

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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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: 11/30/2015 Time: 11:50	
	2. <input type="checkbox"/> Manually submitted cost report	
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report	
	4. <input type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.	
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN
		10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by

(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PART III - SETTLEMENT SUMMARY**

	TITLE V	TITLE XVIII		HIT	TITLE XIX	
		PART A	PART B			
	1	2	3	4	5	
1	HOSPITAL	-2,412,345	237,725	-31,067		1
2	SUBPROVIDER - IPF	8				2
3	SUBPROVIDER - IRF	222,757				3
4	SUBPROVIDER (OTHER)					4
5	SWING BED - SNF					5
6	SWING BED - NF					6
7	SKILLED NURSING FACILITY					7
8	NURSING FACILITY					8
9	HOME HEALTH AGENCY					9
10	HEALTH CLINIC - RHC					10
11	HEALTH CLINIC - FQHC					11
12	OUTPATIENT REHABILITATION PROVIDER					12
200	TOTAL	-2,189,580	237,725	-31,067		200

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence

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not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**WORKSHEET S-2  
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 2525 SOUTH MICHIGAN AVENUE	P.O. Box:		1
2	City: CHICAGO	State: IL	ZIP Code: 60616-2477	County: COOK

Hospital and Hospital-Based Component Identification:

	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	MERCY HOSPITAL & MEDICAL CENTER	14-0158	16974	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF	MERCY HOSPITAL & MEDICAL CENTER	14-S158	16974	4	07 / 01 / 1984	N	P	O	4
5	Subprovider - IRF	MERCY HOSPITAL & MEDICAL CENTER	14-T158	16974	5	07 / 01 / 1984	N	P	O	5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2014	To: 06 / 30 / 2015	20
21	Type of control (see instructions)	1		21

Inpatient PPS Information

		1	2	3
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR§412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	Y	N	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	N	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	1	N	23

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days
		1	2	3	4	5	6
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	13,317		73		9,710	
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	369				416	

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1		26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.			35

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

36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.			37
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	38

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**WORKSHEET S-2  
PART I**

			I	2	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(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
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)		Y	Y	40
		V	XVIII	XIX	
	Prospective Payment System (PPS)-Capital	I	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N	48

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

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

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

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

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

62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	10.00			62
62.01	Enter the number of FTE residents that rotated from a teaching health center (THC) into your hospital in this cost reporting period of HRSA THC program. (see instructions)				62.01

**Teaching Hospitals that Claim Residents in Nonprovider Settings**

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (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 nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64

Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
	Program Name	Program Code		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2		3	4	5	
65							65

Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						66

Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
	Program Name	Program Code		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2		3	4	5	
67							67

**Inpatient Psychiatric Facility PPS**

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

**Inpatient Rehabilitation Facility PPS**

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

**Long Term Care Hospital PPS**

80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.	N		80
81	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter 'Y' for yes and 'N' for no.	N		81

**TEFRA Providers**

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

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**WORKSHEET S-2  
PART I**

Title V and XIX Services		V	XIX	
		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97

**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	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			107	
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108	
		Physical	Occupational	Speech	Respiratory
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.				109
110	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter 'Y' for yes or 'N' for no.			N	110

**Miscellaneous Cost Reporting Information**

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	260,927	6,065,849		118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121

**Transplant Center Information**

125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	N			125
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.				134

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**WORKSHEET S-2  
PART I**

All Providers

140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	1 Y	2	140
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If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.

141	Name: TRINITY HEALTH	Contractor's Name: WPS	Contractor's Number: 05101	141
142	Street:	P.O. Box:		142
143	City:	State:	ZIP Code:	143
144	Are provider based physicians' costs included in Worksheet A?	Y		144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y	N	145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)					168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transitional factor. (see instructions)	0.25				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		07 / 01 / 2014	09 / 28 / 2014		170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)			N		171

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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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
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N		2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3

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

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

		Y/N
<b>Bad Debts</b>		
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	N
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
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N

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

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

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**

**WORKSHEET S-2  
PART II**

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

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

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

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

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

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

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

Cost Report Preparer Contact Information			
41	First name: MICHAEL	Last name: CADDICK	Title: VICE PRESIDENT
42	Employer: SRI, INC		
43	Phone number: 708 466-7240	E-mail Address: MICHAEL.CADDICK@SRINC.ORG	

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**

**WORKSHEET S-3  
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				Total All Patients
						Title V	Title XVIII	Title XIX		
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	198	72,270			15,204	7,518	40,094	1
2	HMO and other (see instructions)						4,804	9,710		2
3	HMO IPF Subprovider						105	961		3
4	HMO IRF Subprovider						446	416		4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		198	72,270			15,204	7,518	40,094	7
8	Intensive Care Unit	31	14	5,110			1,578	967	4,162	8
9	Coronary Care Unit	32	6	2,190			706	333	1,519	9
9.01	NURSERY INTENSIVE CARE CENTER	32.01	15	5,475				1,787	3,002	9.01
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43						2,102	3,579	13
14	Total (see instructions)		233	85,045			17,488	12,707	52,356	14
15	CAH Visits									15
16	Subprovider - IPF	40	39	14,235			1,205	3,261	5,409	16
17	Subprovider - IRF	41	16	5,840			2,504	369	4,514	17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101								22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		288							27
28	Observation Bed Days								4,150	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							683	768	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**

**WORKSHEET S-3  
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					3,761	5,840	12,876	1
2	HMO and other (see instructions)					976			2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider						40		4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
9.01	NURSERY INTENSIVE CARE CENTER								9.01
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)	70.23	1,369.39			3,761	5,840	12,876	14
15	CAH Visits								15
16	Subprovider - IPF		31.64			165	622	1,010	16
17	Subprovider - IRF	0.50	16.85			221	35	417	17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)	70.73	1,417.88						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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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	103,669,123		103,669,123	3,096,315.00	33.48	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetest Part B							3
4	Physician-Part A - Administrative		268,713		268,713	2,399.00	112.01	4
4.01	Physician-Part A - Teaching		2,060,273		2,060,273	25,191.00	81.79	4.01
5	Physician-Part B		3,967,162		3,967,162	41,693.00	95.15	5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21	5,692,994	-1,290,628	4,402,366	171,207.00	25.71	7
7.01	Contracted interns & residents (in an approved program)		1,678,424		1,678,424	65,185.00	25.75	7.01
8	Home office personnel							8
9	SNF	44						9
10	Excluded area salaries (see instructions)		11,520,621	-763,650	10,756,971	258,740.00	41.57	10
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11	Contract labor (see instructions)		12,744,518		12,744,518	228,296.00	55.82	11
12	Contract management and administrative services							12
13	Contract labor: Physician-Part A - Administrative							13
14	Home office salaries & wage-related costs		10,525,206		10,525,206	124,101.00	84.81	14
15	Home office: Physician Part A - Administrative							15
16	Home office & Contract Physicians Part A - Teaching							16
<b>WAGE-RELATED COSTS</b>								
17	Wage-related costs (core)(see instructions)		20,240,141		20,240,141			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		2,040,838		2,040,838			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B							21
22	Physician Part A - Administrative		42,697		42,697			22
22.01	Physician Part A - Teaching		316,067		316,067			22.01
23	Physician Part B		505,322		505,322			23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)		1,006,920		1,006,920			25
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26	Employee Benefits Department		998,569		998,569	22,534.00	44.31	26
27	Administrative & General		15,964,427	181,159	16,145,586	476,494.00	33.88	27
28	Administrative & General under contract (see instructions)		304,113		304,113	1,132.00	268.65	28
29	Maintenance & Repairs							29
30	Operation of Plant		2,527,572		2,527,572	81,167.00	31.14	30
31	Laundry & Linen Service							31
32	Housekeeping		2,337,841		2,337,841	155,027.00	15.08	32
33	Housekeeping under contract (see instructions)		718,127		718,127	14,560.00	49.32	33
34	Dietary							34
35	Dietary under contract (see instructions)		2,769,689		2,769,689	108,369.00	25.56	35
36	Cafeteria							36
37	Maintenance of Personnel							37
38	Nursing Administration		1,193,244		1,193,244	25,717.00	46.40	38
39	Central Services and Supply		596,332		596,332	30,604.00	19.49	39
40	Pharmacy							40
41	Medical Records & Medical Records Library		1,281,821		1,281,821	49,474.00	25.91	41
42	Social Service							42
43	Other General Service							43

**Part III - Hospital Wage Index Summary**

1	Net salaries (see instructions)		94,062,199	1,290,628	95,352,827	2,917,100.00	32.69	1
2	Excluded area salaries (see instructions)		11,520,621	-763,650	10,756,971	258,740.00	41.57	2
3	Subtotal salaries (line 1 minus line 2)		82,541,578	2,054,278	84,595,856	2,658,360.00	31.82	3
4	Subtotal other wages & related costs (see instructions)		23,269,724		23,269,724	352,397.00	66.03	4
5	Subtotal wage-related costs (see instructions)		20,282,838		20,282,838		23.98%	5
6	Total (sum of lines 3 through 5)		126,094,140	2,054,278	128,148,418	3,010,757.00	42.56	6
7	Total overhead cost (see instructions)		28,691,735	181,159	28,872,894	965,078.00	29.92	7

**KPMG LLP Compu-Max 2552-10**

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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	3,739,187	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	<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)	10,636,050	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	332,358	10
11	Life Insurance (If employee is owner or beneficiary)	93,195	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	274,541	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	1,502,740	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	7,364,205	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	187,853	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	21,856	23
24	Total Wage Related cost (Sum of lines 1-23)	24,151,985	24

**Part B - Other Than Core Related Cost**

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	Supporting Exhibit for Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)**

**EXHIBIT 3**

<b>STEP 1: DETERMINE THE 3-YEAR AVERAGING PERIOD</b>				
1	Wage Index Fiscal Year Ending Date			1
2	Provider's Cost Reporting Period Used for Wage Index Year on Line 1 (FYB in Col. 1, FYE in Col. 2)			2
3	Midpoint of Provider's Cost Reporting Period Shown on Line 2, Adjusted to First of Month			3
4	Date Beginning the 3-Year Averaging Period (subtract 18 months from midpoint shown on Line 3)			4
5	Date Ending the 3-Year Averaging Period (add 18 months to midpoint shown on Line 3)			5
<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			9
10	Ending Date of Averaging Period from Line 5			10
11	Enter Provider Contributions Made During Averaging Period on Lines 9 & 10	<b>DEPOSIT DATE(S)</b>	<b>CONTRIBUTION(S)</b>	11
12	Total Calendar Months Included in Averaging Period (36 unless Step 2 completed)			12
13	Total Contributions Made During Averaging Period			13
14	Average Monthly Contribution (Line 13 divided by Line 12)			14
15	Number of Months in Provider Cost Reporting Period on Line 2			15
16	Average Pension Contributions (Line 14 times Line 15)			16
<b>STEP 4: TOTAL PENSION COST FOR WAGE INDEX</b>				
17	Annual Prefunding Installment (see instructions)			17
18	Reportable Prefunding Installment ((Line 17 times Line 15) divided by 12)			18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)			19

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**HOSPITAL CONTRACT LABOR AND BENEFIT COST**

**WORKSHEET S-3  
PART V**

**Part V - Contract Labor and Benefit Cost**

**Hospital and Hospital-Based Component Identification:**

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost			1
2	Hospital			2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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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							1
2	Number of times per week patient receives dialysis							2
3	Average patient dialysis time including setup							3
4	CAPD exchanges per day							4
5	Number of days in year dialysis furnished							5
6	Number of stations							6
7	Treatment capacity per day per station							7
8	Utilization (see instructions)							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)			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)			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)		4	10.03

**TRANSPLANT INFORMATION**

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

**EPOETIN**

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

**ARANESP**

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

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

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

**KPMG LLP Compu-Max 2552-10**

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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)	0.304316	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	71,092,696	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	223,685,004	6
7	Medicaid cost (line 1 times line 6)	68,070,926	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.		8

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

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

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

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

Uncompensated care (see instructions for each line)

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

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	7,542,393	30,827	7,573,220	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,295,271	9,381	2,304,652	21
22	Partial payment by patients approved for charity care	754,239	3,083	757,322	22
23	Cost of charity care (line 21 minus line 22)	1,541,032	6,298	1,547,330	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)	18,840,000	26
27	Medicare bad debts for the entire hospital complex (see instructions)	1,604,027	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	17,235,973	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	5,245,182	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	6,792,512	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	6,792,512	31

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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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		7,966,740	7,966,740	3,491,007	11,457,747	-660,267	10,797,480	1
2	00200	Cap Rel Costs-Mvble Equip		7,397,074	7,397,074		7,397,074	-16,729	7,380,345	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	998,569	25,080,112	26,078,681	490,114	26,568,795	-539,349	26,029,446	4
5	00500	Administrative & General	15,964,427	38,978,614	54,943,041	-2,678,256	52,264,785	-14,874,794	37,389,991	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	2,527,572	9,372,225	11,899,797		11,899,797	-7,128	11,892,669	7
8	00800	Laundry & Linen Service		898,954	898,954		898,954		898,954	8
9	00900	Housekeeping	2,337,841	1,023,545	3,361,386		3,361,386	-15	3,361,371	9
10	01000	Dietary		3,920,846	3,920,846	-2,148,729	1,772,117		1,772,117	10
11	01100	Cafeteria				2,148,729	2,148,729	-919,912	1,228,817	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,193,244	404,028	1,597,272		1,597,272		1,597,272	13
14	01400	Central Services & Supply	596,332	476,948	1,073,280		1,073,280		1,073,280	14
15	01500	Pharmacy		16,955,848	16,955,848		16,955,848	-200	16,955,648	15
16	01600	Medical Records & Library	1,281,821	190,930	1,472,751		1,472,751	-36,467	1,436,284	16
17	01700	Social Service								17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	5,692,994		5,692,994	-1,290,628	4,402,366		4,402,366	21
22	02200	I&R Services-Other Prgm Costs Apprvd		3,462,449	3,462,449	2,060,273	5,522,722	-2,455,723	3,066,999	22
23	02300	PARAMED ED PRGM-(SPECIFY)								23
		<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	03000	Adults & Pediatrics	16,382,531	3,237,900	19,620,431		19,620,431	-728,470	18,891,961	30
31	03100	Intensive Care Unit	3,620,790	896,769	4,517,559		4,517,559	-625,801	3,891,758	31
32	03200	Coronary Care Unit	1,007,776	475,838	1,483,614		1,483,614		1,483,614	32
32.01	02060	NURSERY INTENSIVE CARE CENTER				1,196,360	1,196,360		1,196,360	32.01
40	04000	Subprovider - IPF	1,848,234	365,395	2,213,629		2,213,629	-176,940	2,036,689	40
41	04100	Subprovider - IRF	1,314,792	982,492	2,297,284		2,297,284		2,297,284	41
43	04300	Nursery	2,181,352	1,972,739	4,154,091	-1,250,513	2,903,578	-1,657,497	1,246,081	43
		<b>ANCILLARY SERVICE COST CENTERS</b>								
50	05000	Operating Room	3,588,827	8,426,093	12,014,920	-4,219,269	7,795,651		7,795,651	50
50.01	03340	GI LAB	622,743	734,393	1,357,136		1,357,136		1,357,136	50.01
51	05100	Recovery Room	621,474	27,706	649,180		649,180		649,180	51
52	05200	Delivery Room & Labor Room	2,726,716	505,071	3,231,787		3,231,787		3,231,787	52
53	05300	Anesthesiology	96,735	223,404	320,139		320,139		320,139	53
54	05400	Radiology-Diagnostic	3,293,592	701,986	3,995,578		3,995,578	-50,645	3,944,933	54
54.01	05401	MRI CENTER								54.01
55	05500	Radiology-Therapeutic	593,696	29,951	623,647		623,647	-208,100	415,547	55
56	05600	Radioisotope	317,479	513,253	830,732		830,732	-24,960	805,772	56
57	05700	CT Scan	757,758	239,766	997,524		997,524	-4,582	992,942	57
58	05800	MRI	258,575	2,132,645	2,391,220		2,391,220	-1	2,391,219	58
59	05900	Cardiac Catheterization	2,854,992	5,291,357	8,146,349	-3,058,376	5,087,973	-1,854,449	3,233,524	59
60	06000	Laboratory	4,218,035	4,910,161	9,128,196		9,128,196	-109,999	9,018,197	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	1,267,301	309,240	1,576,541		1,576,541		1,576,541	65
66	06600	Physical Therapy	1,091,897	201,462	1,293,359		1,293,359	-217	1,293,142	66
67	06700	Occupational Therapy	873,530	29,035	902,565		902,565	-100	902,465	67
68	06800	Speech Pathology	293,906	5,099	299,005		299,005	465	299,470	68
70	07000	Electroencephalography	38,446	1,432	39,878		39,878		39,878	70
72	07200	Impl. Dev. Charged to Patients				7,277,645	7,277,645		7,277,645	72
73	07300	Drugs Charged to Patients								73
74	07400	Renal Dialysis		811,592	811,592		811,592		811,592	74
76	03951	EMG	40,788	1,222	42,010		42,010		42,010	76
76.01	03952	CARDIOVASCULAR LAB								76.01
76.02	03953	MERCY EYE CENTER	186,232	18,713	204,945		204,945		204,945	76.02
76.03	03954	MERCY ENT	155,434	5,053	160,487		160,487	-160,487		76.03
76.04	03955	WOUND CARE CENTER	252,494	30,689	283,183		283,183		283,183	76.04
76.05	03956	CARDIAC REHAB								76.05
76.06	03957	PRE-BIRTH CENTER	747,605	291,663	1,039,268		1,039,268	-710,680	328,588	76.06
76.07	03958	SLEEP LAB		393,852	393,852		393,852		393,852	76.07
76.08	03640	UROLOGY	78,680	2,681	81,361		81,361		81,361	76.08
76.09	03959	ADDP OP	558,899	23,216	582,115		582,115	-146,190	435,925	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL								76.10

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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	
76.11	03960	DIABETES TREATMENT	112,861	41,013	153,874		153,874		153,874	76.11
76.12	03961	MENTAL HEALTH CENTER	1,087,051	26,497	1,113,548		1,113,548	-427,749	685,799	76.12
76.13	03650	VEIN CLINIC	2,668	48,398	51,066		51,066	-39,915	11,151	76.13
76.97	07697	CARDIAC REHABILITATION	311,895	18,085	329,980		329,980	-15,620	314,360	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	09000	Clinic	3,446,776	3,379,383	6,826,159	-737,745	6,088,414	-2,669,387	3,419,027	90
90.01	09001	MERCY CLINICS	3,561,756	3,231,501	6,793,257		6,793,257	-1,645,854	5,147,403	90.01
90.02	09002	MERCY CLINIC STATE ST								90.02
90.03	09003	MERCY CLINIC POLK ST								90.03
91	09100	Emergency	4,304,412	2,000,646	6,305,058		6,305,058	-457,073	5,847,985	91
92	09200	Observation Beds (Non-Distinct Part)								92
		<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
		<b>SPECIAL PURPOSE COST CENTERS</b>								
118		SUBTOTALS (sum of lines 1-117)	95,311,528	158,665,704	253,977,232	1,280,612	255,257,844	-31,224,835	224,033,009	118
		<b>NONREIMBURSABLE COST CENTERS</b>								
190	19000	Gift, Flower, Coffee Shop & Canteen								190
191	19100	Research	155,462	65,723	221,185		221,185		221,185	191
192	19200	Physicians' Private Offices	7,911,090	4,373,159	12,284,249	-1,280,612	11,003,637		11,003,637	192
192.0 1	19201	DNBAR CLINIC	51,136	120,599	171,735		171,735		171,735	192.0 1
192.0 2	19202	PHILLIPS HEALTH	54,808	43,485	98,293		98,293		98,293	192.0 2
192.0 3	19204	OTHER HOME HEALTH								192.0 3
192.0 4	19205	VITAS HOSPICE								192.0 4
192.0 5	19203	DOCTORS OFFICE	185,099	103,544	288,643		288,643		288,643	192.0 5
194	07950	<b>OTHER NONREIMBURSABLE COST CENTERS</b>								194
194.0 1	07951	SENIOR FRIENDS								194.0 1
194.0 2	07952	<b>OTHER NONREIMBURSABLE COST CENTERS</b>								194.0 2
194.0 3	07953	<b>OTHER NONREIMBURSABLE COST CENTERS</b>								194.0 3
200		TOTAL (sum of lines 118-199)	103,669,123	163,372,214	267,041,337		267,041,337	-31,224,835	235,816,502	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	PROPERTY INSURANCE	A	Cap Rel Costs-Bldg & Fixt	1		106,810	1
500	Total reclassifications					106,810	500
	Code Letter - A						
1	D&T BENEFITS	B	Employee Benefits Department	4		490,114	1
500	Total reclassifications					490,114	500
	Code Letter - B						
1	CAFETERIA COSTS	C	Cafeteria	11		2,148,729	1
500	Total reclassifications					2,148,729	500
	Code Letter - C						
1	SPECIAL CARE NURSERY	D	NURSERY INTENSIVE CARE CENTER	32.01	1,044,468	151,892	1
500	Total reclassifications				1,044,468	151,892	500
	Code Letter - D						
1	IMPLANT SUPPLIES	E	Impl. Dev. Charged to Patient	72		7,277,645	1
2							2
500	Total reclassifications					7,277,645	500
	Code Letter - E						
1	INTEREST EXPENSE	F	Cap Rel Costs-Bldg & Fixt	1		3,384,197	1
500	Total reclassifications					3,384,197	500
	Code Letter - F						
1	PHYSICIANS PART A ADMIN SAL	G	Administrative & General	5	268,713		1
2							2
500	Total reclassifications				268,713		500
	Code Letter - G						
1	BILLING FEES	H	Administrative & General	5		631,592	1
2							2
3							3
500	Total reclassifications					631,592	500
	Code Letter - H						
1	TEACHING SALARIES	J	I&R Services-Other Prgm Costs	22	2,060,273		1
2							2
3							3
4							4
500	Total reclassifications				2,060,273		500
	Code Letter - J						
	<b>GRAND TOTAL (Increases)</b>				<b>3,373,454</b>	<b>14,190,979</b>	

(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.

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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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	PROPERTY INSURANCE	A	Administrative & General	5		106,810	1	
500	Total reclassifications					106,810	500	
	Code letter - A							
1	D&T BENEFITS	B	Clinic	90		490,114	1	
500	Total reclassifications					490,114	500	
	Code letter - B							
1	CAFETERIA COSTS	C	Dietary	10		2,148,729	1	
500	Total reclassifications					2,148,729	500	
	Code letter - C							
1	SPECIAL CARE NURSERY	D	Nursery	43	1,044,468	151,892	1	
500	Total reclassifications				1,044,468	151,892	500	
	Code letter - D							
1	IMPLANT SUPPLIES	E	Operating Room	50		4,219,269	1	
2			Cardiac Catheterization	59		3,058,376	2	
500	Total reclassifications					7,277,645	500	
	Code letter - E							
1	INTEREST EXPENSE	F	Administrative & General	5		3,384,197	9	
500	Total reclassifications					3,384,197	500	
	Code letter - F							
1	PHYSICIANS PART A ADMIN SAL	G	I&R Services-Salary & Fringes	21	129,063		1	
2			Physicians' Private Offices	192	139,650		2	
500	Total reclassifications				268,713		500	
	Code letter - G							
1	BILLING FEES	H	Nursery	43		54,153	1	
2			Clinic	90		60,477	2	
3			Physicians' Private Offices	192		516,962	3	
500	Total reclassifications					631,592	500	
	Code letter - H							
1	TEACHING SALARIES	J	Administrative & General	5	87,554		1	
2			I&R Services-Salary & Fringes	21	1,161,565		2	
3			Clinic	90	187,154		3	
4			Physicians' Private Offices	192	624,000		4	
500	Total reclassifications				2,060,273		500	
	Code letter - J							
	GRAND TOTAL (Decreases)				3,373,454	14,190,979		

(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	26,173,000					26,173,000		1
2	Land Improvements	2,774,140	2,348,018		2,348,018		5,122,158		2
3	Buildings and Fixtures	147,062,708	13,737,527		13,737,527		160,800,235		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	47,962,795	5,698,984		5,698,984		53,661,779		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	223,972,643	21,784,529		21,784,529		245,757,172		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	223,972,643	21,784,529		21,784,529		245,757,172		10

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

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	7,966,740						7,966,740	1	
2	Cap Rel Costs-Mvble Equip	7,397,074						7,397,074	2	
3	Total (sum of lines 1-2)	15,363,814						15,363,814	3	

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

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

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

**PART III - RECONCILIATION OF CAPITAL COST CENTERS**

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

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	10,797,480						10,797,480	1	
2	Cap Rel Costs-Mvble Equip	7,380,345						7,380,345	2	
3	Total (sum of lines 1-2)	18,177,825						18,177,825	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.)

**KPMG LLP Compu-Max 2552-10**

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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	-63,538	Cap Rel Costs-Bldg & Fixt	1	9
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)	B	-596,729	Cap Rel Costs-Bldg & Fixt	1	9
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	-15,627,858			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-1,431,149			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests	B	-919,912	Cafeteria	11	14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients					17
18	Sale of medical records and abstracts					18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines					20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1	26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2	27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33						33
33.61	MARKETING COSTS	A	-1,243,375	Administrative & General	5	33.61
33.62	RENTAL OF EQUIPMENT	B	-16,729	Cap Rel Costs-Mvble Equip	2	9
33.63	LOBBYING COSTS	A	-36,192	Administrative & General	5	33.63
33.73	MISCELLANEOUS INCOME	B	-941,178	Administrative & General	5	33.73
33.78	MISCELLANEOUS INCOME	B	-14,237	Radiology-Diagnostic	54	33.78
33.79	REFERRAL LAB REVENUE	B	-109,999	Laboratory	60	33.79
33.80	THERAPY CONTRACT REVENUE	B	465	Speech Pathology	68	33.80
33.81	OTHER REVENUE	B	-15	Housekeeping	9	33.81
33.82	OTHER REVENUE	B	-217	Physical Therapy	66	33.82
33.83	OTHER REVENUE	B	-200	Pharmacy	15	33.83
33.84	D&T SUBSIDY	A	2,594,210	Administrative & General	5	33.84
33.85	D & T COST ALLOCATIONS	A	-639,217	Clinic	90	33.85
33.86	OTHER REVENUE	A	-93,008	Clinic	90	33.86
33.87	ENT PHYSICIANS COSTS	A	-160,487	MERCY ENT	76.03	33.87
33.88	OTHER REVENUE	B	-100	Occupational Therapy	67	33.88
33.89	OTHER REVENUE	B	-2,459	Cardiac Catheterization	59	33.89
33.91	OTHER REVENUE	B	-278	MENTAL HEALTH CENTER	76.12	33.91
33.92	MRI OTHER REVENUE	B	-1	MRI	58	33.92
33.93	COMMISSION INCOME	B	-14,284	Administrative & General	5	33.93
33.94	OTHER REVENUE	B	-89,640	I&R Services-Other Prgm Costs Apprvd	22	33.94
33.95	OTHER REVENUE	B	-5,221	Adults & Pediatrics	30	33.95
33.96	OTHER REVENUE	B	-8,787	Employee Benefits Department	4	33.96
33.97	OTHER REVENUE	B	-7,128	Operation of Plant	7	33.97
34	OTHER REVENUE	B	-540,013	MERCY CLINICS	90.01	34

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**ADJUSTMENTS TO EXPENSES**

**WORKSHEET A-8**

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED				
	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
35						35
36	OCC MEDICINE BENEIFTS	A	-113,349	Employee Benefits Department	4	36
37	PHYSICIANS MALPRACTICE EXPENSES	A	-989,537	Administrative & General	5	37
38	PHYSICIANS PART B BENEFITS	A	-537,124	Employee Benefits Department	4	38
39	OCCUPATIONAL MEDICINE ADMIN	A	-378,878	Administrative & General	5	39
40	HOSPICE COSTS	A	-49,999	Adults & Pediatrics	30	40
41						41
42	MEDICAID ASSESSMENT	A	-9,188,672	Administrative & General	5	42
43						43
44						44
45						45
46						46
47						47
48						48
49						49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-31,224,835			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	7	Operation of Plant	HOME OFFICE COSTS	3,298,276	3,298,276	1
2	57	CT Scan	JOINT VENTURE	1	1	2
3	58	MRI	JOINT VNETURE	1	1	3
3.01	5	Administrative & General	TRINITY HEALTH	11,723,990	13,275,050	3.01
3.02	4	Employee Benefits Department	EMPLOYEE BENEFITS HOME OF	2,432,331	2,312,420	3.02
4						4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			17,454,599	18,885,748	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	
	1	2	3	4	5	6
6	B	SISTERS OF MERCY	100.00			RELIGIOUS ORDER
7						
8						
9						
10						

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

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

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**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5	Administrative & Gen AGGREGATE	3,263,243	3,045,572	217,671	177,200	1,613	137,415	6,871	1
2	16	Medical Records & Li AGGREGATE	42,260		42,260	177,200	68	5,793	290	2
3	22	I&R Services-Other P AGGREGATE	2,366,168		2,366,168	177,200	1	85	4	3
4	30	Adults & Pediatrics AGGREGATE	673,250	673,250						4
5	31	Intensive Care Unit AGGREGATE	678,961		678,961	177,200	624	53,160	2,658	5
6	40	Subprovider - IPF AGGREGATE	309,840		198,620	177,200	1,560	132,900	6,645	6
7										7
8	43	Nursery AGGREGATE	1,657,497	1,657,497						8
9	54	Radiology-Diagnostic AGGREGATE	36,493		36,493	177,200	1	85	4	9
10	55	Radiology-Therapeuti AGGREGATE	212,700	200,700	12,000	177,200	54	4,600	230	10
11	57	CT Scan AGGREGATE	4,667		4,667	177,200	1	85	4	11
12	59	Cardiac Catheterizat AGGREGATE	1,908,302	1,547,025	361,277	177,200	661	56,312	2,816	12
13	76.97	CARDIAC REHABILITATI AGGREGATE	24,310		24,310	177,200	102	8,690	435	13
14	76.12	MENTAL HEALTH CENTER AGGREGATE	427,471	427,471						14
15	76.13	VEIN CLINIC AGGREGATE	40,000		40,000	177,200	1	85	4	15
16	91	Emergency AGGREGATE	457,158	289,158	168,000	177,200	1	85	4	16
17	56	Radioisotope AGGREGATE	24,960	24,960						17
18	76.09	ADDP OP AGGREGATE	146,190	146,190						18
19	90	Clinic AGGREGATE	2,081,563	1,871,541	210,022	177,200	1,695	144,401	7,220	19
20	76.06	PRE-BIRTH CENTER AGGREGATE	710,680	710,680						20
21	90.01	MERCY CLINICS AGGREGATE	1,105,841	1,105,841						21
200		TOTAL	16,171,554	11,699,885	4,360,449		6,382	543,696	27,185	200

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**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowanc e	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5	Administrative & Gen AGGREGATE					137,415	80,256	3,125,828	1
2	16	Medical Records & Li AGGREGATE					5,793	36,467	36,467	2
3	22	I&R Services-Other P AGGREGATE					85	2,366,083	2,366,083	3
4	30	Adults & Pediatrics AGGREGATE							673,250	4
5	31	Intensive Care Unit AGGREGATE					53,160	625,801	625,801	5
6	40	Subprovider - IPF AGGREGATE					132,900	65,720	176,940	6
7										7
8	43	Nursery AGGREGATE							1,657,497	8
9	54	Radiology-Diagnostic AGGREGATE					85	36,408	36,408	9
10	55	Radiology-Therapeuti AGGREGATE					4,600	7,400	208,100	10
11	57	CT Scan AGGREGATE					85	4,582	4,582	11
12	59	Cardiac Catheterizat AGGREGATE					56,312	304,965	1,851,990	12
13	76.97	CARDIAC REHABILITATI AGGREGATE					8,690	15,620	15,620	13
14	76.12	MENTAL HEALTH CENTER AGGREGATE							427,471	14
15	76.13	VEIN CLINIC AGGREGATE					85	39,915	39,915	15
16	91	Emergency AGGREGATE					85	167,915	457,073	16
17	56	Radioisotope AGGREGATE							24,960	17
18	76.09	ADDP OP AGGREGATE							146,190	18
19	90	Clinic AGGREGATE					144,401	65,621	1,937,162	19
20	76.06	PRE-BIRTH CENTER AGGREGATE							710,680	20
21	90.01	MERCY CLINICS AGGREGATE							1,105,841	21
200		TOTAL					543,696	3,816,753	15,627,858	200

**KPMG LLP Compu-Max 2552-10**

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
<b>GENERAL SERVICE COST CENTERS</b>								
1	Cap Rel Costs-Bldg & Fixt	10,797,480	10,797,480					1
2	Cap Rel Costs-Mvble Equip	7,380,345		7,380,345				2
4	Employee Benefits Department	26,029,446	78,040	574	26,108,060			4
5	Administrative & General	37,389,991	2,321,489	2,919,522	4,065,740	46,696,742	46,696,742	5
6	Maintenance & Repairs							6
7	Operation of Plant	11,892,669	1,622,012	262,182	643,709	14,420,572	3,560,670	7
8	Laundry & Linen Service	898,954	136,039			1,034,993	255,556	8
9	Housekeeping	3,361,371	106,119	14,407	595,390	4,077,287	1,006,747	9
10	Dietary	1,772,117	142,925	12,494		1,927,536	475,939	10
11	Cafeteria	1,228,817	179,602	15,146		1,423,565	351,501	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,597,272	35,713	4,079	303,889	1,940,953	479,252	13
14	Central Services & Supply	1,073,280	111,669	15,832	151,871	1,352,652	333,991	14
15	Pharmacy	16,955,648		11,109		16,966,757	4,189,364	15
16	Medical Records & Library	1,436,284	56,115	3,490	326,448	1,822,337	449,964	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	4,402,366			1,449,863	5,852,229	1,445,009	21
22	I&R Services-Other Prgm Costs Apprvd	3,066,999	255,011	4,253		3,326,263	821,308	22
23	PARAMED ED PRGM-(SPECIFY)							23
<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	Adults & Pediatrics	18,891,961	1,621,998	230,085	4,172,263	24,916,307	6,152,284	30
31	Intensive Care Unit	3,891,758	121,489	193,535	922,125	5,128,907	1,266,409	31
32	Coronary Care Unit	1,483,614	51,845	104,986	256,655	1,897,100	468,424	32
32.01	NURSERY INTENSIVE CARE CENTER	1,196,360	31,141	38,215	266,000	1,531,716	378,205	32.01
40	Subprovider - IPF	2,036,689	322,269	7,061	470,699	2,836,718	700,431	40
41	Subprovider - IRF	2,297,284	139,115	10,286	334,845	2,781,530	686,804	41
43	Nursery	1,246,081	18,187	27,031	289,536	1,580,835	390,333	43
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	7,795,651	515,529	661,554	913,985	9,886,719	2,441,189	50
50.01	GI LAB	1,357,136	19,740	924	158,597	1,536,397	379,361	50.01
51	Recovery Room	649,180	33,844	6,800	158,274	848,098	209,409	51
52	Delivery Room & Labor Room	3,231,787	244,717	107,958	694,427	4,278,889	1,056,526	52
53	Anesthesiology	320,139	5,219	55,874	24,636	405,868	100,215	53
54	Radiology-Diagnostic	3,944,933	383,200	1,000,812	838,796	6,167,741	1,522,914	54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic	415,547	75,941	39,178	151,200	681,866	168,364	55
56	Radioisotope	805,772	31,443	111,813	80,854	1,029,882	254,294	56
57	CT Scan	992,942	7,189	327,864	192,982	1,520,977	375,554	57
58	MRI	2,391,219	53,326	78,095	65,853	2,588,493	639,140	58
59	Cardiac Catheterization	3,233,524	334,950	482,156	727,095	4,777,725	1,179,697	59
60	Laboratory	9,018,197	305,059	356,273	1,074,228	10,753,757	2,655,275	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	1,576,541	53,441	108,425	322,750	2,061,157	508,933	65
66	Physical Therapy	1,293,142	65,086		278,079	1,636,307	404,030	66
67	Occupational Therapy	902,465	122,107	707	222,466	1,247,745	308,088	67
68	Speech Pathology	299,470	7,678		74,851	381,999	94,322	68
70	Electroencephalography	39,878	20,143	3,597	9,791	73,409	18,126	70
72	Impl. Dev. Charged to Patients	7,277,645				7,277,645	1,796,967	72
73	Drugs Charged to Patients		60,917			60,917	15,041	73
74	Renal Dialysis	811,592	16,994			828,586	204,591	74
76	EMG	42,010		2,950	10,388	55,348	13,666	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	204,945	131,984	15,515	47,429	399,873	98,735	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	283,183	14,047		64,304	361,534	89,269	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	328,588		35,355	190,396	554,339	136,875	76.06
76.07	SLEEP LAB	393,852				393,852	97,248	76.07
76.08	UROLOGY	81,361		1,341	20,038	102,740	25,368	76.08
76.09	ADDP OP	435,925			142,315	578,240	142,777	76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT	153,874			28,743	182,617	45,091	76.11
76.12	MENTAL HEALTH CENTER	685,799	86,221		276,845	1,048,865	258,982	76.12
76.13	VEIN CLINIC	11,151			679	11,830	2,921	76.13

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
76.97	CARDIAC REHABILITATION	314,360	16,318	1,869	79,432	411,979	101,724	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	3,419,027	272,969	32,531	877,808	4,602,335	1,136,390	90
90.01	MERCY CLINICS	5,147,403		16,443	907,090	6,070,936	1,499,011	90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	5,847,985	207,092	44,931	1,096,226	7,196,234	1,776,865	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	224,033,009	10,435,932	7,367,252	23,979,590	221,529,898	43,169,149	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		13,371			13,371	3,302	190
191	Research	221,185			39,592	260,777	64,390	191
192	Physicians' Private Offices	11,003,637		13,093	2,014,757	13,031,487	3,217,683	192
192.01	DNBAR CLINIC	171,735			13,023	184,758	45,620	192.01
192.02	PHILLIPS HEALTH	98,293			13,958	112,251	27,717	192.02
192.03	OTHER HOME HEALTH							192.03
192.04	VITAS HOSPICE		256,981			256,981	63,453	192.04
192.05	DOCTORS OFFICE	288,643	91,196		47,140	426,979	105,428	192.05
194	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	235,816,502	10,797,480	7,380,345	26,108,060	235,816,502	46,696,742	202

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	17,981,242						7
8	Laundry & Linen Service	370,834	1,661,383					8
9	Housekeeping	289,275		5,373,309				9
10	Dietary	389,607		120,863	2,913,945			10
11	Cafeteria					1,775,066		11
12	Maintenance of Personnel							12
13	Nursing Administration	97,353		30,200		19,244	2,567,002	13
14	Central Services & Supply	304,403		94,431		22,901		14
15	Pharmacy							15
16	Medical Records & Library	152,966		47,453		37,021		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd	695,147		215,646		142,674		22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	4,421,470	1,177,908	1,371,617	2,288,469	401,809	1,075,582	30
31	Intensive Care Unit	331,172	114,048	102,735	110,788	60,902	163,026	31
32	Coronary Care Unit	141,326	43,680	43,842	42,441	20,212	54,104	32
32.01	NURSERY INTENSIVE CARE CENTER	84,890	82,675	26,334		23,968	64,159	32.01
40	Subprovider - IPF	878,486	153,814	272,521	298,834	43,773	117,172	40
41	Subprovider - IRF	379,221	89,258	117,641	173,413	32,646	87,389	41
43	Nursery	49,578		15,380		16,955	45,385	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	1,405,304		435,949		87,239	233,525	50
50.01	GI LAB	53,810		16,693		11,924	31,918	50.01
51	Recovery Room	92,258		28,620		12,213	32,692	51
52	Delivery Room & Labor Room	667,085		206,941		59,928	160,418	52
53	Anesthesiology	14,227		4,413		3,151	8,435	53
54	Radiology-Diagnostic	1,044,582		324,047		70,744		54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic	207,012		64,219		7,659		55
56	Radioisotope	85,713		26,590		5,076		56
57	CT Scan	19,596		6,079		14,990		57
58	MRI	145,363		45,094		4,072		58
59	Cardiac Catheterization	913,054		283,245		51,711	138,422	59
60	Laboratory	831,574		257,968		110,127		60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	145,676		45,191		27,702	74,153	65
66	Physical Therapy	177,422		55,039		21,527		66
67	Occupational Therapy	332,857		103,258		15,688		67
68	Speech Pathology	20,928		6,492		5,798		68
70	Electroencephalography	54,908		17,033		1,175		70
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients	166,056		51,513				73
74	Renal Dialysis	46,325		14,371				74
76	EMG					1,256	3,363	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	359,782		111,610		5,531		76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	38,290		11,878		4,509	12,070	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER					8,714		76.06
76.07	SLEEP LAB							76.07
76.08	UROLOGY					1,560		76.08
76.09	ADDP OP					11,601		76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT					2,541		76.11
76.12	MENTAL HEALTH CENTER	235,034		72,911		20,378		76.12
76.13	VEIN CLINIC					68		76.13
76.97	CARDIAC REHABILITATION	44,483		13,799		6,327		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	744,097		230,832		81,827		90
90.01	MERCY CLINICS					100,400		90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	564,520		175,124		99,068	265,189	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	16,995,684	1,661,383	5,067,572	2,913,945	1,676,609	2,567,002	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	36,448		11,307				190
191	Research					3,798		191
192	Physicians' Private Offices					81,325		192
192.01	DNBAR CLINIC					503		192.01
192.02	PHILLIPS HEALTH					1,677		192.02
192.03	OTHER HOME HEALTH							192.03
192.04	VITAS HOSPICE	700,516		217,312				192.04
192.05	DOCTORS OFFICE	248,594		77,118		8,819		192.05
194	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194
194.01	SENIOR FRIENDS							194.01
194.02	<b>OTHER NONREIMBURSABLE COST CENTERS</b>					2,335		194.02
194.03	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	17,981,242	1,661,383	5,373,309	2,913,945	1,775,066	2,567,002	202

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply	2,108,378						14
15	Pharmacy	4,026	21,160,147					15
16	Medical Records & Library			2,509,741				16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				7,297,238			21
22	I&R Services-Other Prgm Costs Apprvd	438				5,201,476		22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	135,113		263,065	4,168,424	2,971,255	49,343,303	30
31	Intensive Care Unit	40,633		36,461	279,482	199,215	7,833,778	31
32	Coronary Care Unit	9,958		14,685	105,190	74,979	2,915,941	32
32.01	NURSERY INTENSIVE CARE CENTER	7,722		29,713	205,772	146,675	2,581,829	32.01
40	Subprovider - IPF	1,453		24,761			5,327,963	40
41	Subprovider - IRF	11,393		21,711	93,672	66,770	4,541,448	41
43	Nursery	5,462		21,018			2,124,946	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	260,268		113,495	614,246	437,835	15,915,769	50
50.01	GI LAB	43,909		40,873			2,114,885	50.01
51	Recovery Room	2,174		15,360			1,240,824	51
52	Delivery Room & Labor Room	41,436		69,148			6,540,371	52
53	Anesthesiology	25,246		16,906			578,461	53
54	Radiology-Diagnostic	56,721		204,391	940,564	670,434	11,002,138	54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic	105		25,426			1,154,651	55
56	Radioisotope	56,239		33,117			1,490,911	56
57	CT Scan	24,281		152,213			2,113,690	57
58	MRI	479		41,220			3,463,861	58
59	Cardiac Catheterization	40,922		223,801			7,608,577	59
60	Laboratory	382,916		462,256			15,453,873	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	24,411		71,666			2,958,889	65
66	Physical Therapy	3,341		21,310			2,318,976	66
67	Occupational Therapy	733		11,476			2,019,845	67
68	Speech Pathology	205		4,721			514,465	68
70	Electroencephalography	163		1,338			166,152	70
72	Impl. Dev. Charged to Patients	828,584		61,910			9,965,106	72
73	Drugs Charged to Patients		21,160,147	207,612			21,661,286	73
74	Renal Dialysis	1,987		16,689			1,112,549	74
76	EMG	128		1,829			75,590	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	647		3,189			979,367	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	1,562		2,096			521,208	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	707		14,920			715,555	76.06
76.07	SLEEP LAB			8,105			499,205	76.07
76.08	UROLOGY	291		211			130,170	76.08
76.09	ADDP OP			8,963			741,581	76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT			582			230,831	76.11
76.12	MENTAL HEALTH CENTER	15		3,209			1,639,394	76.12
76.13	VEIN CLINIC	956		435			16,210	76.13
76.97	CARDIAC REHABILITATION	635		5,125			584,072	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	9,857		23,261			6,828,599	90
90.01	MERCY CLINICS	9,215		9,062			7,688,624	90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	69,390		222,412	889,888	634,313	11,893,003	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	2,103,721	21,160,147	2,509,741	7,297,238	5,201,476	216,607,896	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen						64,428	190
191	Research	22					328,987	191
192	Physicians' Private Offices	1,835					16,332,330	192
192.0 1	DNBAR CLINIC	159					231,040	192.0 1
192.0 2	PHILLIPS HEALTH	79					141,724	192.0 2
192.0 3	OTHER HOME HEALTH							192.0 3
192.0 4	VITAS HOSPICE						1,238,262	192.0 4
192.0 5	DOCTORS OFFICE	2,562					869,500	192.0 5
194	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194
194.0 1	SENIOR FRIENDS							194.0 1
194.0 2	<b>OTHER NONREIMBURSABLE COST CENTERS</b>						2,335	194.0 2
194.0 3	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194.0 3
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,108,378	21,160,147	2,509,741	7,297,238	5,201,476	235,816,502	202

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		25	26			
	<b>GENERAL SERVICE COST CENTERS</b>					
1	Cap Rel Costs-Bldg & Fixt					1
2	Cap Rel Costs-Mvble Equip					2
4	Employee Benefits Department					4
5	Administrative & General					5
6	Maintenance & Repairs					6
7	Operation of Plant					7
8	Laundry & Linen Service					8
9	Housekeeping					9
10	Dietary					10
11	Cafeteria					11
12	Maintenance of Personnel					12
13	Nursing Administration					13
14	Central Services & Supply					14
15	Pharmacy					15
16	Medical Records & Library					16
17	Social Service					17
19	Nonphysician Anesthetists					19
20	Nursing School					20
21	I&R Services-Salary & Fringes Apprvd					21
22	I&R Services-Other Prgm Costs Apprvd					22
23	PARAMED ED PRGM-(SPECIFY)					23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>					
30	Adults & Pediatrics	-7,139,679	42,203,624			30
31	Intensive Care Unit	-478,697	7,355,081			31
32	Coronary Care Unit	-180,169	2,735,772			32
32.01	NURSERY INTENSIVE CARE CENTER	-352,447	2,229,382			32.01
40	Subprovider - IPF		5,327,963			40
41	Subprovider - IRF	-160,442	4,381,006			41
43	Nursery		2,124,946			43
	<b>ANCILLARY SERVICE COST CENTERS</b>					
50	Operating Room	-1,052,081	14,863,688			50
50.01	GI LAB		2,114,885			50.01
51	Recovery Room		1,240,824			51
52	Delivery Room & Labor Room		6,540,371			52
53	Anesthesiology		578,461			53
54	Radiology-Diagnostic	-1,610,998	9,391,140			54
54.01	MRI CENTER					54.01
55	Radiology-Therapeutic		1,154,651			55
56	Radioisotope		1,490,911			56
57	CT Scan		2,113,690			57
58	MRI		3,463,861			58
59	Cardiac Catheterization		7,608,577			59
60	Laboratory		15,453,873			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy		2,958,889			65
66	Physical Therapy		2,318,976			66
67	Occupational Therapy		2,019,845			67
68	Speech Pathology		514,465			68
70	Electroencephalography		166,152			70
72	Impl. Dev. Charged to Patients		9,965,106			72
73	Drugs Charged to Patients		21,661,286			73
74	Renal Dialysis		1,112,549			74
76	EMG		75,590			76
76.01	CARDIOVASCULAR LAB					76.01
76.02	MERCY EYE CENTER		979,367			76.02
76.03	MERCY ENT					76.03
76.04	WOUND CARE CENTER		521,208			76.04
76.05	CARDIAC REHAB					76.05
76.06	PRE-BIRTH CENTER		715,555			76.06
76.07	SLEEP LAB		499,205			76.07
76.08	UROLOGY		130,170			76.08
76.09	ADDP OP		741,581			76.09
76.10	PSYCH PARTIAL HOSPITAL					76.10
76.11	DIABETES TREATMENT		230,831			76.11
76.12	MENTAL HEALTH CENTER		1,639,394			76.12
76.13	VEIN CLINIC		16,210			76.13
76.97	CARDIAC REHABILITATION		584,072			76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
76.99	LITHOTRIPSY	25	26				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic		6,828,599				90
90.01	MERCY CLINICS		7,688,624				90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency	-1,524,201	10,368,802				91
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)	-12,498,714	204,109,182				118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen		64,428				190
191	Research		328,987				191
192	Physicians' Private Offices		16,332,330				192
192.0 1	DNBAR CLINIC		231,040				192.0 1
192.0 2	PHILLIPS HEALTH		141,724				192.0 2
192.0 3	OTHER HOME HEALTH						192.0 3
192.0 4	VITAS HOSPICE		1,238,262				192.0 4
192.0 5	DOCTORS OFFICE		869,500				192.0 5
194	<b>OTHER NONREIMBURSABLE COST CENTERS</b>						194
194.0 1	SENIOR FRIENDS						194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS		2,335				194.0 2
194.0 3	OTHER NONREIMBURSABLE COST CENTERS						194.0 3
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	-12,498,714	223,317,788				202

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDG & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		78,040	574	78,614	78,614		4
5	Administrative & General	436,801	2,321,489	2,919,522	5,677,812	12,245	5,690,057	5
6	Maintenance & Repairs							6
7	Operation of Plant	46,368	1,622,012	262,182	1,930,562	1,939	433,872	7
8	Laundry & Linen Service		136,039		136,039		31,140	8
9	Housekeeping		106,119	14,407	120,526	1,793	122,673	9
10	Dietary	9,343	142,925	12,494	164,762		57,994	10
11	Cafeteria		179,602	15,146	194,748		42,831	11
12	Maintenance of Personnel							12
13	Nursing Administration	4,650	35,713	4,079	44,442	915	58,397	13
14	Central Services & Supply	349,487	111,669	15,832	476,988	457	40,697	14
15	Pharmacy	5,100		11,109	16,209		510,479	15
16	Medical Records & Library		56,115	3,490	59,605	983	54,829	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					4,367	176,076	21
22	I&R Services-Other Prgm Costs Apprvd		255,011	4,253	259,264		100,077	22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	130,933	1,621,998	230,085	1,983,016	12,552	749,668	30
31	Intensive Care Unit	22,485	121,489	193,535	337,509	2,777	154,313	31
32	Coronary Care Unit	30,923	51,845	104,986	187,754	773	57,078	32
32.01	NURSERY INTENSIVE CARE CENTER		31,141	38,215	69,356	801	46,085	32.01
40	Subprovider - IPF		322,269	7,061	329,330	1,418	85,348	40
41	Subprovider - IRF	4,359	139,115	10,286	153,760	1,008	83,688	41
43	Nursery		18,187	27,031	45,218	872	47,563	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	1,125,898	515,529	661,554	2,302,981	2,753	297,462	50
50.01	GI LAB	269,646	19,740	924	290,310	478	46,226	50.01
51	Recovery Room	567	33,844	6,800	41,211	477	25,517	51
52	Delivery Room & Labor Room	15,735	244,717	107,958	368,410	2,091	128,739	52
53	Anesthesiology		5,219	55,874	61,093	74	12,211	53
54	Radiology-Diagnostic		383,200	1,000,812	1,384,012	2,526	185,569	54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic		75,941	39,178	115,119	455	20,515	55
56	Radioisotope		31,443	111,813	143,256	244	30,986	56
57	CT Scan		7,189	327,864	335,053	581	45,762	57
58	MRI		53,326	78,095	131,421	198	77,880	58
59	Cardiac Catheterization	5,825	334,950	482,156	822,931	2,190	143,747	59
60	Laboratory	8,100	305,059	356,273	669,432	3,235	323,548	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	22,107	53,441	108,425	183,973	972	62,014	65
66	Physical Therapy		65,086		65,086	837	49,232	66
67	Occupational Therapy		122,107	707	122,814	670	37,541	67
68	Speech Pathology		7,678		7,678	225	11,493	68
70	Electroencephalography		20,143	3,597	23,740	29	2,209	70
72	Impl. Dev. Charged to Patients						218,963	72
73	Drugs Charged to Patients		60,917		60,917		1,833	73
74	Renal Dialysis		16,994		16,994		24,930	74
76	EMG			2,950	2,950	31	1,665	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER		131,984	15,515	147,499	143	12,031	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	3,272	14,047		17,319	194	10,877	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER			35,355	35,355	573	16,678	76.06
76.07	SLEEP LAB						11,850	76.07
76.08	UROLOGY			1,341	1,341	60	3,091	76.08
76.09	ADDP OP	174			174	429	17,398	76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT					87	5,494	76.11
76.12	MENTAL HEALTH CENTER		86,221		86,221	834	31,557	76.12
76.13	VEIN CLINIC					2	356	76.13
76.97	CARDIAC REHABILITATION		16,318	1,869	18,187	239	12,395	76.97

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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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 MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic		272,969	32,531	305,500	2,644	138,470	90
90.01	MERCY CLINICS	715,612		16,443	732,055	2,732	182,656	90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency		207,092	44,931	252,023	3,301	216,513	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	3,207,385	10,435,932	7,367,252	21,010,569	72,204	5,260,216	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		13,371		13,371		402	190
191	Research					119	7,846	191
192	Physicians' Private Offices	618,406		13,093	631,499	6,068	392,078	192
192.0 1	DNBAR CLINIC					39	5,559	192.0 1
192.0 2	PHILLIPS HEALTH					42	3,377	192.0 2
192.0 3	OTHER HOME HEALTH							192.0 3
192.0 4	VITAS HOSPICE		256,981		256,981		7,732	192.0 4
192.0 5	DOCTORS OFFICE		91,196		91,196	142	12,847	192.0 5
194	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194
194.0 1	SENIOR FRIENDS							194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS							194.0 2
194.0 3	OTHER NONREIMBURSABLE COST CENTERS							194.0 3
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	3,825,791	10,797,480	7,380,345	22,003,616	78,614	5,690,057	202

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	2,366,373						7
8	Laundry & Linen Service	48,803	215,982					8
9	Housekeeping	38,069		283,061				9
10	Dietary	51,273		6,367	280,396			10
11	Cafeteria					237,579		11
12	Maintenance of Personnel							12
13	Nursing Administration	12,812		1,591		2,576	120,733	13
14	Central Services & Supply	40,060		4,975		3,065		14
15	Pharmacy							15
16	Medical Records & Library	20,131		2,500		4,955		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd	91,483		11,360		19,096		22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	581,876	153,130	72,253	220,209	53,782	50,587	30
31	Intensive Care Unit	43,583	14,826	5,412	10,661	8,151	7,667	31
32	Coronary Care Unit	18,599	5,678	2,310	4,084	2,705	2,545	32
32.01	NURSERY INTENSIVE CARE CENTER	11,172	10,748	1,387		3,208	3,018	32.01
40	Subprovider - IPF	115,611	19,996	14,356	28,755	5,859	5,511	40
41	Subprovider - IRF	49,906	11,604	6,197	16,687	4,369	4,110	41
43	Nursery	6,525		810		2,269	2,135	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	184,941		22,965		11,676	10,983	50
50.01	GI LAB	7,082		879		1,596	1,501	50.01
51	Recovery Room	12,141		1,508		1,635	1,538	51
52	Delivery Room & Labor Room	87,790		10,901		8,021	7,545	52
53	Anesthesiology	1,872		232		422	397	53
54	Radiology-Diagnostic	137,469		17,071		9,468		54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic	27,243		3,383		1,025		55
56	Radioisotope	11,280		1,401		679		56
57	CT Scan	2,579		320		2,006		57
58	MRI	19,130		2,376		545		58
59	Cardiac Catheterization	120,160		14,921		6,921	6,510	59
60	Laboratory	109,437		13,590		14,740		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	19,171		2,381		3,708	3,488	65
66	Physical Therapy	23,349		2,899		2,881		66
67	Occupational Therapy	43,805		5,440		2,100		67
68	Speech Pathology	2,754		342		776		68
70	Electroencephalography	7,226		897		157		70
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients	21,853		2,714				73
74	Renal Dialysis	6,096		757				74
76	EMG					168	158	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	47,348		5,880		740		76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	5,039		626		604	568	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER					1,166		76.06
76.07	SLEEP LAB							76.07
76.08	UROLOGY					209		76.08
76.09	ADDP OP					1,553		76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT					340		76.11
76.12	MENTAL HEALTH CENTER	30,931		3,841		2,727		76.12
76.13	VEIN CLINIC					9		76.13
76.97	CARDIAC REHABILITATION	5,854		727		847		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	97,925		12,160		10,952		90
90.01	MERCY CLINICS					13,438		90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	74,292		9,225		13,259	12,472	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	2,236,670	215,982	266,954	280,396	224,403	120,733	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	4,797		596				190
191	Research					508		191
192	Physicians' Private Offices					10,885		192
192.0 1	DNBAR CLINIC					67		192.0 1
192.0 2	PHILLIPS HEALTH					224		192.0 2
192.0 3	OTHER HOME HEALTH							192.0 3
192.0 4	VITAS HOSPICE	92,190		11,448				192.0 4
192.0 5	DOCTORS OFFICE	32,716		4,063		1,180		192.0 5
194	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194
194.0 1	SENIOR FRIENDS							194.0 1
194.0 2	<b>OTHER NONREIMBURSABLE COST CENTERS</b>					312		194.0 2
194.0 3	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194.0 3
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,366,373	215,982	283,061	280,396	237,579	120,733	202

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply	566,242						14
15	Pharmacy	1,081	527,769					15
16	Medical Records & Library			143,003				16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				180,443			21
22	I&R Services-Other Prgm Costs Apprvd	118				481,398		22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	36,286		14,974			3,928,333	30
31	Intensive Care Unit	10,913		2,075			597,887	31
32	Coronary Care Unit	2,674		836			285,036	32
32.01	NURSERY INTENSIVE CARE CENTER	2,074		1,691			149,540	32.01
40	Subprovider - IPF	390		1,409			607,983	40
41	Subprovider - IRF	3,060		1,236			335,625	41
43	Nursery	1,467		1,196			108,055	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	69,898		6,460			2,910,119	50
50.01	GI LAB	11,792		2,327			362,191	50.01
51	Recovery Room	584		874			85,485	51
52	Delivery Room & Labor Room	11,128		3,936			628,561	52
53	Anesthesiology	6,780		962			84,043	53
54	Radiology-Diagnostic	15,233		11,634			1,762,982	54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic	28		1,447			169,215	55
56	Radioisotope	15,104		1,885			204,835	56
57	CT Scan	6,521		8,664			401,486	57
58	MRI	129		2,346			234,025	58
59	Cardiac Catheterization	10,990		12,739			1,141,109	59
60	Laboratory	102,837		26,461			1,263,280	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	6,556		4,079			286,342	65
66	Physical Therapy	897		1,213			146,394	66
67	Occupational Therapy	197		653			213,220	67
68	Speech Pathology	55		269			23,592	68
70	Electroencephalography	44		76			34,378	70
72	Impl. Dev. Charged to Patients	222,537		3,524			445,024	72
73	Drugs Charged to Patients		527,769	11,818			626,904	73
74	Renal Dialysis	534		950			50,261	74
76	EMG	34		104			5,110	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	174		181			213,996	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	419		119			35,765	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	190		849			54,811	76.06
76.07	SLEEP LAB			461			12,311	76.07
76.08	UROLOGY	78		12			4,791	76.08
76.09	ADDP OP			510			20,064	76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT			33			5,954	76.11
76.12	MENTAL HEALTH CENTER	4		183			156,298	76.12
76.13	VEIN CLINIC	257		25			649	76.13
76.97	CARDIAC REHABILITATION	170		292			38,711	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	2,647		1,324			571,622	90
90.01	MERCY CLINICS	2,475		516			933,872	90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	18,636		12,660			612,381	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	564,991	527,769	143,003			19,752,240	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen						19,166	190
191	Research	6					8,479	191
192	Physicians' Private Offices	493					1,041,023	192
192.0 1	DNBAR CLINIC	43					5,708	192.0 1
192.0 2	PHILLIPS HEALTH	21					3,664	192.0 2
192.0 3	OTHER HOME HEALTH							192.0 3
192.0 4	VITAS HOSPICE						368,351	192.0 4
192.0 5	DOCTORS OFFICE	688					142,832	192.0 5
194	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194
194.0 1	SENIOR FRIENDS							194.0 1
194.0 2	<b>OTHER NONREIMBURSABLE COST CENTERS</b>						312	194.0 2
194.0 3	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194.0 3
200	Cross Foot Adjustments				180,443	481,398	661,841	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	566,242	527,769	143,003	180,443	481,398	22,003,616	202

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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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
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics		3,928,333				30
31	Intensive Care Unit		597,887				31
32	Coronary Care Unit		285,036				32
32.01	NURSERY INTENSIVE CARE CENTER		149,540				32.01
40	Subprovider - IPF		607,983				40
41	Subprovider - IRF		335,625				41
43	Nursery		108,055				43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room		2,910,119				50
50.01	GI LAB		362,191				50.01
51	Recovery Room		85,485				51
52	Delivery Room & Labor Room		628,561				52
53	Anesthesiology		84,043				53
54	Radiology-Diagnostic		1,762,982				54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic		169,215				55
56	Radioisotope		204,835				56
57	CT Scan		401,486				57
58	MRI		234,025				58
59	Cardiac Catheterization		1,141,109				59
60	Laboratory		1,263,280				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		286,342				65
66	Physical Therapy		146,394				66
67	Occupational Therapy		213,220				67
68	Speech Pathology		23,592				68
70	Electroencephalography		34,378				70
72	Impl. Dev. Charged to Patients		445,024				72
73	Drugs Charged to Patients		626,904				73
74	Renal Dialysis		50,261				74
76	EMG		5,110				76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER		213,996				76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER		35,765				76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER		54,811				76.06
76.07	SLEEP LAB		12,311				76.07
76.08	UROLOGY		4,791				76.08
76.09	ADDP OP		20,064				76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT		5,954				76.11
76.12	MENTAL HEALTH CENTER		156,298				76.12
76.13	VEIN CLINIC		649				76.13
76.97	CARDIAC REHABILITATION		38,711				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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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				
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic		571,622				90
90.01	MERCY CLINICS		933,872				90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency		612,381				91
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)		19,752,240				118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen		19,166				190
191	Research		8,479				191
192	Physicians' Private Offices		1,041,023				192
192.0 1	DNBAR CLINIC		5,708				192.0 1
192.0 2	PHILLIPS HEALTH		3,664				192.0 2
192.0 3	OTHER HOME HEALTH						192.0 3
192.0 4	VITAS HOSPICE		368,351				192.0 4
192.0 5	DOCTORS OFFICE		142,832				192.0 5
194	<b>OTHER NONREIMBURSABLE COST CENTERS</b>						194
194.0 1	SENIOR FRIENDS						194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS		312				194.0 2
194.0 3	OTHER NONREIMBURSABLE COST CENTERS						194.0 3
200	Cross Foot Adjustments		661,841				200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)		22,003,616				202

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt	751,005						1
2	Cap Rel Costs-Mvble Equip		7,387,104					2
4	Employee Benefits Department	5,428	575	102,515,032				4
5	Administrative & General	161,468	2,922,196	15,964,427	-46,696,742	189,119,760		5
6	Maintenance & Repairs							6
7	Operation of Plant	112,817	262,422	2,527,572		14,420,572	458,800	7
8	Laundry & Linen Service	9,462				1,034,993	9,462	8
9	Housekeeping	7,381	14,420	2,337,842		4,077,287	7,381	9
10	Dietary	9,941	12,505			1,927,536	9,941	10
11	Cafeteria	12,492	15,160			1,423,565		11
12	Maintenance of Personnel							12
13	Nursing Administration	2,484	4,083	1,193,244		1,940,953	2,484	13
14	Central Services & Supply	7,767	15,847	596,332		1,352,652	7,767	14
15	Pharmacy		11,119			16,966,757		15
16	Medical Records & Library	3,903	3,493	1,281,821		1,822,337	3,903	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			5,692,994		5,852,229		21
22	I&R Services-Other Prgm Costs Apprvd	17,737	4,257			3,326,263	17,737	22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	112,816	230,296	16,382,531		24,916,307	112,816	30
31	Intensive Care Unit	8,450	193,712	3,620,790		5,128,907	8,450	31
32	Coronary Care Unit	3,606	105,082	1,007,776		1,897,100	3,606	32
32.01	NURSERY INTENSIVE CARE CENTER	2,166	38,250	1,044,468		1,531,716	2,166	32.01
40	Subprovider - IPF	22,415	7,067	1,848,234		2,836,718	22,415	40
41	Subprovider - IRF	9,676	10,295	1,314,792		2,781,530	9,676	41
43	Nursery	1,265	27,056	1,136,884		1,580,835	1,265	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	35,857	662,160	3,588,827		9,886,719	35,857	50
50.01	GI LAB	1,373	925	622,743		1,536,397	1,373	50.01
51	Recovery Room	2,354	6,806	621,474		848,098	2,354	51
52	Delivery Room & Labor Room	17,021	108,057	2,726,717		4,278,889	17,021	52
53	Anesthesiology	363	55,925	96,735		405,868	363	53
54	Radiology-Diagnostic	26,653	1,001,729	3,293,592		6,167,741	26,653	54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic	5,282	39,214	593,696		681,866	5,282	55
56	Radioisotope	2,187	111,915	317,479		1,029,882	2,187	56
57	CT Scan	500	328,164	757,758		1,520,977	500	57
58	MRI	3,709	78,167	258,575		2,588,493	3,709	58
59	Cardiac Catheterization	23,297	482,598	2,854,992		4,777,725	23,297	59
60	Laboratory	21,218	356,599	4,218,035		10,753,757	21,218	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	3,717	108,524	1,267,301		2,061,157	3,717	65
66	Physical Therapy	4,527		1,091,897		1,636,307	4,527	66
67	Occupational Therapy	8,493	708	873,530		1,247,745	8,493	67
68	Speech Pathology	534		293,906		381,999	534	68
70	Electroencephalography	1,401	3,600	38,446		73,409	1,401	70
72	Impl. Dev. Charged to Patients					7,277,645		72
73	Drugs Charged to Patients	4,237				60,917	4,237	73
74	Renal Dialysis	1,182				828,586	1,182	74
76	EMG		2,953	40,788		55,348		76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	9,180	15,529	186,232		399,873	9,180	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	977		252,494		361,534	977	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER		35,387	747,605		554,339		76.06
76.07	SLEEP LAB					393,852		76.07
76.08	UROLOGY		1,342	78,680		102,740		76.08
76.09	ADDP OP			558,809		578,240		76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT			112,861		182,617		76.11
76.12	MENTAL HEALTH CENTER	5,997		1,087,051		1,048,865	5,997	76.12
76.13	VEIN CLINIC			2,668		11,830		76.13

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
76.97	CARDIAC REHABILITATION	1,135	1,871	311,895		411,979	1,135	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	18,986	32,561	3,446,776		4,602,335	18,986	90
90.01	MERCY CLINICS		16,458	3,561,756		6,070,936		90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	14,404	44,972	4,304,412		7,196,234	14,404	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	725,858	7,373,999	94,157,437	-46,696,742	174,833,156	433,653	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	930				13,371	930	190
191	Research			155,462		260,777		191
192	Physicians' Private Offices		13,105	7,911,090		13,031,487		192
192.0 1	DNBAR CLINIC			51,136		184,758		192.0 1
192.0 2	PHILLIPS HEALTH			54,808		112,251		192.0 2
192.0 3	OTHER HOME HEALTH							192.0 3
192.0 4	VITAS HOSPICE	17,874				256,981	17,874	192.0 4
192.0 5	DOCTORS OFFICE	6,343		185,099		426,979	6,343	192.0 5
194	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194
194.0 1	SENIOR FRIENDS							194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS							194.0 2
194.0 3	OTHER NONREIMBURSABLE COST CENTERS							194.0 3
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	10,797,480	7,380,345	26,108,060		46,696,742	17,981,242	202
203	Unit Cost Multiplier (Wkst. B, Part I)	14.377374	0.999085	0.254675		0.246916	39.191896	203
204	Cost to be allocated (Per Wkst. B, Part II)			78,614		5,690,057	2,366,373	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.000767		0.030087	5.157744	205

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA PROD FTE'S	NURSING ADMINISTRATION NURS DIRECT FTE	CENTRAL SERVICES * SUPPLY COSTED REQUI	
		8	9	10	11	13	14	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service	56,026						8
9	Housekeeping		441,957					9
10	Dietary		9,941	151,736				10
11	Cafeteria				2,372,174			11
12	Maintenance of Personnel							12
13	Nursing Administration		2,484		25,717	1,281,552		13
14	Central Services & Supply		7,767		30,604		18,518,299	14
15	Pharmacy						35,360	15
16	Medical Records & Library		3,903		49,474			16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd		17,737		190,668		3,848	22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	39,722	112,816	119,166	536,975	536,975	1,186,720	30
31	Intensive Care Unit	3,846	8,450	5,769	81,389	81,389	356,890	31
32	Coronary Care Unit	1,473	3,606	2,210	27,011	27,011	87,464	32
32.01	NURSERY INTENSIVE CARE CENTER	2,788	2,166		32,031	32,031	67,820	32.01
40	Subprovider - IPF	5,187	22,415	15,561	58,497	58,497	12,766	40
41	Subprovider - IRF	3,010	9,676	9,030	43,628	43,628	100,064	41
43	Nursery		1,265		22,658	22,658	47,973	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		35,857		116,585	116,585	2,285,976	50
50.01	GI LAB		1,373		15,935	15,935	385,659	50.01
51	Recovery Room		2,354		16,321	16,321	19,099	51
52	Delivery Room & Labor Room		17,021		80,087	80,087	363,941	52
53	Anesthesiology		363		4,211	4,211	221,743	53
54	Radiology-Diagnostic		26,653		94,541		498,189	54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic		5,282		10,235		923	55
56	Radioisotope		2,187		6,783		493,955	56
57	CT Scan		500		20,033		213,265	57
58	MRI		3,709		5,442		4,204	58
59	Cardiac Catheterization		23,297		69,106	69,106	359,423	59
60	Laboratory		21,218		147,172		3,363,222	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		3,717		37,020	37,020	214,403	65
66	Physical Therapy		4,527		28,769		29,341	66
67	Occupational Therapy		8,493		20,965		6,435	67
68	Speech Pathology		534		7,749		1,801	68
70	Electroencephalography		1,401		1,570		1,432	70
72	Impl. Dev. Charged to Patients						7,277,645	72
73	Drugs Charged to Patients		4,237					73
74	Renal Dialysis		1,182				17,451	74
76	EMG				1,679	1,679	1,126	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER		9,180		7,392		5,682	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER		977		6,026	6,026	13,716	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER				11,645		6,209	76.06
76.07	SLEEP LAB							76.07
76.08	UROLOGY				2,085		2,556	76.08
76.09	ADDP OP				15,503			76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT				3,396			76.11
76.12	MENTAL HEALTH CENTER		5,997		27,233		130	76.12
76.13	VEIN CLINIC				91		8,398	76.13
76.97	CARDIAC REHABILITATION		1,135		8,455		5,576	76.97

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE- KEEPING  SQUARE FEET	DIETARY  MEALS SERVED	CAFETERIA  PROD FTE'S	NURSING ADMINIS- TRATION NURS DIRECT FTE	CENTRAL SERVICES * SUPPLY COSTED REQUI	
		8	9	10	11	13	14	
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic		18,986		109,352		86,574	90
90.01	MERCY CLINICS				134,173		80,941	90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency		14,404		132,393	132,393	609,464	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	56,026	416,810	151,736	2,240,599	1,281,552	18,477,384	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		930					190
191	Research				5,075		197	191
192	Physicians' Private Offices				108,682		16,119	192
192.0 1	DNBAR CLINIC				672		1,400	192.0 1
192.0 2	PHILLIPS HEALTH				2,241		696	192.0 2
192.0 3	OTHER HOME HEALTH							192.0 3
192.0 4	VITAS HOSPICE		17,874					192.0 4
192.0 5	DOCTORS OFFICE		6,343		11,785		22,503	192.0 5
194	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194
194.0 1	SENIOR FRIENDS							194.0 1
194.0 2	<b>OTHER NONREIMBURSABLE COST CENTERS</b>				3,120			194.0 2
194.0 3	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194.0 3
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,661,383	5,373,309	2,913,945	1,775,066	2,567,002	2,108,378	202
203	Unit Cost Multiplier (Wkst. B, Part I)	29.653786	12.157990	19.204045	0.748287	2.003042	0.113854	203
204	Cost to be allocated (Per Wkst. B, Part II)	215,982	283,061	280,396	237,579	120,733	566,242	204
205	Unit Cost Multiplier (Wkst. B, Part II)	3.855032	0.640472	1.847920	0.100152	0.094208	0.030577	205

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

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

<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy	10,000					15
16	Medical Records & Library		670,715,624				16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd			9,504			21
22	I&R Services-Other Prgm Costs Apprvd				9,504		22
23	PARAMED ED PRGM-(SPECIFY)					100	23
<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics		70,300,588	5,429	5,429		30
31	Intensive Care Unit		9,743,617	364	364		31
32	Coronary Care Unit		3,924,449	137	137		32
32.01	NURSERY INTENSIVE CARE CENTER		7,940,329	268	268		32.01
40	Subprovider - IPF		6,616,997				40
41	Subprovider - IRF		5,802,027	122	122		41
43	Nursery		5,616,740				43
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		30,329,912	800	800		50
50.01	GI LAB		10,922,754				50.01
51	Recovery Room		4,104,831				51
52	Delivery Room & Labor Room		18,478,819				52
53	Anesthesiology		4,517,807				53
54	Radiology-Diagnostic		54,620,790	1,225	1,225		54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic		6,794,777				55
56	Radioisotope		8,849,959				56
57	CT Scan		40,676,870				57
58	MRI		11,015,556				58
59	Cardiac Catheterization		59,807,755				59
60	Laboratory		123,552,910				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		19,151,857				65
66	Physical Therapy		5,694,696				66
67	Occupational Therapy		3,066,837				67
68	Speech Pathology		1,261,552				68
70	Electroencephalography		357,609				70
72	Impl. Dev. Charged to Patients		16,544,570				72
73	Drugs Charged to Patients	10,000	55,481,534			100	73
74	Renal Dialysis		4,459,787				74
76	EMG		488,832				76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER		852,094				76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER		560,259				76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER		3,987,056				76.06
76.07	SLEEP LAB		2,165,951				76.07
76.08	UROLOGY		56,475				76.08
76.09	ADDP OP		2,395,171				76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT		155,621				76.11
76.12	MENTAL HEALTH CENTER		857,617				76.12

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUI	MEDICAL RECORDS + LIBRARY GROSS REVENUE	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME		
		15	16	21	22	23		
76.13	VEIN CLINIC		116,137					76.13
76.97	CARDIAC REHABILITATION		1,369,681					76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic		6,216,273					90
90.01	MERCY CLINICS		2,421,736					90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency		59,436,792	1,159	1,159			91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	10,000	670,715,624	9,504	9,504	100		118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices							192
192.0	DNBAR CLINIC							192.0
1								1
192.0	PHILLIPS HEALTH							192.0
2								2
192.0	OTHER HOME HEALTH							192.0
3								3
192.0	VITAS HOSPICE							192.0
4								4
192.0	DOCTORS OFFICE							192.0
5								5
194	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194
194.0	SENIOR FRIENDS							194.0
1								1
194.0	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194.0
2								2
194.0	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194.0
3								3
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	21,160,147	2,509,741	7,297,238	5,201,476			202
203	Unit Cost Multiplier (Wkst. B, Part I)	2,116.014700	0.003742	767.807029	547.293350			203
204	Cost to be allocated (Per Wkst. B, Part II)	527,769	143,003	180,443	481,398			204
205	Unit Cost Multiplier (Wkst. B, Part II)	52.776900	0.000213	18.986006	50.652146			205

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**POST STEPDOWN ADJUSTMENTS**

**WORKSHEET B-2**

		WORKSHEET		
DESCRIPTION		PART	LINE NO.	AMOUNT
1		2	3	4

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COMPUTATION OF RATIO OF COST TO CHARGES**

**WORKSHEET C  
PART I**

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics	42,203,624		42,203,624		42,203,624	30
31	Intensive Care Unit	7,355,081		7,355,081	625,801	7,980,882	31
32	Coronary Care Unit	2,735,772		2,735,772		2,735,772	32
32.01	<b>NURSERY INTENSIVE CARE CENTER</b>	2,229,382		2,229,382		2,229,382	32.01
40	Subprovider - IPF	5,327,963		5,327,963	65,720	5,393,683	40
41	Subprovider - IRF	4,381,006		4,381,006		4,381,006	41
43	Nursery	2,124,946		2,124,946		2,124,946	43
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	14,863,688		14,863,688		14,863,688	50
50.01	GI LAB	2,114,885		2,114,885		2,114,885	50.01
51	Recovery Room	1,240,824		1,240,824		1,240,824	51
52	Delivery Room & Labor Room	6,540,371		6,540,371		6,540,371	52
53	Anesthesiology	578,461		578,461		578,461	53
54	Radiology-Diagnostic	9,391,140		9,391,140	36,408	9,427,548	54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic	1,154,651		1,154,651	7,400	1,162,051	55
56	Radioisotope	1,490,911		1,490,911		1,490,911	56
57	CT Scan	2,113,690		2,113,690	4,582	2,118,272	57
58	MRI	3,463,861		3,463,861		3,463,861	58
59	Cardiac Catheterization	7,608,577		7,608,577	304,965	7,913,542	59
60	Laboratory	15,453,873		15,453,873		15,453,873	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	2,958,889		2,958,889		2,958,889	65
66	Physical Therapy	2,318,976		2,318,976		2,318,976	66
67	Occupational Therapy	2,019,845		2,019,845		2,019,845	67
68	Speech Pathology	514,465		514,465		514,465	68
70	Electroencephalography	166,152		166,152		166,152	70
72	Impl. Dev. Charged to Patients	9,965,106		9,965,106		9,965,106	72
73	Drugs Charged to Patients	21,661,286		21,661,286		21,661,286	73
74	Renal Dialysis	1,112,549		1,112,549		1,112,549	74
76	EMG	75,590		75,590		75,590	76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	979,367		979,367		979,367	76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	521,208		521,208		521,208	76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	715,555		715,555		715,555	76.06
76.07	SLEEP LAB	499,205		499,205		499,205	76.07
76.08	UROLOGY	130,170		130,170		130,170	76.08
76.09	ADDP OP	741,581		741,581		741,581	76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT	230,831		230,831		230,831	76.11
76.12	MENTAL HEALTH CENTER	1,639,394		1,639,394		1,639,394	76.12
76.13	VEIN CLINIC	16,210		16,210	39,915	56,125	76.13
76.97	CARDIAC REHABILITATION	584,072		584,072	15,620	599,692	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	6,828,599		6,828,599	65,621	6,894,220	90
90.01	MERCY CLINICS	7,688,624		7,688,624		7,688,624	90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency	10,368,802		10,368,802	167,915	10,536,717	91
92	Observation Beds (Non-Distinct Part)	3,958,602		3,958,602		3,958,602	92
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
200	Subtotal (sum of lines 30 thru 199)	208,067,784		208,067,784	1,333,947	209,401,731	200
201	Less Observation Beds	3,958,602		3,958,602		3,958,602	201
202	Total (line 200 minus line 201)	204,109,182		204,109,182		205,443,129	202

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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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 SERVICE COST CENTERS</b>							
30	Adults & Pediatrics	64,037,410		64,037,410				30
31	Intensive Care Unit	9,743,617		9,743,617				31
32	Coronary Care Unit	3,924,449		3,924,449				32
32.01	NURSERY INTENSIVE CARE CENTER	7,940,329		7,940,329				32.01
40	Subprovider - IPF	6,616,997		6,616,997				40
41	Subprovider - IRF	5,802,027		5,802,027				41
43	Nursery	5,616,740		5,616,740				43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	13,320,430	17,009,482	30,329,912	0.490067	0.490067	0.490067	50
50.01	GI LAB	2,452,459	8,470,295	10,922,754	0.193622	0.193622	0.193622	50.01
51	Recovery Room	1,168,286	2,936,545	4,104,831	0.302284	0.302284	0.302284	51
52	Delivery Room & Labor Room	17,400,694	1,078,125	18,478,819	0.353939	0.353939	0.353939	52
53	Anesthesiology	2,366,395	2,151,412	4,517,807	0.128040	0.128040	0.128040	53
54	Radiology-Diagnostic	11,370,823	43,249,967	54,620,790	0.171933	0.171933	0.172600	54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic	397,952	6,396,825	6,794,777	0.169932	0.169932	0.171021	55
56	Radioisotope	1,803,885	7,046,074	8,849,959	0.168465	0.168465	0.168465	56
57	CT Scan	13,659,069	27,017,801	40,676,870	0.051963	0.051963	0.052076	57
58	MRI	3,032,291	7,983,265	11,015,556	0.314452	0.314452	0.314452	58
59	Cardiac Catheterization	33,676,467	26,131,288	59,807,755	0.127217	0.127217	0.132316	59
60	Laboratory	54,794,434	68,758,476	123,552,910	0.125079	0.125079	0.125079	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	17,799,905	1,351,952	19,151,857	0.154496	0.154496	0.154496	65
66	Physical Therapy	3,043,214	2,651,482	5,694,696	0.407217	0.407217	0.407217	66
67	Occupational Therapy	2,139,904	926,933	3,066,837	0.658609	0.658609	0.658609	67
68	Speech Pathology	962,213	299,339	1,261,552	0.407803	0.407803	0.407803	68
70	Electroencephalography	226,995	130,614	357,609	0.464619	0.464619	0.464619	70
72	Impl. Dev. Charged to Patients	10,359,106	6,185,464	16,544,570	0.602319	0.602319	0.602319	72
73	Drugs Charged to Patients	26,531,790	28,949,744	55,481,534	0.390423	0.390423	0.390423	73
74	Renal Dialysis	4,243,398	216,389	4,459,787	0.249462	0.249462	0.249462	74
76	EMG	1,980	486,852	488,832	0.154634	0.154634	0.154634	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	652	851,442	852,094	1.149365	1.149365	1.149365	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	6,715	553,544	560,259	0.930298	0.930298	0.930298	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	234,046	3,753,010	3,987,056	0.179470	0.179470	0.179470	76.06
76.07	SLEEP LAB	2,271	2,163,680	2,165,951	0.230478	0.230478	0.230478	76.07
76.08	UROLOGY		56,475	56,475	2.304914	2.304914	2.304914	76.08
76.09	AADD OP	11,001	2,384,170	2,395,171	0.309615	0.309615	0.309615	76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT	180	155,441	155,621	1.483290	1.483290	1.483290	76.11
76.12	MENTAL HEALTH CENTER	400	857,217	857,617	1.911569	1.911569	1.911569	76.12
76.13	VEIN CLINIC	19,989	96,148	116,137	0.139577	0.139577	0.483265	76.13
76.97	CARDIAC REHABILITATION	53,189	1,316,492	1,369,681	0.426429	0.426429	0.437833	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic		6,216,273	6,216,273	1.098504	1.098504	1.109060	90
90.01	MERCY CLINICS	3,114	2,418,622	2,421,736	3.174840	3.174840	3.174840	90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	16,335,005	43,101,787	59,436,792	0.174451	0.174451	0.177276	91
92	Observation Beds (Non-Distinct Part)	841,155	5,422,023	6,263,178	0.632044	0.632044	0.632044	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
200	Subtotal (sum of lines 30 thru 199)	341,940,976	328,774,648	670,715,624				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	341,940,976	328,774,648	670,715,624				202

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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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)	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	3,928,333		3,928,333	44,244	88.79	15,204	1,349,963	30
31	Intensive Care Unit	597,887		597,887	4,162	143.65	1,578	226,680	31
32	Coronary Care Unit	285,036		285,036	1,519	187.65	706	132,481	32
32.01	NURSERY INTENSIVE CARE CENTER	149,540		149,540	3,002	49.81			32.01
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	607,983		607,983	5,409	112.40	1,205	135,442	40
41	Subprovider - IRF	335,625		335,625	4,514	74.35	2,504	186,172	41
42	Subprovider I								42
43	Nursery	108,055		108,055	3,579	30.19			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	6,012,459		6,012,459	66,429		21,197	2,030,738	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-0158**

**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	6	7	8
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,910,119	30,329,912	0.095949	4,197,148	402,712	50
50.01	GI LAB	362,191	10,922,754	0.033159	925,329	30,683	50.01
51	Recovery Room	85,485	4,104,831	0.020825	395,639	8,239	51
52	Delivery Room & Labor Room	628,561	18,478,819	0.034015	41,188	1,401	52
53	Anesthesiology	84,043	4,517,807	0.018603	653,620	12,159	53
54	Radiology-Diagnostic	1,762,982	54,620,790	0.032277	3,803,672	122,771	54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic	169,215	6,794,777	0.024904	95,934	2,389	55
56	Radioisotope	204,835	8,849,959	0.023145	769,213	17,803	56
57	CT Scan	401,486	40,676,870	0.009870	4,709,413	46,482	57
58	MRI	234,025	11,015,556	0.021245	800,939	17,016	58
59	Cardiac Catheterization	1,141,109	59,807,755	0.019080	14,264,602	272,169	59
60	Laboratory	1,263,280	123,552,910	0.010225	21,172,059	216,484	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	286,342	19,151,857	0.014951	6,230,103	93,146	65
66	Physical Therapy	146,394	5,694,696	0.025707	713,120	18,332	66
67	Occupational Therapy	213,220	3,066,837	0.069524	187,195	13,015	67
68	Speech Pathology	23,592	1,261,552	0.018701	293,518	5,489	68
70	Electroencephalography	34,378	357,609	0.096133	91,157	8,763	70
72	Impl. Dev. Charged to Patients	445,024	16,544,570	0.026898	5,137,205	138,181	72
73	Drugs Charged to Patients	626,904	55,481,534	0.011299	9,079,363	102,588	73
74	Renal Dialysis	50,261	4,459,787	0.011270	1,765,031	19,892	74
76	EMG	5,110	488,832	0.010453			76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	213,996	852,094	0.251141	185	46	76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	35,765	560,259	0.063837	6,483	414	76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	54,811	3,987,056	0.013747	1,737	24	76.06
76.07	SLEEP LAB	12,311	2,165,951	0.005684			76.07
76.08	UROLOGY	4,791	56,475	0.084834			76.08
76.09	ADDP OP	20,064	2,395,171	0.008377	481	4	76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT	5,954	155,621	0.038260	122	5	76.11
76.12	MENTAL HEALTH CENTER	156,298	857,617	0.182247			76.12
76.13	VEIN CLINIC	649	116,137	0.005588	6,896	39	76.13
76.97	CARDIAC REHABILITATION	38,711	1,369,681	0.028263	12,698	359	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	571,622	6,216,273	0.091956			90
90.01	MERCY CLINICS	933,872	2,421,736	0.385621	671	259	90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency	612,381	59,436,792	0.010303	4,997,041	51,485	91
92	Observation Beds (Non-Distinct	368,467	6,263,178	0.058831	392,651	23,100	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	14,108,248	567,034,055		80,744,413	1,625,449	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**

**WORKSHEET D  
PART III**

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

(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 SERVICE COST CENTERS</b>					
30	Adults & Pediatrics General Routine Care)					30
31	Intensive Care Unit					31
32	Coronary Care Unit					32
32.01	<b>NURSERY INTENSIVE CARE CENTER</b>					<b>32.01</b>
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**

**WORKSHEET D  
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	44,244		15,204		30
31	Intensive Care Unit	4,162		1,578		31
32	Coronary Care Unit	1,519		706		32
32.01	<b>NURSERY INTENSIVE CARE CENTER</b>	3,002				<b>32.01</b>
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF	5,409		1,205		40
41	Subprovider - IRF	4,514		2,504		41
42	Subprovider I					42
43	Nursery	3,579				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	66,429		21,197		200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0158**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room							50
50.01	GI LAB							50.01
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
70	Electroencephalography							70
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	EMG							76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER							76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER							76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER							76.06
76.07	SLEEP LAB							76.07
76.08	UROLOGY							76.08
76.09	ADDP OP							76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT							76.11
76.12	MENTAL HEALTH CENTER							76.12
76.13	VEIN CLINIC							76.13
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic							90
90.01	MERCY CLINICS							90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0158**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	30,329,912			4,197,148		3,270,768		50
50.01	GI LAB	10,922,754			925,329		2,250,742		50.01
51	Recovery Room	4,104,831			395,639		601,934		51
52	Delivery Room & Labor Room	18,478,819			41,188		5,588		52
53	Anesthesiology	4,517,807			653,620		388,215		53
54	Radiology-Diagnostic	54,620,790			3,803,672		6,048,028		54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	6,794,777			95,934		2,202,463		55
56	Radioisotope	8,849,959			769,213		2,367,953		56
57	CT Scan	40,676,870			4,709,413		7,059,055		57
58	MRI	11,015,556			800,939		1,828,644		58
59	Cardiac Catheterization	59,807,755			14,264,602		10,123,323		59
60	Laboratory	123,552,910			21,172,059		5,265,836		60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	19,151,857			6,230,103		360,475		65
66	Physical Therapy	5,694,696			713,120				66
67	Occupational Therapy	3,066,837			187,195		17,217		67
68	Speech Pathology	1,261,552			293,518				68
70	Electroencephalography	357,609			91,157		34,119		70
72	Impl. Dev. Charged to Patients	16,544,570			5,137,205		2,435,028		72
73	Drugs Charged to Patients	55,481,534			9,079,363		9,177,498		73
74	Renal Dialysis	4,459,787			1,765,031		201,820		74
76	EMG	488,832					127,867		76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	852,094			185		421,075		76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	560,259			6,483		267,448		76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	3,987,056			1,737		19,428		76.06
76.07	SLEEP LAB	2,165,951					514,369		76.07
76.08	UROLOGY	56,475					11,676		76.08
76.09	ADDP OP	2,395,171			481		172,975		76.09
76.10	PSYCH PARTIAL HOSPITAL								76.10
76.11	DIABETES TREATMENT	155,621			122		22,786		76.11
76.12	MENTAL HEALTH CENTER	857,617					365,766		76.12
76.13	VEIN CLINIC	116,137			6,896		23,931		76.13
76.97	CARDIAC REHABILITATION	1,369,681			12,698		549,730		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90	Clinic	6,216,273					131,995		90
90.01	MERCY CLINICS	2,421,736			671		135,330		90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	59,436,792			4,997,041		5,221,887		91
92	Observation Beds (Non-Distinct	6,263,178			392,651		1,468,607		92
<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Total (sum of lines 50-199)	567,034,055			80,744,413		63,093,576		200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**

**COMPONENT CCN: 14-0158**

**WORKSHEET D  
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject to Ded. & Coins. (see inst.)	Cost Reimbursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reimbursed Subject to Ded. & Coins. (see inst.)	Cost Reimbursed Not Subject to Ded. & Coins. (see inst.)	
1	2	3	4	5	6	7			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	0.490067	3,270,768			1,602,895		50	
50.01	GI LAB	0.193622	2,250,742			435,793		50.01	
51	Recovery Room	0.302284	601,934			181,955		51	
52	Delivery Room & Labor Room	0.353939	5,588			1,978		52	
53	Anesthesiology	0.128040	388,215			49,707		53	
54	Radiology-Diagnostic	0.171933	6,048,028			1,039,856		54	
54.01	MRI CENTER							54.01	
55	Radiology-Therapeutic	0.169932	2,202,463			374,269		55	
56	Radioisotope	0.168465	2,367,953			398,917		56	
57	CT Scan	0.051963	7,059,055			366,810		57	
58	MRI	0.314452	1,828,644			575,021		58	
59	Cardiac Catheterization	0.127217	10,123,323			1,287,859		59	
60	Laboratory	0.125079	5,265,836			658,646		60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65	Respiratory Therapy	0.154496	360,475			55,692		65	
66	Physical Therapy	0.407217						66	
67	Occupational Therapy	0.658609	17,217			11,339		67	
68	Speech Pathology	0.407803						68	
70	Electroencephalography	0.464619	34,119			15,852		70	
72	Impl. Dev. Charged to Patients	0.602319	2,435,028			1,466,664		72	
73	Drugs Charged to Patients	0.390423	9,177,498		23,991	3,583,106	9,367	73	
74	Renal Dialysis	0.249462	201,820			50,346		74	
76	EMG	0.154634	127,867			19,773		76	
76.01	CARDIOVASCULAR LAB							76.01	
76.02	MERCY EYE CENTER	1.149365	421,075			483,969		76.02	
76.03	MERCY ENT							76.03	
76.04	WOUND CARE CENTER	0.930298	267,448			248,806		76.04	
76.05	CARDIAC REHAB							76.05	
76.06	PRE-BIRTH CENTER	0.179470	19,428			3,487		76.06	
76.07	SLEEP LAB	0.230478	514,369			118,551		76.07	
76.08	UROLOGY	2.304914	11,676			26,912		76.08	
76.09	ADDP OP	0.309615	172,975			53,556		76.09	
76.10	PSYCH PARTIAL HOSPITAL							76.10	
76.11	DIABETES TREATMENT	1.483290	22,786			33,798		76.11	
76.12	MENTAL HEALTH CENTER	1.911569	365,766			699,187		76.12	
76.13	VEIN CLINIC	0.139577	23,931			3,340		76.13	
76.97	CARDIAC REHABILITATION	0.426429	549,730			234,421		76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90	Clinic	1.098504	131,995			144,997		90	
90.01	MERCY CLINICS	3.174840	135,330			429,651		90.01	
90.02	MERCY CLINIC STATE ST							90.02	
90.03	MERCY CLINIC POLK ST							90.03	
91	Emergency	0.174451	5,221,887			910,963		91	
92	Observation Beds (Non-Distinct)	0.632044	1,468,607			928,224		92	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Subtotal (see instructions)		63,093,576		23,991	16,496,340	9,367	200	
201	Less BPB Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)		63,093,576		23,991	16,496,340	9,367	202	

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-S158**

**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	6	7	8
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,910,119	30,329,912	0.095949	4,456	428	50
50.01	GI LAB	362,191	10,922,754	0.033159			50.01
51	Recovery Room	85,485	4,104,831	0.020825	1,590	33	51
52	Delivery Room & Labor Room	628,561	18,478,819	0.034015			52
53	Anesthesiology	84,043	4,517,807	0.018603	1,464	27	53
54	Radiology-Diagnostic	1,762,982	54,620,790	0.032277	13,066	422	54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic	169,215	6,794,777	0.024904			55
56	Radioisotope	204,835	8,849,959	0.023145			56
57	CT Scan	401,486	40,676,870	0.009870	20,092	198	57
58	MRI	234,025	11,015,556	0.021245	1,942	41	58
59	Cardiac Catheterization	1,141,109	59,807,755	0.019080	20,748	396	59
60	Laboratory	1,263,280	123,552,910	0.010225	314,078	3,211	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	286,342	19,151,857	0.014951	5,527	83	65
66	Physical Therapy	146,394	5,694,696	0.025707	1,116	29	66
67	Occupational Therapy	213,220	3,066,837	0.069524	52,474	3,648	67
68	Speech Pathology	23,592	1,261,552	0.018701			68
70	Electroencephalography	34,378	357,609	0.096133			70
72	Impl. Dev. Charged to Patients	445,024	16,544,570	0.026898			72
73	Drugs Charged to Patients	626,904	55,481,534	0.011299	190,495	2,152	73
74	Renal Dialysis	50,261	4,459,787	0.011270	11,826	133	74
76	EMG	5,110	488,832	0.010453			76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	213,996	852,094	0.251141			76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	35,765	560,259	0.063837			76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	54,811	3,987,056	0.013747			76.06
76.07	SLEEP LAB	12,311	2,165,951	0.005684			76.07
76.08	UROLOGY	4,791	56,475	0.084834			76.08
76.09	ADDP OP	20,064	2,395,171	0.008377			76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT	5,954	155,621	0.038260			76.11
76.12	MENTAL HEALTH CENTER	156,298	857,617	0.182247			76.12
76.13	VEIN CLINIC	649	116,137	0.005588			76.13
76.97	CARDIAC REHABILITATION	38,711	1,369,681	0.028263			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	571,622	6,216,273	0.091956			90
90.01	MERCY CLINICS	933,872	2,421,736	0.385621			90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency	612,381	59,436,792	0.010303	142,157	1,465	91
92	Observation Beds (Non-Distinct		6,263,178				92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	13,739,781	567,034,055		781,031	12,266	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-S158**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room							50
50.01	GI LAB							50.01
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
70	Electroencephalography							70
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	EMG							76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER							76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER							76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER							76.06
76.07	SLEEP LAB							76.07
76.08	UROLOGY							76.08
76.09	ADDP OP							76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT							76.11
76.12	MENTAL HEALTH CENTER							76.12
76.13	VEIN CLINIC							76.13
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic							90
90.01	MERCY CLINICS							90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-S158**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	30,329,912			4,456				50
50.01	GI LAB	10,922,754							50.01
51	Recovery Room	4,104,831			1,590				51
52	Delivery Room & Labor Room	18,478,819							52
53	Anesthesiology	4,517,807			1,464				53
54	Radiology-Diagnostic	54,620,790			13,066				54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	6,794,777							55
56	Radioisotope	8,849,959							56
57	CT Scan	40,676,870			20,092				57
58	MRI	11,015,556			1,942				58
59	Cardiac Catheterization	59,807,755			20,748				59
60	Laboratory	123,552,910			314,078				60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	19,151,857			5,527				65
66	Physical Therapy	5,694,696			1,116				66
67	Occupational Therapy	3,066,837			52,474				67
68	Speech Pathology	1,261,552							68
70	Electroencephalography	357,609							70
72	Impl. Dev. Charged to Patients	16,544,570							72
73	Drugs Charged to Patients	55,481,534			190,495				73
74	Renal Dialysis	4,459,787			11,826				74
76	EMG	488,832							76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	852,094							76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	560,259							76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	3,987,056							76.06
76.07	SLEEP LAB	2,165,951							76.07
76.08	UROLOGY	56,475							76.08
76.09	ADDP OP	2,395,171							76.09
76.10	PSYCH PARTIAL HOSPITAL								76.10
76.11	DIABETES TREATMENT	155,621							76.11
76.12	MENTAL HEALTH CENTER	857,617							76.12
76.13	VEIN CLINIC	116,137							76.13
76.97	CARDIAC REHABILITATION	1,369,681							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90	Clinic	6,216,273							90
90.01	MERCY CLINICS	2,421,736							90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	59,436,792			142,157				91
92	Observation Beds (Non-Distinct)	6,263,178							92
<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Total (sum of lines 50-199)	567,034,055			781,031				200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**

**COMPONENT CCN: 14-S158**

**WORKSHEET D  
PART V**

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

(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	0.490067							50
50.01	GI LAB	0.193622							50.01
51	Recovery Room	0.302284							51
52	Delivery Room & Labor Room	0.353939							52
53	Anesthesiology	0.128040							53
54	Radiology-Diagnostic	0.171933							54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	0.169932							55
56	Radioisotope	0.168465							56
57	CT Scan	0.051963							57
58	MRI	0.314452							58
59	Cardiac Catheterization	0.127217							59
60	Laboratory	0.125079							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	0.154496							65
66	Physical Therapy	0.407217							66
67	Occupational Therapy	0.658609							67
68	Speech Pathology	0.407803							68
70	Electroencephalography	0.464619							70
72	Impl. Dev. Charged to Patients	0.602319							72
73	Drugs Charged to Patients	0.390423							73
74	Renal Dialysis	0.249462							74
76	EMG	0.154634							76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	1.149365							76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	0.930298							76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	0.179470							76.06
76.07	SLEEP LAB	0.230478							76.07
76.08	UROLOGY	2.304914							76.08
76.09	ADDP OP	0.309615							76.09
76.10	PSYCH PARTIAL HOSPITAL								76.10
76.11	DIABETES TREATMENT	1.483290							76.11
76.12	MENTAL HEALTH CENTER	1.911569							76.12
76.13	VEIN CLINIC	0.139577							76.13
76.97	CARDIAC REHABILITATION	0.426429							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	1.098504							90
90.01	MERCY CLINICS	3.174840							90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	0.174451							91
92	Observation Beds (Non-Distinct)	0.632044							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

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-T158**

**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	6	7	8
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,910,119	30,329,912	0.095949	31,708	3,042	50
50.01	GI LAB	362,191	10,922,754	0.033159			50.01
51	Recovery Room	85,485	4,104,831	0.020825	1,971	41	51
52	Delivery Room & Labor Room	628,561	18,478,819	0.034015			52
53	Anesthesiology	84,043	4,517,807	0.018603			53
54	Radiology-Diagnostic	1,762,982	54,620,790	0.032277	120,288	3,883	54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic	169,215	6,794,777	0.024904	20,753	517	55
56	Radioisotope	204,835	8,849,959	0.023145	6,842	158	56
57	CT Scan	401,486	40,676,870	0.009870	67,534	667	57
58	MRI	234,025	11,015,556	0.021245	1,875	40	58
59	Cardiac Catheterization	1,141,109	59,807,755	0.019080	37,060	707	59
60	Laboratory	1,263,280	123,552,910	0.010225	297,461	3,042	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	286,342	19,151,857	0.014951	86,817	1,298	65
66	Physical Therapy	146,394	5,694,696	0.025707	885,717	22,769	66
67	Occupational Therapy	213,220	3,066,837	0.069524	840,669	58,447	67
68	Speech Pathology	23,592	1,261,552	0.018701	197,575	3,695	68
70	Electroencephalography	34,378	357,609	0.096133	2,164	208	70
72	Impl. Dev. Charged to Patients	445,024	16,544,570	0.026898	1,241	33	72
73	Drugs Charged to Patients	626,904	55,481,534	0.011299	563,582	6,368	73
74	Renal Dialysis	50,261	4,459,787	0.011270	201,860	2,275	74
76	EMG	5,110	488,832	0.010453			76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	213,996	852,094	0.251141			76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	35,765	560,259	0.063837			76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	54,811	3,987,056	0.013747			76.06
76.07	SLEEP LAB	12,311	2,165,951	0.005684			76.07
76.08	UROLOGY	4,791	56,475	0.084834			76.08
76.09	ADDP OP	20,064	2,395,171	0.008377			76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT	5,954	155,621	0.038260			76.11
76.12	MENTAL HEALTH CENTER	156,298	857,617	0.182247			76.12
76.13	VEIN CLINIC	649	116,137	0.005588			76.13
76.97	CARDIAC REHABILITATION	38,711	1,369,681	0.028263			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	571,622	6,216,273	0.091956			90
90.01	MERCY CLINICS	933,872	2,421,736	0.385621			90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency	612,381	59,436,792	0.010303	2,928	30	91
92	Observation Beds (Non-Distinct		6,263,178				92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	13,739,781	567,034,055		3,368,045	107,220	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-T158**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room							50
50.01	GI LAB							50.01
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
70	Electroencephalography							70
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	EMG							76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER							76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER							76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER							76.06
76.07	SLEEP LAB							76.07
76.08	UROLOGY							76.08
76.09	ADDP OP							76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT							76.11
76.12	MENTAL HEALTH CENTER							76.12
76.13	VEIN CLINIC							76.13
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic							90
90.01	MERCY CLINICS							90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-T158**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	30,329,912			31,708				50
50.01	GI LAB	10,922,754							50.01
51	Recovery Room	4,104,831			1,971				51
52	Delivery Room & Labor Room	18,478,819							52
53	Anesthesiology	4,517,807							53
54	Radiology-Diagnostic	54,620,790			120,288				54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	6,794,777			20,753				55
56	Radioisotope	8,849,959			6,842				56
57	CT Scan	40,676,870			67,534				57
58	MRI	11,015,556			1,875				58
59	Cardiac Catheterization	59,807,755			37,060				59
60	Laboratory	123,552,910			297,461				60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	19,151,857			86,817				65
66	Physical Therapy	5,694,696			885,717				66
67	Occupational Therapy	3,066,837			840,669				67
68	Speech Pathology	1,261,552			197,575				68
70	Electroencephalography	357,609			2,164				70
72	Impl. Dev. Charged to Patients	16,544,570			1,241				72
73	Drugs Charged to Patients	55,481,534			563,582				73
74	Renal Dialysis	4,459,787			201,860				74
76	EMG	488,832							76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	852,094							76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	560,259							76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	3,987,056							76.06
76.07	SLEEP LAB	2,165,951							76.07
76.08	UROLOGY	56,475							76.08
76.09	ADDP OP	2,395,171							76.09
76.10	PSYCH PARTIAL HOSPITAL								76.10
76.11	DIABETES TREATMENT	155,621							76.11
76.12	MENTAL HEALTH CENTER	857,617							76.12
76.13	VEIN CLINIC	116,137							76.13
76.97	CARDIAC REHABILITATION	1,369,681							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90	Clinic	6,216,273							90
90.01	MERCY CLINICS	2,421,736							90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	59,436,792			2,928				91
92	Observation Beds (Non-Distinct)	6,263,178							92
<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Total (sum of lines 50-199)	567,034,055			3,368,045				200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**

**COMPONENT CCN: 14-T158**

**WORKSHEET D  
PART V**

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

(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	0.490067						50
50.01	GI LAB	0.193622						50.01
51	Recovery Room	0.302284						51
52	Delivery Room & Labor Room	0.353939						52
53	Anesthesiology	0.128040						53
54	Radiology-Diagnostic	0.171933						54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic	0.169932						55
56	Radioisotope	0.168465						56
57	CT Scan	0.051963						57
58	MRI	0.314452						58
59	Cardiac Catheterization	0.127217						59
60	Laboratory	0.125079						60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	0.154496						65
66	Physical Therapy	0.407217						66
67	Occupational Therapy	0.658609						67
68	Speech Pathology	0.407803						68
70	Electroencephalography	0.464619						70
72	Impl. Dev. Charged to Patients	0.602319						72
73	Drugs Charged to Patients	0.390423						73
74	Renal Dialysis	0.249462						74
76	EMG	0.154634						76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	1.149365						76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	0.930298						76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	0.179470						76.06
76.07	SLEEP LAB	0.230478						76.07
76.08	UROLOGY	2.304914						76.08
76.09	ADDP OP	0.309615						76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT	1.483290						76.11
76.12	MENTAL HEALTH CENTER	1.911569						76.12
76.13	VEIN CLINIC	0.139577						76.13
76.97	CARDIAC REHABILITATION	0.426429						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	1.098504						90
90.01	MERCY CLINICS	3.174840						90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	0.174451						91
92	Observation Beds (Non-Distinct)	0.632044						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

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS**

**WORKSHEET D  
PART I**

Check  Title v  
 Applicable  Title XVIII, Part A  
 Boxes:  Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjust-ment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	3,928,333		3,928,333	44,244	88.79	7,518	667,523	30
31	Intensive Care Unit	597,887		597,887	4,162	143.65	967	138,910	31
32	Coronary Care Unit	285,036		285,036	1,519	187.65	333	62,487	32
32.01	NURSERY INTENSIVE CARE CENTER	149,540		149,540	3,002	49.81	1,787	89,010	32.01
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	607,983		607,983	5,409	112.40	3,261	366,536	40
41	Subprovider - IRF	335,625		335,625	4,514	74.35	369	27,435	41
42	Subprovider I								42
43	Nursery	108,055		108,055	3,579	30.19	2,102	63,459	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	6,012,459		6,012,459	66,429		16,337	1,415,360	200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-0158**

**WORKSHEET D  
PART II**

Check  Title v  Hospital  SUB (Other)  
 Applicable  Title XVIII, Part A  IPF  
 Boxes:  Title XIX  IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
1	2	3	4	5	6	7	8
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,910,119	30,329,912	0.095949			50
50.01	GI LAB	362,191	10,922,754	0.033159			50.01
51	Recovery Room	85,485	4,104,831	0.020825			51
52	Delivery Room & Labor Room	628,561	18,478,819	0.034015			52
53	Anesthesiology	84,043	4,517,807	0.018603			53
54	Radiology-Diagnostic	1,762,982	54,620,790	0.032277			54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic	169,215	6,794,777	0.024904			55
56	Radioisotope	204,835	8,849,959	0.023145			56
57	CT Scan	401,486	40,676,870	0.009870			57
58	MRI	234,025	11,015,556	0.021245			58
59	Cardiac Catheterization	1,141,109	59,807,755	0.019080			59
60	Laboratory	1,263,280	123,552,910	0.010225			60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	286,342	19,151,857	0.014951			65
66	Physical Therapy	146,394	5,694,696	0.025707			66
67	Occupational Therapy	213,220	3,066,837	0.069524			67
68	Speech Pathology	23,592	1,261,552	0.018701			68
70	Electroencephalography	34,378	357,609	0.096133			70
72	Impl. Dev. Charged to Patients	445,024	16,544,570	0.026898			72
73	Drugs Charged to Patients	626,904	55,481,534	0.011299			73
74	Renal Dialysis	50,261	4,459,787	0.011270			74
76	EMG	5,110	488,832	0.010453			76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	213,996	852,094	0.251141			76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	35,765	560,259	0.063837			76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	54,811	3,987,056	0.013747			76.06
76.07	SLEEP LAB	12,311	2,165,951	0.005684			76.07
76.08	UROLOGY	4,791	56,475	0.084834			76.08
76.09	ADDP OP	20,064	2,395,171	0.008377			76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT	5,954	155,621	0.038260			76.11
76.12	MENTAL HEALTH CENTER	156,298	857,617	0.182247			76.12
76.13	VEIN CLINIC	649	116,137	0.005588			76.13
76.97	CARDIAC REHABILITATION	38,711	1,369,681	0.028263			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	571,622	6,216,273	0.091956			90
90.01	MERCY CLINICS	933,872	2,421,736	0.385621			90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency	612,381	59,436,792	0.010303			91
92	Observation Beds (Non-Distinct	368,467	6,263,178	0.058831			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	14,108,248	567,034,055				200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**

**WORKSHEET D  
PART III**

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

(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 SERVICE COST CENTERS</b>					
30	Adults & Pediatrics General Routine Care)					30
31	Intensive Care Unit					31
32	Coronary Care Unit					32
32.01	<b>NURSERY INTENSIVE CARE CENTER</b>					<b>32.01</b>
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**

**WORKSHEET D  
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	44,244		7,518		30
31	Intensive Care Unit	4,162		967		31
32	Coronary Care Unit	1,519		333		32
32.01	<b>NURSERY INTENSIVE CARE CENTER</b>	3,002		1,787		32.01
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF	5,409		3,261		40
41	Subprovider - IRF	4,514		369		41
42	Subprovider I					42
43	Nursery	3,579		2,102		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	66,429		16,337		200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0158**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room						50
50.01	GI LAB						50.01
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
70	Electroencephalography						70
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76	EMG						76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER						76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER						76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER						76.06
76.07	SLEEP LAB						76.07
76.08	UROLOGY						76.08
76.09	ADDP OP						76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT						76.11
76.12	MENTAL HEALTH CENTER						76.12
76.13	VEIN CLINIC						76.13
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic						90
90.01	MERCY CLINICS						90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency						91
92	Observation Beds (Non-Distinct						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)						200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0158**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	30,329,912							50
50.01	GI LAB	10,922,754							50.01
51	Recovery Room	4,104,831							51
52	Delivery Room & Labor Room	18,478,819							52
53	Anesthesiology	4,517,807							53
54	Radiology-Diagnostic	54,620,790							54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	6,794,777							55
56	Radioisotope	8,849,959							56
57	CT Scan	40,676,870							57
58	MRI	11,015,556							58
59	Cardiac Catheterization	59,807,755							59
60	Laboratory	123,552,910							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	19,151,857							65
66	Physical Therapy	5,694,696							66
67	Occupational Therapy	3,066,837							67
68	Speech Pathology	1,261,552							68
70	Electroencephalography	357,609							70
72	Impl. Dev. Charged to Patients	16,544,570							72
73	Drugs Charged to Patients	55,481,534							73
74	Renal Dialysis	4,459,787							74
76	EMG	488,832							76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	852,094							76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	560,259							76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	3,987,056							76.06
76.07	SLEEP LAB	2,165,951							76.07
76.08	UROLOGY	56,475							76.08
76.09	ADDP OP	2,395,171							76.09
76.10	PSYCH PARTIAL HOSPITAL								76.10
76.11	DIABETES TREATMENT	155,621							76.11
76.12	MENTAL HEALTH CENTER	857,617							76.12
76.13	VEIN CLINIC	116,137							76.13
76.97	CARDIAC REHABILITATION	1,369,681							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	6,216,273							90
90.01	MERCY CLINICS	2,421,736							90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	59,436,792							91
92	Observation Beds (Non-Distinct)	6,263,178							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	567,034,055							200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**

**COMPONENT CCN: 14-0158**

**WORKSHEET D  
PART V**

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost		
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
1	2	3	4	5	6	7		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.490067						50
50.01	GI LAB	0.193622						50.01
51	Recovery Room	0.302284						51
52	Delivery Room & Labor Room	0.353939						52
53	Anesthesiology	0.128040						53
54	Radiology-Diagnostic	0.171933						54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic	0.169932						55
56	Radioisotope	0.168465						56
57	CT Scan	0.051963						57
58	MRI	0.314452						58
59	Cardiac Catheterization	0.127217						59
60	Laboratory	0.125079						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	0.154496						65
66	Physical Therapy	0.407217						66
67	Occupational Therapy	0.658609						67
68	Speech Pathology	0.407803						68
70	Electroencephalography	0.464619						70
72	Impl. Dev. Charged to Patients	0.602319						72
73	Drugs Charged to Patients	0.390423						73
74	Renal Dialysis	0.249462						74
76	EMG	0.154634						76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	1.149365						76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	0.930298						76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	0.179470						76.06
76.07	SLEEP LAB	0.230478						76.07
76.08	UROLOGY	2.304914						76.08
76.09	ADDP OP	0.309615						76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT	1.483290						76.11
76.12	MENTAL HEALTH CENTER	1.911569						76.12
76.13	VEIN CLINIC	0.139577						76.13
76.97	CARDIAC REHABILITATION	0.426429						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	1.098504						90
90.01	MERCY CLINICS	3.174840						90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	0.174451						91
92	Observation Beds (Non-Distinct)	0.632044						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

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-S158**

**WORKSHEET D  
PART II**

Check  Title v  Hospital  SUB (Other)  
 Applicable  Title XVIII, Part A  IPF  
 Boxes:  Title XIX  IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,910,119	30,329,912	0.095949			50
50.01	GI LAB	362,191	10,922,754	0.033159			50.01
51	Recovery Room	85,485	4,104,831	0.020825			51
52	Delivery Room & Labor Room	628,561	18,478,819	0.034015			52
53	Anesthesiology	84,043	4,517,807	0.018603			53
54	Radiology-Diagnostic	1,762,982	54,620,790	0.032277			54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic	169,215	6,794,777	0.024904			55
56	Radioisotope	204,835	8,849,959	0.023145			56
57	CT Scan	401,486	40,676,870	0.009870			57
58	MRI	234,025	11,015,556	0.021245			58
59	Cardiac Catheterization	1,141,109	59,807,755	0.019080			59
60	Laboratory	1,263,280	123,552,910	0.010225			60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	286,342	19,151,857	0.014951			65
66	Physical Therapy	146,394	5,694,696	0.025707			66
67	Occupational Therapy	213,220	3,066,837	0.069524			67
68	Speech Pathology	23,592	1,261,552	0.018701			68
70	Electroencephalography	34,378	357,609	0.096133			70
72	Impl. Dev. Charged to Patients	445,024	16,544,570	0.026898			72
73	Drugs Charged to Patients	626,904	55,481,534	0.011299			73
74	Renal Dialysis	50,261	4,459,787	0.011270			74
76	EMG	5,110	488,832	0.010453			76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	213,996	852,094	0.251141			76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	35,765	560,259	0.063837			76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	54,811	3,987,056	0.013747			76.06
76.07	SLEEP LAB	12,311	2,165,951	0.005684			76.07
76.08	UROLOGY	4,791	56,475	0.084834			76.08
76.09	ADDP OP	20,064	2,395,171	0.008377			76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT	5,954	155,621	0.038260			76.11
76.12	MENTAL HEALTH CENTER	156,298	857,617	0.182247			76.12
76.13	VEIN CLINIC	649	116,137	0.005588			76.13
76.97	CARDIAC REHABILITATION	38,711	1,369,681	0.028263			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	571,622	6,216,273	0.091956			90
90.01	MERCY CLINICS	933,872	2,421,736	0.385621			90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency	612,381	59,436,792	0.010303			91
92	Observation Beds (Non-Distinct		6,263,178				92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	13,739,781	567,034,055				200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-S158**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room						50
50.01	GI LAB						50.01
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
70	Electroencephalography						70
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76	EMG						76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER						76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER						76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER						76.06
76.07	SLEEP LAB						76.07
76.08	UROLOGY						76.08
76.09	ADDP OP						76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT						76.11
76.12	MENTAL HEALTH CENTER						76.12
76.13	VEIN CLINIC						76.13
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic						90
90.01	MERCY CLINICS						90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency						91
92	Observation Beds (Non-Distinct)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)						200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-S158**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	30,329,912							50
50.01	GI LAB	10,922,754							50.01
51	Recovery Room	4,104,831							51
52	Delivery Room & Labor Room	18,478,819							52
53	Anesthesiology	4,517,807							53
54	Radiology-Diagnostic	54,620,790							54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	6,794,777							55
56	Radioisotope	8,849,959							56
57	CT Scan	40,676,870							57
58	MRI	11,015,556							58
59	Cardiac Catheterization	59,807,755							59
60	Laboratory	123,552,910							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	19,151,857							65
66	Physical Therapy	5,694,696							66
67	Occupational Therapy	3,066,837							67
68	Speech Pathology	1,261,552							68
70	Electroencephalography	357,609							70
72	Impl. Dev. Charged to Patients	16,544,570							72
73	Drugs Charged to Patients	55,481,534							73
74	Renal Dialysis	4,459,787							74
76	EMG	488,832							76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	852,094							76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	560,259							76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	3,987,056							76.06
76.07	SLEEP LAB	2,165,951							76.07
76.08	UROLOGY	56,475							76.08
76.09	ADDP OP	2,395,171							76.09
76.10	PSYCH PARTIAL HOSPITAL								76.10
76.11	DIABETES TREATMENT	155,621							76.11
76.12	MENTAL HEALTH CENTER	857,617							76.12
76.13	VEIN CLINIC	116,137							76.13
76.97	CARDIAC REHABILITATION	1,369,681							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90	Clinic	6,216,273							90
90.01	MERCY CLINICS	2,421,736							90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	59,436,792							91
92	Observation Beds (Non-Distinct)	6,263,178							92
<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Total (sum of lines 50-199)	567,034,055							200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**

**COMPONENT CCN: 14-S158**

**WORKSHEET D  
PART V**

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost		
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
1	2	3	4	5	6	7		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.490067						50
50.01	GI LAB	0.193622						50.01
51	Recovery Room	0.302284						51
52	Delivery Room & Labor Room	0.353939						52
53	Anesthesiology	0.128040						53
54	Radiology-Diagnostic	0.171933						54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic	0.169932						55
56	Radioisotope	0.168465						56
57	CT Scan	0.051963						57
58	MRI	0.314452						58
59	Cardiac Catheterization	0.127217						59
60	Laboratory	0.125079						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	0.154496						65
66	Physical Therapy	0.407217						66
67	Occupational Therapy	0.658609						67
68	Speech Pathology	0.407803						68
70	Electroencephalography	0.464619						70
72	Impl. Dev. Charged to Patients	0.602319						72
73	Drugs Charged to Patients	0.390423						73
74	Renal Dialysis	0.249462						74
76	EMG	0.154634						76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	1.149365						76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	0.930298						76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	0.179470						76.06
76.07	SLEEP LAB	0.230478						76.07
76.08	UROLOGY	2.304914						76.08
76.09	ADDP OP	0.309615						76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT	1.483290						76.11
76.12	MENTAL HEALTH CENTER	1.911569						76.12
76.13	VEIN CLINIC	0.139577						76.13
76.97	CARDIAC REHABILITATION	0.426429						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	1.098504						90
90.01	MERCY CLINICS	3.174840						90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	0.174451						91
92	Observation Beds (Non-Distinct)	0.632044						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

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-T158**

**WORKSHEET D  
PART II**

Check  Title V  Hospital  SUB (Other)  
 Applicable  Title XVIII, Part A  IPF  
 Boxes:  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	2,910,119	30,329,912	0.095949			50
50.01	GI LAB	362,191	10,922,754	0.033159			50.01
51	Recovery Room	85,485	4,104,831	0.020825			51
52	Delivery Room & Labor Room	628,561	18,478,819	0.034015			52
53	Anesthesiology	84,043	4,517,807	0.018603			53
54	Radiology-Diagnostic	1,762,982	54,620,790	0.032277			54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic	169,215	6,794,777	0.024904			55
56	Radioisotope	204,835	8,849,959	0.023145			56
57	CT Scan	401,486	40,676,870	0.009870			57
58	MRI	234,025	11,015,556	0.021245			58
59	Cardiac Catheterization	1,141,109	59,807,755	0.019080			59
60	Laboratory	1,263,280	123,552,910	0.010225			60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	286,342	19,151,857	0.014951			65
66	Physical Therapy	146,394	5,694,696	0.025707			66
67	Occupational Therapy	213,220	3,066,837	0.069524			67
68	Speech Pathology	23,592	1,261,552	0.018701			68
70	Electroencephalography	34,378	357,609	0.096133			70
72	Impl. Dev. Charged to Patients	445,024	16,544,570	0.026898			72
73	Drugs Charged to Patients	626,904	55,481,534	0.011299			73
74	Renal Dialysis	50,261	4,459,787	0.011270			74
76	EMG	5,110	488,832	0.010453			76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	213,996	852,094	0.251141			76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	35,765	560,259	0.063837			76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	54,811	3,987,056	0.013747			76.06
76.07	SLEEP LAB	12,311	2,165,951	0.005684			76.07
76.08	UROLOGY	4,791	56,475	0.084834			76.08
76.09	ADDP OP	20,064	2,395,171	0.008377			76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT	5,954	155,621	0.038260			76.11
76.12	MENTAL HEALTH CENTER	156,298	857,617	0.182247			76.12
76.13	VEIN CLINIC	649	116,137	0.005588			76.13
76.97	CARDIAC REHABILITATION	38,711	1,369,681	0.028263			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	571,622	6,216,273	0.091956			90
90.01	MERCY CLINICS	933,872	2,421,736	0.385621			90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency	612,381	59,436,792	0.010303			91
92	Observation Beds (Non-Distinct		6,263,178				92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	13,739,781	567,034,055				200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-T158**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room						50
50.01	GI LAB						50.01
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
70	Electroencephalography						70
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76	EMG						76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER						76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER						76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER						76.06
76.07	SLEEP LAB						76.07
76.08	UROLOGY						76.08
76.09	ADDP OP						76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT						76.11
76.12	MENTAL HEALTH CENTER						76.12
76.13	VEIN CLINIC						76.13
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic						90
90.01	MERCY CLINICS						90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency						91
92	Observation Beds (Non-Distinct)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)						200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-T158**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	30,329,912							50
50.01	GI LAB	10,922,754							50.01
51	Recovery Room	4,104,831							51
52	Delivery Room & Labor Room	18,478,819							52
53	Anesthesiology	4,517,807							53
54	Radiology-Diagnostic	54,620,790							54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	6,794,777							55
56	Radioisotope	8,849,959							56
57	CT Scan	40,676,870							57
58	MRI	11,015,556							58
59	Cardiac Catheterization	59,807,755							59
60	Laboratory	123,552,910							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	19,151,857							65
66	Physical Therapy	5,694,696							66
67	Occupational Therapy	3,066,837							67
68	Speech Pathology	1,261,552							68
70	Electroencephalography	357,609							70
72	Impl. Dev. Charged to Patients	16,544,570							72
73	Drugs Charged to Patients	55,481,534							73
74	Renal Dialysis	4,459,787							74
76	EMG	488,832							76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	852,094							76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	560,259							76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	3,987,056							76.06
76.07	SLEEP LAB	2,165,951							76.07
76.08	UROLOGY	56,475							76.08
76.09	ADDP OP	2,395,171							76.09
76.10	PSYCH PARTIAL HOSPITAL								76.10
76.11	DIABETES TREATMENT	155,621							76.11
76.12	MENTAL HEALTH CENTER	857,617							76.12
76.13	VEIN CLINIC	116,137							76.13
76.97	CARDIAC REHABILITATION	1,369,681							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	6,216,273							90
90.01	MERCY CLINICS	2,421,736							90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	59,436,792							91
92	Observation Beds (Non-Distinct)	6,263,178							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	567,034,055							200

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**

**COMPONENT CCN: 14-T158**

**WORKSHEET D  
PART V**

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

(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	0.490067						50
50.01	GI LAB	0.193622						50.01
51	Recovery Room	0.302284						51
52	Delivery Room & Labor Room	0.353939						52
53	Anesthesiology	0.128040						53
54	Radiology-Diagnostic	0.171933						54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic	0.169932						55
56	Radioisotope	0.168465						56
57	CT Scan	0.051963						57
58	MRI	0.314452						58
59	Cardiac Catheterization	0.127217						59
60	Laboratory	0.125079						60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	0.154496						65
66	Physical Therapy	0.407217						66
67	Occupational Therapy	0.658609						67
68	Speech Pathology	0.407803						68
70	Electroencephalography	0.464619						70
72	Impl. Dev. Charged to Patients	0.602319						72
73	Drugs Charged to Patients	0.390423						73
74	Renal Dialysis	0.249462						74
76	EMG	0.154634						76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	1.149365						76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	0.930298						76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	0.179470						76.06
76.07	SLEEP LAB	0.230478						76.07
76.08	UROLOGY	2.304914						76.08
76.09	ADDP OP	0.309615						76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT	1.483290						76.11
76.12	MENTAL HEALTH CENTER	1.911569						76.12
76.13	VEIN CLINIC	0.139577						76.13
76.97	CARDIAC REHABILITATION	0.426429						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	1.098504						90
90.01	MERCY CLINICS	3.174840						90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	0.174451						91
92	Observation Beds (Non-Distinct)	0.632044						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

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0158**

**WORKSHEET D-1  
PART I**

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

**PART I - ALL PROVIDER COMPONENTS**

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	44,244	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	44,244	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)	40,094	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	15,204	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

**SWING-BED ADJUSTMENT**

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	42,203,624	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	42,203,624	27

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	42,203,624	37

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0158**

**WORKSHEET D-1  
PART II**

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

**PART II - HOSPITALS AND SUBPROVIDERS ONLY**

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						953.88	38
39	Program general inpatient routine service cost (line 9 x line 38)						14,502,792	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)							40
41	Total Program general inpatient routine service cost (line 39 + line 40)						14,502,792	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	7,980,882	4,162	1,917.56	1,578	3,025,910		43
44	Coronary Care Unit	2,735,772	1,519	1,801.03	706	1,271,527		44
44.01	NURSERY INTENSIVE CARE CENTER	2,229,382	3,002	742.63				44.01
45	Burn Intensive Care Unit							45
46	Surgical Intensive Care Unit							46
47	Other Special Care (specify)							47

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						18,058,669	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						36,858,898	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						1,709,124	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						1,625,449	51
52	Total Program excludable cost (sum of lines 50 and 51)						3,334,573	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						33,524,325	53

**TARGET AMOUNT AND LIMIT COMPUTATION**

54	Program discharges							54
55	Target amount per discharge							55
56	Target amount (line 54 x line 55)							56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							57
58	Bonus payment (see instructions)							58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.							59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.							60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							61
62	Relief payment (see instructions)							62
63	Allowable Inpatient cost plus incentive payment (see instructions)							63

**PROGRAM INPATIENT ROUTINE SWING BED COST**

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)							64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)							65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)							66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							69

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0158**

**WORKSHEET D-1  
PARTS III & IV**

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

**PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST**

87	Total observation bed days (see instructions)					4,150	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					953.88	88
89	Observation bed cost (line 87 x line 88) (see instructions)					3,958,602	89
		Cost	Routine Cost (from line 27)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	3,928,333	42,203,624	0.093080	3,958,602	368,467	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-S158**

**WORKSHEET D-1  
PART I**

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

**PART I - ALL PROVIDER COMPONENTS**

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,409	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,409	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)	5,409	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,205	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

**SWING-BED ADJUSTMENT**

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	5,393,683	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	5,393,683	27

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	5,393,683	37

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-S158**

**WORKSHEET D-1  
PART II**

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

**PART II - HOSPITALS AND SUBPROVIDERS ONLY**

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	997.17	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,201,590	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	1,201,590	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	187,187	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,388,777	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	135,442	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	12,266	51
52	Total Program excludable cost (sum of lines 50 and 51)	147,708	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,241,069	53

**TARGET AMOUNT AND LIMIT COMPUTATION**

54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 x line 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57
58	Bonus payment (see instructions)		58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.		59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.		60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61
62	Relief payment (see instructions)		62
63	Allowable Inpatient cost plus incentive payment (see instructions)		63

**PROGRAM INPATIENT ROUTINE SWING BED COST**

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)		64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)		65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)		66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-T158**

**WORKSHEET D-1  
PART I**

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

**PART I - ALL PROVIDER COMPONENTS**

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,514	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,514	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	4,514	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,504	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

**SWING-BED ADJUSTMENT**

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	4,381,006	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	4,381,006	27

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	4,381,006	37

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-T158**

**WORKSHEET D-1  
PART II**

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

**PART II - HOSPITALS AND SUBPROVIDERS ONLY**

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	970.54	38
39	Program general inpatient routine service cost (line 9 x line 38)	2,430,232	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	2,430,232	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,368,814	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	3,799,046	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	186,172	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	107,220	51
52	Total Program excludable cost (sum of lines 50 and 51)	293,392	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	3,505,654	53

**TARGET AMOUNT AND LIMIT COMPUTATION**

54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 x line 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57
58	Bonus payment (see instructions)		58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.		59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.		60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61
62	Relief payment (see instructions)		62
63	Allowable Inpatient cost plus incentive payment (see instructions)		63

**PROGRAM INPATIENT ROUTINE SWING BED COST**

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)		64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)		65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)		66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0158**

**WORKSHEET D-1  
PART I**

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

**PART I - ALL PROVIDER COMPONENTS**

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	44,244	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	44,244	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)	40,094	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	7,518	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)	3,579	15
16	Nursery days (title V or XIX only)	2,102	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)	42,203,624	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	42,203,624	27

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	42,203,624	37

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0158**

**WORKSHEET D-1  
PART II**

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

**PART II - HOSPITALS AND SUBPROVIDERS ONLY**

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						953.88	38
39	Program general inpatient routine service cost (line 9 x line 38)						7,171,270	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)							40
41	Total Program general inpatient routine service cost (line 39 + line 40)						7,171,270	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
42	Nursery (Titles V and XIX only)	2,124,946	3,579	593.73	2,102	1,248,020		42
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit	7,355,081	4,162	1,767.20	967	1,708,882		43
44	Coronary Care Unit	2,735,772	1,519	1,801.03	333	599,743		44
44.01	NURSERY INTENSIVE CARE CENTER	2,229,382	3,002	742.63	1,787	1,327,080		44.01
45	Burn Intensive Care Unit							45
46	Surgical Intensive Care Unit							46
47	Other Special Care (specify)							47

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						12,054,995	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						1,021,389	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							51
52	Total Program excludable cost (sum of lines 50 and 51)						1,021,389	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)							53

**TARGET AMOUNT AND LIMIT COMPUTATION**

54	Program discharges							54
55	Target amount per discharge							55
56	Target amount (line 54 x line 55)							56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							57
58	Bonus payment (see instructions)							58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.							59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.							60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							61
62	Relief payment (see instructions)							62
63	Allowable Inpatient cost plus incentive payment (see instructions)							63

**PROGRAM INPATIENT ROUTINE SWING BED COST**

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)							64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)							65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)							66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							69

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0158**

**WORKSHEET D-1  
PARTS III & IV**

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

**PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST**

87	Total observation bed days (see instructions)					4,150	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 27)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-S158**

**WORKSHEET D-1  
PART I**

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

**PART I - ALL PROVIDER COMPONENTS**

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,409	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,409	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)	5,409	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	3,261	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

**SWING-BED ADJUSTMENT**

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	5,327,963	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	5,327,963	27

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	5,327,963	37

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-S158**

**WORKSHEET D-1  
PART II**

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

**PART II - HOSPITALS AND SUBPROVIDERS ONLY**

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	985.02	38
39	Program general inpatient routine service cost (line 9 x line 38)	3,212,150	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)	3,212,150	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	3,212,150	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	366,536	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51
52	Total Program excludable cost (sum of lines 50 and 51)	366,536	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)		53

**TARGET AMOUNT AND LIMIT COMPUTATION**

54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 x line 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57
58	Bonus payment (see instructions)		58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.		59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.		60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61
62	Relief payment (see instructions)		62
63	Allowable Inpatient cost plus incentive payment (see instructions)		63

**PROGRAM INPATIENT ROUTINE SWING BED COST**

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)		64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)		65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)		66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-T158**

**WORKSHEET D-1  
PART I**

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

**PART I - ALL PROVIDER COMPONENTS**

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,514	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,514	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	4,514	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	369	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

**SWING-BED ADJUSTMENT**

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	4,381,006	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	4,381,006	27

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	4,381,006	37

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-T158**

**WORKSHEET D-1  
PART II**

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

**PART II - HOSPITALS AND SUBPROVIDERS ONLY**

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	970.54	38
39	Program general inpatient routine service cost (line 9 x line 38)	358,129	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)	358,129	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	358,129	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	27,435	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51
52	Total Program excludable cost (sum of lines 50 and 51)	27,435	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)		53

**TARGET AMOUNT AND LIMIT COMPUTATION**

54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 x line 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57
58	Bonus payment (see instructions)		58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.		59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.		60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61
62	Relief payment (see instructions)		62
63	Allowable Inpatient cost plus incentive payment (see instructions)		63

**PROGRAM INPATIENT ROUTINE SWING BED COST**

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)		64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)		65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)		66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**INPATIENT ANCILLARY SERVICE COST APPORTIONMENT**

**COMPONENT CCN: 14-0158**

**WORKSHEET D-3**

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

(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		23,212,173		30
31	Intensive Care Unit		4,330,527		31
32	Coronary Care Unit		2,604,643		32
32.01	NURSERY INTENSIVE CARE CENTER				32.01
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.490067	4,197,148	2,056,884	50
50.01	GI LAB	0.193622	925,329	179,164	50.01
51	Recovery Room	0.302284	395,639	119,595	51
52	Delivery Room & Labor Room	0.353939	41,188	14,578	52
53	Anesthesiology	0.128040	653,620	83,690	53
54	Radiology-Diagnostic	0.172600	3,803,672	656,514	54
54.01	MRI CENTER				54.01
55	Radiology-Therapeutic	0.171021	95,934	16,407	55
56	Radioisotope	0.168465	769,213	129,585	56
57	CT Scan	0.052076	4,709,413	245,247	57
58	MRI	0.314452	800,939	251,857	58
59	Cardiac Catheterization	0.132316	14,264,602	1,887,435	59
60	Laboratory	0.125079	21,172,059	2,648,180	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.154496	6,230,103	962,526	65
66	Physical Therapy	0.407217	713,120	290,395	66
67	Occupational Therapy	0.658609	187,195	123,288	67
68	Speech Pathology	0.407803	293,518	119,698	68
70	Electroencephalography	0.464619	91,157	42,353	70
72	Impl. Dev. Charged to Patients	0.602319	5,137,205	3,094,236	72
73	Drugs Charged to Patients	0.390423	9,079,363	3,544,792	73
74	Renal Dialysis	0.249462	1,765,031	440,308	74
76	EMG	0.154634			76
76.01	CARDIOVASCULAR LAB				76.01
76.02	MERCY EYE CENTER	1.149365	185	213	76.02
76.03	MERCY ENT				76.03
76.04	WOUND CARE CENTER	0.930298	6,483	6,031	76.04
76.05	CARDIAC REHAB				76.05
76.06	PRE-BIRTH CENTER	0.179470	1,737	312	76.06
76.07	SLEEP LAB	0.230478			76.07
76.08	UROLOGY	2.304914			76.08
76.09	ADDP OP	0.309615	481	149	76.09
76.10	PSYCH PARTIAL HOSPITAL				76.10
76.11	DIABETES TREATMENT	1.483290	122	181	76.11
76.12	MENTAL HEALTH CENTER	1.911569			76.12
76.13	VEIN CLINIC	0.483265	6,896	3,333	76.13
76.97	CARDIAC REHABILITATION	0.437833	12,698	5,560	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	1.109060			90
90.01	MERCY CLINICS	3.174840	671	2,130	90.01
90.02	MERCY CLINIC STATE ST				90.02
90.03	MERCY CLINIC POLK ST				90.03
91	Emergency	0.177276	4,997,041	885,855	91
92	Observation Beds (Non-Distinct Part)	0.632044	392,651	248,173	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		80,744,413	18,058,669	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		80,744,413		202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**INPATIENT ANCILLARY SERVICE COST APPORTIONMENT**

**COMPONENT CCN: 14-S158**

**WORKSHEET D-3**

Check  Title v  Hospital  SUB (Other)  Swing Bed SNF  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  Swing Bed NF  TEFRA  
 Boxes:  Title XIX  IRF  NF  ICF/IID  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
32	Coronary Care Unit				32
32.01	NURSERY INTENSIVE CARE CENTER				32.01
40	Subprovider - IPF		1,474,037		40
41	Subprovider - IRF				41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.490067	4,456	2,184	50
50.01	GI LAB	0.193622			50.01
51	Recovery Room	0.302284	1,590	481	51
52	Delivery Room & Labor Room	0.353939			52
53	Anesthesiology	0.128040	1,464	187	53
54	Radiology-Diagnostic	0.172600	13,066	2,255	54
54.01	MRI CENTER				54.01
55	Radiology-Therapeutic	0.171021			55
56	Radioisotope	0.168465			56
57	CT Scan	0.052076	20,092	1,046	57
58	MRI	0.314452	1,942	611	58
59	Cardiac Catheterization	0.132316	20,748	2,745	59
60	Laboratory	0.125079	314,078	39,285	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.154496	5,527	854	65
66	Physical Therapy	0.407217	1,116	454	66
67	Occupational Therapy	0.658609	52,474	34,560	67
68	Speech Pathology	0.407803			68
70	Electroencephalography	0.464619			70
72	Impl. Dev. Charged to Patients	0.602319			72
73	Drugs Charged to Patients	0.390423	190,495	74,374	73
74	Renal Dialysis	0.249462	11,826	2,950	74
76	EMG	0.154634			76
76.01	CARDIOVASCULAR LAB				76.01
76.02	MERCY EYE CENTER	1.149365			76.02
76.03	MERCY ENT				76.03
76.04	WOUND CARE CENTER	0.930298			76.04
76.05	CARDIAC REHAB				76.05
76.06	PRE-BIRTH CENTER	0.179470			76.06
76.07	SLEEP LAB	0.230478			76.07
76.08	UROLOGY	2.304914			76.08
76.09	ADDP OP	0.309615			76.09
76.10	PSYCH PARTIAL HOSPITAL				76.10
76.11	DIABETES TREATMENT	1.483290			76.11
76.12	MENTAL HEALTH CENTER	1.911569			76.12
76.13	VEIN CLINIC	0.483265			76.13
76.97	CARDIAC REHABILITATION	0.437833			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	1.109060			90
90.01	MERCY CLINICS	3.174840			90.01
90.02	MERCY CLINIC STATE ST				90.02
90.03	MERCY CLINIC POLK ST				90.03
91	Emergency	0.177276	142,157	25,201	91
92	Observation Beds (Non-Distinct Part)	0.632044			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		781,031	187,187	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		781,031		202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**INPATIENT ANCILLARY SERVICE COST APPORTIONMENT**

**COMPONENT CCN: 14-T158**

**WORKSHEET D-3**

Check  Title v  Hospital  SUB (Other)  Swing Bed SNF  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  Swing Bed NF  TEFRA  
 Boxes:  Title XIX  IRF  NF  ICF/IID  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
32	Coronary Care Unit				32
32.01	NURSERY INTENSIVE CARE CENTER				32.01
40	Subprovider - IPF				40
41	Subprovider - IRF		3,146,276		41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.490067	31,708	15,539	50
50.01	GI LAB	0.193622			50.01
51	Recovery Room	0.302284	1,971	596	51
52	Delivery Room & Labor Room	0.353939			52
53	Anesthesiology	0.128040			53
54	Radiology-Diagnostic	0.172600	120,288	20,762	54
54.01	MRI CENTER				54.01
55	Radiology-Therapeutic	0.171021	20,753	3,549	55
56	Radioisotope	0.168465	6,842	1,153	56
57	CT Scan	0.052076	67,534	3,517	57
58	MRI	0.314452	1,875	590	58
59	Cardiac Catheterization	0.132316	37,060	4,904	59
60	Laboratory	0.125079	297,461	37,206	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.154496	86,817	13,413	65
66	Physical Therapy	0.407217	885,717	360,679	66
67	Occupational Therapy	0.658609	840,669	553,672	67
68	Speech Pathology	0.407803	197,575	80,572	68
70	Electroencephalography	0.464619	2,164	1,005	70
72	Impl. Dev. Charged to Patients	0.602319	1,241	747	72
73	Drugs Charged to Patients	0.390423	563,582	220,035	73
74	Renal Dialysis	0.249462	201,860	50,356	74
76	EMG	0.154634			76
76.01	CARDIOVASCULAR LAB				76.01
76.02	MERCY EYE CENTER	1.149365			76.02
76.03	MERCY ENT				76.03
76.04	WOUND CARE CENTER	0.930298			76.04
76.05	CARDIAC REHAB				76.05
76.06	PRE-BIRTH CENTER	0.179470			76.06
76.07	SLEEP LAB	0.230478			76.07
76.08	UROLOGY	2.304914			76.08
76.09	ADDP OP	0.309615			76.09
76.10	PSYCH PARTIAL HOSPITAL				76.10
76.11	DIABETES TREATMENT	1.483290			76.11
76.12	MENTAL HEALTH CENTER	1.911569			76.12
76.13	VEIN CLINIC	0.483265			76.13
76.97	CARDIAC REHABILITATION	0.437833			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	1.109060			90
90.01	MERCY CLINICS	3.174840			90.01
90.02	MERCY CLINIC STATE ST				90.02
90.03	MERCY CLINIC POLK ST				90.03
91	Emergency	0.177276	2,928	519	91
92	Observation Beds (Non-Distinct Part)	0.632044			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		3,368,045	1,368,814	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		3,368,045		202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**INPATIENT ANCILLARY SERVICE COST APPORTIONMENT**

**COMPONENT CCN: 14-0158**

**WORKSHEET D-3**

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

(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
32	Coronary Care Unit				32
32.01	<b>NURSERY INTENSIVE CARE CENTER</b>				32.01
40	Subprovider - IPF				40
41	Subprovider - IRF				41
43	Nursery				43
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.490067			50
50.01	GI LAB	0.193622			50.01
51	Recovery Room	0.302284			51
52	Delivery Room & Labor Room	0.353939			52
53	Anesthesiology	0.128040			53
54	Radiology-Diagnostic	0.171933			54
54.01	<b>MRI CENTER</b>				54.01
55	Radiology-Therapeutic	0.169932			55
56	Radioisotope	0.168465			56
57	CT Scan	0.051963			57
58	MRI	0.314452			58
59	Cardiac Catheterization	0.127217			59
60	Laboratory	0.125079			60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>				62.30
65	Respiratory Therapy	0.154496			65
66	Physical Therapy	0.407217			66
67	Occupational Therapy	0.658609			67
68	Speech Pathology	0.407803			68
70	Electroencephalography	0.464619			70
72	Impl. Dev. Charged to Patients	0.602319			72
73	Drugs Charged to Patients	0.390423			73
74	Renal Dialysis	0.249462			74
76	EMG	0.154634			76
76.01	<b>CARDIOVASCULAR LAB</b>				76.01
76.02	<b>MERCY EYE CENTER</b>	1.149365			76.02
76.03	<b>MERCY ENT</b>				76.03
76.04	<b>WOUND CARE CENTER</b>	0.930298			76.04
76.05	<b>CARDIAC REHAB</b>				76.05
76.06	<b>PRE-BIRTH CENTER</b>	0.179470			76.06
76.07	<b>SLEEP LAB</b>	0.230478			76.07
76.08	<b>UROLOGY</b>	2.304914			76.08
76.09	<b>ADDP OP</b>	0.309615			76.09
76.10	<b>PSYCH PARTIAL HOSPITAL</b>				76.10
76.11	<b>DIABETES TREATMENT</b>	1.483290			76.11
76.12	<b>MENTAL HEALTH CENTER</b>	1.911569			76.12
76.13	<b>VEIN CLINIC</b>	0.139577			76.13
76.97	<b>CARDIAC REHABILITATION</b>	0.426429			76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>				76.98
76.99	<b>LITHOTRIPSY</b>				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	1.098504			90
90.01	<b>MERCY CLINICS</b>	3.174840			90.01
90.02	<b>MERCY CLINIC STATE ST</b>				90.02
90.03	<b>MERCY CLINIC POLK ST</b>				90.03
91	Emergency	0.174451			91
92	Observation Beds (Non-Distinct Part)	0.632044			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**INPATIENT ANCILLARY SERVICE COST APPORTIONMENT**

**COMPONENT CCN: 14-S158**

**WORKSHEET D-3**

Check  Title v  Hospital  SUB (Other)  Swing Bed SNF  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  Swing Bed NF  TEFRA  
 Boxes:  Title XIX  IRF  NF  ICF/IID  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
32	Coronary Care Unit				32
32.01	NURSERY INTENSIVE CARE CENTER				32.01
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.490067			50
50.01	GI LAB	0.193622			50.01
51	Recovery Room	0.302284			51
52	Delivery Room & Labor Room	0.353939			52
53	Anesthesiology	0.128040			53
54	Radiology-Diagnostic	0.171933			54
54.01	MRI CENTER				54.01
55	Radiology-Therapeutic	0.169932			55
56	Radioisotope	0.168465			56
57	CT Scan	0.051963			57
58	MRI	0.314452			58
59	Cardiac Catheterization	0.127217			59
60	Laboratory	0.125079			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.154496			65
66	Physical Therapy	0.407217			66
67	Occupational Therapy	0.658609			67
68	Speech Pathology	0.407803			68
70	Electroencephalography	0.464619			70
72	Impl. Dev. Charged to Patients	0.602319			72
73	Drugs Charged to Patients	0.390423			73
74	Renal Dialysis	0.249462			74
76	EMG	0.154634			76
76.01	CARDIOVASCULAR LAB				76.01
76.02	MERCY EYE CENTER	1.149365			76.02
76.03	MERCY ENT				76.03
76.04	WOUND CARE CENTER	0.930298			76.04
76.05	CARDIAC REHAB				76.05
76.06	PRE-BIRTH CENTER	0.179470			76.06
76.07	SLEEP LAB	0.230478			76.07
76.08	UROLOGY	2.304914			76.08
76.09	ADDP OP	0.309615			76.09
76.10	PSYCH PARTIAL HOSPITAL				76.10
76.11	DIABETES TREATMENT	1.483290			76.11
76.12	MENTAL HEALTH CENTER	1.911569			76.12
76.13	VEIN CLINIC	0.139577			76.13
76.97	CARDIAC REHABILITATION	0.426429			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	1.098504			90
90.01	MERCY CLINICS	3.174840			90.01
90.02	MERCY CLINIC STATE ST				90.02
90.03	MERCY CLINIC POLK ST				90.03
91	Emergency	0.174451			91
92	Observation Beds (Non-Distinct Part)	0.632044			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**INPATIENT ANCILLARY SERVICE COST APPORTIONMENT**

**COMPONENT CCN: 14-T158**

**WORKSHEET D-3**

Check  Title v  Hospital  SUB (Other)  Swing Bed SNF  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  Swing Bed NF  TEFRA  
 Boxes:  Title XIX  IRF  NF  ICF/IID  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
32	Coronary Care Unit				32
32.01	NURSERY INTENSIVE CARE CENTER				32.01
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.490067			50
50.01	GI LAB	0.193622			50.01
51	Recovery Room	0.302284			51
52	Delivery Room & Labor Room	0.353939			52
53	Anesthesiology	0.128040			53
54	Radiology-Diagnostic	0.171933			54
54.01	MRI CENTER				54.01
55	Radiology-Therapeutic	0.169932			55
56	Radioisotope	0.168465			56
57	CT Scan	0.051963			57
58	MRI	0.314452			58
59	Cardiac Catheterization	0.127217			59
60	Laboratory	0.125079			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.154496			65
66	Physical Therapy	0.407217			66
67	Occupational Therapy	0.658609			67
68	Speech Pathology	0.407803			68
70	Electroencephalography	0.464619			70
72	Impl. Dev. Charged to Patients	0.602319			72
73	Drugs Charged to Patients	0.390423			73
74	Renal Dialysis	0.249462			74
76	EMG	0.154634			76
76.01	CARDIOVASCULAR LAB				76.01
76.02	MERCY EYE CENTER	1.149365			76.02
76.03	MERCY ENT				76.03
76.04	WOUND CARE CENTER	0.930298			76.04
76.05	CARDIAC REHAB				76.05
76.06	PRE-BIRTH CENTER	0.179470			76.06
76.07	SLEEP LAB	0.230478			76.07
76.08	UROLOGY	2.304914			76.08
76.09	ADDP OP	0.309615			76.09
76.10	PSYCH PARTIAL HOSPITAL				76.10
76.11	DIABETES TREATMENT	1.483290			76.11
76.12	MENTAL HEALTH CENTER	1.911569			76.12
76.13	VEIN CLINIC	0.139577			76.13
76.97	CARDIAC REHABILITATION	0.426429			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	1.098504			90
90.01	MERCY CLINICS	3.174840			90.01
90.02	MERCY CLINIC STATE ST				90.02
90.03	MERCY CLINIC POLK ST				90.03
91	Emergency	0.174451			91
92	Observation Beds (Non-Distinct Part)	0.632044			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

**PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	7,443,772			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	22,490,123			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	205,191			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	7,840,100			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	221.63			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)	87.01			5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	16.00			8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)	103.01			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	98.88			10
11	FTE count for residents in dental and podiatric programs	6.00			11
12	Current year allowable FTE (see instructions)	104.88			12
13	Total allowable FTE count for the prior year	106.38			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	106.77			14
15	Sum of lines 12 through 14 divided by 3	106.01			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	106.01			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.478320			19
20	Prior year resident to bed ratio (see instructions)	0.481315			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.478320			21
22	IME payment adjustment (see instructions)	8,747,551			22
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</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)	-4.13			24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)	8,747,551			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	<b>Disproportionate Share Adjustment</b>				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.1517			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.4348			31
32	Sum of lines 30 and 31	0.5865			32
33	Allowable disproportionate share percentage (see instructions)	0.3760			33
34	Disproportionate share adjustment (see instructions)	2,813,787			34
		<b>Prior to</b>	<b>On or after</b>		
		<b>October 1</b>	<b>October 1</b>		
35	Total uncompensated care amount (see instructions)	9,046,380,143	7,647,644,885		35
35.01	Factor 3 (see instructions)	0.000748125	0.000727183		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	6,767,823	5,561,237		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,705,864	4,159,499		35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	5,865,363			36
	<b>Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)</b>				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

**PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	47,565,787			47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)				48
49	Total payment for inpatient operating costs (see instructions)	47,565,787			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	3,287,343			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)	3,364,272			52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies				54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)				58
59	Total (sum of amounts on lines 49 through 58)	54,217,402			59
60	Primary payer payments	42,004			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	54,175,398			61
62	Deductibles billed to program beneficiaries	3,140,312			62
63	Coinsurance billed to program beneficiaries	130,444			63
64	Allowable bad debts (see instructions)	1,489,977			64
65	Adjusted reimbursable bad debts (see instructions)	968,485			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,002,142			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	51,873,127			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.93	HVBP payment adjustment amount (see instructions)	29,444			70.93
70.94	HRR adjustment amount (see instructions)	-243,325			70.94
70.99	HAC adjustment amount (see instructions)	377,925			70.99
71	Amount due provider (see instructions)	51,281,321			71
71.01	Sequestration adjustment (see instructions)	1,025,626			71.01
72	Interim payments	52,668,040			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	-2,412,345			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	501,668			75

**TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)**

90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. I, line 2				91
92	Operating outlier reconciliation adjustment amount (see instructions)				92
93	Capital outlier reconciliation adjustment amount (see instructions)				93
94	The rate used to calculate the time value of money (see instructions)				94
95	Time value of money for operating expenses (see instructions)				95
96	Time value of money for capital related expenses (see instructions)				96

**HSP Bonus Payment Amount**

		Prior to 10/1	On or After 10/1	
100	HSP bonus amount (see instructions)			100

**HVBP Adjustment for HSP Bonus Payment**

		Prior to 10/1	On or After 10/1	
101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101
102	HVBP adjustment amount for HSP bonus payment (see instructions)			102

**HRR Adjustment for HSP Bonus Payment**

		Prior to 10/1	On or After 10/1	
103	HRR adjustment factor (see instructions)	0.0000	0.0000	103
104	HRR adjustment amount for HSP bonus payment (see instructions)			104

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION**

**EXHIBIT 5**

	(Amt. from Wkst. E, Pt. A or L Pt. I)	Prior to 10/1		On or after 10/1		Total (cols. 2 and 3)	
	(1)	(2)	(2.01)	(3)	(3.01)	(4)	
1	<b>DRG Amounts Other Than Outlier Payments</b>						1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	7,443,772	7,443,772			7,443,772	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	22,490,123		22,490,123		22,490,123	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1						1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1						1.04
2	<b>Outlier payments for discharges</b>	205,191	51,391	153,800		205,191	2
2.01	Outlier payment for discharges for Model 4 BPCI						2.01
3	Operating outlier reconciliation						3
4	Managed Care Simulated Payments	7,840,100	1,960,025	5,880,075		7,840,100	4
	<b>Indirect Medical Education Adjustment</b>						
5	Amount from Worksheet E Part A, line 21	0.478320	0.478320	0.478320			5
6	IME payment adjustment	8,747,551	2,177,694	6,569,857		8,747,551	6
6.01	IME payment adjustment for managed care						6.01
	<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>						
7	IME payment adjustment factor						7
8	IME add-on adjustment amount						8
8.01	IME payment adjustment add-on for managed care						8.01
9	Total IME payment (sum of lines 6 and 8)	8,747,551	2,177,694	6,569,857		8,747,551	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)						9.01
	<b>Disproportionate Share Adjustment</b>						
10	Allowable disproportionate share percentage	0.3760	0.3760	0.3760	0.3760	0.3760	10
11	Disproportionate share adjustment	2,813,787	699,715	2,114,072		2,813,787	11
11.01	Uncompensated care payments	5,865,363	1,705,864	4,159,499		5,865,363	11.01
	<b>Additional payment for high percentage of ESRD beneficiary discharges</b>						
12	Total ESRD additional payment						12
13	Subtotal	47,565,787	12,078,436	35,487,351		47,565,787	13
14	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.)						14
15	Total payment for inpatient operating costs SCH and MDH only	47,565,787	12,078,436	35,487,351		47,565,787	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	3,287,343	821,836	2,465,507		3,287,343	16
17	Special add-on payments for new technologies						17
17.01	Net organ acquisition cost (Wkst. D-4 Pt. III, col 1, line 69)						17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG						17.02
18	Capital outlier reconciliation adjustment amount						18
19	<b>SUBTOTAL</b>		12,900,272	37,952,858		50,853,130	19
20	Capital DRG other than outlier	2,380,237	595,059	1,785,178		2,380,237	20
20.01	Model 4 BPCI Capital DRG other than outlier						20.01
21	Capital DRG outlier payments	19,992	4,998	14,994		19,992	21
21.01	Model 4 BPCI Capital DRG outlier payments						21.01
22	Indirect medical education percentage	24.6600	24.6600	24.6600			22
23	Indirect medical education adjustment	586,966	146,742	440,224		586,966	23
24	Allowable disproportionate share percentage	0.1261	0.1261	0.1261			24
25	Disproportionate share adjustment	300,148	75,037	225,111		300,148	25
26	Total prospective capital payments	3,287,343	821,836	2,465,507		3,287,343	26
27							27
28	Low volume adjustment prior to October 1						28
29	Low volume adjustment on or after October 1						29
30	HVBP payment adjustment	29,444	7,361	22,083		29,444	30
30.01	HVBP payment adjustment for HSP bonus payment						30.01
31	HRR adjustment	-243,325	-60,855	-182,470		-243,325	31
31.01	HRR adjustment for HSP bonus payment						31.01
32	HAC Reduction Program adjustment			377,925		377,925	32

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**COMPONENT CCN: 14-0158**

**WORKSHEET E  
PART B**

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

**PART B - MEDICAL AND OTHER HEALTH SERVICES**

		1	1.01	1.02	
1	Medical and other services (see instructions)	9,367			1
2	Medical and other services reimbursed under OPPS (see instructions)	16,496,340			2
3	PPS payments	14,489,935			3
4	Outlier payment (see instructions)	51,963			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 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	9,367			11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges	23,991			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	23,991			14
	<b>CUSTOMARY CHARGES</b>				
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)	23,991			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	14,624			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)	9,367			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	14,541,898			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)	3,053,797			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	11,497,468			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	1,321,931			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	12,819,399			30
31	Primary payer payments	735			31
32	Subtotal (line 30 minus line 31)	12,818,664			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)	977,757			34
35	Adjusted reimbursable bad debts (see instructions)	635,542			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	665,592			36
37	Subtotal (see instructions)	13,454,206			37
38	MSP-LCC reconciliation amount from PS&R	275			38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	13,453,931			40
40.01	Sequestration adjustment (see instructions)	269,079			40.01
41	Interim payments	12,947,127			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	237,725			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	60,571			44

**TO BE COMPLETED BY CONTRACTOR**

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

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**COMPONENT CCN: 14-S158**

**WORKSHEET E  
PART B**

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

**PART B - MEDICAL AND OTHER HEALTH SERVICES**

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under 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)	0.850			5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	<b>CUSTOMARY CHARGES</b>				
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 physicians' services in a teaching hospital (see instructions)				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 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)				27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)				30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)				32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)				37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)				40
40.01	Sequestration adjustment (see instructions)				40.01
41	Interim payments				41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

**TO BE COMPLETED BY CONTRACTOR**

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

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**COMPONENT CCN: 14-T158**

**WORKSHEET E  
PART B**

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

**PART B - MEDICAL AND OTHER HEALTH SERVICES**

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under 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)	0.850			5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	<b>CUSTOMARY CHARGES</b>				
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 physicians' services in a teaching hospital (see instructions)				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 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)				27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)				30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)				32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)				37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)				40
40.01	Sequestration adjustment (see instructions)				40.01
41	Interim payments				41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

**TO BE COMPLETED BY CONTRACTOR**

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

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED**

**COMPONENT CCN: 14-0158**

**WORKSHEET E-1  
PART I**

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
		1	2	3	4	
1	Total interim payments paid to provider		51,439,578		13,438,262	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01	06/23/2015	1,228,462		3.01
		.02				3.02
	Program	.03				3.03
	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			06/23/2015	491,135
	Provider	.52				3.51
	to	.53				3.52
	Program	.54				3.53
		.55				3.54
		.56				3.55
		.57				3.56
		.58				3.57
		.59				3.58
		.99				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			1,228,462	-491,135	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)			52,668,040	12,947,127	4
<b>TO BE COMPLETED BY CONTRACTOR</b>						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				5.01
		.02				5.02
	Program	.03				5.03
	to	.04				5.04
	Provider	.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	Provider	.52				5.52
	to	.53				5.53
	Program	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01			237,725	6.01
		.02		-2,412,345		6.02
7	Total Medicare program liability (see instructions)			50,255,695	13,184,852	7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	8

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

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED**

**COMPONENT CCN: 14-S158**

**WORKSHEET E-1  
PART I**

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
		1	2	3	4
1	Total interim payments paid to provider		861,507		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 amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			3.01
		.02			3.02
	Program	.03			3.03
	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)		861,507		4
<b>TO BE COMPLETED BY CONTRACTOR</b>					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01	8		6.01
		.02			6.02
7	Total Medicare program liability (see instructions)		861,515		7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)	
					8

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

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED**

**COMPONENT CCN: 14-T158**

**WORKSHEET E-1  
PART I**

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		3,965,686		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 amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			3.01
		.02			3.02
	Program	.03			3.03
	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)		3,965,686		4
<b>TO BE COMPLETED BY CONTRACTOR</b>					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01	222,757		6.01
		.02			6.02
7	Total Medicare program liability (see instructions)		4,188,443		7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)	
				8	

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

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT**

**WORKSHEET E-1  
PART II**

Check applicable box:       Hospital       CAH

**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 (Wkst. S-3, Pt. I, col. 15, line 14)	12,876	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	17,488	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	4,804	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	48,777	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	670,715,624	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	7,573,220	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)	502,111	8
9	Sequestration adjustment amount (see instructions)	10,042	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	492,069	10

**INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH**

30	Initial/interim HIT payment(s)	523,136	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	-31,067	32

(\*) This worksheet is completed by the contractor for standard and non-standard cost reporting periods at cost report settlement. Providers may complete this worksheet for a standard cost reporting period.

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**COMPONENT CCN: 14-S158**

**WORKSHEET E-3  
PART II**

Check  Hospital  
Applicable  Subprovider IPF  
Box:

**PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS**

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)	1,026,184	1
2	Net IPF PPS Outlier payment		2
3	Net IPF PPS ECT payment		3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)		4
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	New teaching program adjustment (see instructions)		5
6	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)		6
7	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)		7
8	Intern and resident count for IPF PPS medical education adjustment (see instructions)		8
9	Average daily census (see instructions)	14.819178	9
10	Teaching adjustment factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$		10
11	Teaching adjustment (line 1 multiplied by line 10)		11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,026,184	12
13	Nursing and allied health managed care payment (see instructions)		13
14	Organ acquisition DO NOT USE THIS LINE		14
15	Cost of physicians' services in a teaching hospital (see instructions)		15
16	Subtotal (see instructions)	1,026,184	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	1,026,184	18
19	Deductibles	112,416	19
20	Subtotal (line 18 minus line 19)	913,768	20
21	Coinsurance	34,671	21
22	Subtotal (line 20 minus line 21)	879,097	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)		23
24	Adjusted reimbursable bad debts (see instructions)		24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)		25
26	Subtotal (sum of lines 22 and 24)	879,097	26
27	Direct graduate medical education payments (from Wkst. E-4, line 49) (for freestanding IPF only)		27
28	Other pass through costs (see instructions)		28
29	Outlier payments reconciliation		29
30	Other adjustments (specify) (see instructions)		30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		30.50
31	Total amount payable to the provider (see instructions)	879,097	31
31.01	Sequestration adjustment (see instructions)	17,582	31.01
32	Interim payments	861,507	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	8	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		35

**TO BE COMPLETED BY CONTRACTOR**

50	Original outlier amount from Worksheet E-3, Part II, line 2 (see instructions)		50
51	Outlier reconciliation adjustment amount (see instructions)		51
52	The rate used to calculate the time value of money (see instructions)		52
53	Time value of money (see instructions)		53

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**COMPONENT CCN: 14-T158**

**WORKSHEET E-3  
PART III**

Check  Hospital  
Applicable  Subprovider IRF  
Box:

**PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS**

		1	1.01	
1	Net Federal PPS payment (see instructions)	3,761,761		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.100300		2
3	Inpatient Rehabilitation LIP payments (see instructions)	300,941		3
4	Outlier payments	15,637		4
5	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	1.23		5
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2)			5.01
6	New teaching program adjustment (see instructions)			6
7	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)	0.73		7
8	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)			8
9	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.73		9
10	Average daily census (see instructions)	12,367,123		10
11	Teaching Adjustment Factor (see instructions)	0.060017		11
12	Teaching Adjustment (see instructions)	225,770		12
13	Total PPS Payment (see instructions)	4,304,109		13
14	Nursing and allied health managed care payments (see instructions)			14
15	Organ acquisition DO NOT USE THIS LINE			15
16	Cost of physicians' services in a teaching hospital (see instructions)			16
17	Subtotal (see instructions)	4,304,109		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	4,304,109		19
20	Deductibles	18,636		20
21	Subtotal (line 19 minus line 20)	4,285,473		21
22	Coinsurance	11,552		22
23	Subtotal (line 21 minus line 22)	4,273,921		23
24	Allowable bad debts (exclude bad debts for professional services) (see instructions)			24
25	Adjusted reimbursable bad debts (see instructions)			25
26	Allowable bad debts for dual eligible beneficiaries (see instructions)			26
27	Subtotal (sum of lines 23 and 25)	4,273,921		27
28	Direct graduate medical education payments (from Wkst. E-4, line 49) (For free standing IRF only)			28
29	Other pass through costs (see instructions)			29
30	Outlier payments reconciliation			30
31	Other adjustments (specify) (see instructions)			31
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			31.50
32	Total amount payable to the provider (see instructions)	4,273,921		32
32.01	Sequestration adjustment (see instructions)	85,478		32.01
33	Interim payments	3,965,686		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 33 and 34)	222,757		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			36

**TO BE COMPLETED BY CONTRACTOR**

50	Original outlier amount from Wkst. E-3, Pt. III, line 4 (see instructions)			50
51	Outlier reconciliation adjustment amount (see instructions)			51
52	The rate used to calculate the Time Value of Money (see instructions)			52
53	Time Value of Money (see instructions)			53

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**COMPONENT CCN: 14-0158**

**WORKSHEET E-3  
PART VII**

Check  Title V                                     Hospital                                     NF                                     PPS  
 Applicable  Title XIX                                     SUB (Other)                                     ICF/IID                                     TEFRA  
 Boxes:                                     SNF                                     Other

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
1	Inpatient hospital/SNF/NF services	12,054,995		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	12,054,995		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	12,054,995		7
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
	<b>REASONABLE CHARGES</b>			
8	Routine service charges	2,459,906		8
9	Ancillary service charges			9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)	2,459,906		12
	<b>CUSTOMARY CHARGES</b>			
13	Amount actually collected from patients liable for payment for services on a cahрге basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)	2,459,906		16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	9,595,089		18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)	2,459,906		21
	<b>PROSPECTIVE PAYMENT AMOUNT</b>			
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)	2,459,906		29
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
30	Excess of reasonable cost (from line 18)	9,595,089		30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	2,459,906		31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)	2,459,906		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)	2,459,906		38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)	2,459,906		40
41	Interim payments	2,459,906		41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**COMPONENT CCN: 14-S158**

**WORKSHEET E-3  
PART VII**

Check  Title V  Hospital  NF  PPS  
 Applicable  Title XIX  Subprovider IPF  ICF/IID  TEFRA  
 Boxes:  SNF  Other

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
1	Inpatient hospital/SNF/NF services	3,212,150		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	3,212,150		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	3,212,150		7
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
	<b>REASONABLE CHARGES</b>			
8	Routine service charges			8
9	Ancillary service charges			9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)			12
	<b>CUSTOMARY CHARGES</b>			
13	Amount actually collected from patients liable for payment for services on a charge basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)			16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	3,212,150		18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)			21
	<b>PROSPECTIVE PAYMENT AMOUNT</b>			
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)			29
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
30	Excess of reasonable cost (from line 18)	3,212,150		30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)			31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)			38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)			40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**COMPONENT CCN: 14-T158**

**WORKSHEET E-3  
PART VII**

Check  Title V  Hospital  NF  PPS  
 Applicable  Title XIX  Subprovider IRF  ICF/IID  TEFRA  
 Boxes:  SNF  Other

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
1	Inpatient hospital/SNF/NF services	358,129		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	358,129		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	358,129		7
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
	<b>REASONABLE CHARGES</b>			
8	Routine service charges			8
9	Ancillary service charges			9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)			12
	<b>CUSTOMARY CHARGES</b>			
13	Amount actually collected from patients liable for payment for services on a cahрге basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)			16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	358,129		18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)			21
	<b>PROSPECTIVE PAYMENT AMOUNT</b>			
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)			29
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
30	Excess of reasonable cost (from line 18)	358,129		30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)			31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)			38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)			40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS**

**WORKSHEET E-4**

Check [ ] Title V  
 Applicable [xx] Title XVIII  
 Box: [ ] Title XIX

<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			88.01	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)				2
3	Amount of reduction to Direct GME cap under §422 of MMA				3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA §5503 increase to the direct GME FTE cal (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			17.00	4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			105.01	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for teh current year from your records (see instructions)			100.57	6
7	Enter the lesser of line 5 or line 6			100.57	7
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	68.36	30.16	98.52	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	68.36	30.16	98.52	9
10	Weighted dental and podiatric resident FTE count for the current year		5.00		10
11	Total weighted FTE count	68.36	35.16		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	69.26	34.41		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	67.22	38.39		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	68.28	35.99		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
17	Adjusted rolling average FTE count	68.28	35.99		17
18	Per resident amount	105,394.00	100,227.00		18
19	Approved amount for resident costs	7,196,302	3,607,170	10,803,472	19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)				21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)			10,803,472	25
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	21,197	5,355		26
27	Total inpatient days (see instructions)	59,468	59,468		27
28	Ratio of inpatient days to total inpatient days	0.356444	0.090048		28
29	Program direct GME amount	3,850,833	972,831		29
30	Reduction for direct GME payments for Medicare Advantage		137,461		30
31	Net Program direct GME amount			4,686,203	31
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>					
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			4,459,787	33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
<b>APPORTIONMENT OF MEDICARE REASONABLE COST OF GME</b>					
<b>Part A Reasonable Cost</b>					
37	Reasonable cost (see instructions)			42,046,721	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)			42,004	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			42,004,717	41
<b>Part B Reasonable Cost</b>					
42	Reasonable cost (see instructions)			16,505,707	42
43	Primary payer payments (see instructions)			735	43
44	Total Part B reasonable cost (line 42 minus line 43)			16,504,972	44
45	Total reasonable cost (sum of lines 41 and 44)			58,509,689	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.717910	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.282090	47
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>					
48	Total program GME payment (line 31)			4,686,203	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			3,364,272	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			1,321,931	50

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS**

**WORKSHEET E-4**

Check  Title V  
 Applicable  Title XVIII  
 Box:  Title XIX

<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996				1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)				2
3	Amount of reduction to Direct GME cap under §422 of MMA				3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA §5503 increase to the direct GME FTE cal (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)				4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)				5
6	Unweighted resident FTE count for allopathic and osteopathic programs for teh current year from your records (see instructions)				6
7	Enter the lesser of line 5 or line 6				7
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.00	0.00	0.00	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
11	Total weighted FTE count	0.00	0.00		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
17	Adjusted rolling average FTE count	0.00	0.00		17
18	Per resident amount	0.00	0.00		18
19	Approved amount for resident costs				19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)				21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)				25
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26	Inpatient days (see instructions)	14,918	11,087		26
27	Total inpatient days (see instructions)	59,468	59,468		27
28	Ratio of inpatient days to total inpatient days	0.250858	0.186436		28
29	Program direct GME amount				29
30	Reduction for direct GME payments for Medicare Advantage				30
31	Net Program direct GME amount				31
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>					
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)				33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
<b>APPORTIONMENT OF MEDICARE REASONABLE COST OF GME</b>					
<b>Part A Reasonable Cost</b>					
37	Reasonable cost (see instructions)				37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)				40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)				41
<b>Part B Reasonable Cost</b>					
42	Reasonable cost (see instructions)				42
43	Primary payer payments (see instructions)				43
44	Total Part B reasonable cost (line 42 minus line 43)				44
45	Total reasonable cost (sum of lines 41 and 44)				45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)				46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)				47
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>					
48	Total program GME payment (line 31)				48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)				49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)				50

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**BALANCE SHEET**

**WORKSHEET G**

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
<b>Assets</b> (Omit Cents)		1	2	3	4	
<b>CURRENT ASSETS</b>						
1	Cash on hand and in banks	21,210,952				1
2	Temporary investments	9,633,372				2
3	Notes receivable					3
4	Accounts receivable	43,449,631				4
5	Other receivables	3,046,628				5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory	2,950,756				7
8	Prepaid expenses	1,401,642				8
9	Other current assets	14,177,456				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	95,870,437				11
<b>FIXED ASSETS</b>						
12	Land	26,173,000				12
13	Land improvements	5,122,158				13
14	Accumulated depreciation	-1,828,449				14
15	Buildings	160,800,235				15
16	Accumulated depreciation	-16,537,344				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	53,661,779				23
24	Accumulated depreciation	-25,335,132				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)	202,056,247				30
<b>OTHER ASSETS</b>						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	16,455,350				34
35	Total other assets (sum of lines 31-34)	16,455,350				35
36	Total assets (sum of lines 11, 30 and 35)	314,382,034				36
<b>Liabilities and Fund Balances</b> (Omit Cents)						
		1	2	3	4	
<b>CURRENT LIABILITIES</b>						
37	Accounts payable	23,909,919				37
38	Salaries, wages and fees payable	29,259,749				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	1,602,354				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	9,187,463				44
45	Total current liabilities (sum of lines 37 thru 44)	63,959,485				45
<b>LONG TERM LIABILITIES</b>						
46	Mortgage payable	58,418,555				46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	741,452				49
50	Total long term liabilities (sum of lines 46 thru 49)	59,160,007				50
51	Total liabilities (sum of lines 45 and 50)	123,119,492				51
<b>CAPITAL ACCOUNTS</b>						
52	General fund balance	191,262,542				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**BALANCE SHEET**

**WORKSHEET G**

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	<b>Assets</b>					
	(Omit Cents)	1	2	3	4	
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	191,262,542				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	314,382,034				60

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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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		201,167,847			1
2	Net income (loss) (from Worksheet G-3, line 29)		-9,905,305			2
3	Total (sum of line 1 and line 2)		191,262,542			3
4	Additions (credit adjustments) (specify)					4
5						5
6						6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)		191,262,542			11
12	Deductions (debit adjustments) (specify)					12
13						13
14						14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)					18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		191,262,542			19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	Fund balances at beginning of period					1
2	Net income (loss) (from Worksheet G-3, line 29)					2
3	Total (sum of line 1 and line 2)					3
4	Additions (credit adjustments) (specify)					4
5						5
6						6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)					11
12	Deductions (debit adjustments) (specify)					12
13						13
14						14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)					18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)					19

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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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	65,559,491		65,559,491	1
2	Subprovider IPF	6,614,909		6,614,909	2
3	Subprovider IRF	5,802,027		5,802,027	3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	77,976,427		77,976,427	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	Intensive Care Unit	9,731,493		9,731,493	11
12	Coronary Care Unit	3,790,383		3,790,383	12
12.01	<b>NURSERY INTENSIVE CARE CENTER</b>	7,940,329		7,940,329	12.01
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	21,462,205		21,462,205	16
17	Total inpatient routine care services (sum of lines 10 and 16)	99,438,632		99,438,632	17
18	Ancillary services	238,258,380	339,570,988	577,829,368	18
19	Outpatient services		40,869,646	40,869,646	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	337,697,012	380,440,634	718,137,646	28

**PART II - OPERATING EXPENSES**

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		267,041,337	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)		267,041,337	43

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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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)	718,137,646	1
2	Less contractual allowances and discounts on patients' accounts	473,196,751	2
3	Net patient revenues (line 1 minus line 2)	244,940,895	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	267,041,337	4
5	Net income from service to patients (line 3 minus line 4)	-22,100,442	5

**OTHER INCOME**

6	Contributions, donations, bequests, etc.	488,961	6
7	Income from investments	63,538	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	919,912	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space		22
23	Governmental appropriations		23
24	Other (OTHER RENT REVENIUE)	1,860,599	24
24.0	Other (CAPITATION REVENUE)	3,647,870	24.0
1			1
24.0	Other (GRANTS)	1,441,246	24.0
2			2
24.0	Other (OTHER REVENUE)	1,285,573	24.0
3			3
24.0	Other (REFERRAL LAB)	109,999	24.0
4			4
24.0	Other (MEANINGFUL USE)	1,228,152	24.0
6			6
24.0	Other (EXPENSE REIMBURSEMENT)	1,149,287	24.0
8			8
25	Total other income (sum of lines 6-24)	12,195,137	25
26	Total (line 5 plus line 25)	-9,905,305	26
29	Net income (or loss) for the period (line 26 minus line 28)	-9,905,305	29

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**CALCULATION OF CAPITAL PAYMENT**

**COMPONENT CCN: 14-0158**

**WORKSHEET L**

Check  Title V  Hospital  PPS  
 Applicable  Title XVIII, Part A  SUB (Other)  Cost Method  
 Boxes:  Title XIX

**PART I - FULLY PROSPECTIVE METHOD**

CAPITAL FEDERAL AMOUNT			
1	Capital DRG other than outlier	2,380,237	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	19,992	2
2.01	Model 4 BPCI Capital DRG outlier payments		2.01
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	135.74	3
4	Number of interns & residents (see instructions)	106.01	4
5	Indirect medical education percentage (see instructions)	24.66	5
6	Indirect medical education adjustment (see instructions)	586,966	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.1517	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.4348	8
9	Sum of lines 7 and 8	0.5865	9
10	Allowable disproportionate share percentage (see instructions)	0.1261	10
11	Disproportionate share adjustment (see instructions)	300,148	11
12	Total prospective capital payments (see instructions)	3,287,343	12

**PART II - PAYMENT UNDER REASONABLE COST**

1	Program inpatient routine capital cost (see instructions)		1
2	Program inpatient ancillary capital cost (see instructions)		2
3	Total inpatient program capital cost (line 1 plus line 2)		3
4	Capital cost payment factor (see instructions)		4
5	Total inpatient program capital cost (line 3 times line 4)		5

**PART III - COMPUTATION OF EXCEPTION PAYMENTS**

1	Program inpatient capital costs (see instructions)		1
2	Program inpatient capital costs for extraordinary circumstances (see instructions)		2
3	Net program inpatient capital costs (line 1 minus line 2)		3
4	Applicable exception percentage (see instructions)		4
5	Capital cost for comparison to payments (line 3 x line 4)		5
6	Percentage adjustment for extraordinary circumstances (see instructions)		6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		7
8	Capital minimum payment level (line 5 plus line 7)		8
9	Current year capital payments (from Part I, line 12 as applicable)		9
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		10
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		11
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		12
13	Current year exception payment (if line 12 is positive, enter the amount on this line)		13
14	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		14
15	Current year allowable operating and capital payment (see instructions)		15
16	Current year operating and capital costs (see instructions)		16
17	Current year exception offset amount (see instructions)		17

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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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
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
32	Coronary Care Unit						32
32.01	<b>NURSERY INTENSIVE CARE CENTER</b>						32.01
40	Subprovider - IPF						40
41	Subprovider - IRF						41
43	Nursery						43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room						50
50.01	GI LAB						50.01
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	<b>MRI CENTER</b>						54.01
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
70	Electroencephalography						70
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76	EMG						76
76.01	<b>CARDIOVASCULAR LAB</b>						76.01
76.02	<b>MERCY EYE CENTER</b>						76.02
76.03	<b>MERCY ENT</b>						76.03
76.04	<b>WOUND CARE CENTER</b>						76.04
76.05	<b>CARDIAC REHAB</b>						76.05
76.06	<b>PRE-BIRTH CENTER</b>						76.06
76.07	<b>SLEEP LAB</b>						76.07
76.08	<b>UROLOGY</b>						76.08
76.09	<b>ADDP OP</b>						76.09
76.10	<b>PSYCH PARTIAL HOSPITAL</b>						76.10
76.11	<b>DIABETES TREATMENT</b>						76.11
76.12	<b>MENTAL HEALTH CENTER</b>						76.12
76.13	<b>VEIN CLINIC</b>						76.13
76.97	<b>CARDIAC REHABILITATION</b>						76.97

**KPMG LLP Compu-Max 2552-10**

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 11:50 Version: 2015.10 (11/24/2015)
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**ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES**

**WORKSHEET L-1  
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		0	2A	24	25	26	
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic						90
90.01	MERCY CLINICS						90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)						118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen						190
191	Research						191
192	Physicians' Private Offices						192
192.0 1	DNBAR CLINIC						192.0 1
192.0 2	PHILLIPS HEALTH						192.0 2
192.0 3	OTHER HOME HEALTH						192.0 3
192.0 4	VITAS HOSPICE						192.0 4
192.0 5	DOCTORS OFFICE						192.0 5
194	<b>OTHER NONREIMBURSABLE COST CENTERS</b>						194
194.0 1	SENIOR FRIENDS						194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS						194.0 2
194.0 3	OTHER NONREIMBURSABLE COST CENTERS						194.0 3
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)						202