.26
28	ADMINISTRATIVE & GENERAL UNDER CONTRACT (see instructions)						28
29	MAINTENANCE & REPAIRS		274,035		274,035	14,621.60	18.74
30	OPERATION OF PLANT						30
31	LAUNDRY & LINEN SERVICE		68,114		68,114	6,346.75	10.73
32	HOUSEKEEPING		411,355		411,355	34,595.74	11.89
33	HOUSEKEEPING UNDER CONTRACT (see instructions)						33
34	DIETARY		1,248,391		1,248,391	89,016.97	14.02
35	DIETARY UNDER CONTRACT (see instructions)						35
36	CAFETERIA						36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		1,294,770		1,294,770	46,344.38	27.94
39	CENTRAL SERVICES AND SUPPLY		83,660		83,660	5,869.83	14.25
40	PHARMACY		1,481,285		1,481,285	47,027.15	31.50
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		722,001		722,001	37,241.43	19.39
42	SOCIAL SERVICE		150,538		150,538	5,558.90	27.08
43	OTHER GENERAL SERVICE						43

## PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)		35,914,172		35,914,172	1,563,484.29	22.97	1
2	EXCLUDED AREA SALARIES (see instructions)		8,023,288	145,514	8,168,802	407,638.92	20.04	2
3	SUBTOTAL SALARIES (line 1 minus line 2)		27,890,884	-145,514	27,745,370	1,155,845.37	24.00	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)		9,348,433		9,348,433	201,784.00	46.33	4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)		8,801,261		8,801,261		31.72%	5



COMPU-MAX

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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
PARTS II-III

6	TOTAL (sum of lines 3 through 5)		46,040,578	-145,514	45,895,064	1,357,629.37	33.81	6
7	TOTAL OVERHEAD COST (see instructions)		10,194,116	-145,514	10,048,602	452,021.17	22.23	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)	2,731,045	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		7
	<b>HEALTH AND INSURANCE COST</b>		
8	HEALTH INSURANCE (Purchased or Self Funded)	3,267,593	8
9	PRESCRIPTION DRUG PLAN	929,417	9
10	DENTAL, HEARING AND VISION PLAN	120,593	10
11	LIFE INSURANCE (If employee is owner or beneficiary)	38,863	11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)	161,614	13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)		14
15	WORKERS' COMPENSATION INSURANCE	309,178	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	2,599,975	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	42,918	19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES		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		22
23	TUITION REIMBURSEMENT	263,143	23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	10,464,339	24
	<b>PART B - OTHER THAN CORE RELATED COST</b>		
25	OTHER WAGE RELATED (OTHER WAGE REL		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	2
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>CONTRIBUTION(S)</b>	11
11.03		06/30/2013	2,348,997	11.03
11.04		06/30/2014	2,348,997	11.04
11.05		06/30/2015	2,348,997	11.05
12	TOTAL CALENDAR MONTHS INCLUDED IN AVERAGING PERIOD (36 unless Step 2 completed)	36		12
13	TOTAL CONTRIBUTIONS MADE DURING AVERAGING PERIOD	7,046,991		13
14	AVERAGE MONTHLY CONTRIBUTION (Line 13 divided by Line 12)	195,750		14
15	NUMBER OF MONTHS IN PROVIDER COST REPORTING PERIOD ON LINE 2	12		15
16	AVERAGE PENSION CONTRIBUTIONS (Line 14 times Line 15)	2,349,000		16
<b>STEP 4: TOTAL PENSION COST FOR WAGE INDEX</b>				
17	ANNUAL PREFUNDING INSTALLMENT (see instructions)	382,045		17
18	REPORTABLE PREFUNDING INSTALLMENT ((Line 17 times Line 15) divided by 12)	382,045		18
19	TOTAL PENSION COST FOR WAGE INDEX (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	2,731,045		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 1	BENEFIT COST 2	
	0			
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		9,559,750	1
2	HOSPITAL		8,250,952	2
3	SUBPROVIDER - IPF			3
4	SUBPROVIDER - IRF			4
5	SUBPROVIDER - (OTHER)			5
6	SWING BEDS - SNF			6
7	SWING BEDS - NF			7
8	HOSPITAL-BASED SNF		747,682	8
9	HOSPITAL-BASED NF			9
10	HOSPITAL-BASED OLTC			10
11	HOSPITAL-BASED HHA		388,557	11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE		50,941	13
14	HOSPITAL-BASED HEALTH CLINIC - RHC			14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC			15
16	HOSPITAL-BASED (CMHC)			16
17	RENAL DIALYSIS		121,618	17
18	OTHER			18



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## HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 16-7154

WORKSHEET S-4

## HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: CLINTON

	DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1	HOME HEALTH AIDE HOURS		12,022	5,253	3,405	20,680	1
2	UNDULICATED CENSUS COUNT (see instructions)		615.00			1,158.00	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)	2.21		2.21	3
4	DIRECTOR(S) AND ASSISTANT DIRECTOR(S)				4
5	OTHER ADMINISTRATIVE PERSONNEL	6.16		6.16	5
6	DIRECT NURSING SERVICE	11.86		11.86	6
7	NURSING SUPERVISOR				7
8	PHYSICAL THERAPY SERVICE	4.80		4.80	8
9	PHYSICAL THERAPY SUPERVISOR				9
10	OCCUPATIONAL THERAPY SERVICE	1.79		1.79	10
11	OCCUPATIONAL THERAPY SUPERVISOR				11
12	SPEECH PATHOLOGY SERVICE	0.51		0.51	12
13	SPEECH PATHOLOGY SUPERVISOR				13
14	MEDICAL SOCIAL SERVICE				14
15	MEDICAL SOCIAL SERVICE SUPERVISOR				15
16	HOME HEALTH AIDE	9.19		9.19	16
17	HOME HEALTH AIDE SUPERVISOR				17
18	ALL OTHER			1.39	18

## HOME HEALTH AGENCY - CBSA CODES

19	ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.	2	19
20	LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (line 20 contains the first code).	99914	20
20.01		99916	20.01

## PPS ACTIVITY

		FULL EPISODES				TOTAL (columns 1 through 4)	
		WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21	SKILLED NURSING VISITS	6,871	53	399	139	7,462	21
22	SKILLED NURSING VISIT CHARGES	810,426	6,760	36,921	16,120	870,227	22
23	PHYSICAL THERAPY VISITS	1,909		11	30	1,950	23
24	PHYSICAL THERAPY VISIT CHARGES	275,500		1,160	4,350	281,010	24
25	OCCUPATIONAL THERAPY VISITS	973		2	28	1,003	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	140,505		290	4,060	144,855	26
27	SPEECH PATHOLOGY VISITS	204		1	8	213	27
28	SPEECH PATHOLOGY VISIT CHARGES	34,510		170	1,360	36,040	28
29	MEDICAL SOCIAL SERVICE VISITS	104		6	1	111	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	18,720		1,080	180	19,980	30
31	HOME HEALTH AIDE VISITS	703	26	5	20	754	31
32	HOME HEALTH AIDE VISIT CHARGES	41,220	1,500	240	1,140	44,100	32
33	TOTAL VISITS (sum of lines 21, 23, 25, 27, 29, and 31)	10,764	79	424	226	11,493	33
34	OTHER CHARGES						34
35	TOTAL CHARGES (sum of lines 22, 24, 26, 28, 30, 32 and 34)	1,320,881	8,260	39,861	27,210	1,396,212	35
36	TOTAL NUMBER OF EPISODES (standard/non-outlier)	759		119	19	897	36
37	TOTAL NUMBER OF OUTLIER EPISODES		2			2	37
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	20,736	52	472	13	21,273	38



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HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	DESCRIPTION	OUTPATIENT		TRAINING		HOME		
		REGULAR	HIGH FLUX	HEMO-DIALYSIS	CAPD CCPD	HEMO-DIALYSIS	CAPD CCPD	
		1	2	3	4	5	6	
1	NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	52						1
2	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00						2
3	AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.50						3
4	CAPD EXCHANGES PER DAY							4
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	312						5
6	NUMBER OF STATIONS	13						6
7	TREATMENT CAPACITY PER DAY PER STATION	3						7
8	UTILIZATION (see instructions)	70.00						8
9	AVERAGE TIMES DIALYZERS RE-USED							9
10	PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10

ESRD PPS

		1	2	
10.01	IS THE DIALYSIS FACILITY APPROVED AS A LOW-VOLUME FACILITY FOR THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. (see instructions)	N		10.01
10.02	DID YOUR FACILITY ELECT 100% PPS EFFECTIVE JANUARY 1, 2011? ENTER 'Y' FOR YES OR 'N' FOR NO. (see instructions for 'new' providers)	Y		10.02
10.03	IF YOU RESPONDED 'N' TO LINE 10.02, ENTER IN COLUMN 1 THE YEAR OF TRANSITION FOR PERIODS PRIOR TO JANUARY 1 AND ENTER IN COLUMN 2 THE YEAR OF TRANSITION FOR PERIODS AFTER DECEMBER 31. (see instructions)			10.03

TRANSPLANT INFORMATION

11	NUMBER OF PATIENTS ON TRANSPLANT LIST		11
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD		12

EPOETIN

13	NET COSTS OF EPOETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER		13
14	EPOETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM		14
15	NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT		15
16	NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT		16

ARANESP

17	NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER		17
18	ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM		18
19	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT		19
20	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT		20

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

21	MCP X	INITIAL METHOD	
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	ERYTHROPOIESIS-STIMULATING AGENTS (ESA) STATISTICS:	ESA DESCRIPTION	NET COST OF	NET COST OF	NUMBER OF	NUMBER OF	
			ESAs FOR	ESAs FOR	ESA UNITS -	ESA UNITS -	
			RENAL	HOME	RENAL	HOME	
			PATIENTS	PATIENTS	DIALYSIS	DIALYSIS	
			2	3	DEPT.	DEPT.	
22	ENTER IN COLUMN 1 THE ESA DESCRIPTION. ENTER IN COLUMN 2 THE NET COSTS OF ESAs FURNISHED TO ALL RENAL DIALYSIS PATIENTS. ENTER IN COLUMN 3 THE NET COST OF ESAs FURNISHED TO ALL HOME DIALYSIS PROGRAM PATIENTS. ENTER IN COLUMN 4 THE NUMBER OF ESA UNITS FURNISHED TO PATIENTS IN THE RENAL DIALYSIS DEPARTMENT. ENTER IN COLUMN 5 THE NUMBER OF UNITS FURNISHED TO PATIENTS IN THE HOME DIALYSIS PROGRAM. (see instructions)	EPOETIN-EPO ALF					22



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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	13		13	4
5	RVX				5
6	RVL				6
7	RHX				7
8	RHL				8
9	RMX	13		13	9
10	RML				10
11	RLX				11
12	RUC	724		724	12
13	RUB	2,945		2,945	13
14	RUA	333		333	14
15	RVC	583		583	15
16	RVB	847		847	16
17	RVA	205		205	17
18	RHC	239		239	18
19	RHB	250		250	19
20	RHA	90		90	20
21	RMC	243		243	21
22	RMB	85		85	22
23	RMA	58		58	23
24	RLB				24
25	RLA				25
26	ES3				26
27	ES2				27
28	ES1				28
29	HE2	2		2	29
30	HE1	7		7	30
31	HD2	7		7	31
32	HD1	23		23	32
33	HC2	8		8	33
34	HC1	36		36	34
35	HB2				35
36	HB1	40		40	36
37	LE2	7		7	37
38	LE1	12		12	38
39	LD2	6		6	39
40	LD1	74		74	40
41	LC2				41
42	LC1	61		61	42
43	LB2				43
44	LB1	11		11	44
45	CE2	1		1	45
46	CE1	8		8	46
47	CD2				47
48	CD1	56		56	48
49	CC2				49
50	CC1	79		79	50
51	CB2				51
52	CB1	23		23	52
53	CA2				53
54	CA1	65		65	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	10		10	70
71	PD2				71
72	PD1	35		35	72
73	PC2				73
74	PC1	34		34	74
75	PB2				75
76	PB1	5		5	76
77	PA2				77
78	PA1	7		7	78
199	AAA				199
200	TOTAL	7,245		7,245	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).	19340	19340	201

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

		EXPENSES	PERCENTAGE	ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES?	
		1	2	3	
202	STAFFING	3,744,072	59.16%	Y	202
203	RECRUITMENT				203
204	RETENTION OF EMPLOYEES				204
205	TRAINING				205
206	OTHER (ALL OTHER)	685,212	10.83%	Y	206
207	TOTAL SNF REVENUE (Worksheet G-2, Part I, line 7, column 3)	6,328,353			207



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**HOSPICE IDENTIFICATION DATA**

**HOSPICE CCN: 16-1527**

**WORKSHEET S-9  
PARTS I & II**

**PART I - ENROLLMENT DAYS**

		UNDUPLICATED DAYS					TOTAL (sum of cols. 1, 2, & 5)	
		TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER		
		1	2	3	4	5	6	
1	CONTINUOUS HOME CARE							1
2	ROUTINE HOME CARE	6,471	106			373	6,950	2
3	INPATIENT RESPITE CARE							3
4	GENERAL INPATIENT CARE	24					24	4
5	TOTAL HOSPICE DAYS	6,495	106			373	6,974	5

**PART II - CENSUS DATA**

		TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER	TOTAL (sum of cols. 1, 2, & 5)	
		1	2	3	4	5	6	
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	369					369	6
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS C							7
8	AVERAGE LENGTH OF STAY (line 5/line 6)	17.60					18.90	8
9	UNDUPLICATED CENSUS COUNT	182					182	9

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



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**HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA**

**WORKSHEET S-10**

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)	0.332624	1
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MEDICAID (see instructions for each line)

2	NET REVENUE FROM MEDICAID	7,539,795	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	31,423,670	6
7	MEDICAID COST (line 1 times line 6)	10,452,267	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.	2,912,472	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)	42,631	13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (not included in lines 6 or 10)	209,848	14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (line 1 times line 14)	69,800	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.	27,169	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	26,794	18		
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (sum of lines 8, 12 and 16)	2,939,641	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	6,195,521	493,360	6,688,881	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (line 1 times line 20)	2,060,779	164,103	2,224,882	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	60,865	25,043	85,908	22
23	COST OF CHARITY CARE (line 21 minus line 22)	1,999,914	139,060	2,138,974	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)	3,681,642	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)	163,672	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 26 minus line 27)	3,517,970	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 1 times line 28)	1,170,161	29
30	COST OF UNCOMPENSATED CARE (line 23, column 3 plus line 29)	3,309,135	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (line 19 plus line 30)	6,248,776	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		2,516,654	2,516,654	676,964	3,193,618	-592,459	2,601,159	1
1.01	00101	CAP REL COSTS-1970 BLDG				23,317	23,317		23,317	1.01
1.02	00102	CAP REL COSTS-BLUFF BLDG				4,405	4,405		4,405	1.02
1.03	00103	RAD ONCOL BLDG								1.03
2	00200	CAP REL COSTS-MVBLE EQUIP				2,877,517	2,877,517	216,449	3,093,966	2
3	00300	OTHER CAP REL COSTS							-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	555,217	546,126	1,101,343	-222,519	878,824	1,462,154	2,340,978	4
5.02	00550	A&G-INFO SERVICE	591,700	5,814,968	6,406,668	-71,780	6,334,888	-431,362	5,903,526	5.02
5.03	00560	A&G-PURCHASING, STORES	399,987	339,473	739,460	-3,486	735,974		735,974	5.03
5.04	00570	A&G-ADMITTING, REGIST	269,287	208,406	477,693	-77	477,616		477,616	5.04
5.05	00580	A&G-CASHIERS, PFS	147,304	422,984	570,288		570,288		570,288	5.05
5.06	00590	A&G-ALL OTHER	2,496,472	8,038,564	10,535,036	-60,030	10,475,006	-2,113,950	8,361,056	5.06
6	00600	MAINTENANCE & REPAIRS	274,035	2,056,687	2,330,722	-3,082	2,327,640	-74,649	2,252,991	6
7	00700	OPERATION OF PLANT		1,328,081	1,328,081		1,328,081		1,328,081	7
8	00800	LAUNDRY & LINEN SERVICE	68,114	35,653	103,767	304,177	407,944		407,944	8
9	00900	HOUSEKEEPING	411,355	554,351	965,706	-23,936	941,770		941,770	9
10	01000	DIETARY	1,248,391	1,101,555	2,349,946	112,866	2,462,812	-772,180	1,690,632	10
11	01100	CAFETERIA								11
13	01300	NURSING ADMINISTRATION	1,294,770	837,217	2,131,987	-7,834	2,124,153	-212	2,123,941	13
14	01400	CENTRAL SERVICES & SUPPLY	83,660	138,849	222,509	-104,128	118,381	-221	118,160	14
15	01500	PHARMACY	1,481,285	4,748,827	6,230,112	-1,615,572	4,614,540		4,614,540	15
16	01600	MEDICAL RECORDS & LIBRARY	722,001	361,303	1,083,304	-41,270	1,042,034	-6,147	1,035,887	16
17	01700	SOCIAL SERVICE	150,538	37,796	188,334	-6	188,328		188,328	17
		<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	03000	ADULTS & PEDIATRICS	6,509,577	2,705,547	9,215,124	-609,923	8,605,201	-185,175	8,420,026	30
31	03100	INTENSIVE CARE UNIT	975,351	536,328	1,511,679	-181,019	1,330,660		1,330,660	31
43	04300	NURSERY	291,995	120,851	412,846	-27,071	385,775	-1,800	383,975	43
44	04400	SKILLED NURSING FACILITY	2,951,070	1,478,215	4,429,285	-233,509	4,195,776	-1,178	4,194,598	44
		<b>ANCILLARY SERVICE COST CENTERS</b>								
50	05000	OPERATING ROOM	1,288,187	2,943,041	4,231,228	-1,777,144	2,454,084	-193,776	2,260,308	50
51	05100	RECOVERY ROOM	187,730	46,596	234,326	-4,065	230,261		230,261	51
52	05200	DELIVERY ROOM & LABOR ROOM	191,374	105,984	297,358	-50,182	247,176		247,176	52
53	05300	ANESTHESIOLOGY	1,012,349	339,726	1,352,075	-23,156	1,328,919	-1,049,267	279,652	53
54	05400	RADIOLOGY-DIAGNOSTIC	1,561,639	1,689,050	3,250,689	-661,322	2,589,367	-154,276	2,435,091	54
59	05900	CARDIAC CATHETERIZATION	564,792	2,897,561	3,462,353	-1,929,681	1,532,672	-182,500	1,350,172	59
60	06000	LABORATORY	1,072,969	1,690,869	2,763,838	-284,481	2,479,357	-183,108	2,296,249	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	RESPIRATORY THERAPY	737,555	319,763	1,057,318	-29,459	1,027,859		1,027,859	65
66	06600	PHYSICAL THERAPY	1,196,258	475,050	1,671,308	-10,004	1,661,304	-3,566	1,657,738	66
68	06800	SPEECH PATHOLOGY	313,742	85,544	399,286	-113	399,173		399,173	68
69	06900	ELECTROCARDIOLOGY	338,136	143,324	481,460	-26,728	454,732	-6,966	447,766	69
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				2,411,463	2,411,463		2,411,463	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS				1,566,901	1,566,901		1,566,901	72
73	07300	DRUGS CHARGED TO PATIENTS				1,519,385	1,519,385		1,519,385	73
74	07400	RENAL DIALYSIS	523,147	440,455	963,602	-195,079	768,523	-11,338	757,185	74
		<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	09000	CLINIC	188,650	880,159	1,068,809	-172,677	896,132	-286,371	609,761	90
91	09100	EMERGENCY	1,681,546	1,825,498	3,507,044	-189,997	3,317,047	-144,000	3,173,047	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
		<b>OTHER REIMBURSABLE COST CENTERS</b>								
101	10100	HOME HEALTH AGENCY	1,665,612	1,642,737	3,308,349	-179,300	3,129,049	-118,479	3,010,570	101
		<b>SPECIAL PURPOSE COST CENTERS</b>								
113	11300	INTEREST EXPENSE		704,686	704,686	-704,686				113
116	11600	HOSPICE	228,422	545,565	773,987	-107,468	666,519		666,519	116
118		SUBTOTALS (sum of lines 1-117)	33,674,217	50,704,043	84,378,260	-53,789	84,324,471	-4,834,377	79,490,094	118
		<b>NONREIMBURSABLE COST CENTERS</b>								
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN								190
194	07950	OTHER NON-REIMB								194
194.0	07951	NRCC-MERCY SPEC CLIN ENT	512,795	178,251	691,046	-24,227	666,819		666,819	194.0
4										4
194.0	07952	NRCC-MERCY SPEC CLIN GASTRO	713,385	173,741	887,126	-17,635	869,491		869,491	194.0
5										5



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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
194.0 9	07953	NRCC-SENIOR SERVICES	20,762	26,605	47,367	-296	47,071		47,071	194.0 9
194.1 2	07954	NRCC-FREE CLINIC	1,900	1,874	3,774	-448	3,326		3,326	194.1 2
194.1 3	07955	NRCC-TENDERCARE	26,190	9,876	36,066	204,447	240,513		240,513	194.1 3
194.1 6	07956	NRCC-MLC NORTH	1,903,152	993,244	2,896,396	-108,052	2,788,344		2,788,344	194.1 6
200		TOTAL (sum of lines 118-199)	36,852,401	52,087,634	88,940,035		88,940,035	-4,834,377	84,105,658	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	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	LAUNDRY & LINEN SERVICE	8		304,423	1
2	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					2
3	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					3
4	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					4
5	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					5
6	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					6
7	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					7
8	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					8
9	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					9
10	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					10
11	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					11
12	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					12
13	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					13
14	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					14
15	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					15
16	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					16
17	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					17
18	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					18
500	TOTAL RECLASSIFICATIONS					304,423	500
	CODE LETTER - A						
1	RECLASS BLDG	B	CAP REL COSTS-1970 BLDG	1.01		23,317	1
2	RECLASS BLDG	B	CAP REL COSTS-BLUFF BLDG	1.02		4,405	2
500	TOTAL RECLASSIFICATIONS					27,722	500
	CODE LETTER - B						
1	RECLASS INTEREST EXPENSE	C	CAP REL COSTS-BLDG & FIXT	1		704,686	1
500	TOTAL RECLASSIFICATIONS					704,686	500
	CODE LETTER - C						
1	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	DIETARY	10		132,061	1
2	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	NRCC-MLC NORTH	194.16		891	2
3	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					3
4	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					4
5	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					5
6	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					6
7	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					7
8	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					8
9	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					9
10	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					10
11	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					11



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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
12	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					12
13	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					13
14	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					14
15	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					15
16	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					16
17	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					17
18	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					18
19	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					19
20	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					20
21	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					21
22	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					22
23	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					23
24	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					24
25	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					25
500	TOTAL RECLASSIFICATIONS					132,952	500
	CODE LETTER - D						
1	RECALSS EQPT DEPREC	E	CAP REL COSTS-MVBLE EQUIP	2		2,877,517	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
500	TOTAL RECLASSIFICATIONS					2,877,517	500
	CODE LETTER - E						
1	CHILDCARE OTHER EXP RECLASS	H	NRCC-TENDERCARE	194.13	145,514	59,608	1



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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	
500	TOTAL RECLASSIFICATIONS				145,514	59,608	500
	CODE LETTER - H						
1	CHARGEABLE DRUGS RECLASS	I	DRUGS CHARGED TO PATIENTS	73		1,519,385	1
2	CHARGEABLE DRUGS RECLASS	I					2
3	CHARGEABLE DRUGS RECLASS	I					3
4	CHARGEABLE DRUGS RECLASS	I					4
5	CHARGEABLE DRUGS RECLASS	I					5
6	CHARGEABLE DRUGS RECLASS	I					6
500	TOTAL RECLASSIFICATIONS					1,519,385	500
	CODE LETTER - I						
1	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	MEDICAL SUPPLIES CHARGED TO P	71		2,411,463	1
2	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	IMPL. DEV. CHARGED TO PATIENT	72		1,566,901	2
3	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					3
4	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					4
5	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					5
6	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					6
7	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					7
8	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					8
9	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					9
10	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					10
11	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					11
12	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					12
13	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					13
14	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					14
15	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					15
16	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					16
17	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					17
18	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					18
19	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					19
20	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					20
21	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					21
22	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					22
23	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					23
24	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					24
25	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					25
26	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					26
27	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					27
28	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					28
29	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					29
30	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					30
31	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					31
32	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					32
33	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					33
34	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					34
35	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					35
36	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					36
37	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					37
38	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					38
500	TOTAL RECLASSIFICATIONS					3,978,364	500
	CODE LETTER - K						
	GRAND TOTAL (INCREASES)				145,514	9,604,657	

(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	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	HOUSEKEEPING	9		6,890		1
2	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	CENTRAL SERVICES & SUPPLY	14		4,802		2
3	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	ADULTS & PEDIATRICS	30		76,009		3
4	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	INTENSIVE CARE UNIT	31		22,339		4
5	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	NURSERY	43		1,320		5
6	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	SKILLED NURSING FACILITY	44		69,739		6
7	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	OPERATING ROOM	50		20,297		7
8	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	RADIOLOGY-DIAGNOSTIC	54		15,308		8
9	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	CARDIAC CATHETERIZATION	59		243		9
10	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	LABORATORY	60		15		10
11	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	RESPIRATORY THERAPY	65		24		11
12	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	PHYSICAL THERAPY	66		1,974		12
13	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	ELECTROCARDIOLOGY	69		3,523		13
14	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	RENAL DIALYSIS	74		2,343		14
15	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	CLINIC	90		1,303		15
16	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	EMERGENCY	91		39,027		16
17	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	NRCC-MLC NORTH	194.16		39,267		17
18	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A						18
500	TOTAL RECLASSIFICATIONS					304,423		500
	CODE LETTER - A							
1	RECLASS BLDG	B	CAP REL COSTS-BLDG & FIXT	1		23,317	9	1
2	RECLASS BLDG	B	CAP REL COSTS-BLDG & FIXT	1		4,405	9	2
500	TOTAL RECLASSIFICATIONS					27,722		500
	CODE LETTER - B							
1	RECLASS INTEREST EXPENSE	C	INTEREST EXPENSE	113		704,686	11	1
500	TOTAL RECLASSIFICATIONS					704,686		500
	CODE LETTER - C							
1	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	EMPLOYEE BENEFITS DEPARTMENT	4		14,691		1
2	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	A&G-INFO SERVICE	5.02		7		2
3	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	A&G-ALL OTHER	5.06		26,458		3
4	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	NURSING ADMINISTRATION	13		1,975		4
5	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	SOCIAL SERVICE	17		6		5
6	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	ADULTS & PEDIATRICS	30		48,497		6
7	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	INTENSIVE CARE UNIT	31		7,638		7
8	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	SKILLED NURSING FACILITY	44		23,386		8
9	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	OPERATING ROOM	50		1,912		9
10	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	RADIOLOGY-DIAGNOSTIC	54		609		10



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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	
11	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	CARDIAC CATHETERIZATION	59		18	11	
12	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	RESPIRATORY THERAPY	65		22	12	
13	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	PHYSICAL THERAPY	66		75	13	
14	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	SPEECH PATHOLOGY	68		43	14	
15	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	ELECTROCARDIOLOGY	69		225	15	
16	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	RENAL DIALYSIS	74		22	16	
17	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	CLINIC	90		135	17	
18	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	EMERGENCY	91		6,061	18	
19	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	HOME HEALTH AGENCY	101		50	19	
20	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	HOSPICE	116		97	20	
21	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	NRCC-MERCY SPEC CLIN ENT	194.04		16	21	
22	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	NRCC-SENIOR SERVICES	194.09		203	22	
23	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	NRCC-FREE CLINIC	194.12		131	23	
24	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	NRCC-TENDER CARE	194.13		675	24	
25	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					25	
500	TOTAL RECLASSIFICATIONS					132,952	500	
	CODE LETTER - D							
1	RECALSS EQPT DEPREC	E					9	
2			EMPLOYEE BENEFITS DEPARTMENT	4		2,177	2	
3			A&G-INFO SERVICE	5.02		71,773	3	
4			A&G-PURCHASING, STORES	5.03		3,424	4	
5			A&G-ADMITTING, REGIST	5.04		77	5	
6			A&G-ALL OTHER	5.06		32,098	6	
7			MAINTENANCE & REPAIRS	6		3,055	7	
8			HOUSEKEEPING	9		1,217	8	
9			DIETARY	10		16,364	9	
10			NURSING ADMINISTRATION	13		5,701	10	
11			CENTRAL SERVICES & SUPPLY	14		87,726	11	
12			PHARMACY	15		122,894	12	
13			MEDICAL RECORDS & LIBRARY	16		39,657	13	
14			ADULTS & PEDIATRICS	30		242,548	14	
15			INTENSIVE CARE UNIT	31		62,719	15	
16			NURSERY	43		17,546	16	
17			SKILLED NURSING FACILITY	44		48,335	17	
18			OPERATING ROOM	50		355,188	18	
19			DELIVERY ROOM & LABOR ROOM	52		24,568	19	
20			ANESTHESIOLOGY	53		20,378	20	
21			RADIOLOGY-DIAGNOSTIC	54		587,652	21	
22			CARDIAC CATHETERIZATION	59		597,340	22	
23			LABORATORY	60		253,932	23	
24			RESPIRATORY THERAPY	65		16,033	24	
25			PHYSICAL THERAPY	66		7,882	25	
26			ELECTROCARDIOLOGY	69		12,827	26	
27			RENAL DIALYSIS	74		36,575	27	
28			CLINIC	90		10,923	28	
29			EMERGENCY	91		49,029	29	
30			HOME HEALTH AGENCY	101		100,662	30	
31			HOSPICE	116		369	31	
32			NRCC-MERCY SPEC CLIN ENT	194.04		21,181	32	
33			NRCC-MERCY SPEC CLIN GASTRO	194.05		7,296	33	
34			NRCC-SENIOR SERVICES	194.09		93	34	
35			NRCC-MLC NORTH	194.16		18,278	35	
500	TOTAL RECLASSIFICATIONS					2,877,517	500	



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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF. 10
	CODE LETTER - E	1	6	7	8	9	
1	CHILDCARE OTHER EXP RECLASS	H	EMPLOYEE BENEFITS DEPARTMENT	4	145,514	59,608	1
500	TOTAL RECLASSIFICATIONS				145,514	59,608	500
	CODE LETTER - H						
1	CHARGEABLE DRUGS RECLASS	I	DIETARY	10		2,386	1
2	CHARGEABLE DRUGS RECLASS	I	PHARMACY	15		1,410,052	2
3	CHARGEABLE DRUGS RECLASS	I	CLINIC	90		1,739	3
4	CHARGEABLE DRUGS RECLASS	I	HOME HEALTH AGENCY	101		99	4
5	CHARGEABLE DRUGS RECLASS	I	HOSPICE	116		105,109	5
6	CHARGEABLE DRUGS RECLASS	I					6
500	TOTAL RECLASSIFICATIONS					1,519,385	500
	CODE LETTER - I						
1	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	EMPLOYEE BENEFITS DEPARTMENT	4		529	1
2	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	A&G-PURCHASING, STORES	5.03		62	2
3	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	A&G-ALL OTHER	5.06		1,474	3
4	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	MAINTENANCE & REPAIRS	6		27	4
5	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	LAUNDRY & LINEN SERVICE	8		246	5
6	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	HOUSEKEEPING	9		15,829	6
7	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	DIETARY	10		445	7
8	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	NURSING ADMINISTRATION	13		158	8
9	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	CENTRAL SERVICES & SUPPLY	14		11,600	9
10	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	PHARMACY	15		82,626	10
11	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	MEDICAL RECORDS & LIBRARY	16		1,613	11
12	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	ADULTS & PEDIATRICS	30		242,869	12
13	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	INTENSIVE CARE UNIT	31		88,323	13
14	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	NURSERY	43		8,205	14
15	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	SKILLED NURSING FACILITY	44		92,049	15
16	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	OPERATING ROOM	50		1,399,747	16
17	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	RECOVERY ROOM	51		4,065	17
18	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	DELIVERY ROOM & LABOR ROOM	52		25,614	18
19	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	ANESTHESIOLOGY	53		2,778	19
20	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	RADIOLOGY-DIAGNOSTIC	54		57,753	20
21	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	CARDIAC CATHETERIZATION	59		1,332,080	21
22	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	LABORATORY	60		30,534	22
23	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	RESPIRATORY THERAPY	65		13,380	23
24	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	PHYSICAL THERAPY	66		73	24
25	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	SPEECH PATHOLOGY	68		70	25
26	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	ELECTROCARDIOLOGY	69		10,153	26
27	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	RENAL DIALYSIS	74		156,139	27



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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	
28	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	CLINIC	90		158,577		28
29	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	EMERGENCY	91		95,880		29
30	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	HOME HEALTH AGENCY	101		78,489		30
31	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	HOSPICE	116		1,893		31
32	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	NRCC-MERCY SPEC CLIN ENT	194.04		3,030		32
33	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	NRCC-MERCY SPEC CLIN GASTRO	194.05		10,339		33
34	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	NRCC-FREE CLINIC	194.12		317		34
35	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	NRCC-MLC NORTH	194.16		51,398		35
36	CHARGEABLE SUPPLIES AND IMPLANTS REC	K						36
37	CHARGEABLE SUPPLIES AND IMPLANTS REC	K						37
38	CHARGEABLE SUPPLIES AND IMPLANTS REC	K						38
500	TOTAL RECLASSIFICATIONS					3,978,364		500
	CODE LETTER - K							
	GRAND TOTAL (DECREASES)				145,514	9,604,657		

(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	636,484	142,406		142,406		778,890		1
2	LAND IMPROVEMENTS	2,569,053					2,569,053	1,107,848	2
3	BUILDINGS AND FIXTURES	73,664,688	2,181,956		2,181,956	330,490	75,516,154	31,240,834	3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	34,560,651	2,967,810		2,967,810	2,534,769	34,993,692	16,951,543	6
7	HIT DESIGNATED ASSETS	15,951,322	1,717,332		1,717,332		17,668,654		7
8	SUBTOTAL (sum of lines 1-7)	127,382,198	7,009,504		7,009,504	2,865,259	131,526,443	49,300,225	8
9	RECONCILING ITEMS								9
10	TOTAL (line 7 minus line 9)	127,382,198	7,009,504		7,009,504	2,865,259	131,526,443	49,300,225	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	2,516,654						2,516,654	1	
1.01	CAP REL COSTS-1970 BLDG								1.01	
1.02	CAP REL COSTS-BLUFF BLDG								1.02	
1.03	RAD ONCOL BLDG								1.03	
2	CAP REL COSTS-MVBLE EQUIP								2	
3	TOTAL (sum of lines 1-2)	2,516,654						2,516,654	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 COSTS-1970 BLDG				0.000000					1.01
1.02	CAP REL COSTS-BLUFF BLD				0.000000					1.02
1.03	RAD ONCOL BLDG				0.000000					1.03
2	CAP REL COSTS-MVBLE EQU				0.000000					2
3	TOTAL (sum of lines 1-2)				0.000000					3

	DESCRIPTION	SUMMARY OF CAPITAL							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	2,488,932			112,227			2,601,159	1	
1.01	CAP REL COSTS-1970 BLDG	23,317						23,317	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

		SUMMARY OF CAPITAL							
	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL- RELATED COSTS (see instr.)	TOTAL(2) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1.02	CAP REL COSTS-BLUFF BLDG	4,405						4,405	1.02
1.03	RAD ONCOL BLDG								1.03
2	CAP REL COSTS-MVBLE EQUIP	3,093,966						3,093,966	2
3	TOTAL (sum of lines 1-2)	5,610,620			112,227			5,722,847	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		
				COST CENTER	LINE#	WKST A-7 REF.
		1	2	3	4	5
1	INVESTMENT INCOME-BUILDINGS & FIXTURES (chapter 2)	B	-333,868	CAP REL COSTS-BLDG & FIXT	1	11
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (chapter 2)			CAP REL COSTS-MVBLE EQUIP	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	-1,757,845			10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)					11
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1	-573,672			12
13	LAUNDRY AND LINEN SERVICE					13
14	CAFETERIA - EMPLOYEES AND GUESTS					14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17	SALE OF DRUGS TO OTHER THAN PATIENTS					17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20	VENDING MACHINES	B	-8,000	DIETARY	10	20
21	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (chapter 21)					21
22	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENTS					22
23	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25	UTIL REVIEW-PHYSICIANS' COMPENSATION (chapter 21)			UTILIZATION REVIEW-SNF	114	25
26	DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27	DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29	PHYSICIANS' ASSISTANT					29
30	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32	CAH HIT ADJ FOR DEPRECIATION AND					32
33						33
33.01	LOBBYING OFFSET	A	-15,414	A&G-ALL OTHER	5.06	33.01
34	ADVERTISING EXPENSE	A	-203,033	A&G-ALL OTHER	5.06	34
35	WELLNESS REVENUE	B	-15,137	EMPLOYEE BENEFITS DEPARTMENT	4	35
36	EMPLOYEE WELLNESS	B	-3,163	EMPLOYEE BENEFITS DEPARTMENT	4	36
36.01	EMPLOYEE WELLNESS	B	-129	DIETARY	10	36.01
37	OTHER REVENUE COPIES	B	-267	MEDICAL RECORDS & LIBRARY	16	37
38	EXTERNAL PERSONNEL SRVC	B	-374	EMPLOYEE BENEFITS DEPARTMENT	4	38
39	CHILD CARE REVENUE	B	-106,170	EMPLOYEE BENEFITS DEPARTMENT	4	39
40	CLINICAL LAB REVENUE	B	-12,283	LABORATORY	60	40
41	CE AND CPR REVENUE	B	-212	NURSING ADMINISTRATION	13	41
41.01	CE AND CPR REVENUE	B	-4,073	A&G-ALL OTHER	5.06	41.01
42	MED RECORD REVENUE	B	-5,555	MEDICAL RECORDS & LIBRARY	16	42
43	VENDING MACHINE REVENUE	B	-52	SKILLED NURSING FACILITY	44	43
44	CATERING REVENUE	B	-1,533	DIETARY	10	44
45	CONFERENCES REVENUE	B	-48,926	HOME HEALTH AGENCY	101	45
46	OTHER OPERATING REVENUE	B	-11,111	A&G-ALL OTHER	5.06	46
46.01	OTHER OPERATING REVENUE	B	-2,385	EMPLOYEE BENEFITS DEPARTMENT	4	46.01
46.02	OTHER OPERATING REVENUE	B	-1,080	A&G-INFO SERVICE	5.02	46.02
46.03	OTHER OPERATING REVENUE	B	-6,507	A&G-ALL OTHER	5.06	46.03
46.04	OTHER OPERATING REVENUE	B	-4,827	DIETARY	10	46.04
46.05	OTHER OPERATING REVENUE	B	-221	CENTRAL SERVICES & SUPPLY	14	46.05
46.06	OTHER OPERATING REVENUE	B	-325	MEDICAL RECORDS & LIBRARY	16	46.06
46.07	OTHER OPERATING REVENUE	B	-5,450	ADULTS & PEDIATRICS	30	46.07



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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
46.08	OTHER OPERATING REVENUE	B	-1,800	NURSERY	43	46.08
46.09	OTHER OPERATING REVENUE	B	-7,682	RADIOLOGY-DIAGNOSTIC	54	46.09
46.10	OTHER OPERATING REVENUE	B	-34	LABORATORY	60	46.10
46.11	OTHER OPERATING REVENUE	B	-3,566	PHYSICAL THERAPY	66	46.11
46.12	OTHER OPERATING REVENUE	B	-262	HOME HEALTH AGENCY	101	46.12
47	RENTAL SPACE REVENUE	B	-111,115	A&G-ALL OTHER	5.06	47
47.01	RENTAL SPACE REVENUE	B	-74,649	MAINTENANCE & REPAIRS	6	47.01
48	DME OTHER INCOME	B	-69,291	HOME HEALTH AGENCY	101	48
49	CAFETERIA REVENUE	B	-559,252	DIETARY	10	49
49.01	CAFETERIA REVENUE	B	-198,439	DIETARY	10	49.01
49.02	CRNA	A	-686,675	ANESTHESIOLOGY	53	49.02
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-4,834,377			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	5.02	A&G-INFO SERVICE	TIS FEES	3,511,145	3,941,427	-430,282	1
2	2	CAP REL COSTS-MVBLE EQUIP	TIS CAPITAL	42,432		42,432	9
3	2	CAP REL COSTS-MVBLE EQUIP	IMPLEMENTATION COSTS	145,394		145,394	9
3.02	5.06	A&G-ALL OTHER	TH HOME OFFICE BILLING	5,145,153	6,535,865	-1,390,712	3.02
3.03	2	CAP REL COSTS-MVBLE EQUIP	TH CAPITAL	28,623		28,623	9
3.04	5.06	A&G-ALL OTHER	MALPRACTICE	264,968		264,968	3.04
3.05	1	CAP REL COSTS-BLDG & FIXT	PROPERTY INSURANCE	112,227		112,227	12
3.06	5.06	A&G-ALL OTHER	INTEGRATED RISK	101,584	608,640	-507,056	3.06
3.07	5.06	A&G-ALL OTHER	WORK COMP	174,423	309,178	-134,755	3.07
3.08	4	EMPLOYEE BENEFITS DEPARTMENT	PENSION	4,079,984	2,013,000	2,066,984	3.08
3.09	4	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE STOP-LOSS	11,942	285,034	-273,092	3.09
3.10	5.06	A&G-ALL OTHER	IC RECOVERIES		-12,012	12,012	3.10
3.11	5.06	A&G-ALL OTHER	IC PHARM RECOVERIES		-47,147	47,147	3.11
3.12	4	EMPLOYEE BENEFITS DEPARTMENT	IC TUITION		204,509	-204,509	3.12
3.13	1	CAP REL COSTS-BLDG & FIXT	INTER-COMPANY LOAN INTERE	333,868	704,686	-370,818	11
3.14	5.06	A&G-ALL OTHER	BOND ISSUE COST	5,042		5,042	3.14
3.16	5.06	A&G-ALL OTHER	BANK SERV FEES	3,460		3,460	3.16
3.17	5.06	A&G-ALL OTHER	BANK TRUSTEE FEE	314		314	3.17
3.18	5.06	A&G-ALL OTHER	LETTER OF CREDIT FEES	8,949		8,949	3.18
4							4
5	TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12			13,969,508	14,543,180	-573,672	5

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

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
B	MERCY MEDICAL CENTER		CHE TRINITY HEALTH	100.00	HOME OFFICE

(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:



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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	5.06	A&G-ALL OTHER AGGREGATE	167,033		167,033	136,700	1,445	94,967	4,748	1
2	90	CLINIC AGGREGATE	286,371	286,371						2
3	30	ADULTS & PEDIATRICS AGGREGATE	179,725	179,725						3
4	44	SKILLED NURSING FACI AGGREGATE	3,492		3,492	136,700	36	2,366	118	4
5	50	OPERATING ROOM AGGREGATE	193,776	193,776						5
6	53	ANESTHESIOLOGY AGGREGATE	372,405	350,616	21,789	204,100	100	9,813	491	6
7	54	RADIOLOGY-DIAGNOSTIC AGGREGATE	228,368	137,458	90,910	231,100	736	81,774	4,089	7
8	59	CARDIAC CATHETERIZAT AGGREGATE	182,500	182,500						8
9	60	LABORATORY AGGREGATE	243,500	121,750	121,750	219,500	689	72,709	3,635	9
10	69	ELECTROCARDIOLOGY AGGREGATE	9,500		9,500	138,700	38	2,534	127	10
11	74	RENAL DIALYSIS AGGREGATE	28,600		28,600	154,100	233	17,262	863	11
12	91	EMERGENCY AGGREGATE	144,000	144,000						12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	2,039,270	1,596,196	443,074		3,277	281,425	14,071	200



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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	5.06	A&G-ALL OTHER AGGREGATE					94,967	72,066	72,066	1
2	90	CLINIC AGGREGATE							286,371	2
3	30	ADULTS & PEDIATRICS AGGREGATE							179,725	3
4	44	SKILLED NURSING FACI AGGREGATE					2,366	1,126	1,126	4
5	50	OPERATING ROOM AGGREGATE							193,776	5
6	53	ANESTHESIOLOGY AGGREGATE					9,813	11,976	362,592	6
7	54	RADIOLOGY-DIAGNOSTIC AGGREGATE					81,774	9,136	146,594	7
8	59	CARDIAC CATHETERIZAT AGGREGATE							182,500	8
9	60	LABORATORY AGGREGATE					72,709	49,041	170,791	9
10	69	ELECTROCARDIOLOGY AGGREGATE					2,534	6,966	6,966	10
11	74	RENAL DIALYSIS AGGREGATE					17,262	11,338	11,338	11
12	91	EMERGENCY AGGREGATE							144,000	12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					281,425	161,649	1,757,845	200



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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	CAP BLDG & FIXTURES	CAP REL 1970 BLDG	CAP REL BLUFF BLDG	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMEN T	
		0	1	1.01	1.02	2	4	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT	2,601,159	2,601,159					1
1.01	CAP REL COSTS-1970 BLDG	23,317		23,317				1.01
1.02	CAP REL COSTS-BLUFF BLDG	4,405			4,405			1.02
1.03	RAD ONCOL BLDG							1.03
2	CAP REL COSTS-MVBLE EQUIP	3,093,966				3,093,966		2
4	EMPLOYEE BENEFITS DEPARTMENT	2,340,978	17,909	792		2,341	2,362,020	4
5.02	A&G-INFO SERVICE	5,903,526	33,110			77,172	38,351	5.02
5.03	A&G-PURCHASING, STORES	735,974	83,657			3,682	25,925	5.03
5.04	A&G-ADMITTING, REGIST	477,616	18,682			83	17,454	5.04
5.05	A&G-CASHIERS, PFS	570,288	26,636				9,548	5.05
5.06	A&G-ALL OTHER	8,361,056	214,297	998		34,512	161,809	5.06
6	MAINTENANCE & REPAIRS	2,252,991	42,896	248		3,285	17,762	6
7	OPERATION OF PLANT	1,328,081						7
8	LAUNDRY & LINEN SERVICE	407,944	16,950	738			4,415	8
9	HOUSEKEEPING	941,770	19,960	406		1,309	26,662	9
10	DIETARY	1,690,632	123,863	2,175		17,595	80,914	10
11	CAFETERIA							11
13	NURSING ADMINISTRATION	2,123,941	14,310			6,130	83,921	13
14	CENTRAL SERVICES & SUPPLY	118,160	48,782			94,325	5,422	14
15	PHARMACY	4,614,540	41,333			132,138	96,009	15
16	MEDICAL RECORDS & LIBRARY	1,035,887	66,051			42,640	46,796	16
17	SOCIAL SERVICE	188,328	35,716	195			9,757	17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	8,420,026	750,409			260,793	421,905	30
31	INTENSIVE CARE UNIT	1,330,660	84,431			67,437	63,217	31
43	NURSERY	383,975	18,766			18,866	18,926	43
44	SKILLED NURSING FACILITY	4,194,598		10,554		51,971	191,274	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	2,260,308	250,232			381,906	83,494	50
51	RECOVERY ROOM	230,261					12,168	51
52	DELIVERY ROOM & LABOR ROOM	247,176	55,962			26,416	12,404	52
53	ANESTHESIOLOGY	279,652				21,911	65,615	53
54	RADIOLOGY-DIAGNOSTIC	2,435,091	122,232			631,856	101,218	54
59	CARDIAC CATHETERIZATION	1,350,172	104,878			642,268	36,607	59
60	LABORATORY	2,296,249	91,359			273,033	69,544	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	1,027,859	38,087			17,239	47,805	65
66	PHYSICAL THERAPY	1,657,738	22,398	2,006		8,475	77,535	66
68	SPEECH PATHOLOGY	399,173					20,335	68
69	ELECTROCARDIOLOGY	447,766	31,933			13,792	21,916	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,411,463						71
72	IMPL. DEV. CHARGED TO PATIENTS	1,566,901						72
73	DRUGS CHARGED TO PATIENTS	1,519,385						73
74	RENAL DIALYSIS	757,185	3,498	1,260		39,326	33,908	74
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	609,761				11,745	12,227	90
91	EMERGENCY	3,173,047	166,036			52,717	108,989	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	HOME HEALTH AGENCY	3,010,570		2,169	1,149	108,234	107,957	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
116	HOSPICE	666,519				397	14,805	116
118	SUBTOTALS (sum of lines 1-117)	79,490,094	2,544,373	21,541	1,149	3,043,594	2,146,594	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		21,810					190
194	OTHER NON-REIMB							194
194.0 4	NRCC-MERCY SPEC CLIN ENT	666,819				22,774	33,237	194.0 4
194.0 5	NRCC-MERCY SPEC CLIN GASTRO	869,491	34,976	1,615	2,183	7,845	46,238	194.0 5
194.0 9	NRCC-SENIOR SERVICES	47,071		161		100	1,346	194.0 9
194.1 2	NRCC-FREE CLINIC	3,326					123	194.1 2
194.1 3	NRCC-TENDERCARE	240,513			1,073		11,129	194.1 3



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP REL 1970 BLDG	CAP REL BLUFF BLDG	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMEN T	
		0	1	1.01	1.02	2	4	
194.1 6	NRCC-MLC NORTH	2,788,344				19,653	123,353	194.1 6
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	84,105,658	2,601,159	23,317	4,405	3,093,966	2,362,020	202

MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	A&G INFO SERV	A&G PURCHASING STORES	A&G ADMITTING REGISTR	A&G CASHIERS A/R, PFS	SUBTOTAL (cols.0-4)	
		4A	5.02	5.03	5.04	5.05		
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COSTS-1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	RAD ONCOL BLDG							1.03
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.02	A&G-INFO SERVICE	6,052,159	6,052,159					5.02
5.03	A&G-PURCHASING, STORES	849,238	65,849	915,087				5.03
5.04	A&G-ADMITTING, REGIST	513,835	39,842		553,677			5.04
5.05	A&G-CASHIERS, PFS	606,472	47,025			653,497		5.05
5.06	A&G-ALL OTHER	8,772,672	680,224				9,452,896	5.06
6	MAINTENANCE & REPAIRS	2,317,182	179,672				2,496,854	6
7	OPERATION OF PLANT	1,328,081	102,978				1,431,059	7
8	LAUNDRY & LINEN SERVICE	430,047	33,345				463,392	8
9	HOUSEKEEPING	990,107	76,772				1,066,879	9
10	DIETARY	1,915,179	148,501				2,063,680	10
11	CAFETERIA							11
13	NURSING ADMINISTRATION	2,228,302	172,780				2,401,082	13
14	CENTRAL SERVICES & SUPPLY	266,689	20,679				287,368	14
15	PHARMACY	4,884,020	378,702				5,262,722	15
16	MEDICAL RECORDS & LIBRARY	1,191,374	92,378				1,283,752	16
17	SOCIAL SERVICE	233,996	18,144				252,140	17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	9,853,133	763,972	102,355	61,942	73,100	10,854,502	30
31	INTENSIVE CARE UNIT	1,545,745	119,856	20,416	12,355	14,581	1,712,953	31
43	NURSERY	440,533	34,158	7,520	4,551	5,371	492,133	43
44	SKILLED NURSING FACILITY	4,448,397	344,924	24,731	14,967	17,662	4,850,681	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	2,975,940	230,751	82,068	49,665	58,611	3,397,035	50
51	RECOVERY ROOM	242,429	18,798	14,029	8,490	10,019	293,765	51
52	DELIVERY ROOM & LABOR ROOM	341,958	26,515	6,522	3,947	4,658	383,600	52
53	ANESTHESIOLOGY	367,178	28,471	21,261	12,866	15,184	444,960	53
54	RADIOLOGY-DIAGNOSTIC	3,290,397	255,134	133,497	80,682	95,303	3,855,013	54
59	CARDIAC CATHETERIZATION	2,133,925	165,462	63,634	38,509	45,446	2,446,976	59
60	LABORATORY	2,730,185	211,696	103,510	62,641	73,924	3,181,956	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	1,130,990	87,696	13,106	7,931	9,360	1,249,083	65
66	PHYSICAL THERAPY	1,768,152	137,101	26,602	16,099	18,998	1,966,952	66
68	SPEECH PATHOLOGY	419,508	32,528	7,626	4,615	5,446	469,723	68
69	ELECTROCARDIOLOGY	515,407	39,964	17,378	10,517	12,411	595,677	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,411,463	186,982	6,598	3,993	4,712	2,613,748	71
72	IMPL. DEV. CHARGED TO PATIENTS	1,566,901	121,496	13,736	8,313	9,810	1,720,256	72
73	DRUGS CHARGED TO PATIENTS	1,519,385	117,812	101,509	61,430	72,495	1,872,631	73
74	RENAL DIALYSIS	835,177	64,759	40,452	24,480	28,890	993,758	74
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	633,733	49,139	10,907	6,601	7,790	708,170	90
91	EMERGENCY	3,500,789	271,448	70,478	42,651	50,334	3,935,700	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	HOME HEALTH AGENCY	3,230,079	250,457	22,393	13,552	15,993	3,532,474	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
116	HOSPICE	681,721	52,860	4,759	2,880	3,399	745,619	116
118	SUBTOTALS (sum of lines 1-117)	79,162,478	5,668,870	915,087	553,677	653,497	78,779,189	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,810	1,691				23,501	190
194	OTHER NON-REIMB							194
194.0 4	NRCC-MERCY SPEC CLIN ENT	722,830	56,048				778,878	194.0 4
194.0 5	NRCC-MERCY SPEC CLIN GASTRO	962,348	74,620				1,036,968	194.0 5
194.0 9	NRCC-SENIOR SERVICES	48,678	3,774				52,452	194.0 9
194.1 2	NRCC-FREE CLINIC	3,449	267				3,716	194.1 2
194.1 3	NRCC-TENDER CARE	252,715	19,595				272,310	194.1 3



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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	A&G INFO SERV	A&G PURCHASING STORES	A&G ADMITTING REGISTR	A&G CASHIERS A/R, PFS	SUBTOTAL (cols.0-4)	
		4A	5.02	5.03	5.04	5.05		
194.1 6	NRCC-MLC NORTH	2,931,350	227,294				3,158,644	194.1 6
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	84,105,658	6,052,159	915,087	553,677	653,497	84,105,658	202

MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	A&G ALL OTHER	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
		5.06	6	7	8	9	10	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COSTS-1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	RAD ONCOL BLDG							1.03
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.05	A&G-CASHIERS, PFS							5.05
5.06	A&G-ALL OTHER	9,452,896						5.06
6	MAINTENANCE & REPAIRS	316,164	2,813,018					6
7	OPERATION OF PLANT	181,208		1,612,267				7
8	LAUNDRY & LINEN SERVICE	58,677	22,034	12,629	556,732			8
9	HOUSEKEEPING	135,094	25,947	14,871	11,016	1,253,807		9
10	DIETARY	261,313	161,014	92,284		13,576	2,591,867	10
11	CAFETERIA					15,938	1,092,676	11
13	NURSING ADMINISTRATION	304,037	18,602	10,662		7,674		13
14	CENTRAL SERVICES & SUPPLY	36,388	63,413	36,345	8,806	18,299		14
15	PHARMACY	666,392	53,730	30,795				15
16	MEDICAL RECORDS & LIBRARY	162,555	85,862	49,212		10,962		16
17	SOCIAL SERVICE	31,927	46,429	26,610		6,296		17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	1,374,442	975,481	559,091	139,412	530,662	708,560	30
31	INTENSIVE CARE UNIT	216,903	109,754	62,905	40,973	70,805	26,743	31
43	NURSERY	62,316	24,395	13,982	2,422	2,951		43
44	SKILLED NURSING FACILITY	614,217			127,913	110,326	763,888	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	430,150	325,284	186,435	37,228	152,095		50
51	RECOVERY ROOM	37,198						51
52	DELIVERY ROOM & LABOR ROOM	48,573	72,747	41,695		12,002		52
53	ANESTHESIOLOGY	56,343						53
54	RADIOLOGY-DIAGNOSTIC	488,141	158,893	91,069	28,075			54
59	CARDIAC CATHETERIZATION	309,848	136,335	78,140	446	66,111		59
60	LABORATORY	402,915	118,760	68,067	27	28,530		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	158,165	49,511	28,377	45	10,372		65
66	PHYSICAL THERAPY	249,065	29,116	16,688	3,620	23,471		66
68	SPEECH PATHOLOGY	59,479				5,481		68
69	ELECTROCARDIOLOGY	75,428	41,510	23,791	6,460	16,949		69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	330,966						71
72	IMPL. DEV. CHARGED TO PATIENTS	217,827						72
73	DRUGS CHARGED TO PATIENTS	237,122				10,175		73
74	RENAL DIALYSIS	125,835	4,547	2,606	4,297	28,193		74
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	89,672			2,389	10,962		90
91	EMERGENCY	498,358	215,836	123,705	71,582	83,201		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	HOME HEALTH AGENCY	447,300				18,776		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
116	HOSPICE	94,414						116
118	SUBTOTALS (sum of lines 1-117)	8,778,432	2,739,200	1,569,959	484,711	1,253,807	2,591,867	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,976	28,351	16,249				190
194	OTHER NON-REIMB							194
194.0 4	NRCC-MERCY SPEC CLIN ENT	98,625						194.0 4
194.0 5	NRCC-MERCY SPEC CLIN GASTRO	131,306	45,467	26,059				194.0 5
194.0 9	NRCC-SENIOR SERVICES	6,642						194.0 9
194.1 2	NRCC-FREE CLINIC	471						194.1 2
194.1 3	NRCC-TENDER CARE	34,481						194.1 3



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	A&G ALL OTHER	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
		5.06	6	7	8	9	10	
194.1 6	NRCC-MLC NORTH	399,963			72,021			194.1 6
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	9,452,896	2,813,018	1,612,267	556,732	1,253,807	2,591,867	202

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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11	13	14	15	16	17	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COSTS-1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	RAD ONCOL BLDG							1.03
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.05	A&G-CASHIERS, PFS							5.05
5.06	A&G-ALL OTHER							5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA	1,108,614						11
13	NURSING ADMINISTRATION	46,878	2,788,935					13
14	CENTRAL SERVICES & SUPPLY	5,991		456,610				14
15	PHARMACY	47,529			6,061,168			15
16	MEDICAL RECORDS & LIBRARY	37,457				1,629,800		16
17	SOCIAL SERVICE	8,565					371,967	17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	292,121	1,544,006			182,291		30
31	INTENSIVE CARE UNIT	36,225	241,702			36,361		31
43	NURSERY	14,453	98,821			13,394		43
44	SKILLED NURSING FACILITY	137,588	21,068			44,045	38,951	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	57,929	166,585			146,160		50
51	RECOVERY ROOM	5,895	42,511			24,985		51
52	DELIVERY ROOM & LABOR ROOM	9,236	65,578			11,615		52
53	ANESTHESIOLOGY					37,865		53
54	RADIOLOGY-DIAGNOSTIC	59,606	1,545			237,812		54
59	CARDIAC CATHETERIZATION	17,726	80,606			113,330		59
60	LABORATORY	50,103				184,347		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	31,296				23,341		65
66	PHYSICAL THERAPY	45,297				47,377		66
68	SPEECH PATHOLOGY	6,703				13,582		68
69	ELECTROCARDIOLOGY	17,479	17,176			30,950		69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			351,111		11,751		71
72	IMPL. DEV. CHARGED TO PATIENTS			105,499		24,464		72
73	DRUGS CHARGED TO PATIENTS				5,760,756	180,784		73
74	RENAL DIALYSIS	23,045	59,866		300,412	72,043	7,025	74
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	5,950	18,864			19,426		90
91	EMERGENCY	67,261	399,511			125,519	308,834	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	HOME HEALTH AGENCY	74,771	92			39,882	2,595	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
116	HOSPICE	9,510	9			8,476	14,562	116
118	SUBTOTALS (sum of lines 1-117)	1,108,614	2,757,940	456,610	6,061,168	1,629,800	371,967	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
194	OTHER NON-REIMB							194
194.0 4	NRCC-MERCY SPEC CLIN ENT							194.0 4
194.0 5	NRCC-MERCY SPEC CLIN GASTRO		11,882					194.0 5
194.0 9	NRCC-SENIOR SERVICES							194.0 9
194.1 2	NRCC-FREE CLINIC							194.1 2
194.1 3	NRCC-TENDER CARE		2,151					194.1 3



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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11	13	14	15	16	17	
194.1 6	NRCC-MLC NORTH		16,962					194.1 6
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,108,614	2,788,935	456,610	6,061,168	1,629,800	371,967	202



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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		24	25	26			
	<b>GENERAL SERVICE COST CENTERS</b>						
1	CAP REL COSTS-BLDG & FIXT						1
1.01	CAP REL COSTS-1970 BLDG						1.01
1.02	CAP REL COSTS-BLUFF BLDG						1.02
1.03	RAD ONCOL BLDG						1.03
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.02	A&G-INFO SERVICE						5.02
5.03	A&G-PURCHASING, STORES						5.03
5.04	A&G-ADMITTING, REGIST						5.04
5.05	A&G-CASHIERS, PFS						5.05
5.06	A&G-ALL OTHER						5.06
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS	17,160,568		17,160,568			30
31	INTENSIVE CARE UNIT	2,555,324		2,555,324			31
43	NURSERY	724,867		724,867			43
44	SKILLED NURSING FACILITY	6,708,677		6,708,677			44
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM	4,898,901		4,898,901			50
51	RECOVERY ROOM	404,354		404,354			51
52	DELIVERY ROOM & LABOR ROOM	645,046		645,046			52
53	ANESTHESIOLOGY	539,168		539,168			53
54	RADIOLOGY-DIAGNOSTIC	4,920,154		4,920,154			54
59	CARDIAC CATHETERIZATION	3,249,518		3,249,518			59
60	LABORATORY	4,034,705		4,034,705			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	1,550,190		1,550,190			65
66	PHYSICAL THERAPY	2,381,586		2,381,586			66
68	SPEECH PATHOLOGY	554,968		554,968			68
69	ELECTROCARDIOLOGY	825,420		825,420			69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,307,576		3,307,576			71
72	IMPL. DEV. CHARGED TO PATIENTS	2,068,046		2,068,046			72
73	DRUGS CHARGED TO PATIENTS	8,061,468		8,061,468			73
74	RENAL DIALYSIS	1,621,627		1,621,627			74
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	CLINIC	855,433		855,433			90
91	EMERGENCY	5,829,507		5,829,507			91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
101	HOME HEALTH AGENCY	4,115,890		4,115,890			101
	<b>SPECIAL PURPOSE COST CENTERS</b>						
113	INTEREST EXPENSE						113
116	HOSPICE	872,590		872,590			116
118	SUBTOTALS (sum of lines 1-117)	77,885,583		77,885,583			118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	71,077		71,077			190
194	OTHER NON-REIMB						194
194.0	NRCC-MERCY SPEC CLIN ENT	877,503		877,503			194.0
4							4
194.0	NRCC-MERCY SPEC CLIN GASTRO	1,251,682		1,251,682			194.0
5							5
194.0	NRCC-SENIOR SERVICES	59,094		59,094			194.0
9							9
194.1	NRCC-FREE CLINIC	4,187		4,187			194.1
2							2
194.1	NRCC-TENDERCARE	308,942		308,942			194.1
3							3



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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		24	25	26			
194.1 6	NRCC-MLC NORTH	3,647,590		3,647,590			194.1 6
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	84,105,658		84,105,658			202

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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP REL 1970 BLDG	CAP REL BLUFF BLDG	CAP MOVABLE EQUIPMENT	SUBTOTAL	
		0	1	1.01	1.02	2	2A	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COSTS-1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	RAD ONCOL BLDG							1.03
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT		17,909	792		2,341	21,042	4
5.02	A&G-INFO SERVICE		33,110			77,172	110,282	5.02
5.03	A&G-PURCHASING, STORES		83,657			3,682	87,339	5.03
5.04	A&G-ADMITTING, REGIST		18,682			83	18,765	5.04
5.05	A&G-CASHIERS, PFS		26,636				26,636	5.05
5.06	A&G-ALL OTHER		214,297	998		34,512	249,807	5.06
6	MAINTENANCE & REPAIRS		42,896	248		3,285	46,429	6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE		16,950	738			17,688	8
9	HOUSEKEEPING		19,960	406		1,309	21,675	9
10	DIETARY		123,863	2,175		17,595	143,633	10
11	CAFETERIA							11
13	NURSING ADMINISTRATION		14,310			6,130	20,440	13
14	CENTRAL SERVICES & SUPPLY		48,782			94,325	143,107	14
15	PHARMACY		41,333			132,138	173,471	15
16	MEDICAL RECORDS & LIBRARY		66,051			42,640	108,691	16
17	SOCIAL SERVICE		35,716	195			35,911	17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS		750,409			260,793	1,011,202	30
31	INTENSIVE CARE UNIT		84,431			67,437	151,868	31
43	NURSERY		18,766			18,866	37,632	43
44	SKILLED NURSING FACILITY			10,554		51,971	62,525	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM		250,232			381,906	632,138	50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM		55,962			26,416	82,378	52
53	ANESTHESIOLOGY					21,911	21,911	53
54	RADIOLOGY-DIAGNOSTIC		122,232			631,856	754,088	54
59	CARDIAC CATHETERIZATION		104,878			642,268	747,146	59
60	LABORATORY		91,359			273,033	364,392	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		38,087			17,239	55,326	65
66	PHYSICAL THERAPY		22,398	2,006		8,475	32,879	66
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY		31,933			13,792	45,725	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS		3,498	1,260		39,326	44,084	74
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC					11,745	11,745	90
91	EMERGENCY		166,036			52,717	218,753	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	HOME HEALTH AGENCY			2,169	1,149	108,234	111,552	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
116	HOSPICE					397	397	116
118	SUBTOTALS (sum of lines 1-117)		2,544,373	21,541	1,149	3,043,594	5,610,657	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		21,810				21,810	190
194	OTHER NON-REIMB							194
194.0 4	NRCC-MERCY SPEC CLIN ENT					22,774	22,774	194.0 4
194.0 5	NRCC-MERCY SPEC CLIN GASTRO		34,976	1,615	2,183	7,845	46,619	194.0 5
194.0 9	NRCC-SENIOR SERVICES			161		100	261	194.0 9
194.1 2	NRCC-FREE CLINIC							194.1 2
194.1 3	NRCC-TENDER CARE				1,073		1,073	194.1 3



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP REL 1970 BLDG	CAP REL BLUFF BLDG	CAP MOVABLE EQUIPMENT	SUBTOTAL	
		0	1	1.01	1.02	2	2A	
194.1 6	NRCC-MLC NORTH					19,653	19,653	194.1 6
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)		2,601,159	23,317	4,405	3,093,966	5,722,847	202

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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	EMPLOYEE BENEFITS DEPARTMEN T	A&G INFO SERV	A&G PURCHASING STORES	A&G ADMITTING REGISTR	A&G CASHIERS A/R, PFS	A&G ALL OTHER	
		4	5.02	5.03	5.04	5.05	5.06	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COSTS-1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	RAD ONCOL BLDG							1.03
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT	21,042						4
5.02	A&G-INFO SERVICE	341	110,623					5.02
5.03	A&G-PURCHASING, STORES	231	1,203	88,773				5.03
5.04	A&G-ADMITTING, REGIST	155	728		19,648			5.04
5.05	A&G-CASHIERS, PFS	85	859			27,580		5.05
5.06	A&G-ALL OTHER	1,440	12,431				263,678	5.06
6	MAINTENANCE & REPAIRS	158	3,283				8,819	6
7	OPERATION OF PLANT		1,882				5,055	7
8	LAUNDRY & LINEN SERVICE	39	609				1,637	8
9	HOUSEKEEPING	237	1,403				3,768	9
10	DIETARY	720	2,714				7,289	10
11	CAFETERIA							11
13	NURSING ADMINISTRATION	747	3,158				8,481	13
14	CENTRAL SERVICES & SUPPLY	48	378				1,015	14
15	PHARMACY	855	6,921				18,588	15
16	MEDICAL RECORDS & LIBRARY	417	1,688				4,534	16
17	SOCIAL SERVICE	87	332				891	17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	3,773	13,984	9,926	2,200	3,091	38,339	30
31	INTENSIVE CARE UNIT	563	2,190	1,980	439	616	6,050	31
43	NURSERY	168	624	729	162	227	1,738	43
44	SKILLED NURSING FACILITY	1,703	6,303	2,398	532	747	17,133	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	743	4,217	7,959	1,764	2,478	11,998	50
51	RECOVERY ROOM	108	344	1,361	302	424	1,038	51
52	DELIVERY ROOM & LABOR ROOM	110	485	632	140	197	1,355	52
53	ANESTHESIOLOGY	584	520	2,062	457	642	1,572	53
54	RADIOLOGY-DIAGNOSTIC	901	4,662	12,975	2,847	3,981	13,616	54
59	CARDIAC CATHETERIZATION	326	3,024	6,171	1,368	1,921	8,643	59
60	LABORATORY	619	3,869	10,038	2,225	3,125	11,239	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	426	1,603	1,271	282	396	4,412	65
66	PHYSICAL THERAPY	690	2,505	2,580	572	803	6,947	66
68	SPEECH PATHOLOGY	181	594	740	164	230	1,659	68
69	ELECTROCARDIOLOGY	195	730	1,685	374	525	2,104	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,417	640	142	199	9,232	71
72	IMPL. DEV. CHARGED TO PATIENTS		2,220	1,332	295	415	6,076	72
73	DRUGS CHARGED TO PATIENTS		2,153	9,844	2,182	3,065	6,614	73
74	RENAL DIALYSIS	302	1,183	3,923	869	1,221	3,510	74
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	109	898	1,058	234	329	2,501	90
91	EMERGENCY	970	4,961	6,835	1,515	2,128	13,901	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	HOME HEALTH AGENCY	961	4,577	2,172	481	676	12,477	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
116	HOSPICE	132	966	462	102	144	2,634	116
118	SUBTOTALS (sum of lines 1-117)	19,124	103,618	88,773	19,648	27,580	244,865	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		31					83
194	OTHER NON-REIMB							194
194.0 4	NRCC-MERCY SPEC CLIN ENT	296	1,024				2,751	194.0 4
194.0 5	NRCC-MERCY SPEC CLIN GASTRO	412	1,364				3,663	194.0 5
194.0 9	NRCC-SENIOR SERVICES	12	69				185	194.0 9
194.1 2	NRCC-FREE CLINIC	1	5				13	194.1 2
194.1 3	NRCC-TENDERCARE	99	358				962	194.1 3



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	EMPLOYEE BENEFITS DEPARTMENT	A&G INFO SERV	A&G PURCHASING STORES	A&G ADMITTING REGISTR	A&G CASHIERS A/R, PFS	A&G ALL OTHER	
		4	5.02	5.03	5.04	5.05	5.06	
194.16	NRCC-MLC NORTH	1,098	4,154				11,156	194.16
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	21,042	110,623	88,773	19,648	27,580	263,678	202

MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COSTS-1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	RAD ONCOL BLDG							1.03
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.05	A&G-CASHIERS, PFS							5.05
5.06	A&G-ALL OTHER							5.06
6	MAINTENANCE & REPAIRS	58,689						6
7	OPERATION OF PLANT		6,937					7
8	LAUNDRY & LINEN SERVICE	460	54	20,487				8
9	HOUSEKEEPING	541	64	405	28,093			9
10	DIETARY	3,359	397		304	158,416		10
11	CAFETERIA				357	66,785	67,142	11
13	NURSING ADMINISTRATION	388	46		172		2,839	13
14	CENTRAL SERVICES & SUPPLY	1,323	156	324	410		363	14
15	PHARMACY	1,121	132				2,879	15
16	MEDICAL RECORDS & LIBRARY	1,791	212		246		2,269	16
17	SOCIAL SERVICE	969	114		141		519	17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	20,351	2,408	5,131	11,890	43,307	17,692	30
31	INTENSIVE CARE UNIT	2,290	271	1,508	1,586	1,635	2,194	31
43	NURSERY	509	60	89	66		875	43
44	SKILLED NURSING FACILITY			4,707	2,472	46,689	8,333	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	6,787	802	1,370	3,408		3,508	50
51	RECOVERY ROOM						357	51
52	DELIVERY ROOM & LABOR ROOM	1,518	179		269		559	52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC	3,315	392	1,033			3,610	54
59	CARDIAC CATHETERIZATION	2,844	336	16	1,481		1,074	59
60	LABORATORY	2,478	293	1	639		3,034	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	1,033	122	2	232		1,895	65
66	PHYSICAL THERAPY	607	72	133	526		2,743	66
68	SPEECH PATHOLOGY				123		406	68
69	ELECTROCARDIOLOGY	866	102	238	380		1,059	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS				228			73
74	RENAL DIALYSIS	95	11	158	632		1,396	74
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC			88	246		360	90
91	EMERGENCY	4,503	532	2,634	1,864		4,074	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	HOME HEALTH AGENCY				421		4,528	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
116	HOSPICE						576	116
118	SUBTOTALS (sum of lines 1-117)	57,148	6,755	17,837	28,093	158,416	67,142	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	592	70					190
194	OTHER NON-REIMB							194
194.0 4	NRCC-MERCY SPEC CLIN ENT							194.0 4
194.0 5	NRCC-MERCY SPEC CLIN GASTRO	949	112					194.0 5
194.0 9	NRCC-SENIOR SERVICES							194.0 9
194.1 2	NRCC-FREE CLINIC							194.1 2
194.1 3	NRCC-TENDER CARE							194.1 3



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE-KEEPING 9	DIETARY 10	CAFETERIA 11	
194.1 6	NRCC-MLC NORTH			2,650				194.1 6
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	58,689	6,937	20,487	28,093	158,416	67,142	202

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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	
		13	14	15	16	17	24	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COSTS-1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	RAD ONCOL BLDG							1.03
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.05	A&G-CASHIERS, PFS							5.05
5.06	A&G-ALL OTHER							5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
13	NURSING ADMINISTRATION	36,271						13
14	CENTRAL SERVICES & SUPPLY		147,124					14
15	PHARMACY			203,967				15
16	MEDICAL RECORDS & LIBRARY				119,848			16
17	SOCIAL SERVICE					38,964		17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	20,081			13,410		1,216,785	30
31	INTENSIVE CARE UNIT	3,143			2,675		179,008	31
43	NURSERY	1,285			985		45,149	43
44	SKILLED NURSING FACILITY	274			3,240	4,080	161,136	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	2,166			10,752		690,090	50
51	RECOVERY ROOM	553			1,838		6,325	51
52	DELIVERY ROOM & LABOR ROOM	853			854		89,529	52
53	ANESTHESIOLOGY				2,785		30,533	53
54	RADIOLOGY-DIAGNOSTIC	20			17,450		818,890	54
59	CARDIAC CATHETERIZATION	1,048			8,337		783,735	59
60	LABORATORY				13,561		415,513	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY				1,717		68,717	65
66	PHYSICAL THERAPY				3,485		54,542	66
68	SPEECH PATHOLOGY				999		5,096	68
69	ELECTROCARDIOLOGY	223			2,277		56,483	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		113,132		864		127,626	71
72	IMPL. DEV. CHARGED TO PATIENTS		33,992		1,800		46,130	72
73	DRUGS CHARGED TO PATIENTS			193,858	13,299		231,243	73
74	RENAL DIALYSIS	779		10,109	5,300	736	74,308	74
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	245			1,429		19,242	90
91	EMERGENCY	5,196			9,234	32,351	309,451	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	HOME HEALTH AGENCY	1			2,934	272	141,052	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	INTEREST EXPENSE							113
116	HOSPICE				623	1,525	7,561	116
118	SUBTOTALS (sum of lines 1-117)	35,867	147,124	203,967	119,848	38,964	5,578,144	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						22,586	190
194	OTHER NON-REIMB							194
194.0 4	NRCC-MERCY SPEC CLIN ENT						26,845	194.0 4
194.0 5	NRCC-MERCY SPEC CLIN GASTRO	155					53,274	194.0 5
194.0 9	NRCC-SENIOR SERVICES						527	194.0 9
194.1 2	NRCC-FREE CLINIC						19	194.1 2
194.1 3	NRCC-TENDER CARE	28					2,520	194.1 3



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	
		13	14	15	16	17	24	
194.1 6	NRCC-MLC NORTH	221					38,932	194.1 6
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	36,271	147,124	203,967	119,848	38,964	5,722,847	202



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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
	<b>GENERAL SERVICE COST CENTERS</b>						
1	CAP REL COSTS-BLDG & FIXT						1
1.01	CAP REL COSTS-1970 BLDG						1.01
1.02	CAP REL COSTS-BLUFF BLDG						1.02
1.03	RAD ONCOL BLDG						1.03
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.02	A&G-INFO SERVICE						5.02
5.03	A&G-PURCHASING, STORES						5.03
5.04	A&G-ADMITTING, REGIST						5.04
5.05	A&G-CASHIERS, PFS						5.05
5.06	A&G-ALL OTHER						5.06
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS		1,216,785				30
31	INTENSIVE CARE UNIT		179,008				31
43	NURSERY		45,149				43
44	SKILLED NURSING FACILITY		161,136				44
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM		690,090				50
51	RECOVERY ROOM		6,325				51
52	DELIVERY ROOM & LABOR ROOM		89,529				52
53	ANESTHESIOLOGY		30,533				53
54	RADIOLOGY-DIAGNOSTIC		818,890				54
59	CARDIAC CATHETERIZATION		783,735				59
60	LABORATORY		415,513				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY		68,717				65
66	PHYSICAL THERAPY		54,542				66
68	SPEECH PATHOLOGY		5,096				68
69	ELECTROCARDIOLOGY		56,483				69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		127,626				71
72	IMPL. DEV. CHARGED TO PATIENTS		46,130				72
73	DRUGS CHARGED TO PATIENTS		231,243				73
74	RENAL DIALYSIS		74,308				74
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	CLINIC		19,242				90
91	EMERGENCY		309,451				91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
101	HOME HEALTH AGENCY		141,052				101
	<b>SPECIAL PURPOSE COST CENTERS</b>						
113	INTEREST EXPENSE						113
116	HOSPICE		7,561				116
118	SUBTOTALS (sum of lines 1-117)		5,578,144				118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		22,586				190
194	OTHER NON-REIMB						194
194.0	NRCC-MERCY SPEC CLIN ENT		26,845				194.0
4							4
194.0	NRCC-MERCY SPEC CLIN GASTRO		53,274				194.0
5							5
194.0	NRCC-SENIOR SERVICES		527				194.0
9							9
194.1	NRCC-FREE CLINIC		19				194.1
2							2
194.1	NRCC-TENDER CARE		2,520				194.1
3							3



COMPU-MAX

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL					
		25	26					
194.1 6	NRCC-MLC NORTH		38,932					194.1 6
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)		5,722,847					202



MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL 1970 BLDG SQUARE FEET	CAP REL BLUFF BLDG SQUARE FEET	BLDG RADIATION ONCOLOGY SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT T GROSS SALARIES	
		1	1.01	1.02	1.03	2	4	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT	154,688						1
1.01	CAP REL COSTS-1970 BLDG		89,286					1.01
1.02	CAP REL COSTS-BLUFF BLDG			24,931				1.02
1.03	RAD ONCOL BLDG				9,780			1.03
2	CAP REL COSTS-MVBLE EQUIP					2,877,517		2
4	EMPLOYEE BENEFITS DEPARTMENT	1,065	3,031			2,177	36,442,698	4
5.02	A&G-INFO SERVICE	1,969				71,773	591,700	5.02
5.03	A&G-PURCHASING, STORES	4,975				3,424	399,987	5.03
5.04	A&G-ADMITTING, REGIST	1,111				77	269,287	5.04
5.05	A&G-CASHIERS, PFS	1,584					147,304	5.05
5.06	A&G-ALL OTHER	12,744	3,820			32,098	2,496,472	5.06
6	MAINTENANCE & REPAIRS	2,551	949			3,055	274,035	6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE	1,008	2,827				68,114	8
9	HOUSEKEEPING	1,187	1,556			1,217	411,355	9
10	DIETARY	7,366	8,328			16,364	1,248,391	10
11	CAFETERIA							11
13	NURSING ADMINISTRATION	851				5,701	1,294,770	13
14	CENTRAL SERVICES & SUPPLY	2,901				87,726	83,660	14
15	PHARMACY	2,458				122,894	1,481,285	15
16	MEDICAL RECORDS & LIBRARY	3,928				39,657	722,001	16
17	SOCIAL SERVICE	2,124	748				150,538	17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	44,626				242,548	6,509,577	30
31	INTENSIVE CARE UNIT	5,021				62,719	975,351	31
43	NURSERY	1,116				17,546	291,995	43
44	SKILLED NURSING FACILITY		40,411			48,335	2,951,070	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	14,881				355,188	1,288,187	50
51	RECOVERY ROOM						187,730	51
52	DELIVERY ROOM & LABOR ROOM	3,328				24,568	191,374	52
53	ANESTHESIOLOGY					20,378	1,012,349	53
54	RADIOLOGY-DIAGNOSTIC	7,269			9,780	587,652	1,561,639	54
59	CARDIAC CATHETERIZATION	6,237				597,340	564,792	59
60	LABORATORY	5,433				253,932	1,072,969	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	2,265				16,033	737,555	65
66	PHYSICAL THERAPY	1,332	7,683			7,882	1,196,258	66
68	SPEECH PATHOLOGY						313,742	68
69	ELECTROCARDIOLOGY	1,899				12,827	338,136	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS	208	4,826			36,575	523,147	74
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC					10,923	188,650	90
91	EMERGENCY	9,874				49,029	1,681,546	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	HOME HEALTH AGENCY		8,304	6,504		100,662	1,665,612	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
116	HOSPICE					369	228,422	116
118	SUBTOTALS (sum of lines 1-117)	151,311	82,483	6,504	9,780	2,830,669	33,119,000	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,297						190
194	OTHER NON-REIMB							194
194.0 4	NRCC-MERCY SPEC CLIN ENT					21,181	512,795	194.0 4
194.0 5	NRCC-MERCY SPEC CLIN GASTRO	2,080	6,186	12,353		7,296	713,385	194.0 5
194.0 9	NRCC-SENIOR SERVICES		617			93	20,762	194.0 9
194.1 2	NRCC-FREE CLINIC						1,900	194.1 2
194.1 3	NRCC-TENDERCARE			6,074			171,704	194.1 3



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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL 1970 BLDG SQUARE FEET	CAP REL BLUFF BLDG SQUARE FEET	BLDG RADIATION ONCOLOGY SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	
		1	1.01	1.02	1.03	2	4	
194.16	NRCC-MLC NORTH					18,278	1,903,152	194.16
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	2,601,159	23,317	4,405		3,093,966	2,362,020	202
203	UNIT COST MULT-WS B PT I	16.815519	0.261150	0.176688		1.075221	0.064815	203
204	COST TO BE ALLOC PER B PT II						21,042	204
205	UNIT COST MULT-WS B PT II						0.000577	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	RECON- CILIATION	A&G INFO SERV  ACCUM COST	A&G PURCHASING STORES GROSS REVENUE	A&G ADMITTING REGISTR GROSS REVENUE	A&G CASHIERS A/R, PFS GROSS REVENUE	RECON- CILIATION	
		5A.02	5.02	5.03	5.04	5.05		
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COSTS-1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	RAD ONCOL BLDG							1.03
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.02	A&G-INFO SERVICE	-6,052,159	78,053,499					5.02
5.03	A&G-PURCHASING, STORES		849,238	234,155,101				5.03
5.04	A&G-ADMITTING, REGIST		513,835		234,155,101			5.04
5.05	A&G-CASHIERS, PFS		606,472			234,155,101		5.05
5.06	A&G-ALL OTHER		8,772,672				-9,452,896	5.06
6	MAINTENANCE & REPAIRS		2,317,182					6
7	OPERATION OF PLANT		1,328,081					7
8	LAUNDRY & LINEN SERVICE		430,047					8
9	HOUSEKEEPING		990,107					9
10	DIETARY		1,915,179					10
11	CAFETERIA							11
13	NURSING ADMINISTRATION		2,228,302					13
14	CENTRAL SERVICES & SUPPLY		266,689					14
15	PHARMACY		4,884,020					15
16	MEDICAL RECORDS & LIBRARY		1,191,374					16
17	SOCIAL SERVICE		233,996					17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS		9,853,133	26,191,184	26,191,184	26,191,184		30
31	INTENSIVE CARE UNIT		1,545,745	5,224,214	5,224,214	5,224,214		31
43	NURSERY		440,533	1,924,377	1,924,377	1,924,377		43
44	SKILLED NURSING FACILITY		4,448,397	6,328,353	6,328,353	6,328,353		44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM		2,975,940	20,999,974	20,999,974	20,999,974		50
51	RECOVERY ROOM		242,429	3,589,816	3,589,816	3,589,816		51
52	DELIVERY ROOM & LABOR ROOM		341,958	1,668,821	1,668,821	1,668,821		52
53	ANESTHESIOLOGY		367,178	5,440,341	5,440,341	5,440,341		53
54	RADIOLOGY-DIAGNOSTIC		3,290,397	34,157,086	34,157,086	34,157,086		54
59	CARDIAC CATHETERIZATION		2,133,925	16,283,006	16,283,006	16,283,006		59
60	LABORATORY		2,730,185	26,486,704	26,486,704	26,486,704		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		1,130,990	3,353,607	3,353,607	3,353,607		65
66	PHYSICAL THERAPY		1,768,152	6,807,034	6,807,034	6,807,034		66
68	SPEECH PATHOLOGY		419,508	1,951,430	1,951,430	1,951,430		68
69	ELECTROCARDIOLOGY		515,407	4,446,799	4,446,799	4,446,799		69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,411,463	1,688,295	1,688,295	1,688,295		71
72	IMPL. DEV. CHARGED TO PATIENTS		1,566,901	3,514,956	3,514,956	3,514,956		72
73	DRUGS CHARGED TO PATIENTS		1,519,385	25,974,727	25,974,727	25,974,727		73
74	RENAL DIALYSIS		835,177	10,351,016	10,351,016	10,351,016		74
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC		633,733	2,791,056	2,791,056	2,791,056		90
91	EMERGENCY		3,500,789	18,034,391	18,034,391	18,034,391		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	HOME HEALTH AGENCY		3,230,079	5,730,163	5,730,163	5,730,163		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
116	HOSPICE		681,721	1,217,751	1,217,751	1,217,751		116
118	SUBTOTALS (sum of lines 1-117)	-6,052,159	73,110,319	234,155,101	234,155,101	234,155,101	-9,452,896	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		21,810					190
194	OTHER NON-REIMB							194
194.0 4	NRCC-MERCY SPEC CLIN ENT		722,830					194.0 4
194.0 5	NRCC-MERCY SPEC CLIN GASTRO		962,348					194.0 5
194.0 9	NRCC-SENIOR SERVICES		48,678					194.0 9
194.1 2	NRCC-FREE CLINIC		3,449					194.1 2
194.1 3	NRCC-TENDERCARE		252,715					194.1 3



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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	RECON- CILIATION	A&G INFO SERV  ACCUM COST	A&G PURCHASING STORES GROSS REVENUE	A&G ADMITTING REGISTR GROSS REVENUE	A&G CASHIERS A/R, PFS GROSS REVENUE	RECON- CILIATION	
		5A.02	5.02	5.03	5.04	5.05		
194.1 6	NRCC-MLC NORTH		2,931,350					194.1 6
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I		6,052,159	915,087	553,677	653,497		202
203	UNIT COST MULT-WS B PT I		0.077539	0.003908	0.002365	0.002791		203
204	COST TO BE ALLOC PER B PT II		110,623	88,773	19,648	27,580		204
205	UNIT COST MULT-WS B PT II		0.001417	0.000379	0.000084	0.000118		205

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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	A&G ALL OTHER  ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT  SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING  HOURS OF SERVICE	DIETARY  MEALS SERVED	
		5.06	6	7	8	9	10	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COSTS-1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	RAD ONCOL BLDG							1.03
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.05	A&G-CASHIERS, PFS							5.05
5.06	A&G-ALL OTHER	74,652,762						5.06
6	MAINTENANCE & REPAIRS	2,496,854	128,689					6
7	OPERATION OF PLANT	1,431,059		128,689				7
8	LAUNDRY & LINEN SERVICE	463,392	1,008	1,008	933,959			8
9	HOUSEKEEPING	1,066,879	1,187	1,187	18,480	44,606		9
10	DIETARY	2,063,680	7,366	7,366			384,087	10
11	CAFETERIA					567	161,923	11
13	NURSING ADMINISTRATION	2,401,082	851	851		273		13
14	CENTRAL SERVICES & SUPPLY	287,368	2,901	2,901	14,773	651		14
15	PHARMACY	5,262,722	2,458	2,458				15
16	MEDICAL RECORDS & LIBRARY	1,283,752	3,928	3,928		390		16
17	SOCIAL SERVICE	252,140	2,124	2,124		224		17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	10,854,502	44,626	44,626	233,876	18,879	105,001	30
31	INTENSIVE CARE UNIT	1,712,953	5,021	5,021	68,735	2,519	3,963	31
43	NURSERY	492,133	1,116	1,116	4,063	105		43
44	SKILLED NURSING FACILITY	4,850,681			214,583	3,925	113,200	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	3,397,035	14,881	14,881	62,452	5,411		50
51	RECOVERY ROOM	293,765						51
52	DELIVERY ROOM & LABOR ROOM	383,600	3,328	3,328		427		52
53	ANESTHESIOLOGY	444,960						53
54	RADIOLOGY-DIAGNOSTIC	3,855,013	7,269	7,269	47,098			54
59	CARDIAC CATHETERIZATION	2,446,976	6,237	6,237	748	2,352		59
60	LABORATORY	3,181,956	5,433	5,433	45	1,015		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	1,249,083	2,265	2,265	76	369		65
66	PHYSICAL THERAPY	1,966,952	1,332	1,332	6,073	835		66
68	SPEECH PATHOLOGY	469,723				195		68
69	ELECTROCARDIOLOGY	595,677	1,899	1,899	10,837	603		69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,613,748						71
72	IMPL. DEV. CHARGED TO PATIENTS	1,720,256						72
73	DRUGS CHARGED TO PATIENTS	1,872,631				362		73
74	RENAL DIALYSIS	993,758	208	208	7,209	1,003		74
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	708,170			4,007	390		90
91	EMERGENCY	3,935,700	9,874	9,874	120,084	2,960		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	HOME HEALTH AGENCY	3,532,474				668		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
116	HOSPICE	745,619						116
118	SUBTOTALS (sum of lines 1-117)	69,326,293	125,312	125,312	813,139	44,606	384,087	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	23,501	1,297	1,297				190
194	OTHER NON-REIMB							194
194.0 4	NRCC-MERCY SPEC CLIN ENT	778,878						194.0 4
194.0 5	NRCC-MERCY SPEC CLIN GASTRO	1,036,968	2,080	2,080				194.0 5
194.0 9	NRCC-SENIOR SERVICES	52,452						194.0 9
194.1 2	NRCC-FREE CLINIC	3,716						194.1 2
194.1 3	NRCC-TENDER CARE	272,310						194.1 3



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	A&G ALL OTHER  ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT  SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING  HOURS OF SERVICE	DIETARY  MEALS SERVED	
		5.06	6	7	8	9	10	
194.1 6	NRCC-MLC NORTH	3,158,644			120,820			194.1 6
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	9,452,896	2,813,018	1,612,267	556,732	1,253,807	2,591,867	202
203	UNIT COST MULT-WS B PT I	0.126625	21.859040	12.528398	0.596099	28.108483	6.748125	203
204	COST TO BE ALLOC PER B PT II	263,678	58,689	6,937	20,487	28,093	158,416	204
205	UNIT COST MULT-WS B PT II	0.003532	0.456053	0.053905	0.021936	0.629803	0.412448	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA MEALS SERVED	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	
		11	13	14	15	16	17	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COSTS-1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	RAD ONCOL BLDG							1.03
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.05	A&G-CASHIERS, PFS							5.05
5.06	A&G-ALL OTHER							5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA	161,923						11
13	NURSING ADMINISTRATION	6,847	639,120					13
14	CENTRAL SERVICES & SUPPLY	875		6,781,711				14
15	PHARMACY	6,942			3,590,618			15
16	MEDICAL RECORDS & LIBRARY	5,471				234,155,101		16
17	SOCIAL SERVICE	1,251					45,007	17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	42,667	353,829			26,191,184		30
31	INTENSIVE CARE UNIT	5,291	55,389			5,224,214		31
43	NURSERY	2,111	22,646			1,924,377		43
44	SKILLED NURSING FACILITY	20,096	4,828			6,328,353	4,713	44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	8,461	38,175			20,999,974		50
51	RECOVERY ROOM	861	9,742			3,589,816		51
52	DELIVERY ROOM & LABOR ROOM	1,349	15,028			1,668,821		52
53	ANESTHESIOLOGY					5,440,341		53
54	RADIOLOGY-DIAGNOSTIC	8,706	354			34,157,086		54
59	CARDIAC CATHETERIZATION	2,589	18,472			16,283,006		59
60	LABORATORY	7,318				26,486,704		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	4,571				3,353,607		65
66	PHYSICAL THERAPY	6,616				6,807,034		66
68	SPEECH PATHOLOGY	979				1,951,430		68
69	ELECTROCARDIOLOGY	2,553	3,936			4,446,799		69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			5,214,810		1,688,295		71
72	IMPL. DEV. CHARGED TO PATIENTS			1,566,901		3,514,956		72
73	DRUGS CHARGED TO PATIENTS				3,412,655	25,974,727		73
74	RENAL DIALYSIS	3,366	13,719		177,963	10,351,016	850	74
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	869	4,323			2,791,056		90
91	EMERGENCY	9,824	91,553			18,034,391	37,368	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	HOME HEALTH AGENCY	10,921	21			5,730,163	314	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
116	HOSPICE	1,389	2			1,217,751	1,762	116
118	SUBTOTALS (sum of lines 1-117)	161,923	632,017	6,781,711	3,590,618	234,155,101	45,007	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
194	OTHER NON-REIMB							194
194.0	NRCC-MERCY SPEC CLIN ENT							194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO		2,723					194.0
5								5
194.0	NRCC-SENIOR SERVICES							194.0
9								9
194.1	NRCC-FREE CLINIC							194.1
2								2
194.1	NRCC-TENDER CARE		493					194.1
3								3



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA MEALS SERVED	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	
		11	13	14	15	16	17	
194.1 6	NRCC-MLC NORTH		3,887					194.1 6
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	1,108,614	2,788,935	456,610	6,061,168	1,629,800	371,967	202
203	UNIT COST MULT-WS B PT I	6.846551	4.363711	0.067330	1.688057	0.006960	8.264648	203
204	COST TO BE ALLOC PER B PT II	67,142	36,271	147,124	203,967	119,848	38,964	204
205	UNIT COST MULT-WS B PT II	0.414654	0.056751	0.021694	0.056806	0.000512	0.865732	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS							
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	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COSTS-1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	RAD ONCOL BLDG							1.03
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.05	A&G-CASHIERS, PFS							5.05
5.06	A&G-ALL OTHER							5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS							30
31	INTENSIVE CARE UNIT							31
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
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC							90
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	HOME HEALTH AGENCY							101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)							118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
194	OTHER NON-REIMB							194
194.0	NRCC-MERCY SPEC CLIN ENT							194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO							194.0
5								5
194.0	NRCC-SENIOR SERVICES							194.0
9								9
194.1	NRCC-FREE CLINIC							194.1
2								2



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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS							
194.1 3	NRCC-TENDERCARE							194.1 3
194.1 6	NRCC-MLC NORTH							194.1 6
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I							202
203	UNIT COST MULT-WS B PT I							203
204	COST TO BE ALLOC PER B PT II							204
205	UNIT COST MULT-WS B PT II							205



COMPU-MAX

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

		WORKSHEET		
DESCRIPTION		PART	LINE NO.	AMOUNT
1		2	3	4



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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	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS	17,160,568		17,160,568		17,160,568	30
31	INTENSIVE CARE UNIT	2,555,324		2,555,324		2,555,324	31
43	NURSERY	724,867		724,867		724,867	43
44	SKILLED NURSING FACILITY	6,708,677		6,708,677	1,126	6,709,803	44
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM	4,898,901		4,898,901		4,898,901	50
51	RECOVERY ROOM	404,354		404,354		404,354	51
52	DELIVERY ROOM & LABOR ROOM	645,046		645,046		645,046	52
53	ANESTHESIOLOGY	539,168		539,168	11,976	551,144	53
54	RADIOLOGY-DIAGNOSTIC	4,920,154		4,920,154	9,136	4,929,290	54
59	CARDIAC CATHETERIZATION	3,249,518		3,249,518		3,249,518	59
60	LABORATORY	4,034,705		4,034,705	49,041	4,083,746	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	1,550,190		1,550,190		1,550,190	65
66	PHYSICAL THERAPY	2,381,586		2,381,586		2,381,586	66
68	SPEECH PATHOLOGY	554,968		554,968		554,968	68
69	ELECTROCARDIOLOGY	825,420		825,420	6,966	832,386	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,307,576		3,307,576		3,307,576	71
72	IMPL. DEV. CHARGED TO PATIENTS	2,068,046		2,068,046		2,068,046	72
73	DRUGS CHARGED TO PATIENTS	8,061,468		8,061,468		8,061,468	73
74	RENAL DIALYSIS	1,621,627		1,621,627	11,338	1,632,965	74
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	CLINIC	855,433		855,433		855,433	90
91	EMERGENCY	5,829,507		5,829,507		5,829,507	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,245,843		1,245,843		1,245,843	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
101	HOME HEALTH AGENCY	4,115,890		4,115,890		4,115,890	101
113	INTEREST EXPENSE						113
116	HOSPICE	872,590		872,590		872,590	116
200	SUBTOTAL (SEE INSTRUCTIONS)	79,131,426		79,131,426	89,583	79,221,009	200
201	LESS OBSERVATION BEDS	1,245,843		1,245,843		1,245,843	201
202	TOTAL (SEE INSTRUCTIONS)	77,885,583		77,885,583		77,975,166	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	24,852,118		24,852,118				30
31	INTENSIVE CARE UNIT	5,224,214		5,224,214				31
43	NURSERY	1,924,377		1,924,377				43
44	SKILLED NURSING FACILITY	6,328,353		6,328,353				44
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	7,794,176	13,205,798	20,999,974	0.233281	0.233281	0.233281	50
51	RECOVERY ROOM	1,196,933	2,392,883	3,589,816	0.112639	0.112639	0.112639	51
52	DELIVERY ROOM & LABOR ROOM	1,371,176	297,645	1,668,821	0.386528	0.386528	0.386528	52
53	ANESTHESIOLOGY	2,417,246	3,023,095	5,440,341	0.099106	0.099106	0.101307	53
54	RADIOLOGY-DIAGNOSTIC	12,228,348	21,928,738	34,157,086	0.144045	0.144045	0.144312	54
59	CARDIAC CATHETERIZATION	5,812,763	10,470,243	16,283,006	0.199565	0.199565	0.199565	59
60	LABORATORY	13,984,262	12,502,442	26,486,704	0.152329	0.152329	0.154181	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	2,935,022	418,585	3,353,607	0.462246	0.462246	0.462246	65
66	PHYSICAL THERAPY	5,931,537	875,497	6,807,034	0.349871	0.349871	0.349871	66
68	SPEECH PATHOLOGY	1,914,093	37,337	1,951,430	0.284390	0.284390	0.284390	68
69	ELECTROCARDIOLOGY	1,631,797	2,815,002	4,446,799	0.185621	0.185621	0.187188	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	660,013	1,028,282	1,688,295	1.959122	1.959122	1.959122	71
72	IMPL. DEV. CHARGED TO PATIENTS	1,955,491	1,559,465	3,514,956	0.588356	0.588356	0.588356	72
73	DRUGS CHARGED TO PATIENTS	15,337,436	10,637,291	25,974,727	0.310358	0.310358	0.310358	73
74	RENAL DIALYSIS	150,400	10,200,616	10,351,016	0.156664	0.156664	0.157759	74
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	25,171	2,765,885	2,791,056	0.306491	0.306491	0.306491	90
91	EMERGENCY	3,739,979	14,294,412	18,034,391	0.323244	0.323244	0.323244	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	74,169	1,264,897	1,339,066	0.930382	0.930382	0.930382	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	HOME HEALTH AGENCY		5,730,163	5,730,163				101
113	INTEREST EXPENSE							113
116	HOSPICE		1,217,751	1,217,751				116
200	SUBTOTAL (SEE INSTRUCTIONS)	117,489,074	116,666,027	234,155,101				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	117,489,074	116,666,027	234,155,101				202



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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			
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	ADULTS & PEDIATRICS (General Routine Care)	1,216,785		1,216,785	16,722	72.77	9,535	693,862	30
31	INTENSIVE CARE UNIT	179,008		179,008	1,631	109.75	1,103	121,054	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	45,149		45,149	694	65.06			43
44	SKILLED NURSING FACILITY	161,136		161,136	31,266	5.15	7,245	37,312	44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	1,602,078		1,602,078	50,313		17,883	852,228	200

(A) Worksheet A line numbers



MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 16-0080

WORKSHEET D  
PART II

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  PPS  
 APPLICABLE  TITLE XVIII, PART A  IPF  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	690,090	20,999,974	0.032861	5,446,257	178,969	50
51	RECOVERY ROOM	6,325	3,589,816	0.001762	613,321	1,081	51
52	DELIVERY ROOM & LABOR ROOM	89,529	1,668,821	0.053648	5,932	318	52
53	ANESTHESIOLOGY	30,533	5,440,341	0.005612	1,258,466	7,063	53
54	RADIOLOGY-DIAGNOSTIC	818,890	34,157,086	0.023974	6,393,862	153,286	54
59	CARDIAC CATHETERIZATION	783,735	16,283,006	0.048132	4,313,279	207,607	59
60	LABORATORY	415,513	26,486,704	0.015688	8,097,992	127,041	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	68,717	3,353,607	0.020490	1,946,011	39,874	65
66	PHYSICAL THERAPY	54,542	6,807,034	0.008013	934,057	7,485	66
68	SPEECH PATHOLOGY	5,096	1,951,430	0.002611	118,951	311	68
69	ELECTROCARDIOLOGY	56,483	4,446,799	0.012702	1,229,383	15,616	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	127,626	1,688,295	0.075595	440,219	33,278	71
72	IMPL. DEV. CHARGED TO PATIENTS	46,130	3,514,956	0.013124	1,268,726	16,651	72
73	DRUGS CHARGED TO PATIENTS	231,243	25,974,727	0.008903	8,989,734	80,036	73
74	RENAL DIALYSIS	74,308	10,351,016	0.007179	114,994	826	74
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	CLINIC	19,242	2,791,056	0.006894	25,171	174	90
91	EMERGENCY	309,451	18,034,391	0.017159	2,003,938	34,386	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	88,338	1,339,066	0.065970	31,540	2,081	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	TOTAL (sum of lines 50-199)	3,915,791	188,878,125		43,231,833	906,083	200

(A) Worksheet A line numbers



MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 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 Provider CCN: 16-0080	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: 14:41 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)	16,722		9,535		30
31	INTENSIVE CARE UNIT	1,631		1,103		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	694				43
44	SKILLED NURSING FACILITY	31,266		7,245		44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	50,313		17,883		200

(A) Worksheet A line numbers



MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 16-0080**

**WORKSHEET D  
PART IV**

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  ICF/MR  PPS  
 APPLICABLE  TITLE XVIII, PART A  IPF  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
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC							90
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 16-0080

WORKSHEET D  
PART IV

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  ICF/MR  PPS  
 APPLICABLE  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)	
7	8	9	10	11	12	13			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	OPERATING ROOM	20,999,974			5,446,257		5,942,446		50
51	RECOVERY ROOM	3,589,816			613,321		785,251		51
52	DELIVERY ROOM & LABOR ROOM	1,668,821			5,932		1,594		52
53	ANESTHESIOLOGY	5,440,341			1,258,466		931,101		53
54	RADIOLOGY-DIAGNOSTIC	34,157,086			6,393,862		7,783,512		54
59	CARDIAC CATHETERIZATION	16,283,006			4,313,279		5,262,454		59
60	LABORATORY	26,486,704			8,097,992		2,162,554		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	3,353,607			1,946,011		139,309		65
66	PHYSICAL THERAPY	6,807,034			934,057		43		66
68	SPEECH PATHOLOGY	1,951,430			118,951				68
69	ELECTROCARDIOLOGY	4,446,799			1,229,383		1,231,451		69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,688,295			440,219		632,984		71
72	IMPL. DEV. CHARGED TO PATIENTS	3,514,956			1,268,726		911,921		72
73	DRUGS CHARGED TO PATIENTS	25,974,727			8,989,734		5,111,240		73
74	RENAL DIALYSIS	10,351,016			114,994		12,623		74
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	CLINIC	2,791,056			25,171		1,667,172		90
91	EMERGENCY	18,034,391			2,003,938		3,050,169		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,339,066			31,540		477,182		92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	TOTAL (sum of lines 50-199)	188,878,125			43,231,833		36,103,006		200

(A) Worksheet A line numbers



MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 16-0080

WORKSHEET D  
PART V

CHECK [ ] TITLE V - O/P [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	PROGRAM CHARGES				PROGRAM COST			
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	OPERATING ROOM	0.233281	5,942,446			1,386,260			50
51	RECOVERY ROOM	0.112639	785,251			88,450			51
52	DELIVERY ROOM & LABOR ROOM	0.386528	1,594			616			52
53	ANESTHESIOLOGY	0.099106	931,101			92,278			53
54	RADIOLOGY-DIAGNOSTIC	0.144045	7,783,512			1,121,176			54
59	CARDIAC CATHETERIZATION	0.199565	5,262,454			1,050,202			59
60	LABORATORY	0.152329	2,162,554	306		329,420	47		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	0.462246	139,309	6		64,395	3		65
66	PHYSICAL THERAPY	0.349871	43			15			66
68	SPEECH PATHOLOGY	0.284390							68
69	ELECTROCARDIOLOGY	0.185621	1,231,451			228,583			69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.959122	632,984			1,240,093			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.588356	911,921			536,534			72
73	DRUGS CHARGED TO PATIENTS	0.310358	5,111,240		113,044	1,586,314		35,084	73
74	RENAL DIALYSIS	0.156664	12,623			1,978			74
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	CLINIC	0.306491	1,667,172			510,973			90
91	EMERGENCY	0.323244	3,050,169			985,949			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.930382	477,182			443,962			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	SUBTOTAL (see instructions)		36,103,006	312	113,044	9,667,198	50	35,084	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)		36,103,006	312	113,044	9,667,198	50	35,084	202

(A) Worksheet A line numbers



MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 16-5119

WORKSHEET D  
PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [XX] 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
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC							90
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 16-5119

WORKSHEET D  
PART IV

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  ICF/MR  PPS  
 APPLICABLE  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)
7	8	9	10	11	12	13		
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	20,999,974						50
51	RECOVERY ROOM	3,589,816						51
52	DELIVERY ROOM & LABOR ROOM	1,668,821						52
53	ANESTHESIOLOGY	5,440,341						53
54	RADIOLOGY-DIAGNOSTIC	34,157,086			68,317			54
59	CARDIAC CATHETERIZATION	16,283,006						59
60	LABORATORY	26,486,704			415,083			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	3,353,607			3,352			65
66	PHYSICAL THERAPY	6,807,034			2,807,864			66
68	SPEECH PATHOLOGY	1,951,430			894,572			68
69	ELECTROCARDIOLOGY	4,446,799						69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,688,295			1,400			71
72	IMPL. DEV. CHARGED TO PATIENTS	3,514,956						72
73	DRUGS CHARGED TO PATIENTS	25,974,727			1,692,083			73
74	RENAL DIALYSIS	10,351,016						74
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	2,791,056						90
91	EMERGENCY	18,034,391						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,339,066						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	TOTAL (sum of lines 50-199)	188,878,125			5,882,671			200

(A) Worksheet A line numbers



MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 16-5119

WORKSHEET D  
PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] SWING BED SNF  
 APPLICABLE [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	0.233281						50
51	RECOVERY ROOM	0.112639						51
52	DELIVERY ROOM & LABOR ROOM	0.386528						52
53	ANESTHESIOLOGY	0.099106						53
54	RADIOLOGY-DIAGNOSTIC	0.144045						54
59	CARDIAC CATHETERIZATION	0.199565						59
60	LABORATORY	0.152329						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	0.462246						65
66	PHYSICAL THERAPY	0.349871						66
68	SPEECH PATHOLOGY	0.284390						68
69	ELECTROCARDIOLOGY	0.185621						69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.959122						71
72	IMPL. DEV. CHARGED TO PATIENTS	0.588356						72
73	DRUGS CHARGED TO PATIENTS	0.310358						73
74	RENAL DIALYSIS	0.156664						74
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	0.306491						90
91	EMERGENCY	0.323244						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.930382						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
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 Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-0080

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)	16,722	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	16,722	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)	15,508	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)	9,535	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)	17,160,568	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	17,160,568	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)	17,160,568	37



COMPU-MAX

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-0080

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)					1,026.23	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					9,785,103	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)					9,785,103	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	2,555,324	1,631	1,566.72	1,103	1,728,092	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)					11,093,616	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					22,606,811	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					814,916	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					906,083	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					1,720,999	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					20,885,812	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: 16-0080

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)					1,214	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)					1,026.23	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)					1,245,843	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	1,216,785	17,160,568	0.070906	1,245,843	88,338	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93



MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-5119

WORKSHEET D-1  
PART I

CHECK  TITLE V - I/P  HOSPITAL  SUB (OTHER)  ICF/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)	31,266	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	31,266	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)	31,266	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)	7,245	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)	6,709,803	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	6,709,803	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)	6,709,803	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-5119

WORKSHEET D-1  
PARTS III & IV

CHECK  TITLE V - I/P  HOSPITAL  SUB (OTHER)  ICF/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)	6,709,803	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (line 70 ÷ line 2)	214.60	71
72	PROGRAM ROUTINE SERVICE COST (line 9 x line 71)	1,554,777	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (line 14 x line 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (line 72 + line 73)	1,554,777	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)	1,554,777	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (see instructions)	1,839,310	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (see instructions)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (sum of lines 83 through 85)	3,394,087	86



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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 16-0080

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	ADULTS & PEDIATRICS		14,482,616		30
31	INTENSIVE CARE UNIT		3,720,320		31
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	OPERATING ROOM	0.233281	5,446,257	1,270,508	50
51	RECOVERY ROOM	0.112639	613,321	69,084	51
52	DELIVERY ROOM & LABOR ROOM	0.386528	5,932	2,293	52
53	ANESTHESIOLOGY	0.101307	1,258,466	127,491	53
54	RADIOLOGY-DIAGNOSTIC	0.144312	6,393,862	922,711	54
59	CARDIAC CATHETERIZATION	0.199565	4,313,279	860,780	59
60	LABORATORY	0.154181	8,097,992	1,248,557	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.462246	1,946,011	899,536	65
66	PHYSICAL THERAPY	0.349871	934,057	326,799	66
68	SPEECH PATHOLOGY	0.284390	118,951	33,828	68
69	ELECTROCARDIOLOGY	0.187188	1,229,383	230,126	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.959122	440,219	862,443	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.588356	1,268,726	746,463	72
73	DRUGS CHARGED TO PATIENTS	0.310358	8,989,734	2,790,036	73
74	RENAL DIALYSIS	0.157759	114,994	18,141	74
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	CLINIC	0.306491	25,171	7,715	90
91	EMERGENCY	0.323244	2,003,938	647,761	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.930382	31,540	29,344	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	TOTAL (sum of lines 50-94, and 96-98)		43,231,833	11,093,616	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		43,231,833		202

(A) Worksheet A line numbers



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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 16-5119

WORKSHEET D-3

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  SWING BED SNF  PPS  
 APPLICABLE  TITLE XVIII, PART A  IPF  SNF  SWING BED NF  TEFRA  
 BOXES:  TITLE XIX  IRF  NF  ICF/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
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	OPERATING ROOM	0.233281			50
51	RECOVERY ROOM	0.112639			51
52	DELIVERY ROOM & LABOR ROOM	0.386528			52
53	ANESTHESIOLOGY	0.099106			53
54	RADIOLOGY-DIAGNOSTIC	0.144045	68,317	9,841	54
59	CARDIAC CATHETERIZATION	0.199565			59
60	LABORATORY	0.152329	415,083	63,229	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.462246	3,352	1,549	65
66	PHYSICAL THERAPY	0.349871	2,807,864	982,390	66
68	SPEECH PATHOLOGY	0.284390	894,572	254,407	68
69	ELECTROCARDIOLOGY	0.185621			69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.959122	1,400	2,743	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.588356			72
73	DRUGS CHARGED TO PATIENTS	0.310358	1,692,083	525,151	73
74	RENAL DIALYSIS	0.156664			74
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	CLINIC	0.306491			90
91	EMERGENCY	0.323244			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.930382			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	TOTAL (sum of lines 50-94, and 96-98)		5,882,671	1,839,310	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		5,882,671		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)	3,673,100			1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (see instructions)	11,534,850			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)	161,930			2
2.01	OUTLIER RECONCILIATION AMOUNT				2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (see instructions)				
3	MANAGED CARE SIMULATED PAYMENTS	1,266,825			3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	146.67			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)	0.0319			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (see instructions)	0.2020			31
32	SUM OF LINES 30 AND 31	0.2339			32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.3500			33
34	DISPROPORTIONATE SHARE ADJUSTMENT (see instructions)	2,294,884			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)		0.000094017		35.01
35.02	HOSPITAL UNCOMPENSATED CARE PAYMENT (if line 34 is zero, enter zero on this line) (see instructions)		850,514		35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (see instructions)		636,138		35.03
36	TOTAL UNCOMPENSATED CARE (sum of columns 1 and 2 on line 35.03)	636,138			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)	18,300,902			47
48	HOSPITAL SPECIFIC PAYMENTS (to be completed by SCH and MDH, small rural hospitals only (see instructions)	19,622,876			48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (see instructions)	19,622,876			49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (from Wkst L, Parts I, II, as applicable)	1,227,471			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	1,736			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)	20,852,083			59
60	PRIMARY PAYER PAYMENTS	66,181			60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (line 59 minus line 60)	20,785,902			61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,884,864			62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	35,920			63
64	ALLOWABLE BAD DEBTS (see instructions)	92,334			64
65	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	60,017			65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	23,208			66
67	SUBTOTAL (line 61 plus line 65 minus lines 62 and 63)	18,925,135			67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (see instructions)				68
69	OUTLIER PAYMENTS RECONCILIATION				69
70	OTHER ADJUSTMENTS (SEQUESTRATION)				70
70.93	HVBP PAYMENT ADJUSTMENT (see instructions)	53,054			70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (see instructions)	-48,516			70.94
71	AMOUNT DUE PROVIDER (see instructions)	18,929,673			71
71.01	SEQUESTRATION ADJUSTMENT (see instructions)	378,593			71.01
72	INTERIM PAYMENTS	19,314,304			72
73	TENTATIVE SETTLEMENT (for contractor use only)				73
74	BALANCE DUE PROVIDER/PROGRAM (line 71 minus lines 71.01, 72 and 73)	-763,224			74
75	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2				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

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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: 16-0080

WORKSHEET E  
PART B

CHECK APPLICABLE BOX:     HOSPITAL     IPF     IRF     SUB (OTHER)     SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)	35,134			1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (see instructions)	9,667,198			2
3	PPS PAYMENTS	8,521,302			3
4	OUTLIER PAYMENT (see instructions)	49,325			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)	35,134			11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES	113,356			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)	113,356			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)	113,356			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))	78,222			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)	35,134			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)	8,570,627			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)	1,830,309			26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	6,775,452			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)	6,775,452			30
31	PRIMARY PAYER PAYMENTS	2,610			31
32	SUBTOTAL (line 30 minus line 31)	6,772,842			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)	64,328			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	41,813			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	22,716			36
37	SUBTOTAL (see instructions)	6,814,655			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	-304			38
39	OTHER ADJUSTMENTS (SEQUESTRATION)				39
40	SUBTOTAL (see instructions)	6,814,959			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	136,299			40.01
41	INTERIM PAYMENTS	6,700,570			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	-21,910			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: 16-5119

WORKSHEET E  
PART B

CHECK APPLICABLE BOX:     HOSPITAL     IPF     IRF     SUB (OTHER)     SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)				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 ()				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: 16-0080

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			18,647,831		6,645,094	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	09/10/2014	666,473		55,476	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		666,473		55,476	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)				19,314,304		6,700,570	4
	<b>TO BE COMPLETED BY CONTRACTOR</b>							
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT		.01					5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.		.02					5.02
	IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM	.03					5.03
		TO	.04					5.04
		PROVIDER	.05					5.05
			.06					5.06
			.07					5.07
			.08					5.08
			.09					5.09
			.10					5.10
			.50					5.50
			.51					5.51
		PROVIDER	.52					5.52
		TO	.53					5.53
		PROGRAM	.54					5.54
			.55					5.55
			.56					5.56
			.57					5.57
			.58					5.58
			.59					5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99					5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due)		.01				114,389	6.01
	BASED ON THE COST REPORT (1)		.02		-384,631			6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)				18,929,673		6,814,959	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 Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:41 Version: 2014.10
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 16-5119

WORKSHEET E-1  
PART I

CHECK [ ] HOSPITAL [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [XX] 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		2,842,118			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	.01				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)		2,842,118			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	.03			5.03
		TO	.04			5.04
		PROVIDER	.05			5.05
			.06			5.06
			.07			5.07
			.08			5.08
			.09			5.09
			.10			5.10
			.50			5.50
			.51			5.51
		PROVIDER	.52			5.52
		TO	.53			5.53
		PROGRAM	.54			5.54
			.55			5.55
			.56			5.56
			.57			5.57
			.58			5.58
			.59			5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due)	.01	119,845			6.01
	BASED ON THE COST REPORT (1)	.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)		2,961,963			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	4,382	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	10,638	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,199	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	17,139	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	234,155,101	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	6,688,881	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)	940,867	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)	18,817	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)	922,050	10

## INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	846,943	30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)	75,107	32



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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

<b>PROSPECTIVE PAYMENT AMOUNT (see instructions)</b>		
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	3,309,189 1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS	2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	3
4	SUBTOTAL (sum of lines 1-3)	3,309,189 4
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>		
5	DO NOT USE THIS LINE	5
6	DEDUCTIBLES	6
7	COINSURANCE	409,068 7
8	ALLOWABLE BAD DEBTS (see instructions)	79,898 8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	43,077 9
10	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	61,842 10
11	UTILIZATION REVIEW	11
12	SUBTOTAL (sum of lines 4 and 5 minus 6 & 7 plus 10 and 11) (see instructions)	2,961,963 12
13	INPATIENT PRIMARY PAYER PAYMENTS	13
14	OTHER ADJUSTMENTS (SPECIFY) (see instructions)	14
15	SUBTOTAL (line 12 minus 13 ± line 14)	2,961,963 15
15.01	SEQUESTRATION ADJUSTMENT (see instructions)	59,239 15.01
16	INTERIM PAYMENTS	2,842,118 16
17	TENTATIVE SETTLEMENT (for contractor use only)	17
18	BALANCE DUE PROVIDER/PROGRAM (line 15 minus 15.01, 16 and 17)	60,606 18
19	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	19



COMPU-MAX

MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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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	646,767				1
2	TEMPORARY INVESTMENTS	40,342,178				2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	15,457,767				4
5	OTHER RECEIVABLES	-1,217,453				5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	-1,779,697				6
7	INVENTORY	1,500,919				7
8	PREPAID EXPENSES	111,180				8
9	OTHER CURRENT ASSETS					9
10	DUE FROM OTHER FUNDS	22,985				10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	55,084,646				11
<b>FIXED ASSETS</b>						
12	LAND	778,890				12
13	LAND IMPROVEMENTS					13
14	ACCUMULATED DEPRECIATION					14
15	BUILDINGS	73,663,496				15
16	ACCUMULATED DEPRECIATION	-55,865,297				16
17	LEASEHOLD IMPROVEMENTS					17
18	ACCUMULATED AMORTIZATION					18
19	FIXED EQUIPMENT					19
20	ACCUMULATED DEPRECIATION					20
21	AUTOMOBILES AND TRUCKS					21
22	ACCUMULATED DEPRECIATION					22
23	MAJOR MOVABLE EQUIPMENT	34,880,039				23
24	ACCUMULATED DEPRECIATION	-24,984,036				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)	28,473,092				30
<b>OTHER ASSETS</b>						
31	INVESTMENTS	49,503,599				31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	9,125,116				34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	58,628,715				35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	142,186,453				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	6,427,005				37
38	SALARIES, WAGES & FEES PAYABLE	5,104,776				38
39	PAYROLL TAXES PAYABLE	251,085				39
40	NOTES & LOANS PAYABLE (short term)	520,224				40
41	DEFERRED INCOME					41
42	ACCELERATED PAYMENTS					42
43	DUE TO OTHER FUNDS					43
44	OTHER CURRENT LIABILITIES	1,663,959				44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	13,967,049				45
<b>LONG TERM LIABILITIES</b>						
46	MORTGAGE PAYABLE					46
47	NOTES PAYABLE	18,106,354				47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES	1,472,504				49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	19,578,858				50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	33,545,907				51
<b>CAPITAL ACCOUNTS</b>						
52	GENERAL FUND BALANCE	108,640,546				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)	108,640,546				59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	142,186,453				60



MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:41 Version: 2014.10
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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		103,769,113			1
2	NET INCOME (loss) (from Worksheet G-3, line 29)		10,700,731			2
3	TOTAL (sum of line 1 and line 2)		114,469,844			3
4	ADDITIONS (credit adjustments)					4
5	CHANGE IN TEMPORARY RESTRICT ASSETS					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)		114,469,844			11
12	DEDUCTIONS (debit adjustments)					12
13	UNRESTRICTED INTER COM TRANSFER					13
14	ALL OTHER	5,829,298				14
15						15
16						16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)		5,829,298			18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		108,640,546			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	CHANGE IN TEMPORARY RESTRICT ASSETS					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 INTER COM TRANSFER					13
14	ALL OTHER					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 Provider CCN: 16-0080	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: 14:41 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	114,687,844		114,687,844	1
2	SUBPROVIDER IPF				2
3	SUBPROVIDER IRF				3
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY	6,328,353		6,328,353	7
8	NURSING FACILITY				8
9	OTHER LONG TERM CARE				9
10	TOTAL GENERAL INPATIENT CARE SERVICES (sum of lines 1-9)	121,016,197		121,016,197	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	INTENSIVE CARE UNIT				11
12	CORONARY CARE UNIT				12
13	BURN INTENSIVE CARE UNIT				13
14	SURGICAL INTENSIVE CARE UNIT				14
15	OTHER SPECIAL CARE (SPECIFY)				15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (sum of lines 11-15)				16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	121,016,197		121,016,197	17
18	ANCILLARY SERVICES		95,580,747	95,580,747	18
19	OUTPATIENT SERVICES		18,293,061	18,293,061	19
20	RHC				20
21	FQHC				21
22	HOME HEALTH AGENCY		6,947,914	6,947,914	22
23	AMBULANCE				23
25	ASC				25
26	HOSPICE				26
27	OTHER (SPECIFY)				27
27.01	PHYSICIAN SERVICES	1,265,668	4,193,457	5,459,125	27.01
27.02	MLC-NORTH	4,646,376		4,646,376	27.02
28	TOTAL PATIENT REVENUES (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	126,928,241	125,015,179	251,943,420	28

## PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)		88,940,035	29
30	ADD (SPECIFY)			30
31				31
32				32
33				33
34				34
35				35
36	TOTAL ADDITIONS (sum of lines 30-35)			36
37	DEDUCT (SPECIFY)			37
38				38
39				39
40				40
41				41
42	TOTAL DEDUCTIONS (sum of lines 37-41)			42
43	TOTAL OPERATING EXPENSES (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		88,940,035	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)	251,943,420	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	163,595,294	2
3	NET PATIENT REVENUES (line 1 minus line 2)	88,348,126	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	88,940,035	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	-591,909	5

## OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	818,175	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	69,291	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	615,161	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	5,555	18
19	TUITION (fees, sale of textbooks, uniforms, etc.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	12,052	21
22	RENTAL OF HOSPITAL SPACE	185,765	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER OPERATING REVENUE)	1,397,675	24
24.0	OTHER (NON OPERATING REVENUE)	8,301,193	24.0
1			1
24.0	OTHER (NON OPERATING DERIVATIVES)	-97,814	24.0
2			2
24.0	OTHER (OTHER NON-OPERATING GAIN LOSS)	-14,400	24.0
3			3
24.0	OTHER (ROUNDING)	-13	24.0
4			4
25	TOTAL OTHER INCOME (sum of lines 6-24)	11,292,640	25
26	TOTAL (line 5 plus line 25)	10,700,731	26
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	10,700,731	29



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## ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 16-7154

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	<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	174,879	41,495				5
	<b>HHA REIMBURSABLE SERVICES</b>						
6	SKILLED NURSING CARE	691,569	164,093	41,125			6
7	PHYSICAL THERAPY	248,123	58,874				7
8	OCCUPATIONAL THERAPY	167,005	39,626				8
9	SPEECH PATHOLOGY	15,383	3,650				9
10	MEDICAL SOCIAL SERVICES	24,046	5,706	886			10
11	HOME HEALTH AIDE	122,452	29,055	9,733			11
12	SUPPLIES (see instructions)					543,482	12
13	DRUGS						13
14	DME						14
	<b>HHA NONREIMBURSABLE SERVICES</b>						
15	HOME DIALYSIS AIDE SERVICES						15
16	RESPIRATORY THERAPY						16
17	PRIVATE DUTY NURSING	72,644	17,237	3,483	823		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	149,511	35,475	33,134	173,397	441,465	23
23.50	TELEMEDICINE						23.50
24	TOTAL (sum of lines 1-23)	1,665,612	395,211	88,361	174,220	984,947	24



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## ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 16-7154

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENT S	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	<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	216,374		216,374		216,374	5
	<b>HHA REIMBURSABLE SERVICES</b>						
6	SKILLED NURSING CARE	896,787		896,787		896,787	6
7	PHYSICAL THERAPY	306,997		306,997		306,997	7
8	OCCUPATIONAL THERAPY	206,631		206,631		206,631	8
9	SPEECH PATHOLOGY	19,033		19,033		19,033	9
10	MEDICAL SOCIAL SERVICES	30,638		30,638		30,638	10
11	HOME HEALTH AIDE	161,240		161,240		161,240	11
12	SUPPLIES (see instructions)	543,482	-78,590	464,892		464,892	12
13	DRUGS						13
14	DME						14
	<b>HHA NONREIMBURSABLE SERVICES</b>						
15	HOME DIALYSIS AIDE SERVICES						15
16	RESPIRATORY THERAPY						16
17	PRIVATE DUTY NURSING	94,187		94,187		94,187	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	832,982	-100,712	732,270	-118,479	613,791	23
23.50	TELEMEDICINE						23.50
24	TOTAL (sum of lines 1-23)	3,308,351	-179,302	3,129,049	-118,479	3,010,570	24

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



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## ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 16-7154

WORKSHEET H-1  
PART I

	NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	CAPITAL RELATED COSTS			
		BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE	
	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	216,374				5
<b>HHA REIMBURSABLE SERVICES</b>					
6 SKILLED NURSING CARE	896,787				6
7 PHYSICAL THERAPY	306,997				7
8 OCCUPATIONAL THERAPY	206,631				8
9 SPEECH PATHOLOGY	19,033				9
10 MEDICAL SOCIAL SERVICES	30,638				10
11 HOME HEALTH AIDE	161,240				11
12 SUPPLIES (see instructions)	464,892				12
13 DRUGS					13
14 DME					14
<b>HHA NONREIMBURSABLE SERVICES</b>					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING	94,187				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	613,791				23
23.50 TELEMEDICINE					23.50
24 TOTAL (sum of lines 1-23)	3,010,570				24



MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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## ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 16-7154

WORKSHEET H-1  
PART I

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	<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		216,374	216,374		5
	<b>HHA REIMBURSABLE SERVICES</b>					
6	SKILLED NURSING CARE		896,787	66,620	963,407	6
7	PHYSICAL THERAPY		306,997	22,806	329,803	7
8	OCCUPATIONAL THERAPY		206,631	15,350	221,981	8
9	SPEECH PATHOLOGY		19,033	1,414	20,447	9
10	MEDICAL SOCIAL SERVICES		30,638	2,276	32,914	10
11	HOME HEALTH AIDE		161,240	11,978	173,218	11
12	SUPPLIES (see instructions)		464,892	34,535	499,427	12
13	DRUGS					13
14	DME					14
	<b>HHA NONREIMBURSABLE SERVICES</b>					
15	HOME DIALYSIS AIDE SERVICES					15
16	RESPIRATORY THERAPY					16
17	PRIVATE DUTY NURSING		94,187	6,997	101,184	17
18	CLINIC					18
19	HEALTH PROMOTION ACTIVITIES					19
20	DAY CARE PROGRAM					20
21	HOME DELIVERED MEALS PROGRAM			8,801	8,801	21
22	HOMEMAKER SERVICE					22
23	ALL OTHERS		613,791	45,597	659,388	23
23.50	TELEMEDICINE					23.50
24	TOTAL (sum of lines 1-23)		3,010,570		3,010,570	24



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**COST ALLOCATION - HHA STATISTICAL BASIS**

**HHA CCN: 16-7154**

**WORKSHEET H-1  
PART II**

		CAPITAL RELATED COSTS						
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
		1	2	3	4	5A	5	
<b>GENERAL SERVICE COST CENTER</b>								
1	CAPITAL RELATED-BLDGS & FIXTURES	14,808						1
2	CAPITAL RELATED-MOVABLE EQUIPMENT		1					2
3	PLANT OPERATION & MAINTENANCE			14,808				3
4	TRANSPORTATION (see instructions)				88,361			4
5	ADMINISTRATIVE AND GENERAL					-216,374	2,912,675	5
<b>HHA REIMBURSABLE SERVICES</b>								
6	SKILLED NURSING CARE	5,986		5,986	41,125		896,787	6
7	PHYSICAL THERAPY						306,997	7
8	OCCUPATIONAL THERAPY						206,631	8
9	SPEECH PATHOLOGY						19,033	9
10	MEDICAL SOCIAL SERVICES				886		30,638	10
11	HOME HEALTH AIDE				9,733		161,240	11
12	SUPPLIES (see instructions)						464,892	12
13	DRUGS							13
14	DME	8,291		8,291				14
<b>HHA NONREIMBURSABLE SERVICES</b>								
15	HOME DIALYSIS AIDE SERVICES							15
16	RESPIRATORY THERAPY							16
17	PRIVATE DUTY NURSING	531		531	3,483		94,187	17
18	CLINIC							18
19	HEALTH PROMOTION ACTIVITIES							19
20	DAY CARE PROGRAM							20
21	HOME DELIVERED MEALS PROGRAM					118,479	118,479	21
22	HOMEMAKER SERVICE							22
23	ALL OTHERS		1		33,134		613,791	23
23.50	TELEMEDICINE							23.50
24	TOTAL (sum of lines 1-23)	14,808	1	14,808	88,361	-97,895	2,912,675	24
25	COST TO BE ALLOC (per Worksheet H-1, Part I)						216,374	25
26	UNIT COST MULTIPLIER						0.074287	26



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## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 16-7154

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP REL 1970 BLDG	CAP REL BLUFF BLDG	BLDG RADIATION ONCOLOGY	CAP MOVABLE EQUIPMENT	
		0	1	1.01	1.02	1.03	2	
1	ADMINISTRATIVE AND GENERAL							1
2	SKILLED NURSING CARE	963,407		1,563				2
3	PHYSICAL THERAPY	329,803						3
4	OCCUPATIONAL THERAPY	221,981						4
5	SPEECH PATHOLOGY	20,447						5
6	MEDICAL SOCIAL SERVICES	32,914						6
7	HOME HEALTH AIDE	173,218						7
8	SUPPLIES	499,427						8
9	DRUGS							9
10	DME			467	1,149			10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING	101,184		139				13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM	8,801						17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS	659,388					108,234	19
20	TOTALS (sum of lines 1-19)(2)	3,010,570		2,169	1,149		108,234	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: 16-7154

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	A&G INFO SERV	A&G PURCHASING STORES	A&G ADMITTING REGISTR	A&G CASHIERS A/R, PFS	
		4	4A	5.02	5.03	5.04	5.05	
1	ADMINISTRATIVE AND GENERAL	11,335	11,335	879				1
2	SKILLED NURSING CARE	44,824	1,009,794	78,298	13,216	7,998	9,438	2
3	PHYSICAL THERAPY	16,082	345,885	26,820	4,442	2,688	3,173	3
4	OCCUPATIONAL THERAPY	10,824	232,805	18,051	2,290	1,386	1,635	4
5	SPEECH PATHOLOGY	997	21,444	1,663	570	345	407	5
6	MEDICAL SOCIAL SERVICES	1,559	34,473	2,673	316	191	226	6
7	HOME HEALTH AIDE	7,937	181,155	14,047	697	422	498	7
8	SUPPLIES		499,427	38,725	336	204	240	8
9	DRUGS							9
10	DME		1,616	125				10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING	4,708	106,031	8,222	526	318	376	13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM		8,801	682				17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS	9,691	777,313	60,272				19
20	TOTALS (sum of lines 1-19)(2)	107,957	3,230,079	250,457	22,393	13,552	15,993	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 Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 16-7154

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	SUBTOTAL (cols.0-4)	A&G ALL OTHER	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
			5.06	6	7	8	9	
1	ADMINISTRATIVE AND GENERAL	12,214	1,547				18,776	1
2	SKILLED NURSING CARE	1,118,744	141,663					2
3	PHYSICAL THERAPY	383,008	48,498					3
4	OCCUPATIONAL THERAPY	256,167	32,437					4
5	SPEECH PATHOLOGY	24,429	3,093					5
6	MEDICAL SOCIAL SERVICES	37,879	4,796					6
7	HOME HEALTH AIDE	196,819	24,922					7
8	SUPPLIES	538,932	68,242					8
9	DRUGS							9
10	DME	1,741	220					10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING	115,473	14,622					13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM	9,483	1,201					17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS	837,585	106,059					19
20	TOTALS (sum of lines 1-19)(2)	3,532,474	447,300				18,776	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 Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 16-7154

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
1	ADMINISTRATIVE AND GENERAL		74,771					1
2	SKILLED NURSING CARE			92			23,537	2
3	PHYSICAL THERAPY						7,911	3
4	OCCUPATIONAL THERAPY						4,078	4
5	SPEECH PATHOLOGY						1,015	5
6	MEDICAL SOCIAL SERVICES						563	6
7	HOME HEALTH AIDE						1,242	7
8	SUPPLIES						599	8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING						937	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)		74,771	92			39,882	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: 16-7154

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	SOCIAL SERVICE	SUBTOTAL (sum of col.4A-23)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (sum of col.4A-23)	ALLOCATED HHA A&G (see Pt.2)	TOTAL HHA COSTS	
		17	24	25	26	27	28	
1	ADMINISTRATIVE AND GENERAL		107,308		107,308			1
2	SKILLED NURSING CARE		1,284,036		1,284,036	34,373	1,318,409	2
3	PHYSICAL THERAPY		439,417		439,417	11,763	451,180	3
4	OCCUPATIONAL THERAPY		292,682		292,682	7,835	300,517	4
5	SPEECH PATHOLOGY		28,537		28,537	764	29,301	5
6	MEDICAL SOCIAL SERVICES	2,595	45,833		45,833	1,227	47,060	6
7	HOME HEALTH AIDE		222,983		222,983	5,969	228,952	7
8	SUPPLIES		607,773		607,773	16,270	624,043	8
9	DRUGS							9
10	DME		1,961		1,961	52	2,013	10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING		131,032		131,032	3,508	134,540	13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM		10,684		10,684	286	10,970	17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS		943,644		943,644	25,261	968,905	19
20	TOTALS (sum of lines 1-19)(2)	2,595	4,115,890		4,115,890	107,308	4,115,890	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.					0.026770		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: 16-7154

WORKSHEET H-2  
PART II

	HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL 1970 BLDG SQUARE FEET	CAP REL BLUFF BLDG SQUARE FEET	BLDG RADIATION ONCOLOGY SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	
		1	1.01	1.02	1.03	2	4	
1	ADMINISTRATIVE AND GENERAL						174,879	1
2	SKILLED NURSING CARE		5,986				691,569	2
3	PHYSICAL THERAPY						248,123	3
4	OCCUPATIONAL THERAPY						167,005	4
5	SPEECH PATHOLOGY						15,383	5
6	MEDICAL SOCIAL SERVICES						24,046	6
7	HOME HEALTH AIDE						122,452	7
8	SUPPLIES							8
9	DRUGS							9
10	DME		1,787	6,504				10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING		531				72,644	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					100,662	149,511	19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)		8,304	6,504		100,662	1,665,612	20
21	TOTAL COST TO BE ALLOCATED		2,169	1,149		108,234	107,957	21
22	UNIT COST MULTIPLIER			0.176661		1.075222		22
22	UNIT COST MULTIPLIER		0.261199				0.064815	22



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## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 16-7154

WORKSHEET H-2  
PART II

	HHA COST CENTER	RECON- CILIATION	A&G INFO SERV  ACCUM COST	A&G PURCHASING STORES GROSS REVENUE	A&G ADMITTING REGISTR GROSS REVENUE	A&G CASHIERS A/R, PFS GROSS REVENUE	RECON- CILIATION	
		4A.02	5.02	5.03	5.04	5.05		
1	ADMINISTRATIVE AND GENERAL		11,335					1
2	SKILLED NURSING CARE		1,009,794	3,381,850	3,381,850	3,381,850		2
3	PHYSICAL THERAPY		345,885	1,136,691	1,136,691	1,136,691		3
4	OCCUPATIONAL THERAPY		232,805	585,941	585,941	585,941		4
5	SPEECH PATHOLOGY		21,444	145,782	145,782	145,782		5
6	MEDICAL SOCIAL SERVICES		34,473	80,819	80,819	80,819		6
7	HOME HEALTH AIDE		181,155	178,386	178,386	178,386		7
8	SUPPLIES		499,427	86,050	86,050	86,050		8
9	DRUGS							9
10	DME		1,616					10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING		106,031	134,644	134,644	134,644		13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM		8,801					17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS		777,313					19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)		3,230,079	5,730,163	5,730,163	5,730,163		20
22	UNIT COST MULTIPLIER			0.003908		0.002791		22
22	UNIT COST MULTIPLIER		0.077539		0.002365			22



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## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 16-7154

WORKSHEET H-2  
PART II

	HHA COST CENTER	A&G ALL OTHER  ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT  SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING  HOURS OF SERVICE	DIETARY  MEALS SERVED	
		5.06	6	7	8	9	10	
1	ADMINISTRATIVE AND GENERAL	12,214				668		1
2	SKILLED NURSING CARE	1,118,744						2
3	PHYSICAL THERAPY	383,008						3
4	OCCUPATIONAL THERAPY	256,167						4
5	SPEECH PATHOLOGY	24,429						5
6	MEDICAL SOCIAL SERVICES	37,879						6
7	HOME HEALTH AIDE	196,819						7
8	SUPPLIES	538,932						8
9	DRUGS							9
10	DME	1,741						10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING	115,473						13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM	9,483						17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS	837,585						19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)	3,532,474				668		20
21	TOTAL COST TO BE ALLOCATED	447,300				18,776		21
22	UNIT COST MULTIPLIER	0.126625				28.107784		22
22	UNIT COST MULTIPLIER							22



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## ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 16-7154

WORKSHEET H-2  
PART II

	HHA COST CENTER	CAFETERIA MEALS SERVED	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	
		11	13	14	15	16	17	
1	ADMINISTRATIVE AND GENERAL	10,921						1
2	SKILLED NURSING CARE		21			3,381,850		2
3	PHYSICAL THERAPY					1,136,691		3
4	OCCUPATIONAL THERAPY					585,941		4
5	SPEECH PATHOLOGY					145,782		5
6	MEDICAL SOCIAL SERVICES					80,819	314	6
7	HOME HEALTH AIDE					178,386		7
8	SUPPLIES					86,050		8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING					134,644		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)	10,921	21			5,730,163	314	20
21	TOTAL COST TO BE ALLOCATED	74,771	92			39,882	2,595	21
22	UNIT COST MULTIPLIER	6.846534				0.006960		22
22	UNIT COST MULTIPLIER		4.380952				8.264331	22



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 16-7154

WORKSHEET H-2  
PART II

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



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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 16-7154

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	1,318,409		1,318,409	12,320	107.01
2	PHYSICAL THERAPY	3	451,180		451,180	2,819	160.05
3	OCCUPATIONAL THERAPY	4	300,517		300,517	1,318	228.01
4	SPEECH PATHOLOGY	5	29,301		29,301	241	121.58
5	MEDICAL SOCIAL SERVICES	6	47,060		47,060	163	288.71
6	HOME HEALTH AIDE	7	228,952		228,952	3,819	59.95
7	TOTAL (sum of lines 1-6)		2,375,419		2,375,419	20,680	

LIMITATION COST COMPUTATION				PROGRAM VISITS			
				PART B			
	PATIENT SERVICES	CBSA NO.	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE		
		1	2	3	4		
8	SKILLED NURSING CARE	99914	421	2,164		8	
8.01	SKILLED NURSING CARE	99916	1,117	3,760		8.01	
9	PHYSICAL THERAPY	99914	122	510		9	
9.01	PHYSICAL THERAPY	99916	314	1,004		9.01	
10	OCCUPATIONAL THERAPY	99914	48	268		10	
10.01	OCCUPATIONAL THERAPY	99916	188	499		10.01	
11	SPEECH PATHOLOGY	99914	12	64		11	
11.01	SPEECH PATHOLOGY	99916	26	111		11.01	
12	MEDICAL SOCIAL SERVICES	99914	4	24		12	
12.01	MEDICAL SOCIAL SERVICES	99916	13	70		12.01	
13	HOME HEALTH AIDE	99914	13	57		13	
13.01	HOME HEALTH AIDE	99916	158	526		13.01	
14	TOTAL (sum of lines 8-13)		2,436	9,057		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
15	COST OF MEDICAL SUPPLIES	8	624,043		624,043		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	0.349871			col. 2, line 2
2	OCCUPATIONAL THERAPY	67				col. 2, line 3
3	SPEECH PATHOLOGY	68	0.284390			col. 2, line 4
4	MEDICAL SUPPLIES CHARGED TO PAT	71	1.959122			col. 2, line 15
5	DRUGS CHARGED TO PATIENTS	73	0.310358			col. 2, line 16



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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 16-7154

WORKSHEET H-3  
PARTS I & II

CHECK APPLICABLE BOX:     TITLE V             TITLE XVIII             TITLE XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		PROGRAM VISITS			COST OF SERVICES				
		PART B			PART B				
PATIENT SERVICES	PART A	PART A	NOT	SUBJECT TO	PART A	NOT	SUBJECT TO	TOTAL	PROGRAM
			SUBJECT TO	DEDUCTIBLES		DEDUCTIBLES	DEDUCTIBLES		
			DEDUCTIBLES	&		DEDUCTIBLES	&	(sum of	
			&	COINSURANCE		&	COINSURANCE	cols 9-10)	
		6	7	8	9	10	11	12	
1	SKILLED NURSING CARE	1,538	5,924		164,581	633,927		798,508	1
2	PHYSICAL THERAPY	436	1,514		69,782	242,316		312,098	2
3	OCCUPATIONAL THERAPY	236	767		53,810	174,884		228,694	3
4	SPEECH PATHOLOGY	38	175		4,620	21,277		25,897	4
5	MEDICAL SOCIAL SERVICES	17	94		4,908	27,139		32,047	5
6	HOME HEALTH AIDE	171	583		10,251	34,951		45,202	6
7	TOTAL (sum of lines 1-6)	2,436	9,057		307,952	1,134,494		1,442,446	7

SUPPLIES AND DRUGS COSTS COMPUTATIONS		PROGRAM COVERED CHARGES			COST OF SERVICES				
		PART B			PART B				
OTHER PATIENT SERVICES	PART A	PART A	NOT	SUBJECT TO	PART A	NOT	SUBJECT TO	TOTAL	PROGRAM
			SUBJECT TO	DEDUCTIBLES		DEDUCTIBLES	DEDUCTIBLES		
			DEDUCTIBLES	&		DEDUCTIBLES	&	(sum of	
			&	COINSURANCE		DEDUCTIBLES	&	cols 9-10)	
		6	7	8	9	10	11	12	
15	COST OF MEDICAL SUPPLIES								15
16	COST OF DRUGS								16



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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 16-7154

WORKSHEET H-4  
PARTS I & II

CHECK APPLICABLE BOX:     TITLE V             TITLE XVIII             TITLE XIX

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

	DESCRIPTION	PART A 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	2,071,687			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)	2,071,687			6
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (complete only if line 6 exceeds line 1)	2,071,687			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	394,931	1,479,268	11
12	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS		4,375	12
13	TOTAL PPS REIMBURSEMENT - LUPA EPISODES	5,263	32,634	13
14	TOTAL PPS REIMBURSEMENT - PEP EPISODES	12,606	8,179	14
15	TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS		256	15
16	TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			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)	412,800	1,524,712	22
23	EXCESS REASONABLE COST (from line 8)			23
24	SUBTOTAL (line 22 minus line 23)	412,800	1,524,712	24
25	COINSURANCE BILLED TO PROGRAM PATIENTS (from your records)			25
26	NET COST (line 24 minus line 25)	412,800	1,524,712	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)	412,800	1,524,712	29
30	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		-106	30
31	SUBTOTAL (line 29 plus/minus line 30)	412,800	1,524,606	31
31.01	SEQUESTRATION ADJUSTMENT (see instructions)	8,257	30,493	31.01
32	INTERIM PAYMENTS (see instructions)	404,543	1,494,113	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: 16-7154

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		404,543		1,494,113	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)		404,543		1,494,113	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)		8,257		30,493	6.01
	BASED ON THE COST REPORT (1)					6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)		412,800		1,524,606	7
8	NAME OF CONTRACTOR	CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)		8

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



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## ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

## WORKSHEET I-1

CHECK APPLICABLE BOX:     RENAL DIALYSIS DEPARTMENT                       HOME PROGRAM DIALYSIS

		TOTAL COSTS	BASIS	STATISTICS	FTEs PER 2080 HOURS	
		1	2	3	4	
1	REGISTERED NURSES	252,754	HOURS OF SERVICE	9,482.00	4.56	1
2	LICENSED PRACTICAL NURSES		HOURS OF SERVICE			2
3	NURSES AIDES		HOURS OF SERVICE			3
4	TECHNICIANS	186,943	HOURS OF SERVICE	12,304.00	5.92	4
5	SOCIAL WORKERS		HOURS OF SERVICE			5
6	DIETICIANS		HOURS OF SERVICE			6
7	PHYSICIANS		ACCUMULATED COST			7
8	NON-PATIENT CARE SALARY	83,450	ACCUMULATED COST			8
9	SUBTOTAL (sum of lines 1-8)	523,147				9
10	EMPLOYEE BENEFITS	123,387	SALARY			10
11	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11
12	CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			12
13	MACHINES COSTS & REPAIRS	4,118	PERCENTAGE OF TIME			13
14	SUPPLIES	6,097	REQUISITIONS			14
15	DRUGS	11,715	REQUISITIONS			15
16	OTHER	88,721	ACCUMULATED COST			16
17	SUBTOTAL (sum of lines 9-16)	757,185				17
18	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	4,758	SQUARE FEET			18
19	CAPITAL RELATED COSTS-MOVABLE EQUIPMENT	39,326	PERCENTAGE OF TIME			19
20	EMPLOYEE BENEFITS DEPARTMENT	33,908	SALARY			20
21	ADMINISTRATIVE AND GENERAL	284,416	ACCUMULATED COST			21
22	MAINT./REPAIRS-OPERATION-HOUSEKEEPING	35,346	SQUARE FEET			22
23	MEDICAL EDUCATION PROGRAM COSTS					23
24	CENTRAL SERVICES & SUPPLIES		REQUISITIONS			24
25	PHARMACY	300,412	REQUISITIONS			25
26	OTHER ALLOCATED COSTS	166,276	ACCUMULATED COST			26
27	SUBTOTAL (sum of lines 17-26)	1,621,627				27
28	LABORATORY		CHARGES			28
29	RESPIRATORY THERAPY		CHARGES			29
30	OTHER ANCILLARY (SPECIFY)		CHARGES			30
31	TOTAL COSTS (sum of lines 27-30)	1,621,627				31



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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

WORKSHEET I-2

CHECK APPLICABLE BOX:     RENAL DIALYSIS DEPARTMENT                     HOME PROGRAM DIALYSIS

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT	DRUGS	
		BUILDING	EQUIPMENT	RNs	OTHER			
		1	2	3	4	5	6	
1	TOTAL RENAL DEPARTMENT COSTS	40,104	43,444	252,754	186,943	157,295	312,127	1
	MAINTENANCE							
2	HEMODIALYSIS	40,104	43,444	252,754	186,943	157,295	312,127	2
3	INTERMITTENT PERITONEAL TRAINING							3
4	HEMODIALYSIS							4
5	INTERMITTENT PERITONEAL							5
6	CAPD							6
7	CCPD HOME							7
8	HEMODIALYSIS							8
9	INTERMITTENT PERITONEAL							9
10	CAPD							10
11	CCPD							11
	OTHER BILLABLE SERVICES							
12	INPATIENT DIALYSIS							12
13	METHOD II HOME PATIENT							13
14	EPO (included in renal department)							14
15	ARANESP (included in renal department)							15
16	OTHER							16
17	TOTAL (sum of lines 2-16)	40,104	43,444	252,754	186,943	157,295	312,127	17
18	MEDICAL EDUCATION PROGRAM COSTS							18
19	TOTAL RENAL COSTS (line 17 + line 18)							19



MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

WORKSHEET I-2

CHECK APPLICABLE BOX:     RENAL DIALYSIS DEPARTMENT                       HOME PROGRAM DIALYSIS

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (sum of cols. 1-8)	OVERHEAD	TOTAL (col. 9 + col. 10)	
		7	8	9	10	11	
1	TOTAL RENAL DEPARTMENT COSTS	6,097		998,764	622,863	1,621,627	1
	MAINTENANCE						
2	HEMODIALYSIS	6,097		998,764	622,863	1,621,627	2
3	INTERMITTENT PERITONEAL TRAINING						3
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD						6
7	CCPD						7
	HOME						
8	HEMODIALYSIS						8
9	INTERMITTENT PERITONEAL						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS						12
13	METHOD II HOME PATIENT						13
14	EPO (included in renal department)						14
15	ARANESP (included in renal department)						15
16	OTHER						16
17	TOTAL (sum of lines 2-16)	6,097		998,764	622,863	1,621,627	17
18	MEDICAL EDUCATION PROGRAM COSTS						18
19	TOTAL RENAL COSTS (line 17 + line 18)					1,621,627	19



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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

WORKSHEET I-3

CHECK APPLICABLE BOX:     RENAL DIALYSIS DEPARTMENT                       HOME PROGRAM DIALYSIS

	COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT (Salary)	
		BUILDING (Square Feet)	EQUIPMENT (% of Time)	RNs (Hours)	OTHERS (Hours)		
		1	2	3	4	5	
1	TOTAL RENAL DEPT COSTS	40,104	43,444	252,754	186,943	157,295	1
	MAINTENANCE						
2	HEMODIALYSIS	5,034	36,575.00	13,719.00	21,594.00	523,147	2
3	INTERMITTENT PERITONEAL TRAINING						3
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD						6
7	CCPD						7
	HOME						
8	HEMODIALYSIS						8
9	INTERMITTENT PERITONEAL						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS TREATMENTS						12
13	METHOD II HOME PATIENT						13
14	EPO						14
15	ARANESP						15
16	OTHER						16
17	TOTAL STATISTICAL BASIS	5,034	36,575.00	13,719.00	21,594.00	523,147	17
18	UNIT COST MULTIPLIER (line 1 ÷ line 17)	7.966627	1.187806	18.423646	8.657173	0.300671	18



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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

WORKSHEET I-3

CHECK APPLICABLE BOX:     RENAL DIALYSIS DEPARTMENT                       HOME PROGRAM DIALYSIS

	COMPOSITE PAYMENT SERVICES	DRUGS (Requist.)	MEDICAL SUPPLIES (Requist.)	ROUTINE ANCILLARY SERVICES (Charges)	SUBTOTAL	OVERHEAD (Accum. Cost)	
		6	7	8	9	10	
1	TOTAL RENAL DEPT COSTS	312,127	6,097				1
	MAINTENANCE						
2	HEMODIALYSIS	177,963	1,000				2
3	INTERMITTENT PERITONEAL						3
	TRAINING						
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD						6
7	CCPD						7
	HOME						
8	HEMODIALYSIS						8
9	INTERMITTENT PERITONEAL						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS TREATMENTS						12
13	METHOD II HOME PATIENT						13
14	EPO						14
15	ARANESP						15
16	OTHER						16
17	TOTAL STATISTICAL BASIS	177,963	1,000			998,764	17
18	UNIT COST MULTIPLIER (line 1 ÷ line 17)	1.753887	6.097000			0.623634	18



## COMPU-MAX

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## COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

WORKSHEET I-4

CHECK APPLICABLE BOX:     RENAL DIALYSIS DEPARTMENT                       HOME PROGRAM DIALYSIS

		NUMBER OF TOTAL TREATMENT S	TOTAL COST (from Wkst. 1-2, col. 11)	AVERAGE COST OF PROGRAM TREATMENT S (col. 2 ÷ col. 1)	NUMBER OF PROGRAM TREATMENT S	NUMBER OF PROGRAM TREATMENT S	NUMBER OF PROGRAM TREATMENT S	TOTAL PROGRAM EXPENSES (see instr- uctions)	
		1	2	3	4	4.01	4.02	5	
1	MAINTENANCE - HEMODIALYSIS	8,517	1,621,627	190.40		3,186	3,317	1,238,171	1
2	MAINTENANCE - PERITONEAL DIALYSIS								2
3	TRAINING - HEMODIALYSIS								3
4	TRAINING - PERITONEAL DIALYSIS								4
5	TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS								5
6	TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS								6
7	HOME PROGRAM - HEMODIALYSIS								7
8	HOME PROGRAM - PERITONEAL DIALYSIS								8
		PATIENT WEEKS			PATIENT WEEKS	PATIENT WEEKS	PATIENT WEEKS		
9	HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS								9
10	HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS								10
11	TOTALS (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6)	8,517	1,621,627			3,186	3,317	1,238,171	11
12	TOTAL TREATMENTS (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	8,517							12



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## COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

WORKSHEET I-4

CHECK APPLICABLE BOX:     RENAL DIALYSIS DEPARTMENT                       HOME PROGRAM DIALYSIS

		TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	AVERAGE PAYMENT RATE (col. 6 ÷ col. 4)	AVERAGE PAYMENT RATE (col. 6.01 ÷ col. 4.01)	AVERAGE PAYMENT RATE (col. 6.02 ÷ col. 4.02)	
		6	6.01	6.02	7	7.01	7.02	
1	MAINTENANCE - HEMODIALYSIS		600,269	641,783		188.41	193.48	1
2	MAINTENANCE - PERITONEAL DIALYSIS							2
3	TRAINING - HEMODIALYSIS							3
4	TRAINING - PERITONEAL DIALYSIS							4
5	TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS							5
6	TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS							6
7	HOME PROGRAM - HEMODIALYSIS							7
8	HOME PROGRAM - PERITONEAL DIALYSIS							8
9	HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS							9
10	HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS							10
11	TOTALS (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6)		600,269	641,783				11
12	TOTAL TREATMENTS (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))							12



COMPU-MAX

MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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## CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

WORKSHEET I-5

DESCRIPTION				
1			1,238,171	1
		1	2	
2	TOTAL PAYMENT DUE (FROM I-4, COL. 6, LINE 11) (see instructions)			2
2.01	TOTAL PAYMENT DUE (FROM I-4, COL. 6.01, LINE 11) (see instructions)	600,269	600,269	2.01
2.02	TOTAL PAYMENT DUE (FROM I-4, COL. 6.02, LINE 11) (see instructions)	641,783	641,783	2.02
2.03	TOTAL PAYMENT DUE (see instructions)	1,242,052	1,242,052	2.03
2.04	OUTLIER PAYMENTS	1,215		2.04
3	DEDUCTIBLES BILLED TO MEDICARE (Part B) PATIENTS (see instructions)			3
3.01	DEDUCTIBLES BILLED TO MEDICARE (Part B) PATIENTS (see instructions)			3.01
3.02	DEDUCTIBLES BILLED TO MEDICARE (Part B) PATIENTS (see instructions)	367	367	3.02
3.03	TOTAL DEDUCTIBLES BILLED TO MEDICARE (Part B) PATIENTS (see instructions)	367	367	3.03
4	COINSURANCE BILLED TO MEDICARE (Part B) PATIENTS (see instructions)			4
4.01	COINSURANCE BILLED TO MEDICARE (Part B) PATIENTS (see instructions)	153,528	153,528	4.01
4.02	COINSURANCE BILLED TO MEDICARE (Part B) PATIENTS (see instructions)	164,134	164,134	4.02
4.03	TOTAL COINSURANCE BILLED TO MEDICARE (Part B) PATIENTS (see instructions)	317,662	317,662	4.03
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES			5
5.01	TRANSITION PERIOD 1 (75-25%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2011 BUT BEFORE 1/1/2012			5.01
5.02	TRANSITION PERIOD 2 (50-50%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2012 BUT BEFORE 1/1/2013			5.02
5.03	TRANSITION PERIOD 3 (25-75%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2013 BUT BEFORE 1/1/2014			5.03
5.04	100% PPS BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2014			5.04
5.05	TOTAL BAD DEBTS (sum of line 5 through line 5.04)			5.05
6	ALLOWABLE BAD DEBTS (see instructions)			6
7	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)			7
8	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (Part B) PATIENTS (see instructions)		318,029	8
9	PROGRAM PAYMENT (see instructions)		993,348	9
10	UNRECOVERED FROM MEDICARE (Part B) PATIENTS (see instructions)			10
11	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) (transfer to Worksheet E, Part B, line 33)			11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE			
12	TOTAL ALLOWABLE EXPENSES (see instructions)	1,621,627	12
13	TOTAL COMPOSITE COSTS (from Worksheet I-4, column 2, line 11)	1,621,627	13
14	FACILITY SPECIFIC COMPOSITE COST PERCENTAGE (line 13 divided by line 12)	1.000000	14



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## ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE CCN: 16-1527

WORKSHEET K

	COST CENTER DESCRIPTIONS	SALARIES (from Wkst. K-1)	EMPLOYEE BENEFITS (from Wkst. K-2)	TRANSPOR- TATION (see inst.)	CONTRACTED SERVICES (from Wkst. K-3)	OTHER	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTER</b>						
1	CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL	33,810	7,613				6
	<b>INPATIENT CARE SERVICE</b>						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	<b>VISITING SERVICES</b>						
9	PHYSICIAN SERVICES				14,664		9
10	NURSING CARE	130,510	29,385	11,562			10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES	46,789	10,535	2,527			15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER	17,313	3,898	3,094			19
20	HH AIDE & HOMEMAKER - CONT. HOME CARE						20
21	OTHER			2,605	73,140		21
	<b>OTHER HOSPICE SERVICE COSTS</b>						
22	DRUGS, BIOLOGICAL AND INFUSION THERAPY						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R Dept.)						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER					386,541	34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)	228,422	51,431	19,788	87,804	386,541	39



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ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE CCN: 16-1527

WORKSHEET K

		TOTAL (cols. 1-5) 6	RECLASSI- FICATION 7	SUBTOTAL (col. 6 ± col. 7) 8	ADJUST- MENTS 9	TOTAL (col. 8 ± col. 9) 10	
	<b>GENERAL SERVICE COST CENTER</b>						
1	CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL	41,423		41,423		41,423	6
	<b>INPATIENT CARE SERVICE</b>						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	<b>VISITING SERVICES</b>						
9	PHYSICIAN SERVICES	14,664		14,664		14,664	9
10	NURSING CARE	171,457		171,457		171,457	10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES	59,851		59,851		59,851	15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER	24,305		24,305		24,305	19
20	HH AIDE & HOMEMAKER - CONT. HOME CARE						20
21	OTHER	75,745		75,745		75,745	21
	<b>OTHER HOSPICE SERVICE COSTS</b>						
22	DRUGS, BIOLOGICAL AND INFUSION THERAPY						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R Dept.)						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER	386,541	-107,467	279,074		279,074	34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	<b>TOTAL (sum of lines 1-38)</b>	<b>773,986</b>	<b>-214,934</b>	<b>666,519</b>		<b>666,519</b>	<b>39</b>



MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

HOSPICE CCN: 16-1527

WORKSHEET K-1

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTER</b>						
1	CAPITAL RELATED COSTS-BLDG AND FIX						1
2	CAPITAL RELATED COSTS-MOVABLE EQUI						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL						6
	<b>INPATIENT CARE SERVICE</b>						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	<b>VISITING SERVICES</b>						
9	PHYSICIAN SERVICES						9
10	NURSING CARE					130,510	10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES			46,789			15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME C						20
21	OTHER						21
	<b>OTHER HOSPICE SERVICE COSTS</b>						
22	DRUGS, BIOLOGICAL AND INFUSION THE						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)			46,789		130,510	39

(1) Transfer the amount in column 9 to Wkst. K, column 1.



MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

HOSPICE CCN: 16-1527

WORKSHEET K-1

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	6	7	8	9	
<b>GENERAL SERVICE COST CENTER</b>					
1 CAPITAL RELATED COSTS-BLDG AND FIX					1
2 CAPITAL RELATED COSTS-MOVABLE EQUI					2
3 PLANT OPERATION AND MAINTENANCE					3
4 TRANSPORTATION - STAFF					4
5 VOLUNTEER SERVICE COORDINATION					5
6 ADMINISTRATIVE AND GENERAL			33,810	33,810	6
<b>INPATIENT CARE SERVICE</b>					
7 INPATIENT - GENERAL CARE					7
8 INPATIENT - RESPITE CARE					8
<b>VISITING SERVICES</b>					
9 PHYSICIAN SERVICES					9
10 NURSING CARE				130,510	10
11 NURSING CARE-CONTINUOUS HOME CARE					11
12 PHYSICAL THERAPY					12
13 OCCUPATIONAL THERAPY					13
14 SPEECH/LANGUAGE PATHOLOGY					14
15 MEDICAL SOCIAL SERVICES				46,789	15
16 SPIRITUAL COUNSELING					16
17 DIETARY COUNSELING					17
18 COUNSELING - OTHER					18
19 HOME HEALTH AIDE AND HOMEMAKER		17,313		17,313	19
20 HH AIDE & HOMEMAKER - CONT. HOME C					20
21 OTHER					21
<b>OTHER HOSPICE SERVICE COSTS</b>					
22 DRUGS, BIOLOGICAL AND INFUSION THE					22
23 ANALGESICS					23
24 SEDATIVES/HYPNOTICS					24
25 OTHER - SPECIFY					25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN					26
27 PATIENT TRANSPORTATION					27
28 IMAGING SERVICES					28
29 LABS AND DIAGNOSTICS					29
30 MEDICAL SUPPLIES					30
31 OUTPATIENT SERVICES (including E/R					31
32 RADIATION THERAPY					32
33 CHEMOTHERAPY					33
34 OTHER					34
<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35 BEREAVEMENT PROGRAM COSTS					35
36 VOLUNTEER PROGRAM COSTS					36
37 FUNDRAISING					37
38 OTHER PROGRAM COSTS					38
39 TOTAL (sum of lines 1-38)		17,313	33,810	228,422	39

(1) Transfer the amount in column 9 to Wkst. K, column 1.



MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE CCN: 16-1527

WORKSHEET K-2

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTER</b>						
1	CAPITAL RELATED COSTS-BLDG AND FIX						1
2	CAPITAL RELATED COSTS-MOVABLE EQUI						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL						6
	<b>INPATIENT CARE SERVICE</b>						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	<b>VISITING SERVICES</b>						
9	PHYSICIAN SERVICES						9
10	NURSING CARE					29,385	10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES			10,535			15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOME MAKER						19
20	HH AIDE & HOME MAKER - CONT. HOME C						20
21	OTHER						21
	<b>OTHER HOSPICE SERVICE COSTS</b>						
22	DRUGS, BIOLOGICAL AND INFUSION THE						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)			10,535		29,385	39

(1) Transfer the amount in column 9 to Wkst. K, column 2.



MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:41 Version: 2014.10
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## HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE CCN: 16-1527

WORKSHEET K-2

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	6	7	8	9	
<b>GENERAL SERVICE COST CENTER</b>					
1 CAPITAL RELATED COSTS-BLDG AND FIX					1
2 CAPITAL RELATED COSTS-MOVABLE EQUI					2
3 PLANT OPERATION AND MAINTENANCE					3
4 TRANSPORTATION - STAFF					4
5 VOLUNTEER SERVICE COORDINATION					5
6 ADMINISTRATIVE AND GENERAL			7,613	7,613	6
<b>INPATIENT CARE SERVICE</b>					
7 INPATIENT - GENERAL CARE					7
8 INPATIENT - RESPITE CARE					8
<b>VISITING SERVICES</b>					
9 PHYSICIAN SERVICES					9
10 NURSING CARE				29,385	10
11 NURSING CARE-CONTINUOUS HOME CARE					11
12 PHYSICAL THERAPY					12
13 OCCUPATIONAL THERAPY					13
14 SPEECH/LANGUAGE PATHOLOGY					14
15 MEDICAL SOCIAL SERVICES				10,535	15
16 SPIRITUAL COUNSELING					16
17 DIETARY COUNSELING					17
18 COUNSELING - OTHER					18
19 HOME HEALTH AIDE AND HOMEMAKER		3,898		3,898	19
20 HH AIDE & HOMEMAKER - CONT. HOME C					20
21 OTHER					21
<b>OTHER HOSPICE SERVICE COSTS</b>					
22 DRUGS, BIOLOGICAL AND INFUSION THE					22
23 ANALGESICS					23
24 SEDATIVES/HYPNOTICS					24
25 OTHER - SPECIFY					25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN					26
27 PATIENT TRANSPORTATION					27
28 IMAGING SERVICES					28
29 LABS AND DIAGNOSTICS					29
30 MEDICAL SUPPLIES					30
31 OUTPATIENT SERVICES (including E/R					31
32 RADIATION THERAPY					32
33 CHEMOTHERAPY					33
34 OTHER					34
<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35 BEREAVEMENT PROGRAM COSTS					35
36 VOLUNTEER PROGRAM COSTS					36
37 FUNDRAISING					37
38 OTHER PROGRAM COSTS					38
39 TOTAL (sum of lines 1-38)		3,898	7,613	51,431	39

(1) Transfer the amount in column 9 to Wkst. K, column 2.



MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 16-1527

WORKSHEET K-3

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTER</b>						
1	CAPITAL RELATED COSTS-BLDG AND FIX						1
2	CAPITAL RELATED COSTS-MOVABLE EQUI						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL						6
	<b>INPATIENT CARE SERVICE</b>						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	<b>VISITING SERVICES</b>						
9	PHYSICIAN SERVICES						9
10	NURSING CARE						10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES						15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME C						20
21	OTHER						21
	<b>OTHER HOSPICE SERVICE COSTS</b>						
22	DRUGS, BIOLOGICAL AND INFUSION THE						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)						39

(1) Transfer the amount in column 9 to Wkst. K, column 4.



MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:41 Version: 2014.10
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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES      HOSPICE CCN: 16-1527      WORKSHEET K-3

		TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
		6	7	8	9	
	<b>GENERAL SERVICE COST CENTER</b>					
1	CAPITAL RELATED COSTS-BLDG AND FIX					1
2	CAPITAL RELATED COSTS-MOVABLE EQUI					2
3	PLANT OPERATION AND MAINTENANCE					3
4	TRANSPORTATION - STAFF					4
5	VOLUNTEER SERVICE COORDINATION					5
6	ADMINISTRATIVE AND GENERAL					6
	<b>INPATIENT CARE SERVICE</b>					
7	INPATIENT - GENERAL CARE					7
8	INPATIENT - RESPITE CARE					8
	<b>VISITING SERVICES</b>					
9	PHYSICIAN SERVICES			14,664	14,664	9
10	NURSING CARE					10
11	NURSING CARE-CONTINUOUS HOME CARE					11
12	PHYSICAL THERAPY					12
13	OCCUPATIONAL THERAPY					13
14	SPEECH/LANGUAGE PATHOLOGY					14
15	MEDICAL SOCIAL SERVICES					15
16	SPIRITUAL COUNSELING					16
17	DIETARY COUNSELING					17
18	COUNSELING - OTHER					18
19	HOME HEALTH AIDE AND HOME MAKER					19
20	HH AIDE & HOME MAKER - CONT. HOME C					20
21	OTHER			73,140	73,140	21
	<b>OTHER HOSPICE SERVICE COSTS</b>					
22	DRUGS, BIOLOGICAL AND INFUSION THE					22
23	ANALGESICS					23
24	SEDATIVES/HYPNOTICS					24
25	OTHER - SPECIFY					25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN					26
27	PATIENT TRANSPORTATION					27
28	IMAGING SERVICES					28
29	LABS AND DIAGNOSTICS					29
30	MEDICAL SUPPLIES					30
31	OUTPATIENT SERVICES (including E/R					31
32	RADIATION THERAPY					32
33	CHEMOTHERAPY					33
34	OTHER					34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35	BEREAVEMENT PROGRAM COSTS					35
36	VOLUNTEER PROGRAM COSTS					36
37	FUNDRAISING					37
38	OTHER PROGRAM COSTS					38
39	<b>TOTAL (sum of lines 1-38)</b>			87,804	87,804	39

(1) Transfer the amount in column 9 to Wkst. K, column 4.



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**COST ALLOCATION - HOSPICE GENERAL SERVICE COST**

**HOSPICE CCN: 16-1527**

**WORKSHEET K-4  
PART I**

	COST CENTER DESCRIPTIONS	CAPITAL RELATED COSTS				
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	
		0	1	2	3	4
	<b>GENERAL SERVICE COST CENTER</b>					
1	CAPITAL RELATED COSTS-BLDG AND FIX					1
2	CAPITAL RELATED COSTS-MOVABLE EQUI					2
3	PLANT OPERATION AND MAINTENANCE					3
4	TRANSPORTATION - STAFF					4
5	VOLUNTEER SERVICE COORDINATION					5
6	ADMINISTRATIVE AND GENERAL	41,423				6
	<b>INPATIENT CARE SERVICE</b>					
7	INPATIENT - GENERAL CARE					7
8	INPATIENT - RESPITE CARE					8
	<b>VISITING SERVICES</b>					
9	PHYSICIAN SERVICES	14,664				9
10	NURSING CARE	171,457				10
11	NURSING CARE-CONTINUOUS HOME CARE					11
12	PHYSICAL THERAPY					12
13	OCCUPATIONAL THERAPY					13
14	SPEECH/LANGUAGE PATHOLOGY					14
15	MEDICAL SOCIAL SERVICES	59,851				15
16	SPIRITUAL COUNSELING					16
17	DIETARY COUNSELING					17
18	COUNSELING - OTHER					18
19	HOME HEALTH AIDE AND HOMEMAKER	24,305				19
20	HH AIDE & HOMEMAKER - CONT. HOME C					20
21	OTHER	75,745				21
	<b>OTHER HOSPICE SERVICE COSTS</b>					
22	DRUGS, BIOLOGICAL AND INFUSION THE					22
23	ANALGESICS					23
24	SEDATIVES/HYPNOTICS					24
25	OTHER - SPECIFY					25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN					26
27	PATIENT TRANSPORTATION					27
28	IMAGING SERVICES					28
29	LABS AND DIAGNOSTICS					29
30	MEDICAL SUPPLIES					30
31	OUTPATIENT SERVICES (including E/R					31
32	RADIATION THERAPY					32
33	CHEMOTHERAPY					33
34	OTHER	279,074				34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35	BEREAVEMENT PROGRAM COSTS					35
36	VOLUNTEER PROGRAM COSTS					36
37	FUNDRAISING					37
38	OTHER PROGRAM COSTS					38
39	TOTAL (sum of lines 1-38)	666,519				39



MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:41 Version: 2014.10
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COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE CCN: 16-1527

WORKSHEET K-4  
PART I

		VOLUNTEER SERVICES COORDI- NATOR	SUBTOTAL (cols. 0 - 5)	ADMINIS- TRATIVE & GENERAL	TOTAL (col. 5 ± col. 6)	
		5	5A	6	7	
	<b>GENERAL SERVICE COST CENTER</b>					
1	CAPITAL RELATED COSTS-BLDG AND FIX					1
2	CAPITAL RELATED COSTS-MOVABLE EQUI					2
3	PLANT OPERATION AND MAINTENANCE					3
4	TRANSPORTATION - STAFF					4
5	VOLUNTEER SERVICE COORDINATION					5
6	ADMINISTRATIVE AND GENERAL		41,423	41,423		6
	<b>INPATIENT CARE SERVICE</b>					
7	INPATIENT - GENERAL CARE					7
8	INPATIENT - RESPITE CARE					8
	<b>VISITING SERVICES</b>					
9	PHYSICIAN SERVICES		14,664	972	15,636	9
10	NURSING CARE		171,457	11,362	182,819	10
11	NURSING CARE-CONTINUOUS HOME CARE					11
12	PHYSICAL THERAPY					12
13	OCCUPATIONAL THERAPY					13
14	SPEECH/LANGUAGE PATHOLOGY					14
15	MEDICAL SOCIAL SERVICES		59,851	3,966	63,817	15
16	SPIRITUAL COUNSELING					16
17	DIETARY COUNSELING					17
18	COUNSELING - OTHER					18
19	HOME HEALTH AIDE AND HOMEMAKER		24,305	1,611	25,916	19
20	HH AIDE & HOMEMAKER - CONT. HOME C					20
21	OTHER		75,745	5,019	80,764	21
	<b>OTHER HOSPICE SERVICE COSTS</b>					
22	DRUGS, BIOLOGICAL AND INFUSION THE					22
23	ANALGESICS					23
24	SEDATIVES/HYPNOTICS					24
25	OTHER - SPECIFY					25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN					26
27	PATIENT TRANSPORTATION					27
28	IMAGING SERVICES					28
29	LABS AND DIAGNOSTICS					29
30	MEDICAL SUPPLIES					30
31	OUTPATIENT SERVICES (including E/R					31
32	RADIATION THERAPY					32
33	CHEMOTHERAPY					33
34	OTHER		279,074	18,493	297,567	34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35	BEREAVEMENT PROGRAM COSTS					35
36	VOLUNTEER PROGRAM COSTS					36
37	FUNDRAISING					37
38	OTHER PROGRAM COSTS					38
39	TOTAL (sum of lines 1-38)		666,519		666,519	39



MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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**COST ALLOCATION - HOSPICE STATISTICAL BASIS**

**HOSPICE CCN: 16-1527**

**WORKSHEET K-4  
PART II**

	COST CENTER DESCRIPTIONS	CAPITAL RELATED COSTS					RECONCILIATION	ADMINISTRATIVE & GENERAL (Acc. Cost)	
		BUILDINGS & FIXTURES (Sq. Ft.)	MOVABLE EQUIPMENT (\$ Value)	PLANT OPERATION & MAINT. (Sq. Ft.)	TRANSPORTATION (Mileage)	VOLUNTEER SERVICES COORDINATOR (Hours)			
		1	2	3	4	5	6A	6	
	<b>GENERAL SERVICE COST CENTER</b>								
1	CAPITAL RELATED COSTS-BLDG AND FIX								1
2	CAPITAL RELATED COSTS-MOVABLE EQUI		369						2
3	PLANT OPERATION AND MAINTENANCE								3
4	TRANSPORTATION - STAFF				19,789				4
5	VOLUNTEER SERVICE COORDINATION								5
6	ADMINISTRATIVE AND GENERAL						-41,423	625,096	6
	<b>INPATIENT CARE SERVICE</b>								
7	INPATIENT - GENERAL CARE								7
8	INPATIENT - RESPITE CARE								8
	<b>VISITING SERVICES</b>								
9	PHYSICIAN SERVICES							14,664	9
10	NURSING CARE				11,563			171,457	10
11	NURSING CARE-CONTINUOUS HOME CARE								11
12	PHYSICAL THERAPY								12
13	OCCUPATIONAL THERAPY								13
14	SPEECH/LANGUAGE PATHOLOGY								14
15	MEDICAL SOCIAL SERVICES				2,527			59,851	15
16	SPIRITUAL COUNSELING								16
17	DIETARY COUNSELING								17
18	COUNSELING - OTHER								18
19	HOME HEALTH AIDE AND HOMEMAKER				3,094			24,305	19
20	HH AIDE & HOMEMAKER - CONT. HOME C								20
21	OTHER		369		2,605			75,745	21
	<b>OTHER HOSPICE SERVICE COSTS</b>								
22	DRUGS, BIOLOGICAL AND INFUSION THE								22
23	ANALGESICS								23
24	SEDATIVES/HYPNOTICS								24
25	OTHER - SPECIFY								25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN								26
27	PATIENT TRANSPORTATION								27
28	IMAGING SERVICES								28
29	LABS AND DIAGNOSTICS								29
30	MEDICAL SUPPLIES								30
31	OUTPATIENT SERVICES (including E/R								31
32	RADIATION THERAPY								32
33	CHEMOTHERAPY								33
34	OTHER							279,074	34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>								
35	BEREAVEMENT PROGRAM COSTS								35
36	VOLUNTEER PROGRAM COSTS								36
37	FUNDRAISING								37
38	OTHER PROGRAM COSTS								38
39	TOTAL (sum of lines 1-38)							41,423	39
40	UNIT COST MULTIPLIER							0.066267	40



MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 16-1527

WORKSHEET K-5  
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	HOSPICE TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP REL 1970 BLDG	CAP REL BLUFF BLDG	BLDG RADIATION ONCOLOGY	CAP MOVABLE EQUIPMENT	
		0	1	1.01	1.02	1.03	2	
1	ADMINISTRATIVE AND GENERAL						397	1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES	15,636						4
5	NURSING CARE	182,819						5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES	63,817						10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER	25,916						14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER	80,764						16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER	297,567						29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)	666,519					397	34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.  
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:41 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 16-1527

WORKSHEET K-5  
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	A&G INFO SERV	A&G PURCHASING STORES	A&G ADMITTING REGISTR	A&G CASHIERS A/R, PFS	
		4	4A	5.02	5.03	5.04	5.05	
1	ADMINISTRATIVE AND GENERAL	14,805	15,202	1,179	4,759	2,880	3,399	1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES		15,636	1,212				4
5	NURSING CARE		182,819	14,176				5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES		63,817	4,948				10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER		25,916	2,010				14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER		80,764	6,262				16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER		297,567	23,073				29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)	14,805	681,721	52,860	4,759	2,880	3,399	34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.  
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 16-1527

WORKSHEET K-5  
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	SUBTOTAL	A&G ALL OTHER	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
			5.06	6	7	8	9	
1	ADMINISTRATIVE AND GENERAL	27,419	3,472					1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES	16,848	2,133					4
5	NURSING CARE	196,995	24,944					5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES	68,765	8,707					10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER	27,926	3,536					14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER	87,026	11,020					16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER	320,640	40,602					29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)	745,619	94,414					34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.  
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 16-1527

WORKSHEET K-5  
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
1	ADMINISTRATIVE AND GENERAL		9,510	9			8,476	1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)		9,510	9			8,476	34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.  
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



MERCY MEDICAL CENTER Provider CCN: 16-0080	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: 14:41 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 16-1527

WORKSHEET K-5  
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	SOCIAL SERVICE	SUBTOTAL (cols. 4A-23)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (cols. 24 ± 25)	ALLOC HOSP A&G (See Part II)	TOTAL HOSP COSTS (col 26 ± 27)	
		17	24	25	26	27	28	
1	ADMINISTRATIVE AND GENERAL	14,562	63,448		63,448			1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES		18,981		18,981	1,488	20,469	4
5	NURSING CARE		221,939		221,939	17,403	239,342	5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES		77,472		77,472	6,075	83,547	10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER		31,462		31,462	2,467	33,929	14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER		98,046		98,046	7,688	105,734	16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER		361,242		361,242	28,327	389,569	29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)	14,562	872,590		872,590		872,590	34
35	UNIT COST MULTIPLIER (see instruc					0.078414		35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.  
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 16-1527

WORKSHEET K-5

PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL 1970 BLDG SQUARE FEET	CAP REL BLUFF BLDG SQUARE FEET	BLDG RADIATION ONCOLOGY SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	
		1	1.01	1.02	1.03	2	4	
1	ADMINISTRATIVE AND GENERAL					338	228,422	1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)					338	228,422	34
35	TOTAL COST TO BE ALLOCATED					397	14,805	35
36	UNIT COST MULTIPLIER					1.174556		36
36	UNIT COST MULTIPLIER						0.064814	36



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 16-1527

WORKSHEET K-5

PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	RECON- CILIATION	A&G INFO SERV ACCUM COST	A&G PURCHASING STORES GROSS REVENUE	A&G ADMITTING REGISTR GROSS REVENUE	A&G CASHIERS A/R, PFS GROSS REVENUE	RECON- CILIATION	
		4A.02	5.02	5.03	5.04	5.05		
1	ADMINISTRATIVE AND GENERAL		15,202	1,217,751	1,217,751	1,217,751		1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES		15,636					4
5	NURSING CARE		182,819					5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES		63,817					10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER		25,916					14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER		80,764					16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER		297,567					29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)		681,721	1,217,751	1,217,751	1,217,751		34
35	TOTAL COST TO BE ALLOCATED		52,860	4,759	2,880	3,399		35
36	UNIT COST MULTIPLIER			0.003908		0.002791		36
36	UNIT COST MULTIPLIER		0.077539		0.002365			36



MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:41 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 16-1527

WORKSHEET K-5

PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	A&G ALL OTHER  ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT  SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING  HOURS OF SERVICE	DIETARY  MEALS SERVED	
		5.06	6	7	8	9	10	
1	ADMINISTRATIVE AND GENERAL	27,419						1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES	16,848						4
5	NURSING CARE	196,995						5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES	68,765						10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER	27,926						14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER	87,026						16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER	320,640						29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)	745,619						34
35	TOTAL COST TO BE ALLOCATED	94,414						35
36	UNIT COST MULTIPLIER	0.126625						36
36	UNIT COST MULTIPLIER							36



MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 14:41 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 16-1527

WORKSHEET K-5

PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	CAFETERIA MEALS SERVED	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	
		11	13	14	15	16	17	
1	ADMINISTRATIVE AND GENERAL	1,389	2			1,217,751	1,762	1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)	1,389	2			1,217,751	1,762	34
35	TOTAL COST TO BE ALLOCATED	9,510	9			8,476	14,562	35
36	UNIT COST MULTIPLIER	6.846652				0.006960		36
36	UNIT COST MULTIPLIER		4.500000				8.264472	36



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APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE CCN: 16-1527

WORKSHEET K-5  
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	COST CENTER	WKST C, PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HOSPICE CHARGES (Provider Records)	HOSPICE SHARED ANCILLARY COSTS (cols. 1 x 2)	
		0	1	2	3	
	<b>ANCILLARY SERVICE COST CENTERS</b>					
1	PHYSICAL THERAPY	66	0.349871			1
2	OCCUPATIONAL THERAPY	67				2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.284390			3
4	DRUGS, BIOLOGICAL AND INFUSION THERAPY	73	0.310358			4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96				5
6	LABS AND DIAGNOSTICS	60	0.152329			6
7	MEDICAL SUPPLIES	71	1.959122			7
8	OUTPATIENT SERVICES (including E/R Dept.)	93				8
9	RADIATION THERAPY	55				9
10	OTHER ANCILLARY (SPECIFY)	76				10
11	TOTALS (sum of lines 1-10)					11



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## CALCULATION OF HOSPICE PER DIEM COST

HOSPICE CCN: 16-1527

WORKSHEET K-6

COMPUTATION OF PER DIEM COSTS		TITLE XVIII	TITLE XIX	OTHER	TOTAL	
		1	2	3	4	
1	TOTAL COST (see instructions)				872,590	1
2	TOTAL UNDUPLICATED DAYS (Worksheet S-9, column 6, line 5)				6,974	2
3	AVERAGE COST PER DIEM (line 1 divided by line 2)				125.12	3
4	UNDUPLICATED MEDICARE DAYS (Worksheet S-9, column 1, line 5)	6,495				4
5	AGGREGATE MEDICARE COST (line 3 times line 4)	812,654				5
6	UNDUPLICATED MEDICAID DAYS (Worksheet S-9, column 2, line 5)		106			6
7	AGGREGATE MEDICAID COST (line 3 times line 6)		13,263			7
8	UNDUPLICATED SNF DAYS (Worksheet S-9, column 3, line 5)					8
9	AGGREGATE SNF COST (line 3 times line 8)					9
10	UNDUPLICATED NF DAYS (Worksheet S-9, column 4, line 5)					10
11	AGGREGATE NF COST (line 3 times line 10)					11
12	OTHER UNDUPLICATED DAYS (Worksheet S-9, column 5, line 5)			373		12
13	AGGREGATE COST FOR OTHER DAYS (line 3 times line 12)			46,670		13

Note: The data for the SNF and NF on lines 8 through 11 are included in the Medicare and Medicaid lines 4 through 7.





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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 COSTS-1970 BLDG						1.01
1.02	CAP REL COSTS-BLUFF BLDG						1.02
1.03	RAD ONCOL BLDG						1.03
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.02	A&G-INFO SERVICE						5.02
5.03	A&G-PURCHASING, STORES						5.03
5.04	A&G-ADMITTING, REGIST						5.04
5.05	A&G-CASHIERS, PFS						5.05
5.06	A&G-ALL OTHER						5.06
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS						30
31	INTENSIVE CARE UNIT						31
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
59	CARDIAC CATHETERIZATION						59
60	LABORATORY						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY						69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS						74
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	CLINIC						90
91	EMERGENCY						91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
101	HOME HEALTH AGENCY						101
	<b>SPECIAL PURPOSE COST CENTERS</b>						
113	INTEREST EXPENSE						113
116	HOSPICE						116
118	SUBTOTALS (sum of lines 1-117)						118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194	OTHER NON-REIMB						194
194.0	NRCC-MERCY SPEC CLIN ENT						194.0
4							4
194.0	NRCC-MERCY SPEC CLIN GASTRO						194.0
5							5
194.0	NRCC-SENIOR SERVICES						194.0
9							9
194.1	NRCC-FREE CLINIC						194.1
2							2
194.1	NRCC-TENDERCARE						194.1
3							3



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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
194.1 6	NRCC-MLC NORTH	0	2A	24	25	26	194.1 6
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)						202