

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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: 11/19/2015 Time: 18:01	
	2. <input type="checkbox"/> Manually submitted cost report	
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report	
	4. <input checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.	
Contractor use only	5. <input type="checkbox"/> Cost Report Status (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)

ROD SCHLADER
Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII			TITLE XIX	
		TITLE V	PART A	PART B		
		1	2	3	4	5
1	HOSPITAL		-13,406	24,112	114,678	1
2	SUBPROVIDER - IPF					2
3	SUBPROVIDER - IRF					3
4	SUBPROVIDER (OTHER)					4
5	SWING BED - SNF					5
6	SWING BED - NF					6
7	SKILLED NURSING FACILITY		9,546			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		-3,860	24,112	114,678	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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PARTS I, II & III**

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: 1410 N. FOURTH ST	P.O. Box:		1
2	City: CLINTON	State: IA	ZIP Code: 52832	County: CLINTON

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 MEDICAL CENTER	16-0080	19340	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF								4
5	Subprovider - IRF								5
6	Subprovider - (OTHER)								6
7	Swing Beds - SNF								7
8	Swing Beds - NF								8
9	Hospital-Based SNF MERCY LIVING CENTER-SOUTH	16-5119	19340		04 / 01 / 1983	N	P	N	9
10	Hospital-Based NF								10
11	Hospital-Based OLTC								11
12	Hospital-Based HHA MERCY HOME CARE AND HOSPICE	16-7154	19340		07 / 01 / 1998	N	P	N	12
13	Separately Certified ASC								13
14	Hospital-Based Hospice MERCY HOSPICE	16-1527	19340		07 / 01 / 1998				14
15	Hospital-Based Health Clinic - RHC								15
16	Hospital-Based Health Clinic - FQHC								16
17	Hospital-Based (CMHC)								17
18	Renal Dialysis MERCY RENAL DIALYSIS	16-2313	19340		07 / 01 / 1991				18
19	Other								19

20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2014	To: 06 / 30 / 2015	20
21	Type of control (see instructions)	2		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.	3	N	23

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
	1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in 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.	2,389	327	361	165	763	122
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.						

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	2		26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2		27

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---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	1		35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning: 07 / 01 / 2014	Ending: 06 / 30 / 2015	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**

		1	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)	N	N	40
		V	XVIII	XIX
Prospective Payment System (PPS)-Capital		1	2	3
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	N	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	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	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	48

Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	N			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete 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)				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.	N			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				71

Inpatient Rehabilitation Facility PPS

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

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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-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	Y			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	Y			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	8,539	1,056,605		118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	Y		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121

Transplant Center Information

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

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---	---------------------------------------	--	--

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**WORKSHEET S-2
PART I**

All Providers

140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	1 Y	2 902022	140
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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: 20555 VICTOR PARKWAY	P.O. Box:		142
143	City: LIVONIA	State: MI	ZIP Code: 48152	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.	N	Y	145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, 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			156
157	Subprovider - IRF	N	N			157
158	Subprovider - Other					158
159	SNF	N	N	N	N	159
160	HHA	N	N	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)	10 / 01 / 2012	09 / 30 / 2013		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 MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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		
Provider Organization and Operation					
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1
		Y/N	Date	V/I	
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N			2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3

		Y/N	Type	Date	
Financial Data and Reports					
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	Y	A	09/15/2014	4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N			5

		Y/N	Y/N	
Approved Educational Activities				
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	
Bad Debts			
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12
13	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
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	
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/27/2015	Y	10/27/2015
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	
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	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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 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 services 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: KRISTY	Last name: RUSSELL	Title: MGR, REGIONAL REIMB
42	Employer: TRINITY HEALTH		
43	Phone number: 734-343-0422	E-mail Address: RUSSEKA@TRINITY-HEALTH.ORG	

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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	129	47,085			8,674	2,310	14,254	1
2	HMO and other (see instructions)						1,361	763		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider									4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		129	47,085			8,674	2,310	14,254	7
8	Intensive Care Unit	31	10	3,650			913	221	1,551	8
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43						711	944	13
14	Total (see instructions)		139	50,735			9,587	3,242	16,749	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41								17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44	97	35,405			6,053	15,274	29,487	19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101					12,042	5,620	20,999	22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116					8,261	303	8,900	24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		236							27
28	Observation Bed Days							294	1,413	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)								261	30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)		11	4,015				122	175	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								28	32.01
33	LTCH non-covered days									33

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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)					2,110	1,155	5,806	1
2	HMO and other (see instructions)					358	218		2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)		622.47			2,110	1,155	5,806	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility		100.34						19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		47.55						22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)		4.94						24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)		775.30						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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	
SALARIES								
1	Total salaries (see instructions)	200	38,679,309	-358,535	38,320,774	1,580,331.00	24.25	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetest Part B							3
4	Physician-Part A - Administrative		24,126		24,126	99.00	243.70	4
4.01	Physician-Part A - Teaching							4.01
5	Physician-Part B		1,249,612		1,249,612	6,134.00	203.72	5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21						7
7.01	Contracted interns & residents (in an approved program)							7.01
8	Home office personnel							8
9	SNF	44	3,641,082		3,641,082	209,355.00	17.39	9
10	Excluded area salaries (see instructions)		6,529,090	-297,040	6,232,050	258,935.00	24.07	10
OTHER WAGES & RELATED COSTS								
11	Contract labor (see instructions)		708,822		708,822	9,523.00	74.43	11
12	Contract management and administrative services							12
13	Contract labor: Physician-Part A - Administrative		617,110		617,110	3,049.00	202.40	13
14	Home office salaries & wage-related costs		7,248,195		7,248,195	138,512.00	52.33	14
15	Home office: Physician Part A - Administrative							15
16	Home office & Contract Physicians Part A - Teaching							16
WAGE-RELATED COSTS								
17	Wage-related costs (core)(see instructions)		11,945,525		11,945,525			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		2,368,049		2,368,049			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B							21
22	Physician Part A - Administrative		3,723		3,723			22
22.01	Physician Part A - Teaching							22.01
23	Physician Part B		200,227		200,227			23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)							25
OVERHEAD COSTS - DIRECT SALARIES								
26	Employee Benefits Department		477,299	-61,495	415,804	13,266.00	31.34	26
27	Administrative & General		3,077,912		3,077,912	127,808.00	24.08	27
28	Administrative & General under contract (see instructions)		59,187		59,187	250.00	236.75	28
29	Maintenance & Repairs		466,243		466,243	22,138.00	21.06	29
30	Operation of Plant							30
31	Laundry & Linen Service		75,406		75,406	6,302.00	11.97	31
32	Housekeeping		474,397		474,397	39,698.00	11.95	32
33	Housekeeping under contract (see instructions)		90,917		90,917	1,971.00	46.13	33
34	Dietary		846,701		846,701	53,190.00	15.92	34
35	Dietary under contract (see instructions)		215,297		215,297	6,162.00	34.94	35
36	Cafeteria							36
37	Maintenance of Personnel							37
38	Nursing Administration		1,194,870		1,194,870	42,729.00	27.96	38
39	Central Services and Supply		77,013		77,013	5,703.00	13.50	39
40	Pharmacy		1,688,812		1,688,812	50,490.00	33.45	40
41	Medical Records & Medical Records Library		761,478		761,478	37,449.00	20.33	41
42	Social Service		162,053		162,053	6,212.00	26.09	42
43	Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		37,795,098	-358,535	37,436,563	1,582,580.00	23.66	1
2	Excluded area salaries (see instructions)		10,170,172	-297,040	9,873,132	468,290.00	21.08	2
3	Subtotal salaries (line 1 minus line 2)		27,624,926	-61,495	27,563,431	1,114,290.00	24.74	3
4	Subtotal other wages & related costs (see instructions)		8,574,127		8,574,127	151,084.00	56.75	4
5	Subtotal wage-related costs (see instructions)		11,949,248		11,949,248		43.35%	5
6	Total (sum of lines 3 through 5)		48,148,301	-61,495	48,086,806	1,265,374.00	38.00	6
7	Total overhead cost (see instructions)		9,667,585	-61,495	9,606,090	413,368.00	23.24	7

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	1,011,431	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)	3,225,768	4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)	3,975,545	8
9	Prescription Drug Plan	1,030,725	9
10	Dental, Hearing and Vision Plan	166,492	10
11	Life Insurance (If employee is owner or beneficiary)	43,627	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	354,083	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	237,917	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	4,131,021	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance		19
20	State or Federal Unemployment Taxes	64,045	20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	276,868	23
24	Total Wage Related cost (Sum of lines 1-23)	14,517,522	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 MEDICAL CENTER Provider CCN: 16-0080	Supporting Exhibit for Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)

EXHIBIT 3

STEP 1: DETERMINE THE 3-YEAR AVERAGING PERIOD			
1	Wage Index Fiscal Year Ending Date	06/30/2018	1
2	Provider's Cost Reporting Period Used for Wage Index Year on Line 1 (FYB in Col. 1, FYE in Col. 2)	07/01/2014	06/30/2015
3	Midpoint of Provider's Cost Reporting Period Shown on Line 2, Adjusted to First of Month	1/01/2015	3
4	Date Beginning the 3-Year Averaging Period (subtract 18 months from midpoint shown on Line 3)	7/01/2013	4
5	Date Ending the 3-Year Averaging Period (add 18 months to midpoint shown on Line 3)	7/01/2016	5
STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)			
6	Effective Date of Pension Plan		6
7	First Day of the Provider Cost Reporting Period Containing the Pension Plan Effective Date		7
8	Starting Date of the Adjusted Averaging Period (date on Line 7, adjusted to first of month)		8

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

STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD			
9	Beginning Date of Averaging Period from Line 4 or Line 8, as Applicable	7/01/2013	9
10	Ending Date of Averaging Period from Line 5	7/01/2016	10
11	Enter Provider Contributions Made During Averaging Period on Lines 9 & 10	DEPOSIT DATE(S)	CONTRIBUTION(S)
11.02		06/30/2014	3,225,771
11.03		06/30/2015	3,225,771
11.04		06/30/2016	3,225,771
12	Total Calendar Months Included in Averaging Period (36 unless Step 2 completed)	36	12
13	Total Contributions Made During Averaging Period	9,677,313	13
14	Average Monthly Contribution (Line 13 divided by Line 12)	268,814	14
15	Number of MOths in Provider Cost Reporting Period on Line 2	12	15
16	Average Pension Contributions (Line 14 times Line 15)	3,225,768	16
STEP 4: TOTAL PENSION COST FOR WAGE INDEX			
17	Annual Prefunding Installment (see instructions)		17
18	Reportable Prefunding Installment ((Line 17 times Line 15) divided by 12)		18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	3,225,768	19

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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	708,822	14,517,524	1
2	Hospital	708,822	11,945,525	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		1,372,199	8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA		892,827	11
12	Separately Certified ASC			12
13	Hospital-Based Hospice		106,255	13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis		200,718	17
18	Other			18

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 16-7154

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

County: CLINTON

	Description	Title V 1	Title XVIII 2	Title XIX 3	Other 4	Total 5	
1	Home Health Aide Hours		12,042	5,620	3,507	21,169	1
2	Unduplicated Census Count (see instructions)		834.00	144.00	223.00	1,201.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	Enter the number of hours in your normal work week	Number of Employees (Full Time Equivalent)				
		Staff 1	Contract 2	Total 3		
3	Administrator and Assistant Administrator(s)	17.65		17.65	3	
4	Director(s) and Assistant Director(s)				4	
5	Other Administrative Personnel		11.38	11.38	5	
6	Direct Nursing Service		13.26	13.26	6	
7	Nursing Supervisor				7	
8	Physical Therapy Service		7.37	7.37	8	
9	Physical Therapy Supervisor				9	
10	Occupational Therapy Service		4.13	4.13	10	
11	Occupational Therapy Supervisor				11	
12	Speech Pathology Service		0.80	0.80	12	
13	Speech Pathology Supervisor				13	
14	Medical Social Service				14	
15	Medical Social Service Supervisor				15	
16	Home Health Aide		11.08	11.08	16	
17	Home Health Aide Supervisor				17	
18	ALL OTHER			2.37	2.37	18

HOME HEALTH AGENCY CBSA CODES

19	Enter the number of CBSAs where you provided services during the cost reporting period.	2	19
20	List those CBSA code(s) serviced during this cost reporting period (line 20 contains the first code).	99914	20
20.01		99916	20.01

PPS ACTIVITY

		Full Episodes		LUPA Episodes	PEP only Episodes	Total (columns 1 through 4)	
		Without Outliers	With Outliers				
		1	2	3	4	5	
21	Skilled Nursing Visits	6,321	29	176	114	6,640	21
22	Skilled Nursing Visit Charges	821,730	3,770	22,880	14,820	863,200	22
23	Physical Therapy Visits	1,904		2	39	1,945	23
24	Physical Therapy Visit Charges	275,935		290	5,655	281,880	24
25	Occupational Therapy Visits	1,073	3	2	15	1,093	25
26	Occupational Therapy Visit Charges	155,585	435	290	2,175	158,485	26
27	Speech Pathology Visits	172			7	179	27
28	Speech Pathology Visit Charges	29,240			1,190	30,430	28
29	Medical Social Service Visits	96		2	5	103	29
30	Medical Social Service Visit Charges	17,280	12	360	900	18,552	30
31	Home Health Aide Visits	670		2	3	675	31
32	Home Health Aide Visit Charges	40,200		120	180	40,500	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	10,236	32	184	183	10,635	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	1,339,970	4,217	23,940	24,920	1,393,047	35
36	Total Number of Episodes (standard/non-outlier)	759		73	18	850	36
37	Total Number of Ourlier Episodes		1			1	37
38	Total Non-Routine Medical Supply Charges	13,778	12	674		14,464	38

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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	312						5
6	Number of stations	13						6
7	Treatment capacity per day per station	3						7
8	Utilization (see instructions)	70.00						8
9	Average times dialyzers re-used							9
10	Percentage of patients re-using dialyzers							10

ESRD PPS

		1	2	
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter 'Y' for yes or 'N' for no. (see instructions)	N		10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter 'Y' for yes or 'N' for no. (see instructions for 'new' providers)	Y		10.02
10.03	If you responded 'N' to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)			10.03

TRANSPLANT INFORMATION

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

EPOETIN

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

ARANESP

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

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

21	MCP X	INITIAL METHOD	
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	Erythropoiesis-Stimulating Agents (ESA) Statistics:	ESA Description	Net Cost of 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)	EPOETIN-EPO ALF			

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

		Y/N	DATE	
		1	2	
1	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter 'Y' for yes and do not complete the rest of this worksheet.	N		1
2	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter 'Y' for yes or 'N' for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N	/ /	2

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
3	RUX				3
4	RUL	14		14	4
5	RVX	7		7	5
6	RVL				6
7	RHX				7
8	RHL				8
9	RMX				9
10	RML				10
11	RLX				11
12	RUC	799		799	12
13	RUB	2,507		2,507	13
14	RUA	507		507	14
15	RVC	279		279	15
16	RVB	561		561	16
17	RVA	69		69	17
18	RHC	205		205	18
19	RHB	183		183	19
20	RHA	126		126	20
21	RMC	135		135	21
22	RMB	63		63	22
23	RMA	56		56	23
24	RLB				24
25	RLA				25
26	ES3				26
27	ES2				27
28	ES1				28
29	HE2				29
30	HE1	21		21	30
31	HD2				31
32	HD1	30		30	32
33	HC2				33
34	HC1	59		59	34
35	HB2				35
36	HB1				36
37	LE2				37
38	LE1	10		10	38
39	LD2	32		32	39
40	LD1	17		17	40
41	LC2				41
42	LC1	21		21	42
43	LB2				43
44	LB1	18		18	44
45	CE2				45
46	CE1	24		24	46
47	CD2				47
48	CD1	65		65	48
49	CC2				49
50	CC1	51		51	50
51	CB2				51
52	CB1	35		35	52
53	CA2	8		8	53
54	CA1	66		66	54
55	SE3				55
56	SE2				56
57	SE1				57
58	SSC				58
59	SSB				59
60	SSA				60
61	IB2				61
62	IB1				62
63	IA1				63
64	IA2				64

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
65	BB2				65
66	BB1	13		13	66
67	BA2				67
68	BA1				68
69	PE2				69
70	PE1	14		14	70
71	PD2				71
72	PD1	16		16	72
73	PC2				73
74	PC1	13		13	74
75	PB2				75
76	PB1	14		14	76
77	PA2				77
78	PA1				78
199	AAA	15		15	199
200	TOTAL	6,053		6,053	200

SNF SERVICES

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1	2	
201	Enter in column 1 the SNF CBSA code, or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2 the code in effect on or after October 1 of the cost reporting period (if applicable).			201

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter 'Y' or 'N' for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1	2	3	
202	Staffing			Y	202
203	Recruitment				203
204	Retention of employees				204
205	Training				205
206	Other (ALL OTHER)			Y	206
207	Total SNF Revenue (Worksheet G-2, Part I, line 7, column 3)	6,454,296			207

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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HOSPICE IDENTIFICATION DATA

HOSPICE CCN: 16-1527

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

PART I - ENROLLMENT DAYS

		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2, & 5)	
		1	2	3	4	5	6	
1	Continuous Home Care							1
2	Routine Home Care	8,900	303			266	9,469	2
3	Inpatient Respite Care							3
4	General Inpatient Care	8					8	4
5	Total Hospice Days	8,908	303			266	9,477	5

PART II - CENSUS DATA

		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2, & 5)	
		1	2	3	4	5	6	
6	Number of Patients Receiving Hospice Care	426					426	6
7	Total Number of Unduplicated Continuous Care Hours Billable to Medicare							7
8	Average Length of Stay (line 5/line 6)	20.91					22.25	8
9	Unduplicated Census Count	180					180	9

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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)	0.336424	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	10,102,646	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	42,546,694	6
7	Medicaid cost (line 1 times line 6)	14,313,729	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.	4,211,083	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)	24,307	13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)	84,265	14
15	State or local indigent care program cost (line 1 times line 14)	28,349	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.	4,042	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	15,860	18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	4,215,125	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	2,579,242	547,350	3,126,592	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	867,719	184,142	1,051,861	21
22	Partial payment by patients approved for charity care	12,313	22,707	35,020	22
23	Cost of charity care (line 21 minus line 22)	855,406	161,435	1,016,841	23

24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24
25	If line 24 is yes, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)		25
26	Total bad debt expense for the entire hospital complex (see instructions)	2,280,581	26
27	Medicare bad debts for the entire hospital complex (see instructions)	113,531	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	2,167,050	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	729,048	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	1,745,889	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	5,961,014	31

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		2,702,533	2,702,533	596,362	3,298,895	-770,566	2,528,329	1
1.01	00101	CAP REL COSTS-1970 BLDG				22,244	22,244		22,244	1.01
1.02	00102	CAP REL COSTS-BLUFF BLDG				4,097	4,097		4,097	1.02
1.03	00103	RADIATION ONCOLOGY				3,626	3,626		3,626	1.03
2	00200	Cap Rel Costs-Mvble Equip				2,895,155	2,895,155	754,252	3,649,407	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	477,299	572,438	1,049,737	194,638	1,244,375	4,450,867	5,695,242	4
5.02	00550	A&G-INFO SERVICE	592,386	5,728,723	6,321,109	-70,235	6,250,874	-1,197,063	5,053,811	5.02
5.03	00560	A&G-PURCHASING, STORES	398,778	393,922	792,700	-4,504	788,196		788,196	5.03
5.04	00570	A&G-ADMITTING, REGIST	281,980	137,738	419,718	-219	419,499		419,499	5.04
5.05	00580	A&G-CASHIERS, PFS	178,088	560,640	738,728		738,728		738,728	5.05
5.06	00590	A&G-ALL OTHER	1,626,680	7,328,927	8,955,607	-53,072	8,902,535	295,495	9,198,030	5.06
6	00600	Maintenance & Repairs	466,243	2,627,248	3,093,491	-6,759	3,086,732	-76,145	3,010,587	6
7	00700	Operation of Plant								7
8	00800	Laundry & Linen Service	75,406	48,903	124,309	329,950	454,259		454,259	8
9	00900	Housekeeping	474,397	536,248	1,010,645	-27,328	983,317		983,317	9
10	01000	Dietary	846,701	1,219,487	2,066,188	85,581	2,151,769	-643,630	1,508,139	10
11	01100	Cafeteria								11
13	01300	Nursing Administration	1,194,870	902,698	2,097,568	-12,707	2,084,861	-7,039	2,077,822	13
14	01400	Central Services & Supply	77,013	148,901	225,914	-104,073	121,841	-94	121,747	14
15	01500	Pharmacy	1,688,812	5,310,045	6,998,857	-2,061,745	4,937,112		4,937,112	15
16	01600	Medical Records & Library	761,478	282,249	1,043,727	-5,094	1,038,633	-152	1,038,481	16
17	01700	Social Service	162,053	45,596	207,649	-14	207,635	-17,714	189,921	17
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	6,685,871	2,858,185	9,544,056	-634,781	8,909,275	-480,191	8,429,084	30
31	03100	Intensive Care Unit	923,492	439,824	1,363,316	-171,206	1,192,110	-5,824	1,186,286	31
43	04300	Nursery	277,973	104,012	381,985	-16,365	365,620	-350	365,270	43
44	04400	Skilled Nursing Facility	3,641,082	3,106,699	6,747,781	-179,353	6,568,428	-246,903	6,321,525	44
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	1,416,634	3,025,750	4,442,384	-2,057,544	2,384,840	-192,538	2,192,302	50
51	05100	Recovery Room	192,988	47,843	240,831	-4,483	236,348		236,348	51
52	05200	Delivery Room & Labor Room	224,873	107,228	332,101	-47,331	284,770	-935	283,835	52
53	05300	Anesthesiology	1,060,239	229,842	1,290,081	-5,793	1,284,288	-1,097,239	187,049	53
54	05400	Radiology-Diagnostic	1,351,049	1,355,502	2,706,551	-483,068	2,223,483	-1,880	2,221,603	54
54.01	03470	RADIATION ONCOLOGY	283,287	349,546	632,833	-148,531	484,302	-137,954	346,348	54.01
58	05800	MRI		459,660	459,660		459,660		459,660	58
59	05900	Cardiac Catheterization	575,517	2,703,729	3,279,246	-1,698,760	1,580,486	-190,700	1,389,786	59
60	06000	Laboratory	1,156,376	1,651,470	2,807,846	-281,968	2,525,878	-195,524	2,330,354	60
65	06500	Respiratory Therapy	739,700	362,893	1,102,593	-60,662	1,041,931		1,041,931	65
66	06600	Physical Therapy	1,179,376	450,685	1,630,061	-12,293	1,617,768	-3,117	1,614,651	66
68	06800	Speech Pathology	278,405	78,328	356,733	-50	356,683		356,683	68
69	06900	Electrocardiology	351,834	147,853	499,687	-21,577	478,110	-6,700	471,410	69
70	07000	Electroencephalography	27,734	10,971	38,705	-4,042	34,663		34,663	70
71	07100	Medical Supplies Charged to Patients				2,537,636	2,537,636		2,537,636	71
72	07200	Impl. Dev. Charged to Patients				1,383,962	1,383,962		1,383,962	72
73	07300	Drugs Charged to Patients				1,965,855	1,965,855		1,965,855	73
74	07400	Renal Dialysis	532,597	419,155	951,752	-193,935	757,817	-4,201	753,616	74
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	180,920	527,377	708,297	-126,060	582,237	-9,900	572,337	90
91	09100	Emergency	1,768,088	2,040,790	3,808,878	-239,323	3,569,555	-318,821	3,250,734	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
95	09500	Ambulance Services		36,864	36,864	-8,744	28,120	-28,120		95
101	10100	Home Health Agency	2,369,084	2,030,417	4,399,501	-157,006	4,242,495	-17,442	4,225,053	101
		SPECIAL PURPOSE COST CENTERS								
113	11300	Interest Expense		626,329	626,329	-626,329				113
116	11600	Hospice	281,945	517,825	799,770	-71,549	728,221	-3,314	724,907	116
118		SUBTOTALS (sum of lines 1-117)	34,801,248	52,235,073	87,036,321	422,603	87,458,924	-153,442	87,305,482	118
		NONREIMBURSABLE COST CENTERS								
194	07950	OTHER NON-REIMB								194
194.0	07959	PASSTHRU COSTS	11,594	8,179	19,773	-507	19,266		19,266	194.0
194.0	07951	NRCC-MERCY SPEC CLIN ENT	503,407	210,548	713,955	-48,432	665,523		665,523	194.0

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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	
194.0 5	07952	NRCC-MERCY SPEC CLIN GASTRO	745,762	183,568	929,330	-23,394	905,936		905,936	194.0 5
194.0 9	07953	NRCC-SENIOR SERVICES	9,267	18,041	27,308	-256	27,052		27,052	194.0 9
194.1 2	07954	NRCC-FREE CLINIC	168	120	288		288		288	194.1 2
194.1 3	07955	NRCC-TENDERCARE (PRENATAL CLASSES)	13,608	5,491	19,099	-616	18,483		18,483	194.1 3
194.1 6	07956	NRCC-MLC NORTH	2,183,159	2,436,243	4,619,402	-125,888	4,493,514		4,493,514	194.1 6
194.1 7	07957	CHILD DAY CARE	297,040	133,342	430,382	-216,277	214,105		214,105	194.1 7
194.1 8	07958	MARKETING & ADVERTISING	114,056	374,532	488,588	-7,233	481,355		481,355	194.1 8
200		TOTAL (sum of lines 118-199)	38,679,309	55,605,137	94,284,446		94,284,446	-153,442	94,131,004	200

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	Laundry & Linen Service	8		329,950	1
2	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					2
3	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					3
4	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					4
5	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					5
6	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					6
7	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					7
8	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					8
9	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					9
10	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					10
11	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					11
12	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					12
13	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					13
14	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					14
15	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					15
16	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					16
17	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					17
18	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					18
19	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					19
500	Total reclassifications					329,950	500
	Code Letter - A						
1	RECLASS BLDG	B	CAP REL COSTS-1970 BLDG	1.01		22,244	1
2	RECLASS BLDG	B	CAP REL COSTS-BLUFF BLDG	1.02		4,097	2
3	RECLASS BLDG	B	RADIATION ONCOLOGY	1.03		3,626	3
500	Total reclassifications					29,967	500
	Code Letter - B						
1	RECLASS INTEREST EXPENSE	C	Cap Rel Costs-Bldg & Fixt	1		626,329	1
500	Total reclassifications					626,329	500
	Code Letter - C						
1	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Dietary	10		104,173	1
2	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Skilled Nursing Facility	44		21,504	2
3	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					3
4	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					4
5	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					5
6	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					6
7	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					7
8	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					8
9	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					9

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
10	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					10
11	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					11
12	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					12
13	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					13
14	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					14
15	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					15
16	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					16
17	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					17
18	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					18
19	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					19
20	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					20
21	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					21
22	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					22
23	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					23
24	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					24
25	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					25
500	Total reclassifications					125,677	500
	Code Letter - D						
1	RECALSS EQPT DEPREC	E	Cap Rel Costs-Mvble Equip	2		2,895,155	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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	
36							36
37							37
38							38
500	Total reclassifications					2,895,155	500
	Code Letter - E						
1	RECLASS EMPLOYEE WELLNESS	F	Employee Benefits Department	4		61,495	1
500	Total reclassifications					61,495	500
	Code Letter - F						
1	CHILDCARE EXP RECLASS	H	Employee Benefits Department	4	136,638	61,337	1
2	CHILDCARE EXP RECLASS	H	Employee Benefits Department	4		136,638	2
3	CHILDCARE EXP RECLASS	H	CHILD DAY CARE	194.17		160,402	3
500	Total reclassifications				136,638	358,377	500
	Code Letter - H						
1	CHARGEABLE DRUGS RECLASS	I	Drugs Charged to Patients	73		1,965,855	1
2	CHARGEABLE DRUGS RECLASS	I					2
3	CHARGEABLE DRUGS RECLASS	I					3
4	CHARGEABLE DRUGS RECLASS	I					4
5	CHARGEABLE DRUGS RECLASS	I					5
6	CHARGEABLE DRUGS RECLASS	I					6
500	Total reclassifications					1,965,855	500
	Code Letter - I						
1	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Medical Supplies Charged to P	71		2,537,636	1
2	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Impl. Dev. Charged to Patient	72		1,383,962	2
3	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					3
4	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					4
5	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					5
6	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					6
7	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					7
8	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					8
9	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					9
10	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					10
11	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					11
12	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					12
13	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					13
14	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					14
15	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					15
16	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					16
17	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					17
18	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					18
19	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					19
20	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					20
21	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					21
22	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					22
23	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					23
24	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					24
25	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					25
26	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					26
27	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					27
28	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					28
29	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					29
30	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					30
31	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					31
32	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					32
33	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					33
34	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					34
35	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					35
36	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					36
37	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					37
38	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					38
500	Total reclassifications					3,921,598	500
	Code Letter - K						
	GRAND TOTAL (Increases)				136,638	10,314,403	

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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	

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 MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10	
		1	6	7	8	9	10	
1	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	Housekeeping	9		8,816	1	
2	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	Central Services & Supply	14		3,500	2	
3	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	Adults & Pediatrics	30		82,032	3	
4	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	Intensive Care Unit	31		27,978	4	
5	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	Nursery	43		1,329	5	
6	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	Skilled Nursing Facility	44		63,834	6	
7	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	Operating Room	50		22,199	7	
8	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	Radiology-Diagnostic	54		15,232	8	
9	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	RADIATION ONCOLOGY	54.01		1,379	9	
10	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	Cardiac Catheterization	59		266	10	
11	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	Laboratory	60		21	11	
12	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	Respiratory Therapy	65		10	12	
13	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	Physical Therapy	66		2,057	13	
14	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	Electrocardiology	69		3,436	14	
15	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	Renal Dialysis	74		2,672	15	
16	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	Clinic	90		2,377	16	
17	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	Emergency	91		39,530	17	
18	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	Ambulance Services	95		8,744	18	
19	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	NRCC-MLC NORTH	194.16		44,538	19	
500	Total reclassifications					329,950	500	
	Code letter - A							
1	RECLASS BLDG	B	Cap Rel Costs-Bldg & Fixt	1		22,244	9	
2	RECLASS BLDG	B	Cap Rel Costs-Bldg & Fixt	1		4,097	9	
3	RECLASS BLDG	B	Cap Rel Costs-Bldg & Fixt	1		3,626	9	
500	Total reclassifications					29,967	500	
	Code letter - B							
1	RECLASS INTEREST EXPENSE	C	Interest Expense	113		626,329	11	
500	Total reclassifications					626,329	500	
	Code letter - C							
1	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Employee Benefits Department	4		1,499	1	
2	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	A&G-ALL OTHER	5.06		37,091	2	
3	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Housekeeping	9		6	3	
4	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Nursing Administration	13		2,070	4	
5	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Pharmacy	15		18	5	
6	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Social Service	17		14	6	
7	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Adults & Pediatrics	30		48,396	7	
8	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Intensive Care Unit	31		7,024	8	
9	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Operating Room	50		1,898	9	

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10	
		1	6	7	8	9	10	
10	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Radiology-Diagnostic	54		969	10	
11	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	RADIATION ONCOLOGY	54.01		175	11	
12	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Laboratory	60		36	12	
13	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Respiratory Therapy	65		7	13	
14	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Physical Therapy	66		104	14	
15	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Speech Pathology	68		50	15	
16	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Electrocardiology	69		280	16	
17	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Renal Dialysis	74		18	17	
18	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Clinic	90		110	18	
19	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Emergency	91		5,706	19	
20	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Home Health Agency	101		310	20	
21	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Hospice	116		229	21	
22	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	NRCC-SENIOR SERVICES	194.09		210	22	
23	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	NRCC-TENDER CARE (PRENATAL CLA	194.13		616	23	
24	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	CHILD DAY CARE	194.17		18,026	24	
25	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	MARKETING & ADVERTISING	194.18		815	25	
500	Total reclassifications					125,677	500	
	Code letter - D							
1	RECALSS EQPT DEPREC	E					9	
2			Employee Benefits Department	4		1,564	2	
3			A&G-INFO SERVICE	5.02		70,235	3	
4			A&G-PURCHASING, STORES	5.03		4,239	4	
5			A&G-ADMITTING, REGIST	5.04		39	5	
6			A&G-ALL OTHER	5.06		15,858	6	
7			Maintenance & Repairs	6		6,722	7	
8			Housekeeping	9		1,677	8	
9			Dietary	10		12,121	9	
10			Nursing Administration	13		4,547	10	
11			Central Services & Supply	14		87,504	11	
12			Pharmacy	15		107,727	12	
13			Medical Records & Library	16		5,094	13	
14			Adults & Pediatrics	30		253,626	14	
15			Intensive Care Unit	31		60,515	15	
16			Nursery	43		8,536	16	
17			Skilled Nursing Facility	44		62,126	17	
18			Operating Room	50		479,909	18	
19			Delivery Room & Labor Room	52		20,230	19	
20			Anesthesiology	53		1,935	20	
21			Radiology-Diagnostic	54		408,424	21	
22			RADIATION ONCOLOGY	54.01		143,135	22	
23			Cardiac Catheterization	59		494,468	23	
24			Laboratory	60		244,740	24	
25			Respiratory Therapy	65		51,453	25	
26			Physical Therapy	66		7,938	26	
27			Electrocardiology	69		8,737	27	
28			Electroencephalography	70		3,637	28	
29			Renal Dialysis	74		41,064	29	
30			Clinic	90		8,988	30	
31			Emergency	91		88,942	31	
32			Home Health Agency	101		102,614	32	
33			Hospice	116		369	33	
34			NRCC-MERCY SPEC CLIN ENT	194.04		43,901	34	

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10	
		1	6	7	8	9	10	
35			NRCC-MERCY SPEC CLIN GASTRO	194.05		8,098	35	
36			NRCC-SENIOR SERVICES	194.09		46	36	
37			NRCC-MLC NORTH	194.16		27,985	37	
38			MARKETING & ADVERTISING	194.18		6,412	38	
500	Total reclassifications					2,895,155	500	
	Code letter - E							
1	RECLASS EMPLOYEE WELLNESS	F	Employee Benefits Department	4	61,495		1	
500	Total reclassifications				61,495		500	
	Code letter - F							
1	CHILDCARE EXP RECLASS	H	CHILD DAY CARE	194.17	136,638	61,337	1	
2	CHILDCARE EXP RECLASS	H	Employee Benefits Department	4	136,638		2	
3	CHILDCARE EXP RECLASS	H	CHILD DAY CARE	194.17	160,402		3	
500	Total reclassifications				433,678	61,337	500	
	Code letter - H							
1	CHARGEABLE DRUGS RECLASS	I	Dietary	10		1,062	1	
2	CHARGEABLE DRUGS RECLASS	I	Pharmacy	15		1,878,713	2	
3	CHARGEABLE DRUGS RECLASS	I	Radiology-Diagnostic	54		2,780	3	
4	CHARGEABLE DRUGS RECLASS	I	Clinic	90		1,875	4	
5	CHARGEABLE DRUGS RECLASS	I	Home Health Agency	101		11,097	5	
6	CHARGEABLE DRUGS RECLASS	I	Hospice	116		70,328	6	
500	Total reclassifications					1,965,855	500	
	Code letter - I							
1	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Employee Benefits Department	4		274	1	
2	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	A&G-PURCHASING, STORES	5.03		265	2	
3	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	A&G-ADMITTING, REGIST	5.04		180	3	
4	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	A&G-ALL OTHER	5.06		123	4	
5	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Maintenance & Repairs	6		37	5	
6	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Housekeeping	9		16,829	6	
7	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Dietary	10		5,409	7	
8	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Nursing Administration	13		6,090	8	
9	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Central Services & Supply	14		13,069	9	
10	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Pharmacy	15		75,287	10	
11	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Adults & Pediatrics	30		250,727	11	
12	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Intensive Care Unit	31		75,689	12	
13	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Nursery	43		6,500	13	
14	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Skilled Nursing Facility	44		74,897	14	
15	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Operating Room	50		1,553,538	15	
16	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Recovery Room	51		4,483	16	
17	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Delivery Room & Labor Room	52		27,101	17	
18	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Anesthesiology	53		3,858	18	
19	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Radiology-Diagnostic	54		55,663	19	
20	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	RADIATION ONCOLOGY	54.01		3,842	20	
21	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Cardiac Catheterization	59		1,204,026	21	

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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	
22	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Laboratory	60		37,171	22	
23	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Respiratory Therapy	65		9,192	23	
24	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Physical Therapy	66		2,194	24	
25	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Electrocardiology	69		9,124	25	
26	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Electroencephalography	70		405	26	
27	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Renal Dialysis	74		150,181	27	
28	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Clinic	90		112,710	28	
29	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Emergency	91		105,145	29	
30	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Home Health Agency	101		42,985	30	
31	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	Hospice	116		623	31	
32	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	PASSTHRU COSTS	194.01		507	32	
33	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	NRCC-MERCY SPEC CLIN ENT	194.04		4,531	33	
34	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	NRCC-MERCY SPEC CLIN GASTRO	194.05		15,296	34	
35	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	NRCC-MLC NORTH	194.16		53,365	35	
36	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	CHILD DAY CARE	194.17		276	36	
37	CHARGEABLE SUPPLIES AND IMPLANTS REC	K	MARKETING & ADVERTISING	194.18		6	37	
38	CHARGEABLE SUPPLIES AND IMPLANTS REC	K					38	
500	Total reclassifications					3,921,598	500	
	Code letter - K							
	GRAND TOTAL (Decreases)				495,173	9,955,868		

(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 MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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	778,890					778,890		1
2	Land Improvements	2,569,053					2,569,053		2
3	Buildings and Fixtures	75,516,154	2,720,445		2,720,445	147,278	78,089,321		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	34,993,692	3,739,730		3,739,730	1,984,662	36,748,760		6
7	HIT-designated Assets	17,668,654	1,160,688		1,160,688		18,829,342		7
8	Subtotal (sum of lines 1-7)	131,526,443	7,620,863		7,620,863	2,131,940	137,015,366		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	131,526,443	7,620,863		7,620,863	2,131,940	137,015,366		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	2,702,533							2,702,533	1
1.01	CAP REL COSTS-1970 BLDG									1.01
1.02	CAP REL COSTS-BLUFF BLDG									1.02
1.03	RADIATION ONCOLOGY									1.03
2	Cap Rel Costs-Mvble Equip									2
3	Total (sum of lines 1-2)	2,702,533							2,702,533	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
1.01	CAP REL COSTS-1970 BLDG				0.000000					1.01
1.02	CAP REL COSTS-BLUFF BLD				0.000000					1.02
1.03	RADIATION ONCOLOGY				0.000000					1.03
2	Cap Rel Costs-Mvble Equ				0.000000					2
3	Total (sum of lines 1-2)				0.000000					3

	Description	SUMMARY OF CAPITAL								
		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	2,672,566		-94,197	-50,040				2,528,329	1
1.01	CAP REL COSTS-1970 BLDG	22,244							22,244	1.01
1.02	CAP REL COSTS-BLUFF BLDG	4,097							4,097	1.02
1.03	RADIATION ONCOLOGY	3,626							3,626	1.03
2	Cap Rel Costs-Mvble Equip	3,649,407							3,649,407	2

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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RECONCILIATION OF CAPITAL COST CENTERS

**WORKSHEET A-7
PARTS I, II & III**

PART III - RECONCILIATION OF CAPITAL COST CENTERS

		SUMMARY OF CAPITAL							
	Description	Depreciation	Lease	Interest	Insurance (see 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	
3	Total (sum of lines 1-2)	6,351,940		-94,197	-50,040			6,207,703	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

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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	
1	Investment income-buildings & fixtures (chapter 2)	B	-692,748	Cap Rel Costs-Bldg & Fixt	1	11	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2		2
3	Investment income-other (chapter 2)						3
4	Trade, quantity, and time discounts (chapter 8)						4
5	Refunds and rebates of expenses (chapter 8)						5
6	Rental of provider space by suppliers (chapter 8)						6
7	Telephone services (pay stations excl) (chapter 21)						7
8	Television and radio service (chapter 21)						8
9	Parking lot (chapter 21)						9
10	Provider-based physician adjustment	Wkst A-8-2	-1,816,778				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	4,489,922				12
13	Laundry and linen service						13
14	Cafeteria - employees and guests	B	-635,499	Dietary	10		14
15	Rental of quarters to employees & others						15
16	Sale of medical and surgical supplies to other than patients						16
17	Sale of drugs to other than patients						17
18	Sale of medical records and abstracts						18
19	Nursing school (tuition,fees,books,etc.)						19
20	Vending machines	B	-3,000	Dietary	10		20
21	Income from imposition of interest, finance or penalty charges (chapter 21)						21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments						22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65		23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66		24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114		25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1		26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2		27
28	Non-physician anesthetist			Nonphysician Anesthetists	19		28
29	Physicians' assistant						29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67		30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68		31
32	CAH HIT Adj for Depreciation						32
33							33
33.01	LOBBYING OFFSET	A	-11,812	A&G-ALL OTHER	5.06		33.01
34	ADVERTISING EXPENSE	A	-9,998	Employee Benefits Department	4		34
34.01	ADVERTISING EXPENSE	A	-111	Home Health Agency	101		34.01
35	WELLNESS REVENUE	B	-17,492	Employee Benefits Department	4		35
36	PT EMPLOYEE TUITION REIMB	A	-4,804	Employee Benefits Department	4		36
37	OTHER REVENUE COPIES	B	-152	Medical Records & Library	16		37
38	EXTERNAL PERSONNEL SRVC	B	-470	Employee Benefits Department	4		38
39							39
40	CLINICAL LAB REVENUE	B	-16,282	Laboratory	60		40
41	CE AND CPR REVENUE	B	-1,910	Nursing Administration	13		41
41.01	CE AND CPR REVENUE	B	-1,240	A&G-ALL OTHER	5.06		41.01
42							42
43	VENDING MACHINE REVENUE	B	-3,000	Skilled Nursing Facility	44		43
44	CATERING REVENUE	B	-1,401	Dietary	10		44
45	OFFSET PATIENT TRANSPORTATION	A	-4,633	Adults & Pediatrics	30		45
45.01	OFFSET PATIENT TRANSPORTATION	A	-2,242	Adults & Pediatrics	30		45.01
45.02	OFFSET PATIENT TRANSPORTATION	A	-266	Adults & Pediatrics	30		45.02
45.03	OFFSET PATIENT TRANSPORTATION	A	25	Adults & Pediatrics	30		45.03
45.04	OFFSET PATIENT TRANSPORTATION	A	-5,824	Intensive Care Unit	31		45.04
45.05	OFFSET PATIENT TRANSPORTATION	A	-4,340	Skilled Nursing Facility	44		45.05
45.06	OFFSET PATIENT TRANSPORTATION	A	-935	Delivery Room & Labor Room	52		45.06
45.07	OFFSET PATIENT TRANSPORTATION	A	-8,200	Cardiac Catheterization	59		45.07
45.08	OFFSET PATIENT TRANSPORTATION	A	-45,038	Emergency	91		45.08
45.09	OFFSET PATIENT TRANSPORTATION	A	-28,120	Ambulance Services	95		45.09

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref.
				COST CENTER	LINE#		
		1	2	3	4	5	
45.10	OFFSET PATIENT TRANSPORTATION	A	-3,314	Hospice	116		45.10
46	OTHER OPERATING REVENUE	B	-62,678	A&G-INFO SERVICE	5.02		46
46.01	OTHER OPERATING REVENUE	B	-11	A&G-ALL OTHER	5.06		46.01
46.02	OTHER OPERATING REVENUE	B	-12,685	A&G-ALL OTHER	5.06		46.02
46.03	OTHER OPERATING REVENUE	B	-374	Maintenance & Repairs	6		46.03
46.04	OTHER OPERATING REVENUE	B	-3,730	Dietary	10		46.04
46.05	OTHER OPERATING REVENUE	B	-5,129	Nursing Administration	13		46.05
46.06	OTHER OPERATING REVENUE	B	-94	Central Services & Supply	14		46.06
46.07	OTHER OPERATING REVENUE	B	-17,714	Social Service	17		46.07
46.08	OTHER OPERATING REVENUE	B	-2,720	Adults & Pediatrics	30		46.08
46.09	OTHER OPERATING REVENUE	B	-750	Adults & Pediatrics	30		46.09
46.10	OTHER OPERATING REVENUE	B	-2,540	Adults & Pediatrics	30		46.10
46.11	OTHER OPERATING REVENUE	B	-350	Nursery	43		46.11
46.12	OTHER OPERATING REVENUE	B	-913	Skilled Nursing Facility	44		46.12
46.13	OTHER OPERATING REVENUE	B	-1,880	Radiology-Diagnostic	54		46.13
46.14	OTHER OPERATING REVENUE	B	-3,117	Physical Therapy	66		46.14
46.15	OTHER OPERATING REVENUE	B	-3,432	Home Health Agency	101		46.15
46.16	OTHER OPERATING REVENUE	B	-160	Home Health Agency	101		46.16
46.17	OTHER OPERATING REVENUE	B	-160	Home Health Agency	101		46.17
46.18	OTHER OPERATING REVENUE	B	-27,778	Cap Rel Costs-Bldg & Fixt	1	11	46.18
47	RENTAL SPACE REVENUE	B	-115,201	A&G-ALL OTHER	5.06		47
47.01	RENTAL SPACE REVENUE	B	-75,771	Maintenance & Repairs	6		47.01
48	DME OTHER INCOME	B	-13,579	Home Health Agency	101		48
49	CAFETERIA REVENUE	B	-237,803	Skilled Nursing Facility	44		49
49.02	CRNA	A	-735,211	Anesthesiology	53		49.02
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-153,442				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 subscripits thereof.

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

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

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
1	2	3	4	5	6	7	
1	5.02	A&G-INFO SERVICE	TIS FEES	2,849,911	3,984,296	-1,134,385	1
2	2	Cap Rel Costs-Mvble Equip	TIS CAPITAL	46,139		46,139	9
3	5.02	A&G-INFO SERVICE	AMORTIZATION	1,341,676	1,341,676		3
3.01	5.06	A&G-ALL OTHER	TH HOME OFFICE	5,393,181	5,856,620	-463,439	3.01
3.02	2	Cap Rel Costs-Mvble Equip	TH CAPITAL	708,113		708,113	9
3.03	5.06	A&G-ALL OTHER	MALPRACTICE	1,065,144	202,668	862,476	3.03
3.04	1	Cap Rel Costs-Bldg & Fixt	PROPERTY INSURANCE	127,186	177,226	-50,040	12
3.05	5.06	A&G-ALL OTHER	INTEGRATED RISK	231,902	173,620	58,282	3.05
3.06	4	Employee Benefits Department	WORKERS COMP	237,917	268,823	-30,906	3.06
3.07	4	Employee Benefits Department	PENSION	4,464,949	331,073	4,133,876	3.07
3.08	4	Employee Benefits Department	EMPLOYEE STOP LOSS	302,291	-78,370	380,661	3.08
3.09	4	Employee Benefits Department	TUITION	215,311	215,311		3.09
3.10	1	Cap Rel Costs-Bldg & Fixt	INTER-COMPANY LOAN	618,316	618,316		11
3.11	5.06	A&G-ALL OTHER	TELECOMMUNICATIONS	200,644	200,644		3.11
3.12	5.06	A&G-ALL OTHER	REVENUE EXCELLENCE	395,895	416,750	-20,855	3.12
4							4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			18,198,575	13,708,653	4,489,922	5

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

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

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

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
			Name	Percentage of Ownership	Type of Business
1	2	3	4	5	6
6	G		TRINITY HEALTH	100.00	HOME OFFICE
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: FINANCIAL

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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	5.06	A&G-ALL OTHER AGGREGATE	6,566		6,566	206,300	66	6,546	327	1
2										2
3	30	Adults & Pediatrics AGGREGATE	467,065	467,065		206,300				3
4	44	Skilled Nursing Faci AGGREGATE	5,310		5,310	206,300	45	4,463	223	4
5	50	Operating Room AGGREGATE	192,538	192,538		240,300				5
6	53	Anesthesiology AGGREGATE	362,028	337,902		233,500	99	11,114	556	6
7										7
8	59	Cardiac Catheterizat AGGREGATE	182,500	182,500		206,300				8
9	60	Laboratory AGGREGATE	245,000		245,000	206,300	663	65,758	3,288	9
10	69	Electrocardiology AGGREGATE	11,163		11,163	206,300	45	4,463	223	10
11	74	Renal Dialysis AGGREGATE	28,600		28,600	206,300	246	24,399	1,220	11
12	91	Emergency AGGREGATE	308,199	144,000	164,199	206,300	347	34,416	1,721	12
13	54.01	RADIATION ONCOLOGY AGGREGATE	272,597	137,954	134,643	206,300	1,483	147,088	7,354	13
14	90	Clinic AGGREGATE	9,900	9,900		206,300				14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	2,091,466	1,471,859	595,481		2,994	298,247	14,912	200

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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	5.06	A&G-ALL OTHER AGGREGATE					6,546	20	20	1
2										2
3	30	Adults & Pediatrics AGGREGATE							467,065	3
4	44	Skilled Nursing Faci AGGREGATE					4,463	847	847	4
5	50	Operating Room AGGREGATE							192,538	5
6	53	Anesthesiology AGGREGATE					11,114		362,028	6
7										7
8	59	Cardiac Catheterizat AGGREGATE							182,500	8
9	60	Laboratory AGGREGATE					65,758	179,242	179,242	9
10	69	Electrocardiology AGGREGATE					4,463	6,700	6,700	10
11	74	Renal Dialysis AGGREGATE					24,399	4,201	4,201	11
12	91	Emergency AGGREGATE					34,416	129,783	273,783	12
13	54.01	RADIATION ONCOLOGY AGGREGATE					147,088		137,954	13
14	90	Clinic AGGREGATE							9,900	14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					298,247	320,793	1,816,778	200

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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 REL 1970 BLDG	CAP REL BLUFF BLDG	CAP REL RADIATION ONCOLOGY	CAP MOVABLE EQUIPMENT	
		0	1	1.01	1.02	1.03	2	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	2,528,329	2,528,329					1
1.01	CAP REL COSTS-1970 BLDG	22,244		22,244				1.01
1.02	CAP REL COSTS-BLUFF BLDG	4,097			4,097			1.02
1.03	RADIATION ONCOLOGY	3,626				3,626		1.03
2	Cap Rel Costs-Mvble Equip	3,649,407					3,649,407	2
4	Employee Benefits Department	5,695,242	30,948			6	1,971	4
5.02	A&G-INFO SERVICE	5,053,811	30,430		146		88,533	5.02
5.03	A&G-PURCHASING, STORES	788,196	66,323				5,343	5.03
5.04	A&G-ADMITTING, REGIST	419,499	19,423				48	5.04
5.05	A&G-CASHIERS, PFS	738,728	3,800					5.05
5.06	A&G-ALL OTHER	9,198,030	156,545		117		19,989	5.06
6	Maintenance & Repairs	3,010,587	20,129		65		8,473	6
7	Operation of Plant							7
8	Laundry & Linen Service	454,259	13,127					8
9	Housekeeping	983,317	13,833		141		2,114	9
10	Dietary	1,508,139	114,684		467		15,279	10
11	Cafeteria							11
13	Nursing Administration	2,077,822	89,640		174		5,732	13
14	Central Services & Supply	121,747	43,493				110,301	14
15	Pharmacy	4,937,112	44,812				135,792	15
16	Medical Records & Library	1,038,481	61,644		57		6,421	16
17	Social Service	189,921	31,607		72			17
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	8,429,084	742,421				319,701	30
31	Intensive Care Unit	1,186,286	71,803				76,281	31
43	Nursery	365,270	16,644				10,760	43
44	Skilled Nursing Facility	6,321,525		22,244			78,311	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	2,192,302	218,424				604,936	50
51	Recovery Room	236,348						51
52	Delivery Room & Labor Room	283,835	49,114				25,500	52
53	Anesthesiology	187,049					2,439	53
54	Radiology-Diagnostic	2,221,603	180,961				514,828	54
54.01	RADIATION ONCOLOGY	346,348				3,626	180,425	54.01
58	MRI	459,660	30,241					58
59	Cardiac Catheterization	1,389,786	105,028				623,289	59
60	Laboratory	2,330,354	81,114				308,500	60
65	Respiratory Therapy	1,041,931	27,446				64,858	65
66	Physical Therapy	1,614,651	9,813		521		10,006	66
68	Speech Pathology	356,683						68
69	Electrocardiology	471,410	24,337				11,013	69
70	Electroencephalography	34,663	4,004				4,585	70
71	Medical Supplies Charged to Patients	2,537,636						71
72	Impl. Dev. Charged to Patients	1,383,962						72
73	Drugs Charged to Patients	1,965,855						73
74	Renal Dialysis	753,616	3,030		337		51,762	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	572,337	3,831		217		11,330	90
91	Emergency	3,250,734	92,985				112,113	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		49,601					95
101	Home Health Agency	4,225,053			1,056		129,347	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	724,907					465	116
118	SUBTOTALS (sum of lines 1-117)	87,305,482	2,451,235	22,244	3,376	3,626	3,540,445	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS	19,266						194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT	665,523	66,119		169		55,338	194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO	905,936					10,208	194.0
5								5

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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 REL 1970 BLDG	CAP REL BLUFF BLDG	CAP REL RADIATION ONCOLOGY	CAP MOVABLE EQUIPMENT	
		0	1	1.01	1.02	1.03	2	
194.09	NRCC-SENIOR SERVICES	27,052					58	194.09
194.12	NRCC-FREE CLINIC	288						194.12
194.13	NRCC-TENDERCARE (PRENATAL CLASSES)	18,483						194.13
194.16	NRCC-MLC NORTH	4,493,514					35,276	194.16
194.17	CHILD DAY CARE	214,105			552			194.17
194.18	MARKETING & ADVERTISING	481,355	10,975				8,082	194.18
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	94,131,004	2,528,329	22,244	4,097	3,626	3,649,407	202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	A&G INFO SERV	A&G PURCHASING STORES	A&G ADMITTING REGISTR	A&G CASHIERS A/R, PFS	
		4	4A	5.02	5.03	5.04	5.05	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department	5,728,167						4
5.02	A&G-INFO SERVICE	89,521	5,262,441	5,262,441				5.02
5.03	A&G-PURCHASING, STORES	60,263	920,125	54,486	974,611			5.03
5.04	A&G-ADMITTING, REGIST	42,613	481,583	28,517		510,100		5.04
5.05	A&G-CASHIERS, PFS	26,912	769,440	45,563			815,003	5.05
5.06	A&G-ALL OTHER	245,822	9,620,503	569,688				5.06
6	Maintenance & Repairs	70,458	3,109,712	184,145				6
7	Operation of Plant							7
8	Laundry & Linen Service	11,395	478,781	28,351				8
9	Housekeeping	71,690	1,071,095	63,426				9
10	Dietary	127,953	1,766,522	104,606				10
11	Cafeteria							11
13	Nursing Administration	180,568	2,353,936	139,391				13
14	Central Services & Supply	11,638	287,179	17,006				14
15	Pharmacy	255,212	5,372,928	318,163				15
16	Medical Records & Library	115,074	1,221,677	72,343				16
17	Social Service	24,489	246,089	14,572				17
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,010,369	10,501,575	621,861	108,054	56,560	90,351	30
31	Intensive Care Unit	139,557	1,473,927	87,280	20,925	10,953	17,497	31
43	Nursery	42,007	434,681	25,740	8,659	4,533	7,240	43
44	Skilled Nursing Facility	550,237	6,972,317	412,873	25,056	13,115	20,951	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	214,080	3,229,742	191,252	91,366	47,825	76,397	50
51	Recovery Room	29,164	265,512	15,723	14,633	7,660	12,236	51
52	Delivery Room & Labor Room	33,983	392,432	23,238	6,756	3,536	5,649	52
53	Anesthesiology	160,222	349,710	20,708	22,797	11,933	19,062	53
54	Radiology-Diagnostic	204,169	3,121,561	184,846	135,493	70,871	113,361	54
54.01	RADIATION ONCOLOGY	42,810	573,209	33,943	12,270	6,423	10,260	54.01
58	MRI		489,901	29,010	4,306	2,254	3,601	58
59	Cardiac Catheterization	86,972	2,205,075	130,576	59,427	31,106	49,691	59
60	Laboratory	174,750	2,894,718	171,414	108,418	56,750	90,655	60
65	Respiratory Therapy	111,783	1,246,018	73,784	12,722	6,659	10,638	65
66	Physical Therapy	178,226	1,813,217	107,371	27,371	14,327	22,887	66
68	Speech Pathology	42,072	398,755	23,613	8,437	4,416	7,054	68
69	Electrocardiology	53,169	559,929	33,157	17,594	9,210	14,712	69
70	Electroencephalography	4,191	47,443	2,809	631	330	528	70
71	Medical Supplies Charged to Patients		2,537,636	150,269	7,361	3,853	6,155	71
72	Impl. Dev. Charged to Patients		1,383,962	81,953	8,480	4,439	7,091	72
73	Drugs Charged to Patients		1,965,855	116,410	121,873	63,793	101,906	73
74	Renal Dialysis	80,486	889,231	52,657	41,783	21,871	34,937	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	27,340	615,055	36,421	9,615	5,033	8,039	90
91	Emergency	267,192	3,723,024	220,463	71,755	37,560	59,999	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		49,601	2,937				95
101	Home Health Agency	358,014	4,713,470	279,113	22,997	12,037	19,229	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	42,607	767,979	45,477	5,832	3,053	4,877	116
118	SUBTOTALS (sum of lines 1-117)	5,187,008	86,577,546	4,815,155	974,611	510,100	815,003	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS	1,752	21,018	1,245				194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT	76,074	863,223	51,117				194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO	112,699	1,028,843	60,924				194.0
5								5
194.0	NRCC-SENIOR SERVICES	1,400	28,510	1,688				194.0
9								9

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	EMPLOYEE BENEFITS DEPARTMEN T	SUBTOTAL (cols.0-4)	A&G INFO SERV	A&G PURCHASING STORES	A&G ADMITTING REGISTR	A&G CASHIERS A/R, PFS	
		4	4A	5.02	5.03	5.04	5.05	
194.1 2	NRCC-FREE CLINIC	25	313	19				194.1 2
194.1 3	NRCC-TENDERCARE (PRENATAL CLASSES)	2,056	20,539	1,216				194.1 3
194.1 6	NRCC-MLC NORTH	329,917	4,858,707	287,713				194.1 6
194.1 7	CHILD DAY CARE		214,657	12,711				194.1 7
194.1 8	MARKETING & ADVERTISING	17,236	517,648	30,653				194.1 8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	5,728,167	94,131,004	5,262,441	974,611	510,100	815,003	202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	A&G ALL OTHER 5.06	MAIN- TENANCE & REPAIRS 6	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.05	A&G-CASHIERS, PFS							5.05
5.06	A&G-ALL OTHER	10,190,191	10,190,191					5.06
6	Maintenance & Repairs	3,293,857	399,864	3,693,721				6
7	Operation of Plant							7
8	Laundry & Linen Service	507,132	61,564	22,032	590,728			8
9	Housekeeping	1,134,521	137,727	23,218	13,803	1,309,269		9
10	Dietary	1,871,128	227,149	192,487		14,177	2,304,941	10
11	Cafeteria					16,643		11
13	Nursing Administration	2,493,327	302,682	150,453		8,013		13
14	Central Services & Supply	304,185	36,927	72,999	6,324	19,108		14
15	Pharmacy	5,691,091	690,881	75,213				15
16	Medical Records & Library	1,294,020	157,090	103,464		11,447		16
17	Social Service	260,661	31,643	53,050		6,575		17
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	11,378,401	1,381,335	1,246,078	147,143	554,134	1,105,603	30
31	Intensive Care Unit	1,610,582	195,520	120,515	49,978	73,937	38,195	31
43	Nursery	480,853	58,374	27,935	2,396	3,082		43
44	Skilled Nursing Facility	7,444,312	903,717		114,376	115,206	1,161,143	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	3,636,582	441,470	366,605	39,643	158,823		50
51	Recovery Room	315,764	38,333					51
52	Delivery Room & Labor Room	431,611	52,396	82,434		12,533		52
53	Anesthesiology	424,210	51,498					53
54	Radiology-Diagnostic	3,626,132	440,202	303,725	27,232			54
54.01	RADIATION ONCOLOGY	636,105	77,221		2,464			54.01
58	MRI	529,072	64,228	50,757	1,597			58
59	Cardiac Catheterization	2,475,875	300,564	176,279	477	69,036		59
60	Laboratory	3,321,955	403,275	136,143	37	29,792		60
65	Respiratory Therapy	1,349,821	163,864	46,066	18	10,831		65
66	Physical Therapy	1,985,173	240,994	16,471	3,668	24,509		66
68	Speech Pathology	442,275	53,691			5,724		68
69	Electrocardiology	634,602	77,039	40,848	6,136	17,699		69
70	Electroencephalography	51,741	6,281	6,720				70
71	Medical Supplies Charged to Patients	2,705,274	328,412					71
72	Impl. Dev. Charged to Patients	1,485,925	180,387					72
73	Drugs Charged to Patients	2,369,837	287,691			10,625		73
74	Renal Dialysis	1,040,479	126,311	5,086	4,753	29,440		74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	674,163	81,841	6,430	4,198	11,447		90
91	Emergency	4,112,801	499,282	156,066	71,269	86,881		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	52,538	6,378	83,251	15,637			95
101	Home Health Agency	5,046,846	612,672			19,607		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	827,218	100,422					116
118	SUBTOTALS (sum of lines 1-117)	86,130,260	9,218,925	3,564,325	511,149	1,309,269	2,304,941	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS	22,263	2,703					194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT	914,340	110,998	110,975				194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO	1,089,767	132,294					194.0
5								5
194.0	NRCC-SENIOR SERVICES	30,198	3,666					194.0
9								9

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	A&G ALL OTHER	MAIN- TENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
			5.06	6	8	9	10	
194.1 2	NRCC-FREE CLINIC	332	40					194.1 2
194.1 3	NRCC-TENDERCARE (PRENATAL CLASSES)	21,755	2,641					194.1 3
194.1 6	NRCC-MLC NORTH	5,146,420	624,760		79,579			194.1 6
194.1 7	CHILD DAY CARE	227,368	27,602					194.1 7
194.1 8	MARKETING & ADVERTISING	548,301	66,562	18,421				194.1 8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	94,131,004	10,190,191	3,693,721	590,728	1,309,269	2,304,941	202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11	13	14	15	16	17	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.05	A&G-CASHIERS, PFS							5.05
5.06	A&G-ALL OTHER							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria	16,643						11
13	Nursing Administration	704	2,955,179					13
14	Central Services & Supply	90	74	439,707				14
15	Pharmacy	714	235		6,458,134			15
16	Medical Records & Library	562	49			1,566,632		16
17	Social Service	129					352,058	17
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	4,383	994,372			173,688		30
31	Intensive Care Unit	544	136,097			33,636		31
43	Nursery	217	41,234			13,919		43
44	Skilled Nursing Facility	2,065	587,560			40,275	93,699	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	870	121,622			146,863		50
51	Recovery Room	89	14,500			23,522		51
52	Delivery Room & Labor Room	139	32,545			10,860		52
53	Anesthesiology					36,645		53
54	Radiology-Diagnostic	895	15,402			217,817		54
54.01	RADIATION ONCOLOGY		9,174			19,723		54.01
58	MRI					6,922		58
59	Cardiac Catheterization	266	36,855			95,523		59
60	Laboratory	752				174,273		60
65	Respiratory Therapy	470				20,450		65
66	Physical Therapy	680	289			43,997		66
68	Speech Pathology	101				13,561		68
69	Electrocardiology	262	17,653			28,281		69
70	Electroencephalography					1,015		70
71	Medical Supplies Charged to Patients			309,042		11,832		71
72	Impl. Dev. Charged to Patients			130,665		13,632		72
73	Drugs Charged to Patients				6,458,134	195,901		73
74	Renal Dialysis	346	40,238			67,162	43,859	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	89	14,912			15,455		90
91	Emergency	1,010	234,673			115,341		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
101	Home Health Agency	1,123	189,163			36,965	39,364	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	143	31,780			9,374	127,534	116
118	SUBTOTALS (sum of lines 1-117)	16,643	2,518,427	439,707	6,458,134	1,566,632	304,456	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS							194.0
1			647					1
194.0	NRCC-MERCY SPEC CLIN ENT		13,789					194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO		20,536					194.0
5								5
194.0	NRCC-SENIOR SERVICES							194.0
9								9

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11	13	14	15	16	17	
194.1 2	NRCC-FREE CLINIC							194.1 2
194.1 3	NRCC-TENDERCARE (PRENATAL CLASSES)		1,363					194.1 3
194.1 6	NRCC-MLC NORTH		400,397				47,602	194.1 6
194.1 7	CHILD DAY CARE							194.1 7
194.1 8	MARKETING & ADVERTISING		20					194.1 8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	16,643	2,955,179	439,707	6,458,134	1,566,632	352,058	202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26			
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
1.01	CAP REL COSTS-1970 BLDG						1.01
1.02	CAP REL COSTS-BLUFF BLDG						1.02
1.03	RADIATION ONCOLOGY						1.03
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.02	A&G-INFO SERVICE						5.02
5.03	A&G-PURCHASING, STORES						5.03
5.04	A&G-ADMITTING, REGIST						5.04
5.05	A&G-CASHIERS, PFS						5.05
5.06	A&G-ALL OTHER						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	16,985,137		16,985,137			30
31	Intensive Care Unit	2,259,004		2,259,004			31
43	Nursery	628,010		628,010			43
44	Skilled Nursing Facility	10,462,353		10,462,353			44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,912,478		4,912,478			50
51	Recovery Room	392,208		392,208			51
52	Delivery Room & Labor Room	622,518		622,518			52
53	Anesthesiology	512,353		512,353			53
54	Radiology-Diagnostic	4,631,405		4,631,405			54
54.01	RADIATION ONCOLOGY	744,687		744,687			54.01
58	MRI	652,576		652,576			58
59	Cardiac Catheterization	3,154,875		3,154,875			59
60	Laboratory	4,066,227		4,066,227			60
65	Respiratory Therapy	1,591,520		1,591,520			65
66	Physical Therapy	2,315,781		2,315,781			66
68	Speech Pathology	515,352		515,352			68
69	Electrocardiology	822,520		822,520			69
70	Electroencephalography	65,757		65,757			70
71	Medical Supplies Charged to Patients	3,354,560		3,354,560			71
72	Impl. Dev. Charged to Patients	1,810,609		1,810,609			72
73	Drugs Charged to Patients	9,322,188		9,322,188			73
74	Renal Dialysis	1,357,674		1,357,674			74
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	808,535		808,535			90
91	Emergency	5,277,323		5,277,323			91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	157,804		157,804			95
101	Home Health Agency	5,945,740		5,945,740			101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice	1,096,471		1,096,471			116
118	SUBTOTALS (sum of lines 1-117)	84,465,665		84,465,665			118
	NONREIMBURSABLE COST CENTERS						
194	OTHER NON-REIMB						194
194.0	PASSTHRU COSTS	25,613		25,613			194.0
1							1
194.0	NRCC-MERCY SPEC CLIN ENT	1,150,102		1,150,102			194.0
4							4
194.0	NRCC-MERCY SPEC CLIN GASTRO	1,242,597		1,242,597			194.0
5							5
194.0	NRCC-SENIOR SERVICES	33,864		33,864			194.0
9							9

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		24	25	26			
194.1 2	NRCC-FREE CLINIC	372		372			194.1 2
194.1 3	NRCC-TENDERCARE (PRENATAL CLASSES)	25,759		25,759			194.1 3
194.1 6	NRCC-MLC NORTH	6,298,758		6,298,758			194.1 6
194.1 7	CHILD DAY CARE	254,970		254,970			194.1 7
194.1 8	MARKETING & ADVERTISING	633,304		633,304			194.1 8
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	94,131,004		94,131,004			202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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 REL 1970 BLDG	CAP REL BLUFF BLDG	CAP REL RADIATION ONCOLOGY	CAP MOVABLE EQUIPMENT	
		0	1	1.01	1.02	1.03	2	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		30,948		6		1,971	4
5.02	A&G-INFO SERVICE		30,430		146		88,533	5.02
5.03	A&G-PURCHASING, STORES	1,116	66,323				5,343	5.03
5.04	A&G-ADMITTING, REGIST		19,423				48	5.04
5.05	A&G-CASHIERS, PFS		3,800					5.05
5.06	A&G-ALL OTHER	3,000	156,545		117		19,989	5.06
6	Maintenance & Repairs	8,184	20,129		65		8,473	6
7	Operation of Plant							7
8	Laundry & Linen Service		13,127					8
9	Housekeeping		13,833		141		2,114	9
10	Dietary	113	114,684		467		15,279	10
11	Cafeteria							11
13	Nursing Administration		89,640		174		5,732	13
14	Central Services & Supply	4,729	43,493				110,301	14
15	Pharmacy	72,575	44,812				135,792	15
16	Medical Records & Library		61,644		57		6,421	16
17	Social Service		31,607		72			17
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	25,161	742,421				319,701	30
31	Intensive Care Unit	7,192	71,803				76,281	31
43	Nursery		16,644				10,760	43
44	Skilled Nursing Facility	9,185		22,244			78,311	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	301	218,424				604,936	50
51	Recovery Room							51
52	Delivery Room & Labor Room		49,114				25,500	52
53	Anesthesiology						2,439	53
54	Radiology-Diagnostic		180,961				514,828	54
54.01	RADIATION ONCOLOGY					3,626	180,425	54.01
58	MRI		30,241					58
59	Cardiac Catheterization		105,028				623,289	59
60	Laboratory		81,114				308,500	60
65	Respiratory Therapy	12,701	27,446				64,858	65
66	Physical Therapy		9,813		521		10,006	66
68	Speech Pathology							68
69	Electrocardiology	1,152	24,337				11,013	69
70	Electroencephalography		4,004				4,585	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis		3,030		337		51,762	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		3,831		217		11,330	90
91	Emergency		92,985				112,113	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		49,601					95
101	Home Health Agency	21,063			1,056		129,347	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	22,420					465	116
118	SUBTOTALS (sum of lines 1-117)	188,892	2,451,235	22,244	3,376	3,626	3,540,445	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS							194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT		66,119		169		55,338	194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO						10,208	194.0
5								5
194.0	NRCC-SENIOR SERVICES						58	194.0
9								9

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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 REL 1970 BLDG	CAP REL BLUFF BLDG	CAP REL RADIATION ONCOLOGY	CAP MOVABLE EQUIPMENT	
		0	1	1.01	1.02	1.03	2	
194.1 2	NRCC-FREE CLINIC							194.1 2
194.1 3	NRCC-TENDERCARE (PRENATAL CLASSES)							194.1 3
194.1 6	NRCC-MLC NORTH						35,276	194.1 6
194.1 7	CHILD DAY CARE				552			194.1 7
194.1 8	MARKETING & ADVERTISING		10,975				8,082	194.1 8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	188,892	2,528,329	22,244	4,097	3,626	3,649,407	202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	A&G INFO SERV	A&G PURCHASING STORES	A&G ADMITTING REGISTR	A&G CASHIERS A/R, PFS	
		2A	4	5.02	5.03	5.04	5.05	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department	32,925	32,925					4
5.02	A&G-INFO SERVICE	119,109	515	119,624				5.02
5.03	A&G-PURCHASING, STORES	72,782	347	1,238	74,367			5.03
5.04	A&G-ADMITTING, REGIST	19,471	245	648		20,364		5.04
5.05	A&G-CASHIERS, PFS	3,800	155	1,036			4,991	5.05
5.06	A&G-ALL OTHER	179,651	1,414	12,949				5.06
6	Maintenance & Repairs	36,851	405	4,186				6
7	Operation of Plant							7
8	Laundry & Linen Service	13,127	66	644				8
9	Housekeeping	16,088	412	1,442				9
10	Dietary	130,543	736	2,378				10
11	Cafeteria							11
13	Nursing Administration	95,546	1,038	3,168				13
14	Central Services & Supply	158,523	67	387				14
15	Pharmacy	253,179	1,468	7,232				15
16	Medical Records & Library	68,122	662	1,644				16
17	Social Service	31,679	141	331				17
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,087,283	5,794	14,141	8,239	2,255	557	30
31	Intensive Care Unit	155,276	803	1,984	1,596	437	108	31
43	Nursery	27,404	242	585	660	181	45	43
44	Skilled Nursing Facility	109,740	3,164	9,385	1,910	523	129	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	823,661	1,231	4,347	6,967	1,906	471	50
51	Recovery Room		168	357	1,116	305	75	51
52	Delivery Room & Labor Room	74,614	195	528	515	141	35	52
53	Anesthesiology	2,439	921	471	1,738	476	117	53
54	Radiology-Diagnostic	695,789	1,174	4,202	10,385	2,854	667	54
54.01	RADIATION ONCOLOGY	184,051	246	772	936	256	63	54.01
58	MRI	30,241		659	328	90	22	58
59	Cardiac Catheterization	728,317	500	2,968	4,531	1,240	306	59
60	Laboratory	389,614	1,005	3,896	8,267	2,262	559	60
65	Respiratory Therapy	105,005	643	1,677	970	265	66	65
66	Physical Therapy	20,340	1,025	2,441	2,087	571	141	66
68	Speech Pathology		242	537	643	176	43	68
69	Electrocardiology	36,502	306	754	1,342	367	91	69
70	Electroencephalography	8,589	24	64	48	13	3	70
71	Medical Supplies Charged to Patients			3,416	561	154	38	71
72	Impl. Dev. Charged to Patients			1,863	647	177	44	72
73	Drugs Charged to Patients			2,646	9,293	2,543	628	73
74	Renal Dialysis	55,129	463	1,197	3,186	872	215	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	15,378	157	828	733	201	50	90
91	Emergency	205,098	1,536	5,011	5,471	1,497	370	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	49,601		67				95
101	Home Health Agency	151,466	2,059	6,344	1,753	480	118	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	22,885	245	1,034	445	122	30	116
118	SUBTOTALS (sum of lines 1-117)	6,209,818	29,814	109,457	74,367	20,364	4,991	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS							194.0
1			10	28				1
194.0	NRCC-MERCY SPEC CLIN ENT	121,626	437	1,162				194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO	10,208	648	1,385				194.0
5								5
194.0	NRCC-SENIOR SERVICES	58	8	38				194.0
9								9

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	A&G INFO SERV	A&G PURCHASING STORES	A&G ADMITTING REGISTR	A&G CASHIERS A/R, PFS	
		2A	4	5.02	5.03	5.04	5.05	
194.1 2	NRCC-FREE CLINIC							194.1 2
194.1 3	NRCC-TENDERCARE (PRENATAL CLASSES)		12	28				194.1 3
194.1 6	NRCC-MLC NORTH	35,276	1,897	6,540				194.1 6
194.1 7	CHILD DAY CARE	552		289				194.1 7
194.1 8	MARKETING & ADVERTISING	19,057	99	697				194.1 8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	6,396,595	32,925	119,624	74,367	20,364	4,991	202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	A&G ALL OTHER	MAIN- TENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		5.06	6	8	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.05	A&G-CASHIERS, PFS							5.05
5.06	A&G-ALL OTHER	194,014						5.06
6	Maintenance & Repairs	7,612	49,054					6
7	Operation of Plant							7
8	Laundry & Linen Service	1,172	293	15,302				8
9	Housekeeping	2,622	308	358	21,230			9
10	Dietary	4,324	2,556		230	140,767		10
11	Cafeteria				270		270	11
13	Nursing Administration	5,762	1,998		130			13
14	Central Services & Supply	703	969	164	310			14
15	Pharmacy	13,152	999					15
16	Medical Records & Library	2,990	1,374		186			16
17	Social Service	602	705		107			17
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	26,324	16,547	3,812	8,985	67,521	73	30
31	Intensive Care Unit	3,722	1,600	1,295	1,199	2,333	9	31
43	Nursery	1,111	371	62	50		4	43
44	Skilled Nursing Facility	17,204		2,963	1,868	70,913	33	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	8,404	4,869	1,027	2,575		14	50
51	Recovery Room	730					1	51
52	Delivery Room & Labor Room	997	1,095		203		2	52
53	Anesthesiology	980						53
54	Radiology-Diagnostic	8,380	4,034	705			15	54
54.01	RADIATION ONCOLOGY	1,470		64				54.01
58	MRI	1,223	674	41				58
59	Cardiac Catheterization	5,722	2,341	12	1,119		4	59
60	Laboratory	7,677	1,808	1	483		12	60
65	Respiratory Therapy	3,119	612		176		8	65
66	Physical Therapy	4,588	219	95	397		11	66
68	Speech Pathology	1,022			93		2	68
69	Electrocardiology	1,467	542	159	287		4	69
70	Electroencephalography	120	89					70
71	Medical Supplies Charged to Patients	6,252						71
72	Impl. Dev. Charged to Patients	3,434						72
73	Drugs Charged to Patients	5,477			172			73
74	Renal Dialysis	2,405	68	123	477		6	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,558	85	109	186		1	90
91	Emergency	9,505	2,073	1,846	1,409		16	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	121	1,106	405				95
101	Home Health Agency	11,663			318		18	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	1,912					2	116
118	SUBTOTALS (sum of lines 1-117)	175,526	47,335	13,241	21,230	140,767	270	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS	51						194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT	2,113	1,474					194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO	2,518						194.0
5								5
194.0	NRCC-SENIOR SERVICES	70						194.0
9								9

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	A&G ALL OTHER	MAIN- TENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		5.06	6	8	9	10	11	
194.1 2	NRCC-FREE CLINIC	1						194.1 2
194.1 3	NRCC-TENDERCARE (PRENATAL CLASSES)	50						194.1 3
194.1 6	NRCC-MLC NORTH	11,893		2,061				194.1 6
194.1 7	CHILD DAY CARE	525						194.1 7
194.1 8	MARKETING & ADVERTISING	1,267	245					194.1 8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	194,014	49,054	15,302	21,230	140,767	270	202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	
		13	14	15	16	17	24	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.05	A&G-CASHIERS, PFS							5.05
5.06	A&G-ALL OTHER							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration	107,653						13
14	Central Services & Supply	3	161,127					14
15	Pharmacy	9		276,051				15
16	Medical Records & Library	2			74,989			16
17	Social Service					33,567		17
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	36,220			8,323		1,286,074	30
31	Intensive Care Unit	4,958			1,612		176,932	31
43	Nursery	1,502			667		32,884	43
44	Skilled Nursing Facility	21,404			1,930	8,934	250,100	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	4,431			7,037		866,940	50
51	Recovery Room	528			1,127		4,407	51
52	Delivery Room & Labor Room	1,186			520		80,031	52
53	Anesthesiology				1,756		8,898	53
54	Radiology-Diagnostic	561			10,357		739,123	54
54.01	RADIATION ONCOLOGY	334			945		189,137	54.01
58	MRI				332		33,610	58
59	Cardiac Catheterization	1,343			4,577		752,980	59
60	Laboratory				8,351		423,935	60
65	Respiratory Therapy				980		113,521	65
66	Physical Therapy	11			2,108		34,034	66
68	Speech Pathology				650		3,408	68
69	Electrocardiology	643			1,355		43,819	69
70	Electroencephalography				49		8,999	70
71	Medical Supplies Charged to Patients		113,245		567		124,233	71
72	Impl. Dev. Charged to Patients		47,882		653		54,700	72
73	Drugs Charged to Patients			276,051	9,387		306,197	73
74	Renal Dialysis	1,466			3,218	4,182	73,007	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	543			741		20,570	90
91	Emergency	8,549			5,527		247,908	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services						51,300	95
101	Home Health Agency	6,891			1,771	3,753	186,634	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	1,158			449	12,159	40,441	116
118	SUBTOTALS (sum of lines 1-117)	91,742	161,127	276,051	74,989	29,028	6,153,822	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS	24					113	194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT	502					127,314	194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO	748					15,507	194.0
5								5
194.0	NRCC-SENIOR SERVICES						174	194.0
9								9

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	
		13	14	15	16	17	24	
194.1 2	NRCC-FREE CLINIC						1	194.1 2
194.1 3	NRCC-TENDERCARE (PRENATAL CLASSES)	50					140	194.1 3
194.1 6	NRCC-MLC NORTH	14,586				4,539	76,792	194.1 6
194.1 7	CHILD DAY CARE						1,366	194.1 7
194.1 8	MARKETING & ADVERTISING	1					21,366	194.1 8
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	107,653	161,127	276,051	74,989	33,567	6,396,595	202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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				
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
1.01	CAP REL COSTS-1970 BLDG						1.01
1.02	CAP REL COSTS-BLUFF BLDG						1.02
1.03	RADIATION ONCOLOGY						1.03
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.02	A&G-INFO SERVICE						5.02
5.03	A&G-PURCHASING, STORES						5.03
5.04	A&G-ADMITTING, REGIST						5.04
5.05	A&G-CASHIERS, PFS						5.05
5.06	A&G-ALL OTHER						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics		1,286,074				30
31	Intensive Care Unit		176,932				31
43	Nursery		32,884				43
44	Skilled Nursing Facility		250,100				44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room		866,940				50
51	Recovery Room		4,407				51
52	Delivery Room & Labor Room		80,031				52
53	Anesthesiology		8,898				53
54	Radiology-Diagnostic		739,123				54
54.01	RADIATION ONCOLOGY		189,137				54.01
58	MRI		33,610				58
59	Cardiac Catheterization		752,980				59
60	Laboratory		423,935				60
65	Respiratory Therapy		113,521				65
66	Physical Therapy		34,034				66
68	Speech Pathology		3,408				68
69	Electrocardiology		43,819				69
70	Electroencephalography		8,999				70
71	Medical Supplies Charged to Patients		124,233				71
72	Impl. Dev. Charged to Patients		54,700				72
73	Drugs Charged to Patients		306,197				73
74	Renal Dialysis		73,007				74
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic		20,570				90
91	Emergency		247,908				91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services		51,300				95
101	Home Health Agency		186,634				101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice		40,441				116
118	SUBTOTALS (sum of lines 1-117)		6,153,822				118
	NONREIMBURSABLE COST CENTERS						
194	OTHER NON-REIMB						194
194.0	PASSTHRU COSTS		113				194.0
1							1
194.0	NRCC-MERCY SPEC CLIN ENT		127,314				194.0
4							4
194.0	NRCC-MERCY SPEC CLIN GASTRO		15,507				194.0
5							5
194.0	NRCC-SENIOR SERVICES		174				194.0
9							9

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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				
194.1 2	NRCC-FREE CLINIC		1				194.1 2
194.1 3	NRCC-TENDERCARE (PRENATAL CLASSES)		140				194.1 3
194.1 6	NRCC-MLC NORTH		76,792				194.1 6
194.1 7	CHILD DAY CARE		1,366				194.1 7
194.1 8	MARKETING & ADVERTISING		21,366				194.1 8
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)		6,396,595				202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL 1970 BLDG SQUARE FEET	CAP REL BLUFF BLDG SQUARE FEET	CAP REL RADIATION ONCOLOGY SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT T GROSS SALARIES	
		1	1.01	1.02	1.03	2	4	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	161,024						1
1.01	CAP REL COSTS-1970 BLDG		52,141					1.01
1.02	CAP REL COSTS-BLUFF BLDG			59,842				1.02
1.03	RADIATION ONCOLOGY				9,780			1.03
2	Cap Rel Costs-Mvble Equip					2,895,154		2
4	Employee Benefits Department	1,971		88		1,564	37,904,970	4
5.02	A&G-INFO SERVICE	1,938		2,132		70,235	592,386	5.02
5.03	A&G-PURCHASING, STORES	4,224				4,239	398,778	5.03
5.04	A&G-ADMITTING, REGIST	1,237				38	281,980	5.04
5.05	A&G-CASHIERS, PFS	242					178,088	5.05
5.06	A&G-ALL OTHER	9,970		1,708		15,858	1,626,680	5.06
6	Maintenance & Repairs	1,282		952		6,722	466,243	6
7	Operation of Plant							7
8	Laundry & Linen Service	836					75,406	8
9	Housekeeping	881		2,059		1,677	474,397	9
10	Dietary	7,304		6,815		12,121	846,701	10
11	Cafeteria							11
13	Nursing Administration	5,709		2,543		4,547	1,194,870	13
14	Central Services & Supply	2,770				87,504	77,013	14
15	Pharmacy	2,854				107,727	1,688,812	15
16	Medical Records & Library	3,926		829		5,094	761,478	16
17	Social Service	2,013		1,053			162,053	17
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	47,283				253,626	6,685,871	30
31	Intensive Care Unit	4,573				60,515	923,492	31
43	Nursery	1,060				8,536	277,973	43
44	Skilled Nursing Facility		52,141			62,126	3,641,082	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	13,911				479,909	1,416,634	50
51	Recovery Room						192,988	51
52	Delivery Room & Labor Room	3,128				20,230	224,873	52
53	Anesthesiology					1,935	1,060,239	53
54	Radiology-Diagnostic	11,525				408,424	1,351,049	54
54.01	RADIATION ONCOLOGY				9,780	143,135	283,287	54.01
58	MRI	1,926						58
59	Cardiac Catheterization	6,689				494,468	575,517	59
60	Laboratory	5,166				244,740	1,156,376	60
65	Respiratory Therapy	1,748				51,453	739,700	65
66	Physical Therapy	625		7,607		7,938	1,179,376	66
68	Speech Pathology						278,405	68
69	Electrocardiology	1,550				8,737	351,834	69
70	Electroencephalography	255				3,637	27,734	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	193		4,925		41,064	532,597	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	244		3,164		8,988	180,920	90
91	Emergency	5,922				88,942	1,768,088	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	3,159						95
101	Home Health Agency			15,426		102,614	2,369,084	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice					369	281,945	116
118	SUBTOTALS (sum of lines 1-117)	156,114	52,141	49,301	9,780	2,808,712	34,323,949	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS						11,594	194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT	4,211		2,475		43,901	503,407	194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO					8,098	745,762	194.0
5								5
194.0	NRCC-SENIOR SERVICES					46	9,267	194.0
9								9

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL 1970 BLDG SQUARE FEET	CAP REL BLUFF BLDG SQUARE FEET	CAP REL RADIATION ONCOLOGY SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	
		1	1.01	1.02	1.03	2	4	
194.1 2	NRCC-FREE CLINIC						168	194.1 2
194.1 3	NRCC-TENDERCARE (PRENATAL CLASSES)						13,608	194.1 3
194.1 6	NRCC-MLC NORTH					27,985	2,183,159	194.1 6
194.1 7	CHILD DAY CARE			8,066				194.1 7
194.1 8	MARKETING & ADVERTISING	699				6,412	114,056	194.1 8
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	2,528,329	22,244	4,097	3,626	3,649,407	5,728,167	202
203	Unit Cost Multiplier (Wkst. B, Part I)	15.701566	0.426612	0.068464	0.370757	1.260523	0.151119	203
204	Cost to be allocated (Per Wkst. B, Part II)						32,925	204
205	Unit Cost Multiplier (Wkst. B, Part II)						0.000869	205

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	RECON- CILIATION	A&G INFO SERV ACCUM COST	A&G PURCHASING STORES GROSS REVENUE	A&G ADMITTING REGISTR GROSS REVENUE	A&G CASHIERS A/R, PFS GROSS REVENUE	RECON- CILIATION	
		5A.02	5.02	5.03	5.04	5.05		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE	-5,262,441	88,868,563					5.02
5.03	A&G-PURCHASING, STORES		920,125	251,069,450				5.03
5.04	A&G-ADMITTING, REGISTR		481,583		251,069,450			5.04
5.05	A&G-CASHIERS, PFS		769,440			251,069,450		5.05
5.06	A&G-ALL OTHER		9,620,503				-10,190,191	5.06
6	Maintenance & Repairs		3,109,712					6
7	Operation of Plant							7
8	Laundry & Linen Service		478,781					8
9	Housekeeping		1,071,095					9
10	Dietary		1,766,522					10
11	Cafeteria							11
13	Nursing Administration		2,353,936					13
14	Central Services & Supply		287,179					14
15	Pharmacy		5,372,928					15
16	Medical Records & Library		1,221,677					16
17	Social Service		246,089					17
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		10,501,575	27,834,691	27,834,691	27,834,691		30
31	Intensive Care Unit		1,473,927	5,390,348	5,390,348	5,390,348		31
43	Nursery		434,681	2,230,575	2,230,575	2,230,575		43
44	Skilled Nursing Facility		6,972,317	6,454,296	6,454,296	6,454,296		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		3,229,742	23,535,746	23,535,746	23,535,746		50
51	Recovery Room		265,512	3,769,512	3,769,512	3,769,512		51
52	Delivery Room & Labor Room		392,432	1,740,351	1,740,351	1,740,351		52
53	Anesthesiology		349,710	5,872,579	5,872,579	5,872,579		53
54	Radiology-Diagnostic		3,121,561	34,913,283	34,913,283	34,913,283		54
54.01	RADIATION ONCOLOGY		573,209	3,160,700	3,160,700	3,160,700		54.01
58	MRI		489,901	1,109,331	1,109,331	1,109,331		58
59	Cardiac Catheterization		2,205,075	15,308,251	15,308,251	15,308,251		59
60	Laboratory		2,894,718	27,928,373	27,928,373	27,928,373		60
65	Respiratory Therapy		1,246,018	3,277,166	3,277,166	3,277,166		65
66	Physical Therapy		1,813,217	7,050,816	7,050,816	7,050,816		66
68	Speech Pathology		398,755	2,173,259	2,173,259	2,173,259		68
69	Electrocardiology		559,929	4,532,254	4,532,254	4,532,254		69
70	Electroencephalography		47,443	162,635	162,635	162,635		70
71	Medical Supplies Charged to Patients		2,537,636	1,896,199	1,896,199	1,896,199		71
72	Impl. Dev. Charged to Patients		1,383,962	2,184,540	2,184,540	2,184,540		72
73	Drugs Charged to Patients		1,965,855	31,394,320	31,394,320	31,394,320		73
74	Renal Dialysis		889,231	10,763,216	10,763,216	10,763,216		74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		615,055	2,476,691	2,476,691	2,476,691		90
91	Emergency		3,723,024	18,484,114	18,484,114	18,484,114		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		49,601					95
101	Home Health Agency		4,713,470	5,923,883	5,923,883	5,923,883		101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice		767,979	1,502,321	1,502,321	1,502,321		116
118	SUBTOTALS (sum of lines 1-117)	-5,262,441	81,315,105	251,069,450	251,069,450	251,069,450	-10,190,191	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS		21,018					194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT		863,223					194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO		1,028,843					194.0
5								5
194.0	NRCC-SENIOR SERVICES		28,510					194.0
9								9

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	RECON- CILIATION	A&G INFO SERV ACCUM COST	A&G PURCHASING STORES GROSS REVENUE	A&G ADMITTING REGISTR GROSS REVENUE	A&G CASHIERS A/R, PFS GROSS REVENUE	RECON- CILIATION	
		5A.02	5.02	5.03	5.04	5.05		
194.1 2	NRCC-FREE CLINIC		313					194.1 2
194.1 3	NRCC-TENDERCARE (PRENATAL CLASSES)		20,539					194.1 3
194.1 6	NRCC-MLC NORTH		4,858,707					194.1 6
194.1 7	CHILD DAY CARE		214,657					194.1 7
194.1 8	MARKETING & ADVERTISING		517,648					194.1 8
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)		5,262,441	974,611	510,100	815,003		202
203	Unit Cost Multiplier (Wkst. B, Part I)		0.059216	0.003882	0.002032	0.003246		203
204	Cost to be allocated (Per Wkst. B, Part II)		119,624	74,367	20,364	4,991		204
205	Unit Cost Multiplier (Wkst. B, Part II)		0.001346	0.000296	0.000081	0.000020		205

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	A&G ALL OTHER ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	
		5.06	6	7	8	9	10	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.05	A&G-CASHIERS, PFS							5.05
5.06	A&G-ALL OTHER	83,940,813						5.06
6	Maintenance & Repairs	3,293,857	140,160					6
7	Operation of Plant			140,160				7
8	Laundry & Linen Service	507,132	836	836	966,345			8
9	Housekeeping	1,134,521	881	881	22,580	44,606		9
10	Dietary	1,871,128	7,304	7,304			218,998	10
11	Cafeteria					567		11
13	Nursing Administration	2,493,327	5,709	5,709		273		13
14	Central Services & Supply	304,185	2,770	2,770	10,345	651		14
15	Pharmacy	5,691,091	2,854	2,854				15
16	Medical Records & Library	1,294,020	3,926	3,926		390		16
17	Social Service	260,661	2,013	2,013		224		17
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	11,378,401	47,283	47,283	240,702	18,879	105,046	30
31	Intensive Care Unit	1,610,582	4,573	4,573	81,756	2,519	3,629	31
43	Nursery	480,853	1,060	1,060	3,920	105		43
44	Skilled Nursing Facility	7,444,312			187,102	3,925	110,323	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	3,636,582	13,911	13,911	64,850	5,411		50
51	Recovery Room	315,764						51
52	Delivery Room & Labor Room	431,611	3,128	3,128		427		52
53	Anesthesiology	424,210						53
54	Radiology-Diagnostic	3,626,132	11,525	11,525	44,547			54
54.01	RADIATION ONCOLOGY	636,105			4,031			54.01
58	MRI	529,072	1,926	1,926	2,612			58
59	Cardiac Catheterization	2,475,875	6,689	6,689	781	2,352		59
60	Laboratory	3,321,955	5,166	5,166	61	1,015		60
65	Respiratory Therapy	1,349,821	1,748	1,748	30	369		65
66	Physical Therapy	1,985,173	625	625	6,001	835		66
68	Speech Pathology	442,275				195		68
69	Electrocardiology	634,602	1,550	1,550	10,038	603		69
70	Electroencephalography	51,741	255	255				70
71	Medical Supplies Charged to Patients	2,705,274						71
72	Impl. Dev. Charged to Patients	1,485,925						72
73	Drugs Charged to Patients	2,369,837				362		73
74	Renal Dialysis	1,040,479	193	193	7,776	1,003		74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	674,163	244	244	6,868	390		90
91	Emergency	4,112,801	5,922	5,922	116,585	2,960		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	52,538	3,159	3,159	25,580			95
101	Home Health Agency	5,046,846				668		101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	827,218						116
118	SUBTOTALS (sum of lines 1-117)	75,940,069	135,250	135,250	836,165	44,606	218,998	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS	22,263						194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT	914,340	4,211	4,211				194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO	1,089,767						194.0
5								5
194.0	NRCC-SENIOR SERVICES	30,198						194.0
9								9

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	A&G ALL OTHER ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	
		5.06	6	7	8	9	10	
194.1 2	NRCC-FREE CLINIC	332						194.1 2
194.1 3	NRCC-TENDERCARE (PRENATAL CLASSES)	21,755						194.1 3
194.1 6	NRCC-MLC NORTH	5,146,420			130,180			194.1 6
194.1 7	CHILD DAY CARE	227,368						194.1 7
194.1 8	MARKETING & ADVERTISING	548,301	699	699				194.1 8
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	10,190,191	3,693,721		590,728	1,309,269	2,304,941	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.121397	26.353603		0.611301	29.351858	10.524941	203
204	Cost to be allocated (Per Wkst. B, Part II)	194,014	49,054		15,302	21,230	140,767	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.002311	0.349986		0.015835	0.475945	0.642778	205

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA MEALS SERVED	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	
		11	13	14	15	16	17	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.05	A&G-CASHIERS, PFS							5.05
5.06	A&G-ALL OTHER							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria	173,143						11
13	Nursing Administration	7,321	602,664					13
14	Central Services & Supply	935	15	4,619,384				14
15	Pharmacy	7,423	48		3,590,618			15
16	Medical Records & Library	5,850	10			251,069,450		16
17	Social Service	1,338					16,367	17
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	45,623	202,787			27,834,691		30
31	Intensive Care Unit	5,658	27,755			5,390,348		31
43	Nursery	2,257	8,409			2,230,575		43
44	Skilled Nursing Facility	21,488	119,824			6,454,296	4,356	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	9,047	24,803			23,535,746		50
51	Recovery Room	921	2,957			3,769,512		51
52	Delivery Room & Labor Room	1,442	6,637			1,740,351		52
53	Anesthesiology					5,872,579		53
54	Radiology-Diagnostic	9,309	3,141			34,913,283		54
54.01	RADIATION ONCOLOGY		1,871			3,160,700		54.01
58	MRI					1,109,331		58
59	Cardiac Catheterization	2,769	7,516			15,308,251		59
60	Laboratory	7,825				27,928,373		60
65	Respiratory Therapy	4,888				3,277,166		65
66	Physical Therapy	7,075	59			7,050,816		66
68	Speech Pathology	1,047				2,173,259		68
69	Electrocardiology	2,730	3,600			4,532,254		69
70	Electroencephalography					162,635		70
71	Medical Supplies Charged to Patients			3,246,662		1,896,199		71
72	Impl. Dev. Charged to Patients			1,372,722		2,184,540		72
73	Drugs Charged to Patients				3,590,618	31,394,320		73
74	Renal Dialysis	3,599	8,206			10,763,216	2,039	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	930	3,041			2,476,691		90
91	Emergency	10,505	47,858			18,484,114		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
101	Home Health Agency	11,678	38,577			5,923,883	1,830	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	1,485	6,481			1,502,321	5,929	116
118	SUBTOTALS (sum of lines 1-117)	173,143	513,595	4,619,384	3,590,618	251,069,450	14,154	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS		132					194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT		2,812					194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO		4,188					194.0
5								5
194.0	NRCC-SENIOR SERVICES							194.0
9								9

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA MEALS SERVED	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	
		11	13	14	15	16	17	
194.1 2	NRCC-FREE CLINIC							194.1 2
194.1 3	NRCC-TENDERCARE (PRENATAL CLASSES)		278					194.1 3
194.1 6	NRCC-MLC NORTH		81,655				2,213	194.1 6
194.1 7	CHILD DAY CARE							194.1 7
194.1 8	MARKETING & ADVERTISING		4					194.1 8
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	16,643	2,955,179	439,707	6,458,134	1,566,632	352,058	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.096123	4.903527	0.095187	1.798613	0.006240	21.510234	203
204	Cost to be allocated (Per Wkst. B, Part II)	270	107,653	161,127	276,051	74,989	33,567	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.001559	0.178629	0.034881	0.076881	0.000299	2.050895	205

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS							

	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.05	A&G-CASHIERS, PFS							5.05
5.06	A&G-ALL OTHER							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
43	Nursery							43
44	Skilled Nursing Facility							44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIATION ONCOLOGY							54.01
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
65	Respiratory Therapy							65
66	Physical Therapy							66
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS							194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT							194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO							194.0
5								5

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS						
194.0 9	NRCC-SENIOR SERVICES						194.0 9
194.1 2	NRCC-FREE CLINIC						194.1 2
194.1 3	NRCC-TENDERCARE (PRENATAL CLASSES)						194.1 3
194.1 6	NRCC-MLC NORTH						194.1 6
194.1 7	CHILD DAY CARE						194.1 7
194.1 8	MARKETING & ADVERTISING						194.1 8
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)						202
203	Unit Cost Multiplier (Wkst. B, Part I)						203
204	Cost to be allocated (Per Wkst. B, Part II)						204
205	Unit Cost Multiplier (Wkst. B, Part II)						205

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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 MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	16,985,137		16,985,137		16,985,137	30
31	Intensive Care Unit	2,259,004		2,259,004		2,259,004	31
43	Nursery	628,010		628,010		628,010	43
44	Skilled Nursing Facility	10,462,353		10,462,353	847	10,463,200	44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,912,478		4,912,478		4,912,478	50
51	Recovery Room	392,208		392,208		392,208	51
52	Delivery Room & Labor Room	622,518		622,518		622,518	52
53	Anesthesiology	512,353		512,353		512,353	53
54	Radiology-Diagnostic	4,631,405		4,631,405		4,631,405	54
54.01	RADIATION ONCOLOGY	744,687		744,687		744,687	54.01
58	MRI	652,576		652,576		652,576	58
59	Cardiac Catheterization	3,154,875		3,154,875		3,154,875	59
60	Laboratory	4,066,227		4,066,227	179,242	4,245,469	60
65	Respiratory Therapy	1,591,520		1,591,520		1,591,520	65
66	Physical Therapy	2,315,781		2,315,781		2,315,781	66
68	Speech Pathology	515,352		515,352		515,352	68
69	Electrocardiology	822,520		822,520	6,700	829,220	69
70	Electroencephalography	65,757		65,757		65,757	70
71	Medical Supplies Charged to Patients	3,354,560		3,354,560		3,354,560	71
72	Impl. Dev. Charged to Patients	1,810,609		1,810,609		1,810,609	72
73	Drugs Charged to Patients	9,322,188		9,322,188		9,322,188	73
74	Renal Dialysis	1,357,674		1,357,674	4,201	1,361,875	74
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	808,535		808,535		808,535	90
91	Emergency	5,277,323		5,277,323	129,783	5,407,106	91
92	Observation Beds (Non-Distinct Part)	1,531,876		1,531,876		1,531,876	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	157,804		157,804		157,804	95
101	Home Health Agency	5,945,740		5,945,740		5,945,740	101
113	Interest Expense						113
116	Hospice	1,096,471		1,096,471		1,096,471	116
200	Subtotal (sum of lines 30 thru 199)	85,997,541		85,997,541	320,773	86,318,314	200
201	Less Observation Beds	1,531,876		1,531,876		1,531,876	201
202	Total (line 200 minus line 201)	84,465,665		84,465,665		84,786,438	202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	25,895,071		25,895,071				30
31	Intensive Care Unit	5,390,348		5,390,348				31
43	Nursery	2,230,575		2,230,575				43
44	Skilled Nursing Facility	6,454,296		6,454,296				44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	7,960,546	15,575,200	23,535,746	0.208724	0.208724	0.208724	50
51	Recovery Room	1,242,693	2,526,819	3,769,512	0.104047	0.104047	0.104047	51
52	Delivery Room & Labor Room	1,493,822	246,529	1,740,351	0.357697	0.357697	0.357697	52
53	Anesthesiology	2,409,715	3,462,864	5,872,579	0.087245	0.087245	0.087245	53
54	Radiology-Diagnostic	12,614,663	22,298,620	34,913,283	0.132655	0.132655	0.132655	54
54.01	RADIATION ONCOLOGY	59,932	3,100,768	3,160,700	0.235608	0.235608	0.235608	54.01
58	MRI	309,598	799,733	1,109,331	0.588261	0.588261	0.588261	58
59	Cardiac Catheterization	5,160,831	10,147,420	15,308,251	0.206090	0.206090	0.206090	59
60	Laboratory	14,408,348	13,520,025	27,928,373	0.145595	0.145595	0.152013	60
65	Respiratory Therapy	2,807,034	470,132	3,277,166	0.485639	0.485639	0.485639	65
66	Physical Therapy	5,960,030	1,090,786	7,050,816	0.328442	0.328442	0.328442	66
68	Speech Pathology	2,134,345	38,914	2,173,259	0.237133	0.237133	0.237133	68
69	Electrocardiology	1,532,718	2,999,536	4,532,254	0.181481	0.181481	0.182960	69
70	Electroencephalography	40,461	122,174	162,635	0.404323	0.404323	0.404323	70
71	Medical Supplies Charged to Patients	747,215	1,148,984	1,896,199	1.769097	1.769097	1.769097	71
72	Impl. Dev. Charged to Patients	1,210,285	974,255	2,184,540	0.828828	0.828828	0.828828	72
73	Drugs Charged to Patients	16,820,640	14,573,680	31,394,320	0.296939	0.296939	0.296939	73
74	Renal Dialysis	193,960	10,569,256	10,763,216	0.126140	0.126140	0.126530	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	99	2,476,592	2,476,691	0.326458	0.326458	0.326458	90
91	Emergency	4,193,079	14,291,035	18,484,114	0.285506	0.285506	0.292527	91
92	Observation Beds (Non-Distinct Part)	100,846	1,838,774	1,939,620	0.789782	0.789782	0.789782	92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
101	Home Health Agency		5,923,883	5,923,883				101
113	Interest Expense							113
116	Hospice		1,502,321	1,502,321				116
200	Subtotal (sum of lines 30 thru 199)	121,371,150	129,698,300	251,069,450				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	121,371,150	129,698,300	251,069,450				202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	1,286,074		1,286,074	15,667	82.09	8,674	712,049	30
31	Intensive Care Unit	176,932		176,932	1,551	114.08	913	104,155	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	32,884		32,884	944	34.83			43
44	Skilled Nursing Facility	250,100		250,100	29,487	8.48	6,053	51,329	44
45	Nursing Facility								45
200	Total (lines 30-199)	1,745,990		1,745,990	47,649		15,640	867,533	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 16-0080

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	866,940	23,535,746	0.036835	5,097,804	187,778	50
51	Recovery Room	4,407	3,769,512	0.001169	563,880	659	51
52	Delivery Room & Labor Room	80,031	1,740,351	0.045986	5,932	273	52
53	Anesthesiology	8,898	5,872,579	0.001515	1,107,623	1,678	53
54	Radiology-Diagnostic	739,123	34,913,283	0.021170	6,144,881	130,087	54
54.01	RADIATION ONCOLOGY	189,137	3,160,700	0.059840	17,617	1,054	54.01
58	MRI	33,610	1,109,331	0.030298	188,267	5,704	58
59	Cardiac Catheterization	752,980	15,308,251	0.049188	4,104,230	201,879	59
60	Laboratory	423,935	27,928,373	0.015179	8,326,339	126,385	60
65	Respiratory Therapy	113,521	3,277,166	0.034640	1,371,825	47,520	65
66	Physical Therapy	34,034	7,050,816	0.004827	1,046,918	5,053	66
68	Speech Pathology	3,408	2,173,259	0.001568	134,701	211	68
69	Electrocardiology	43,819	4,532,254	0.009668	1,030,686	9,965	69
70	Electroencephalography	8,999	162,635	0.055332	19,540	1,081	70
71	Medical Supplies Charged to Pat	124,233	1,896,199	0.065517	425,557	27,881	71
72	Impl. Dev. Charged to Patients	54,700	2,184,540	0.025040	751,304	18,813	72
73	Drugs Charged to Patients	306,197	31,394,320	0.009753	7,593,815	74,062	73
74	Renal Dialysis	73,007	10,763,216	0.006783	149,959	1,017	74
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	20,570	2,476,691	0.008305			90
91	Emergency	247,908	18,484,114	0.013412	2,295,099	30,782	91
92	Observation Beds (Non-Distinct	115,991	1,939,620	0.059801	35,106	2,099	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	4,245,448	203,672,956		40,411,083	873,981	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics General Routine Care)					30
31	Intensive Care Unit					31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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)
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics (General Routine Care)	15,667		8,674	30
31	Intensive Care Unit	1,551		913	31
32	Coronary Care Unit				32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit				34
35	Other Special Care (specify)				35
40	Subprovider - IPF				40
41	Subprovider - IRF				41
42	Subprovider I				42
43	Nursery	944			43
44	Skilled Nursing Facility	29,487		6,053	44
45	Nursing Facility				45
200	Total (lines 30-199)	47,649		15,640	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 16-0080

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIATION ONCOLOGY							54.01
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
65	Respiratory Therapy							65
66	Physical Therapy							66
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 16-0080

**WORKSHEET D
PART IV**

Check Title v Hospital SUB (Other) ICF/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			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	23,535,746			5,097,804		6,272,249		50
51	Recovery Room	3,769,512			563,880		697,886		51
52	Delivery Room & Labor Room	1,740,351			5,932		1,600		52
53	Anesthesiology	5,872,579			1,107,623		957,984		53
54	Radiology-Diagnostic	34,913,283			6,144,881		7,160,539		54
54.01	RADIATION ONCOLOGY	3,160,700			17,617		1,340,805		54.01
58	MRI	1,109,331			188,267		51,929		58
59	Cardiac Catheterization	15,308,251			4,104,230		4,804,338		59
60	Laboratory	27,928,373			8,326,339		3,720,315		60
65	Respiratory Therapy	3,277,166			1,371,825		123,307		65
66	Physical Therapy	7,050,816			1,046,918		238		66
68	Speech Pathology	2,173,259			134,701				68
69	Electrocardiology	4,532,254			1,030,686		2,005,251		69
70	Electroencephalography	162,635			19,540		53,992		70
71	Medical Supplies Charged to Pat	1,896,199			425,557		631,324		71
72	Impl. Dev. Charged to Patients	2,184,540			751,304		610,167		72
73	Drugs Charged to Patients	31,394,320			7,593,815		5,088,067		73
74	Renal Dialysis	10,763,216			149,959		18,410		74
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	2,476,691					1,091,995		90
91	Emergency	18,484,114			2,295,099		3,493,102		91
92	Observation Beds (Non-Distinct	1,939,620			35,106		556,712		92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	203,672,956			40,411,083		38,680,210		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 16-0080

**WORKSHEET D
PART V**

Check Title V - O/P 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 Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	0.208724	6,272,249			1,309,169		50	
51	Recovery Room	0.104047	697,886			72,613		51	
52	Delivery Room & Labor Room	0.357697	1,600			572		52	
53	Anesthesiology	0.087245	957,984			83,579		53	
54	Radiology-Diagnostic	0.132655	7,160,539			949,881		54	
54.01	RADIATION ONCOLOGY	0.235608	1,340,805			315,904		54.01	
58	MRI	0.588261	51,929			30,548		58	
59	Cardiac Catheterization	0.206090	4,804,338			990,126		59	
60	Laboratory	0.145595	3,720,315	1,388		541,659	202	60	
65	Respiratory Therapy	0.485639	123,307			59,883		65	
66	Physical Therapy	0.328442	238			78		66	
68	Speech Pathology	0.237133						68	
69	Electrocardiology	0.181481	2,005,251			363,915		69	
70	Electroencephalography	0.404323	53,992			21,830		70	
71	Medical Supplies Charged to Pat	1.769097	631,324			1,116,873		71	
72	Impl. Dev. Charged to Patients	0.828828	610,167			505,723		72	
73	Drugs Charged to Patients	0.296939	5,088,067		42,540	1,510,846		12,632	
74	Renal Dialysis	0.126140	18,410			2,322		74	
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	0.326458	1,091,995			356,491		90	
91	Emergency	0.285506	3,493,102			997,302		91	
92	Observation Beds (Non-Distinct)	0.789782	556,712			439,681		92	
OTHER REIMBURSABLE COST CENTERS									
95	Ambulance Services							95	
200	Subtotal (see instructions)		38,680,210	1,388	42,540	9,668,995	202	12,632	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)		38,680,210	1,388	42,540	9,668,995	202	12,632	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 16-5119

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIATION ONCOLOGY							54.01
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
65	Respiratory Therapy							65
66	Physical Therapy							66
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 16-5119

**WORKSHEET D
PART IV**

Check Title v Hospital SUB (Other) ICF/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			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	23,535,746							50
51	Recovery Room	3,769,512							51
52	Delivery Room & Labor Room	1,740,351							52
53	Anesthesiology	5,872,579							53
54	Radiology-Diagnostic	34,913,283			65,212				54
54.01	RADIATION ONCOLOGY	3,160,700							54.01
58	MRI	1,109,331							58
59	Cardiac Catheterization	15,308,251							59
60	Laboratory	27,928,373			345,952				60
65	Respiratory Therapy	3,277,166			3,464				65
66	Physical Therapy	7,050,816			2,313,687				66
68	Speech Pathology	2,173,259			950,288				68
69	Electrocardiology	4,532,254							69
70	Electroencephalography	162,635							70
71	Medical Supplies Charged to Pat	1,896,199							71
72	Impl. Dev. Charged to Patients	2,184,540							72
73	Drugs Charged to Patients	31,394,320			1,554,914				73
74	Renal Dialysis	10,763,216							74
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	2,476,691							90
91	Emergency	18,484,114							91
92	Observation Beds (Non-Distinct	1,939,620							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	203,672,956			5,233,517				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 16-5119

**WORKSHEET D
PART V**

Check Title V - O/P Hospital SUB (Other) Swing Bed SNF
 Applicable 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.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.208724							50
51	Recovery Room	0.104047							51
52	Delivery Room & Labor Room	0.357697							52
53	Anesthesiology	0.087245							53
54	Radiology-Diagnostic	0.132655							54
54.01	RADIATION ONCOLOGY	0.235608							54.01
58	MRI	0.588261							58
59	Cardiac Catheterization	0.206090							59
60	Laboratory	0.145595							60
65	Respiratory Therapy	0.485639							65
66	Physical Therapy	0.328442							66
68	Speech Pathology	0.237133							68
69	Electrocardiology	0.181481							69
70	Electroencephalography	0.404323							70
71	Medical Supplies Charged to Pat	1.769097							71
72	Impl. Dev. Charged to Patients	0.828828							72
73	Drugs Charged to Patients	0.296939							73
74	Renal Dialysis	0.126140							74
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.326458							90
91	Emergency	0.285506							91
92	Observation Beds (Non-Distinct)	0.789782							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
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 MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-0080

**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)	15,667	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	15,667	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)	14,254	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)	8,674	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)	16,985,137	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)	16,985,137	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)	16,985,137	37

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-0080

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						1,084.13	38
39	Program general inpatient routine service cost (line 9 x line 38)						9,403,744	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)							40
41	Total Program general inpatient routine service cost (line 39 + line 40)						9,403,744	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
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	2,259,004	1,551	1,456.48	913	1,329,766		43
44	Coronary Care Unit							44
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)						9,850,076	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						20,583,586	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						816,204	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						873,981	51
52	Total Program excludable cost (sum of lines 50 and 51)						1,690,185	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						18,893,401	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 MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-0080

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

Check Title V - I/P Hospital SUB (Other) ICF/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)					1,413	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,084.13	88
89	Observation bed cost (line 87 x line 88) (see instructions)					1,531,876	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	1,286,074	16,985,137	0.075718	1,531,876	115,991	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-5119

**WORKSHEET D-1
PART I**

Check Title V - I/P Hospital SUB (Other) ICF/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)	29,487	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	29,487	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)	29,487	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)	6,053	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)	10,463,200	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)	10,463,200	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)	10,463,200	37

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-5119

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

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

PART III - SNF, NF, AND ICF/IID ONLY

70	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	10,463,200	70
71	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	354.84	71
72	Program routine service cost (line 9 x line 71)	2,147,847	72
73	Medically necessary private room cost applicable to Program (line 14 x line 35)		73
74	Total Program general inpatient routine service costs (line 72 + line 73)	2,147,847	74
75	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26)		75
76	Per diem capital-related costs (line 75 ÷ line 2)		76
77	Program capital-related costs (line 9 x line 76)		77
78	Inpatient routine service cost (line 74 minus line 77)		78
79	Aggregate charges to beneficiaries for excess costs (from provider records)		79
80	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80
81	Inpatient routine service cost per diem limitation		81
82	Inpatient routine service cost limitation (line 9 x line 81)		82
83	Reasonable inpatient routine service costs (see instructions)	2,147,847	83
84	Program inpatient ancillary services (see instructions)	1,507,674	84
85	Utilization review - physician compensation (see instructions)		85
86	Total Program inpatient operating costs (sum of lines 83 through 85)	3,655,521	86

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 16-0080

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	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		14,739,957		30
31	Intensive Care Unit		2,941,686		31
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.208724	5,097,804	1,064,034	50
51	Recovery Room	0.104047	563,880	58,670	51
52	Delivery Room & Labor Room	0.357697	5,932	2,122	52
53	Anesthesiology	0.087245	1,107,623	96,635	53
54	Radiology-Diagnostic	0.132655	6,144,881	815,149	54
54.01	RADIATION ONCOLOGY	0.235608	17,617	4,151	54.01
58	MRI	0.588261	188,267	110,750	58
59	Cardiac Catheterization	0.206090	4,104,230	845,841	59
60	Laboratory	0.152013	8,326,339	1,265,712	60
65	Respiratory Therapy	0.485639	1,371,825	666,212	65
66	Physical Therapy	0.328442	1,046,918	343,852	66
68	Speech Pathology	0.237133	134,701	31,942	68
69	Electrocardiology	0.182960	1,030,686	188,574	69
70	Electroencephalography	0.404323	19,540	7,900	70
71	Medical Supplies Charged to Patients	1.769097	425,557	752,852	71
72	Impl. Dev. Charged to Patients	0.828828	751,304	622,702	72
73	Drugs Charged to Patients	0.296939	7,593,815	2,254,900	73
74	Renal Dialysis	0.126530	149,959	18,974	74
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.326458			90
91	Emergency	0.292527	2,295,099	671,378	91
92	Observation Beds (Non-Distinct Part)	0.789782	35,106	27,726	92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		40,411,083	9,850,076	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		40,411,083		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 16-5119

WORKSHEET D-3

Check Title v Hospital SUB (Other) Swing Bed SNF PPS
 Applicable Title XVIII, Part A IPF SNF Swing Bed NF TEFRA
 Boxes: Title XIX IRF NF ICF/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	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.208724			50
51	Recovery Room	0.104047			51
52	Delivery Room & Labor Room	0.357697			52
53	Anesthesiology	0.087245			53
54	Radiology-Diagnostic	0.132655	65,212	8,651	54
54.01	RADIATION ONCOLOGY	0.235608			54.01
58	MRI	0.588261			58
59	Cardiac Catheterization	0.206090			59
60	Laboratory	0.145595	345,952	50,369	60
65	Respiratory Therapy	0.485639	3,464	1,682	65
66	Physical Therapy	0.328442	2,313,687	759,912	66
68	Speech Pathology	0.237133	950,288	225,345	68
69	Electrocardiology	0.181481			69
70	Electroencephalography	0.404323			70
71	Medical Supplies Charged to Patients	1.769097			71
72	Impl. Dev. Charged to Patients	0.828828			72
73	Drugs Charged to Patients	0.296939	1,554,914	461,715	73
74	Renal Dialysis	0.126140			74
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.326458			90
91	Emergency	0.285506			91
92	Observation Beds (Non-Distinct Part)	0.789782			92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		5,233,517	1,507,674	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		5,233,517		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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)	3,344,271			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	10,481,856			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)	53,846			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	2,327,679			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	146.05			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)				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)				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)				9
10	FTE count for allopathic and osteopathic programs in the current year from your records				10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)				12
13	Total allowable FTE count for the prior year				13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero				14
15	Sum of lines 12 through 14 divided by 3				15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count				18
19	Current year resident to bed ratio (line 18 divided by line 4)				19
20	Prior year resident to bed ratio (see instructions)				20
21	Enter the lesser of lines 19 or 20 (see instructions)				21
22	IME payment adjustment (see instructions)				22
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)				24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment 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)				29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0464			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2402			31
32	Sum of lines 30 and 31	0.2866			32
33	Allowable disproportionate share percentage (see instructions)	0.1286			33
34	Disproportionate share adjustment (see instructions)	444,510			34
		Prior to	On or after		
		October 1	October 1		
	Uncompensated Care Adjustment				
35	Total uncompensated care amount (see instructions)	9,046,380,143	7,647,644,885		35
35.01	Factor 3 (see instructions)	0.000094017	0.000091271		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	850,514	698,008		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	214,376	522,072		35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	736,448			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
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 MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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)	15,060,931			47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)	17,743,220			48
49	Total payment for inpatient operating costs (see instructions)	17,743,220			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	1,106,131			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)				52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies	1,705			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)	18,851,056			59
60	Primary payer payments	46,157			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	18,804,899			61
62	Deductibles billed to program beneficiaries	1,853,980			62
63	Coinsurance billed to program beneficiaries	17,640			63
64	Allowable bad debts (see instructions)	52,276			64
65	Adjusted reimbursable bad debts (see instructions)	33,979			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	6,985			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	16,967,258			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 (SEQUESTRATION)				70
70.93	HVBP payment adjustment amount (see instructions)	8,781			70.93
70.94	HRR adjustment amount (see instructions)	-70,502			70.94
71	Amount due provider (see instructions)	16,905,537			71
71.01	Sequestration adjustment (see instructions)	338,111			71.01
72	Interim payments	16,580,832			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	-13,406			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	37,687			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
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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 MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 16-0080

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	12,834			1
2	Medical and other services reimbursed under OPPS (see instructions)	9,668,995			2
3	PPS payments	9,124,404			3
4	Outlier payment (see instructions)	29,339			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)	12,834			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	43,928			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)	43,928			14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)	43,928			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	31,094			19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)	12,834			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)	9,153,743			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	1,906,538			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)	7,260,039			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)	7,260,039			30
31	Primary payer payments	8,100			31
32	Subtotal (line 30 minus line 31)	7,251,939			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	37,093			34
35	Adjusted reimbursable bad debts (see instructions)	24,110			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	13,751			36
37	Subtotal (see instructions)	7,276,049			37
38	MSP-LCC reconciliation amount from PS&R	-367			38
39	Other adjustments (SEQUESTRATION)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	7,276,416			40
40.01	Sequestration adjustment (see instructions)	145,528			40.01
41	Interim payments	7,106,776			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	24,112			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 MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 16-5119

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (see instructions)				2
3	PPS payments				3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 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
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
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
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)				24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal [(lines 21 and 24 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
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)				37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments ()				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 MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 16-0080

**WORKSHEET E-1
PART I**

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

		INPATIENT PART A		PART B		
DESCRIPTION		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		16,533,533		7,106,776	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		47,299			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)		16,580,832		7,106,776	4
TO BE COMPLETED BY CONTRACTOR						
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			24,112	6.01
		.02		-13,406		6.02
7	Total Medicare program liability (see instructions)		16,567,426		7,130,888	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 MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 16-5119

**WORKSHEET E-1
PART I**

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		2,506,735		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		44,787		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)		2,551,522		4
TO BE COMPLETED BY CONTRACTOR					
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	9,546		6.01
		.02			6.02
7	Total Medicare program liability (see instructions)		2,561,068		7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)	

(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 MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check Hospital CAH
applicable box:

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	5,806	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	9,587	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	1,361	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	15,805	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	251,069,450	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	3,126,592	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)	514,021	8
9	Sequestration adjustment amount (see instructions)	10,280	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	503,741	10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

30	Initial/interim HIT payment(s)	389,063	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	114,678	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 MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E-3
PART VI**

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

PROSPECTIVE PAYMENT AMOUNT (see instructions)			
1	Resource Utilization Group (RUGS) payment	2,858,761	1
2	Routine service other pass through costs		2
3	Ancillary service other pass through costs		3
4	Subtotal (sum of lines 1-3)	2,858,761	4
COMPUTATION OF NET COST OF COVERED SERVICES			
5	Medical and other services. Do not use this line. (see instructions)		5
6	Deductibles		6
7	Coinsurance	300,868	7
8	Allowable bad debts (see instructions)	73,721	8
9	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	68,396	9
10	Adjusted reimbursable bad debts (see instructions)	55,442	10
11	Utilization review		11
12	Subtotal (sum of lines 4 and 5, minus lines 6 and 7, plus lines 10 and 11) (see instructions)	2,613,335	12
13	Inpatient primary payer payments		13
14	Other adjustments (specify) (see instructions)		14
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		14.50
15	Subtotal (see instructions)	2,613,335	15
15.01	Sequestration adjustment (see instructions)	52,267	15.01
16	Interim payments	2,551,522	16
17	Tentative settlement (for contractor use only)		17
18	Balance due provider/program (line 15 minus lines 15.01, 16 and 17)	9,546	18
19	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		19

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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)

Assets (Omit Cents)		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	660,955				1
2	Temporary investments	42,105,001				2
3	Notes receivable					3
4	Accounts receivable	17,090,277				4
5	Other receivables	-1,731,788				5
6	Allowances for uncollectible notes and accounts receivable	-1,715,861				6
7	Inventory	1,440,112				7
8	Prepaid expenses	2,701,783				8
9	Other current assets					9
10	Due from other funds	153,990				10
11	Total current assets (sum of lines 1-10)	60,704,469				11
FIXED ASSETS						
12	Land	778,890				12
13	Land improvements					13
14	Accumulated depreciation					14
15	Buildings	76,987,686				15
16	Accumulated depreciation	-59,869,456				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	36,748,760				23
24	Accumulated depreciation	-26,330,703				24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable					29
30	Total fixed assets (sum of lines 12-29)	28,315,177				30
OTHER ASSETS						
31	Investments	50,401,185				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	9,171,998				34
35	Total other assets (sum of lines 31-34)	59,573,183				35
36	Total assets (sum of lines 11, 30 and 35)	148,592,829				36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	8,480,829				37
38	Salaries, wages and fees payable	4,896,843				38
39	Payroll taxes payable	265,720				39
40	Notes and loans payable (short term)	591,841				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	1,456,988				44
45	Total current liabilities (sum of lines 37 thru 44)	15,692,221				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable	17,777,973				47
48	Unsecured loans					48
49	Other long term liabilities	1,782,967				49
50	Total long term liabilities (sum of lines 46 thru 49)	19,560,940				50
51	Total liabilities (sum of lines 45 and 50)	35,253,161				51
CAPITAL ACCOUNTS						
52	General fund balance	113,339,668				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 MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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	
	Assets					
	(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)	113,339,668				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	148,592,829				60

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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		108,640,546			1
2	Net income (loss) (from Worksheet G-3, line 29)		6,327,701			2
3	Total (sum of line 1 and line 2)		114,968,247			3
4	Additions (credit adjustments) (specify)					4
5	FUND BALANCE FOR MRI	177,424				5
6						6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)		177,424			10
11	Subtotal (line 3 plus line 10)		115,145,671			11
12	Deductions (debit adjustments) (specify)					12
13	UNRESTRICTED INTER COM TRANSFER	1,806,003				13
14						14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)		1,806,003			18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		113,339,668			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	FUND BALANCE FOR MRI					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	UNRESTRICTED INTER COM TRANSFER					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 MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	116,442,415		116,442,415	1
2	Subprovider IPF				2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility	6,454,296		6,454,296	7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	122,896,711		122,896,711	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit				11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)				16
17	Total inpatient routine care services (sum of lines 10 and 16)	122,896,711		122,896,711	17
18	Ancillary services		104,777,002	104,777,002	18
19	Outpatient services		20,608,839	20,608,839	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		7,426,204	7,426,204	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
27.01	PHYSICIANS SERVICES	1,365,069	5,009,298	6,374,367	27.01
27.02	MLC-NORTH	5,158,124		5,158,124	27.02
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	129,419,904	137,821,343	267,241,247	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		94,284,446	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)		94,284,446	43

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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)	267,241,247	1
2	Less contractual allowances and discounts on patients' accounts	171,451,700	2
3	Net patient revenues (line 1 minus line 2)	95,789,547	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	94,284,446	4
5	Net income from service to patients (line 3 minus line 4)	1,505,101	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	954,442	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients	13,579	16
17	Revenue from sale of drugs to other than patients	779,150	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	9,000	21
22	Rental of hosptial space	190,972	22
23	Governmental appropriations		23
24	Other (OTHER OPERATING REVENUE)	1,442,911	24
24.0	Other (NON OPERATING REVENUE)	1,514,906	24.0
1			1
24.0	Other (NON OPERATING DERIVATIVES)	-67,960	24.0
2			2
24.0	Other (OTHER NON-OPERATING GAIN LOSS)	-14,400	24.0
3			3
24.0	Other (ROUNDING)		24.0
4			4
25	Total other income (sum of lines 6-24)	4,822,600	25
26	Total (line 5 plus line 25)	6,327,701	26
29	Net income (or loss) for the period (line 26 minus line 28)	6,327,701	29

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 16-7154

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	233,773	41,669				5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	833,742	148,611	51,568			6
7	Physical Therapy	247,836	44,176				7
8	Occupational Therapy	177,952	31,719				8
9	Speech Pathology	57,608	10,268				9
10	Medical Social Services	21,995	3,920	805			10
11	Home Health Aide	107,571	19,174	7,995			11
12	Supplies (see instructions)					752,467	12
13	Drugs						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing	60,060	10,706	3,930	977		17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others	628,547	112,036	30,933	206,943	552,520	23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	2,369,084	422,279	95,231	207,920	1,304,987	24

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 16-7154

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENT S	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	275,442		275,442		275,442	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	1,033,921		1,033,921		1,033,921	6
7	Physical Therapy	292,012		292,012		292,012	7
8	Occupational Therapy	209,671		209,671		209,671	8
9	Speech Pathology	67,876		67,876		67,876	9
10	Medical Social Services	26,720		26,720		26,720	10
11	Home Health Aide	134,740		134,740		134,740	11
12	Supplies (see instructions)	752,467	-42,985	709,482		709,482	12
13	Drugs						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing	75,673		75,673		75,673	17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others	1,530,979	-114,021	1,416,958	-17,442	1,399,516	23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	4,399,501	-157,006	4,242,495	-17,442	4,225,053	24

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 16-7154

**WORKSHEET H-1
PART I**

		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	CAPITAL RELATED COSTS			
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANC E	
		0	1	2	3	
	GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General	275,442				5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care	1,033,921				6
7	Physical Therapy	292,012				7
8	Occupational Therapy	209,671				8
9	Speech Pathology	67,876				9
10	Medical Social Services	26,720				10
11	Home Health Aide	134,740				11
12	Supplies (see instructions)	709,482				12
13	Drugs					13
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing	75,673				17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others	1,399,516				23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)	4,225,053				24

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 16-7154

**WORKSHEET H-1
PART I**

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General		275,442	275,442		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		1,033,921	72,105	1,106,026	6
7	Physical Therapy		292,012	20,365	312,377	7
8	Occupational Therapy		209,671	14,622	224,293	8
9	Speech Pathology		67,876	4,734	72,610	9
10	Medical Social Services		26,720	1,863	28,583	10
11	Home Health Aide		134,740	9,397	144,137	11
12	Supplies (see instructions)		709,482	49,479	758,961	12
13	Drugs					13
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing		75,673	5,277	80,950	17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others		1,399,516	97,600	1,497,116	23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)		4,225,053		4,225,053	24

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 16-7154

**WORKSHEET H-1
PART II**

		CAPITAL RELATED COSTS						
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
		1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS								
1	Capital Related-Bldgs. and Fixtures	14,808						1
2	Capital Related-Movable Equipment		102,614					2
3	Plant Operation & Maintenance			14,808				3
4	Transportation (see instructions)				102,975			4
5	Administrative and General					-275,442	3,949,611	5
HHA REIMBURSABLE SERVICES								
6	Skilled Nursing Care	5,986		5,986	51,568		1,033,921	6
7	Physical Therapy						292,012	7
8	Occupational Therapy						209,671	8
9	Speech Pathology						67,876	9
10	Medical Social Services				805		26,720	10
11	Home Health Aide				11,924		134,740	11
12	Supplies (see instructions)						709,482	12
13	Drugs							13
14	DME	8,291		8,291				14
HHA NONREIMBURSABLE SERVICES								
15	Home Dialysis Aide Services							15
16	Respiratory Therapy							16
17	Private Duty Nursing	531		531	7,745		75,673	17
18	Clinic							18
19	Health Promotion Activities							19
20	Day Care Program							20
21	Home Delivered Means Program							21
22	Homemaker Service							22
23	All Others		102,614		30,933		1,399,516	23
23.50	Telemedicine							23.50
24	Totals (sum of lines 1-23)	14,808	102,614	14,808	102,975	-275,442	3,949,611	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						275,442	25
26	Unit Cost Multiplier						0.069739	26

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 16-7154

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP REL 1970 BLDG	CAP REL BLUFF BLDG	CAP REL RADIATION ONCOLOGY	CAP MOVABLE EQUIPMENT	
		0	1	1.01	1.02	1.03	2	
1	Administrative and General							1
2	Skilled Nursing Care	1,106,026			407			2
3	Physical Therapy	312,377						3
4	Occupational Therapy	224,293						4
5	Speech Pathology	72,610						5
6	Medical Social Services	28,583						6
7	Home Health Aide	144,137						7
8	Supplies	758,961						8
9	Drugs							9
10	DME				634			10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing	80,950			15			13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others	1,497,116					129,347	19
20	Totals (sum of lines 1-19)(2)	4,225,053			1,056		129,347	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 16-7154

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	A&G INFO SERV	A&G PURCHASING STORES	A&G ADMITTING REGISTR	A&G CASHIERS A/R, PFS	
		4	4A	5.02	5.03	5.04	5.05	
1	Administrative and General	35,328	35,328	2,092				1
2	Skilled Nursing Care	125,994	1,232,427	72,979	14,105	7,382	11,793	2
3	Physical Therapy	37,453	349,830	20,716	4,605	2,411	3,851	3
4	Occupational Therapy	26,892	251,185	14,874	2,589	1,355	2,165	4
5	Speech Pathology	8,706	81,316	4,815	497	260	416	5
6	Medical Social Services	3,324	31,907	1,889	303	159	253	6
7	Home Health Aide	16,256	160,393	9,498	662	346	553	7
8	Supplies		758,961	44,943	236	124	198	8
9	Drugs							9
10	DME		634	38				10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing	9,076	90,041	5,332				13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others	94,985	1,721,448	101,937				19
20	Totals (sum of lines 1-19)(2)	358,014	4,713,470	279,113	22,997	12,037	19,229	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 16-7154

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	SUBTOTAL (cols.0-4)	A&G ALL OTHER	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
			5.06	6	7	8	9	
1	Administrative and General	37,420	4,543				19,607	1
2	Skilled Nursing Care	1,338,686	162,512					2
3	Physical Therapy	381,413	46,302					3
4	Occupational Therapy	272,168	33,040					4
5	Speech Pathology	87,304	10,598					5
6	Medical Social Services	34,511	4,190					6
7	Home Health Aide	171,452	20,814					7
8	Supplies	804,462	97,659					8
9	Drugs							9
10	DME	672	82					10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing	95,373	11,578					13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others	1,823,385	221,354					19
20	Totals (sum of lines 1-19)(2)	5,046,846	612,672				19,607	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 16-7154

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
1	Administrative and General		1,123					1
2	Skilled Nursing Care			189,163			22,670	2
3	Physical Therapy						7,403	3
4	Occupational Therapy						4,162	4
5	Speech Pathology						799	5
6	Medical Social Services						487	6
7	Home Health Aide						1,064	7
8	Supplies						380	8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)		1,123	189,163			36,965	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 16-7154

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	SOCIAL SERVICE	SUBTOTAL (sum of col.4A-23)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (cols 23 +/- 24)	ALLOCATED HHA A&G (see PtII)	TOTAL HHA COSTS	
		17	24	25	26	27	28	
1	Administrative and General		62,693		62,693			1
2	Skilled Nursing Care		1,713,031		1,713,031	18,256	1,731,287	2
3	Physical Therapy		435,118		435,118	4,637	439,755	3
4	Occupational Therapy		309,370		309,370	3,297	312,667	4
5	Speech Pathology		98,701		98,701	1,052	99,753	5
6	Medical Social Services	39,364	78,552		78,552	837	79,389	6
7	Home Health Aide		193,330		193,330	2,060	195,390	7
8	Supplies		902,501		902,501	9,618	912,119	8
9	Drugs							9
10	DME		754		754	8	762	10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing		106,951		106,951	1,140	108,091	13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others		2,044,739		2,044,739	21,788	2,066,527	19
20	Totals (sum of lines 1-19)(2)	39,364	5,945,740		5,945,740	62,693	5,945,740	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.010657		21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 16-7154

**WORKSHEET H-2
PART II**

	HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL 1970 BLDG SQUARE FEET	CAP REL BLUFF BLDG SQUARE FEET	CAP REL RADIATION ONCOLOGY SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	
		1	1.01	1.02	1.03	2	4	
1	Administrative and General						233,773	1
2	Skilled Nursing Care			5,940			833,742	2
3	Physical Therapy						247,836	3
4	Occupational Therapy						177,952	4
5	Speech Pathology						57,608	5
6	Medical Social Services						21,995	6
7	Home Health Aide						107,571	7
8	Supplies							8
9	Drugs							9
10	DME			9,267				10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing			219			60,060	13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others					102,614	628,547	19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)			15,426		102,614	2,369,084	20
21	Total cost to be allocated			1,056		129,347	358,014	21
22	Unit Cost Multiplier			0.068456		1.260520		22
22	Unit Cost Multiplier						0.151119	22

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 16-7154

**WORKSHEET H-2
PART II**

	HHA COST CENTER	RECON- CILIATION	A&G INFO SERV ACCUM COST	A&G PURCHASING STORES GROSS REVENUE	A&G ADMITTING REGISTR GROSS REVENUE	A&G CASHIERS A/R, PFS GROSS REVENUE	RECON- CILIATION	
		4A.02	5.02	5.03	5.04	5.05		
1	Administrative and General		35,328					1
2	Skilled Nursing Care		1,232,427	3,633,010	3,633,010	3,633,010		2
3	Physical Therapy		349,830	1,186,368	1,186,368	1,186,368		3
4	Occupational Therapy		251,185	667,027	667,027	667,027		4
5	Speech Pathology		81,316	128,073	128,073	128,073		5
6	Medical Social Services		31,907	78,079	78,079	78,079		6
7	Home Health Aide		160,393	170,455	170,455	170,455		7
8	Supplies		758,961	60,871	60,871	60,871		8
9	Drugs							9
10	DME		634					10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing		90,041					13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others		1,721,448					19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)		4,713,470	5,923,883	5,923,883	5,923,883		20
22	Unit Cost Multiplier			0.003882		0.003246		22
22	Unit Cost Multiplier		0.059216		0.002032			22

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 16-7154

**WORKSHEET H-2
PART II**

	HHA COST CENTER	A&G ALL OTHER ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	
		5.06	6	7	8	9	10	
1	Administrative and General	37,420				668		1
2	Skilled Nursing Care	1,338,686						2
3	Physical Therapy	381,413						3
4	Occupational Therapy	272,168						4
5	Speech Pathology	87,304						5
6	Medical Social Services	34,511						6
7	Home Health Aide	171,452						7
8	Supplies	804,462						8
9	Drugs							9
10	DME	672						10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing	95,373						13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others	1,823,385						19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	5,046,846				668		20
21	Total cost to be allocated	612,672				19,607		21
22	Unit Cost Multiplier	0.121397				29.351796		22
22	Unit Cost Multiplier							22

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 16-7154

**WORKSHEET H-2
PART II**

	HHA COST CENTER	CAFETERIA MEALS SERVED	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	
		11	13	14	15	16	17	
1	Administrative and General	11,678						1
2	Skilled Nursing Care		38,577			3,633,010		2
3	Physical Therapy					1,186,368		3
4	Occupational Therapy					667,027		4
5	Speech Pathology					128,073		5
6	Medical Social Services					78,079	1,830	6
7	Home Health Aide					170,455		7
8	Supplies					60,871		8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	11,678	38,577			5,923,883	1,830	20
21	Total cost to be allocated	1,123	189,163			36,965	39,364	21
22	Unit Cost Multiplier	0.096164				0.006240		22
22	Unit Cost Multiplier		4.903518				21.510383	22

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 16-7154

**WORKSHEET H-2
PART II**

	HHA COST CENTER						
1	Administrative and General						1
2	Skilled Nursing Care						2
3	Physical Therapy						3
4	Occupational Therapy						4
5	Speech Pathology						5
6	Medical Social Services						6
7	Home Health Aide						7
8	Supplies						8
9	Drugs						9
10	DME						10
11	Home Dialysis Aide Services						11
12	Respiratory Therapy						12
13	Private Duty Nursing						13
14	Clinic						14
15	Health Promotion Activities						15
16	Day Care Program						16
17	Home Delivered Meals Program						17
18	Homemaker Service						18
19	All Others						19
19.50	Telemedicine						19.50
20	Totals (sum of lines 1-19)						20
21	Total cost to be allocated						21
22	Unit Cost Multiplier						22
22	Unit Cost Multiplier						22

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 16-7154

**WORKSHEET H-3
PARTS I & II**

Check applicable box: [] Title V [XX] Title XVIII [] Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation							
	Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA COSTS (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
			1	2	3	4	5
1	Skilled Nursing Care	2	1,731,287		1,731,287	12,678	136.56
2	Physical Therapy	3	439,755	27,979	467,734	2,788	167.77
3	Occupational Therapy	4	312,667		312,667	1,418	220.50
4	Speech Pathology	5	99,753	2,459	102,212	248	412.15
5	Medical Social Services	6	79,389		79,389	151	525.75
6	Home Health Aide	7	195,390		195,390	3,716	52.58
7	Total (sum of lines 1-6)		2,858,241	30,438	2,888,679	20,999	

Limitation Cost Computation		Program Visits			
		PART B			
	Patient Services	CBSA No.	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1	2	3	4
8	Skilled Nursing Care	99914		2,216	
8.01	Skilled Nursing Care	99916		4,424	
9	Physical Therapy	99914		665	
9.01	Physical Therapy	99916		1,280	
10	Occupational Therapy	99914		338	
10.01	Occupational Therapy	99916		755	
11	Speech Pathology	99914		55	
11.01	Speech Pathology	99916		124	
12	Medical Social Services	99914		32	
12.01	Medical Social Services	99916		71	
13	Home Health Aide	99914		46	
13.01	Home Health Aide	99916		629	
14	Total (sum of lines 8-13)			10,635	

Supplies and Drugs Cost Computations							
	Other Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA COSTS (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
			1	2	3	4	5
15	Cost of Medical Supplies	8	912,119	7,565	919,684	14,463	63.588744
16	Cost of Drugs	9					

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

		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charges (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated
			1	2	3	4
1	Physical Therapy	66	0.328442	85,188	27,979	col. 2, line 2
2	Occupational Therapy	67				col. 2, line 3
3	Speech Pathology	68	0.237133	10,370	2,459	col. 2, line 4
4	Medical Supplies Charged to Pat	71	1.769097	4,276	7,565	col. 2, line 15
5	Drugs Charged to Patients	73	0.296939			col. 2, line 16

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 16-7154

WORKSHEET H-3
PARTS I & II

Check applicable box: [] Title V [XX] Title XVIII [] Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation		Program Visits			Cost of Services				
		Part B			Part B				
	Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Total Program Cost (sum of cols 9-10)	
		6	7	8	9	10	11	12	
1	Skilled Nursing Care		6,640			906,758		906,758	1
2	Physical Therapy		1,945			326,313		326,313	2
3	Occupational Therapy		1,093			241,007		241,007	3
4	Speech Pathology		179			73,775		73,775	4
5	Medical Social Services		103			54,152		54,152	5
6	Home Health Aide		675			35,492		35,492	6
7	Total (sum of lines 1-6)		10,635			1,637,497		1,637,497	7

Supplies and Drugs Cost Computations		Program Covered Charges			Cost of Services			
		Part B			Part B			
	Other Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6	7	8	9	10	11	
15	Cost of Medical Supplies							15
16	Cost of Drugs							16

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 16-7154

**WORKSHEET H-4
PARTS I & II**

Check applicable box: [] Title V [XX] Title XVIII [] Title XIX

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

	Description	Part A 1	Part B		
			Not Subject to Deductibles & Coinsurance 2	Subject to Deductibles & Coinsurance 3	
	Reasonable Cost of Part A & Part B Services				
1	Reasonable cost of services (see instructions)				1
2	Total charges	2,169,398			2
	Customary Charges				
3	Amount actually collected from patients liable for payment for services on a charge basis (from your records)				3
4	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	1,407,498			4
5	Ratio of line 3 to line 4 (not to exceed 1.000000)				5
6	Total customary charges (see instructions)	2,169,398			6
7	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	2,169,398			7
8	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)				8
9	Primary payer amounts				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	Description	Part A Services 1	Part B Services 2	
10	Total reasonable cost (see instructions)			10
11	Total PPS Reimbursement - Full Episodes without Outliers	1,902,573		11
12	Total PPS Reimbursement - Full Episodes with Outliers	2,388		12
13	Total PPS Reimbursement - LUPA Episodes	23,933		13
14	Total PPS Reimbursement - PEP Episodes	18,515		14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers	98		15
16	Total PPS Outlier Reimbursement - PSP Episodes			16
17	Total Other Payments			17
18	DME Payments			18
19	Oxygen Payments			19
20	Prosthetic and Orthotic Payments			20
21	Part B deductibles billed to Medicare patients (exclude coinsurance)			21
22	Subtotal (sum of lines 10 thru 20 minus line 21)	1,947,507		22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)	1,947,507		24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)	1,947,507		26
27	Reimbursable bad debts (from your records)			27
28	Reimbursable bad debts for dual eligible (see instructions)			28
29	Total costs - current cost reporting period (line 26 plus line 27)	1,947,507		29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)	1,947,507		31
31.01	Sequestration adjustment (see instructions)	37,502		31.01
32	Interim payments (see instructions)	1,910,005		32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA CCN: 16-7154

WORKSHEET H-5

	DESCRIPTION	Part A		Part B	
		mm/dd/yyyy 1	Amount 2	mm/dd/yyyy 3	Amount 4
1	Total interim payments paid to provider		1,910,005		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. H-4, Part II, column as appropriate, line 32)		1,910,005		4
	TO BE COMPLETED BY CONTRACTOR				
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	Determine net settlement amount (balance due) based on the cost report (see instructions)	.01			6.01
		.02			6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)		1,910,005		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 MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

WORKSHEET I-1

Check applicable box: Renal Dialysis Department Home Program Dialysis

		TOTAL COSTS	BASIS	STATISTICS	FTEs per 2080 Hours	
		1	2	3	4	
1	Registered Nurses	255,371	Hours of Service	9,316.00	4.48	1
2	Licensed Practical Nurses		Hours of Service			2
3	Nurses Aides		Hours of Service			3
4	Technicians	177,156	Hours of Service	11,342.00	5.45	4
5	Social Workers		Hours of Service			5
6	Dieticians		Hours of Service			6
7	Physicians		Accumulated Cost			7
8	Non-patient Care Salary	100,070	Accumulated Cost			8
9	Subtotal (sum of lines 1-8)	532,597				9
10	Employee Benefits	121,204	Salary			10
11	Capital Related Costs-Bldgs. & Fixtures		Square Feet			11
12	Capital Related Costs-Mov. Equip.		Percentage of Time			12
13	Machine Costs & Repairs	5,854	Percentage of Time			13
14	Supplies	4,806	Requisitions			14
15	Drugs	11,418	Requisitions			15
16	Other	77,737	Accumulated Cost			16
17	Subtotal (sum of lines 9-16)*	753,616				17
18	Capital Related Costs-Bldgs. & Fixtures	3,367	Square Feet			18
19	Capital Related Costs-Mov. Equip.	51,762	Percentage of Time			19
20	Employee Benefits Department	80,486	Salary			20
21	Administrative and General	277,559	Accumulated Cost			21
22	Maint./Repairs-Operation-Housekeeping	34,526	Square Feet			22
23	Medical Educatino Program Costs					23
24	Central Services & Supplies		Requisitions			24
25	Pharmacy		Requisitions			25
26	Other Allocated Costs	156,358	Accumulated Cost			26
27	Subtotal (sum of lines 17-26)*	1,357,674				27
28	Laboratory		Charges			28
29	Respiratory Therapy		Charges			29
30	Other Ancillary (specify)		Charges			30
31	Total costs (sum of lines 27-30)	1,357,674				31

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

WORKSHEET I-2

Check applicable box: Renal Dialysis Department Home Program Dialysis

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT	DRUGS	
		BUILDING	EQUIPMENT	RNs	OTHER			
		1	2	3	4	5	6	
1	Total Renal Department Costs	37,893	57,616	255,371	177,156	201,690	11,418	1
	MAINTENANCE							
2	Hemodialysis	37,893	57,616	255,371	177,156	201,690	11,418	2
3	Intermittent Peritoneal							3
	TRAINING							
4	Hemodialysis							4
5	Intermittent Peritoneal							5
6	CAPD							6
7	CCPD							7
	HOME							
8	Hemodialysis							8
9	Intermittent Peritoneal							9
10	CAPD							10
11	CCPD							11
	OTHER BILLABLE SERVICES							
12	Inpatient Dialysis							12
13	Method II Home Patient							13
14	EPO (included in renal department)							14
15	ARANESP (included in renal department)							15
16	Other							16
17	Total (sum of lines 2 through 16)	37,893	57,616	255,371	177,156	201,690	11,418	17
18	Medical Educational Program Costs							18
19	Total Renal Costs (line 17 + line 18)							19

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

WORKSHEET I-2

Check applicable box: Renal Dialysis Department Home Program Dialysis

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (sum of cols. 1-8)	OVERHEAD	TOTAL (col. 9 + col. 10)	
		7	8	9	10	11	
1	Total Renal Department Costs	4,806		745,950	611,724	1,357,674	1
	MAINTENANCE						
2	Hemodialysis	4,806		745,950	611,724	1,357,674	2
3	Intermittent Peritoneal TRAINING						3
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD						6
7	CCPD						7
	HOME						
8	Hemodialysis						8
9	Intermittent Peritoneal						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis						12
13	Method II Home Patient						13
14	EPO (included in renal department)						14
15	ARANESP (included in renal department)						15
16	Other						16
17	Total (sum of lines 2 through 16)	4,806		745,950	611,724	1,357,674	17
18	Medical Educational Program Costs						18
19	Total Renal Costs (line 17 + line 18)					1,357,674	19

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

WORKSHEET I-3

Check applicable box: Renal Dialysis Department Home Program Dialysis

	COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT (Salary)	
		BUILDING (Square Feet)	EQUIPMENT (% of Time)	RNs (Hours)	OTHERS (Hours)		
		1	2	3	4	5	
1	Total Renal Department Costs	37,893	57,616	255,371	177,156	201,690	1
	MAINTENANCE						
2	Hemodialysis	5,034	41,064.00	8,206.00	14,929.00	532,597	2
3	Intermittent Peritoneal TRAINING						3
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD						6
7	CCPD						7
	HOME						
8	Hemodialysis						8
9	Intermittent Peritoneal						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis Treatments						12
13	Method II Home Patient						13
14	EPO						14
15	ARANESP						15
16	Other						16
17	Total Statistical Basis	5,034	41,064.00	8,206.00	14,929.00	532,597	17
18	Unit Cost Multiplier (line 1 ÷ line 17)	7.527414	1.403078	31.120034	11.866568	0.378692	18

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

WORKSHEET I-3

Check applicable box: Renal Dialysis Department Home Program Dialysis

	COMPOSITE PAYMENT SERVICES	DRUGS (Requist.)	MEDICAL SUPPLIES (Requist.)	ROUTINE ANCILLARY SERVICES (Charges)	SUBTOTAL	OVERHEAD (Accum. Cost)	
		6	7	8	9	10	
1	Total Renal Department Costs	11,418	4,806				1
	MAINTENANCE						
2	Hemodialysis	11,418	4,806				2
3	Intermittent Peritoneal						3
	TRAINING						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD						6
7	CCPD						7
	HOME						
8	Hemodialysis						8
9	Intermittent Peritoneal						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis Treatments						12
13	Method II Home Patient						13
14	EPO						14
15	ARANESP						15
16	Other						16
17	Total Statistical Basis	11,418	4,806			745,950	17
18	Unit Cost Multiplier (line 1 ÷ line 17)	1.000000	1.000000			0.820060	18

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

WORKSHEET I-4

Check applicable box: Renal Dialysis Department Home Program Dialysis

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Number of Program Treatments	Number of Program Treatments	Total Program Expenses (see instructions)	
		1	2	3	4	4.01	4.02	5	
1	Maintenance - Hemodialysis	8,217	1,357,674	165.23	6,757			1,116,459	1
2	Maintenance - Peritoneal Dialysis								2
3	Training - Hemodialysis								3
4	Training - Peritoneal Dialysis								4
5	Training - Continuous Ambulatory Peritoneal Dialysis								5
6	Training - Continuous Cycling Peritoneal Dialysis								6
7	Home Program - Hemodialysis								7
8	Home Program - Peritoneal Dialysis								8
		Patient Weeks			Patient Weeks	Patient Weeks	Patient Weeks		
9	Home Program - Continuous Ambulatory Peritoneal Dialysis								9
10	Home Program - COntinuous Cycling Peritoneal Dialysis								10
11	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6) (see instructions)	8,217	1,357,674		6,757			1,116,459	11
12	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instructions)	8,217							12

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

WORKSHEET I-4

Check applicable box: Renal Dialysis Department Home Program Dialysis

		Total Program Payment	Total Program Payment	Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	Average Payment Rate (col. 6.01 ÷ col. 4.01)	Average Payment Rate (col. 6.02 ÷ col. 4.02)	
		6	6.01	6.02	7	7.01	7.02	
1	Maintenance - Hemodialysis	1,252,499			185.36			1
2	Maintenance - Peritoneal Dialysis							2
3	Training - Hemodialysis							3
4	Training - Peritoneal Dialysis							4
5	Training - Continuous Ambulatory Peritoneal Dialysis							5
6	Training - Continuous Cycling Peritoneal Dialysis							6
7	Home Program - Hemodialysis							7
8	Home Program - Peritoneal Dialysis							8
9	Home Program - Continuous Ambulatory Peritoneal Dialysis							9
10	Home Program - COntinuous Cycling Peritoneal Dialysis							10
11	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6) (see instructions)	1,252,499						11
12	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instructions)							12

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

WORKSHEET I-5

DESCRIPTION			
1	Total expenses related to care of program beneficiaries (see instructions)		1,116,459 1
		1	2
2	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	1,252,499	1,252,499 2
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)		2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)		2.02
2.03	Total payment due (see instructions)	1,252,499	1,252,499 2.03
2.04	Outlier payments	250	2.04
3	Deductibles billed to Medicare (Part B) patients (see instructions)		3
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)		3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)	1,807	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	1,807	3.03
4	Coinsurance billed to Medicare (Part B) patients (see instructions)		4
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)	166,759	4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)	154,287	4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	321,046	4.03
5	Bad debts for deductibles and coinsurance, net of bad debt recoveries		5
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012		5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013		5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014		5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014		5.04
5.05	Total bad debts (sum of line 5 through line 5.04)		5.05
6	Allowable bad debts (see instructions)		6
7	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		7
8	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)		8
9	Program payment (see instructions)		1,001,999 9
10	Unrecovered from Medicare (Part B) patients (see instructions)		10
11	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)		11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE			
12	Total allowable expenses (see instructions)	1,357,674	12
13	Total composite costs (from Wkst. I-4, col. 2, line 11)	1,357,674	13
14	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000	14

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE CCN: 16-1527

WORKSHEET K

	COST CENTER DESCRIPTIONS	SALARIES (from Wkst. K-1)	EMPLOYEE BENEFITS (from Wkst. K-2)	TRANSPOR- TATION (see inst.)	CONTRACTED SERVICES (from Wkst. K-3)	OTHER	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	Capital Related Costs-Bldg and Fixt.						1
2	Capital Related Costs-Movable Equip.						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General	38,088	8,168				6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	VISITING SERVICES						
9	Physician Services				17,230		9
10	Nursing Care	175,014	37,533	11,427			10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services	50,591	10,850	2,168			15
16	Spiritual Counseling						16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker	18,251	3,914	2,961			19
20	HH Aide & Homemaker - Cont. Home Care						20
21	Other			2,327	42,877		21
	OTHER HOSPICE SERVICE COSTS						
22	Drugs, Biological and Infusion Therapy						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R Dept.)						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other					378,369	34
	HOSPICE NONREIMBURSABLE SERVICE						
35	Bereavement Program Costs						35
36	volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)	281,944	60,465	18,883	60,107	378,369	39

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE CCN: 16-1527

WORKSHEET K

		TOTAL (cols. 1-5) 6	RECLASSI- FICATION 7	SUBTOTAL (col. 6 ± col. 7) 8	ADJUST- MENTS 9	TOTAL (col. 8 ± col. 9) 10	
	GENERAL SERVICE COST CENTER						
1	Capital Related Costs-Bldg and Fixt.						1
2	Capital Related Costs-Movable Equip.						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General	46,256		46,256		46,256	6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	VISITING SERVICES						
9	Physician Services	17,230		17,230		17,230	9
10	Nursing Care	223,974		223,974		223,974	10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services	63,609		63,609		63,609	15
16	Spiritual Counseling						16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker	25,126		25,126		25,126	19
20	HH Aide & Homemaker - Cont. Home Care						20
21	Other	45,204		45,204		45,204	21
	OTHER HOSPICE SERVICE COSTS						
22	Drugs, Biological and Infusion Therapy						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R Dept.)						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other	378,369	-71,547	306,822	-3,314	303,508	34
	HOSPICE NONREIMBURSABLE SERVICE						
35	Bereavement Program Costs						35
36	volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)	799,768	-143,094	728,221	-6,628	724,907	39

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

HOSPICE CCN: 16-1527

WORKSHEET K-1

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	Capital Related Costs-Bldg and Fix						1
2	Capital Related Costs-Movable Eqiu						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General						6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	VISITING SERVICES						
9	Physician Services						9
10	Nursing Care					175,014	10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services			50,591			15
16	Spiritual Counseling						16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker						19
20	HH Aide & Homemaker - Cont. Home C						20
21	Other						21
	OTHER HOSPICE SERVICE COSTS						
22	Drugs, Biological and Infusion The						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	Bereavement Program Costs						35
36	volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)			50,591		175,014	39

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

HOSPICE CCN: 16-1527

WORKSHEET K-1

		TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
		6	7	8	9	
	GENERAL SERVICE COST CENTER					
1	Capital Related Costs-Bldg and Fix					1
2	Capital Related Costs-Movable Equi					2
3	Plant Operation and Maintenance					3
4	Transportation - Staff					4
5	Volunteer Service Coordination					5
6	Administrative and General			38,088	38,088	6
	INPATIENT CARE SERVICE					
7	Inpatient - General Care					7
8	Inpatient - Respite Care					8
	VISITING SERVICES					
9	Physician Services					9
10	Nursing Care				175,014	10
11	Nursing Care-Continuous Home Care					11
12	Physical Therapy					12
13	Occupational Therapy					13
14	Speech / Language Pathology					14
15	Medical Social Services				50,591	15
16	Spiritual Counseling					16
17	Dietary Counseling					17
18	Counseling - Other					18
19	Home Health Aide and Homemaker		18,251		18,251	19
20	HH Aide & Homemaker - Cont. Home C					20
21	Other					21
	OTHER HOSPICE SERVICE COSTS					
22	Drugs, Biological and Infusion The					22
23	Analgesics					23
24	Sedatives / Hypnotics					24
25	Other - Specify					25
26	Durable Medical Equipment/Oxygen					26
27	Patient Transportation					27
28	Imaging Services					28
29	Labs and Diagnostics					29
30	Medical Supplies					30
31	Outpatient Services (including E/R					31
32	Radiation Therapy					32
33	Chemotherapy					33
34	Other					34
	HOSPICE NONREIMBURSABLE SERVICE					
35	Bereavement Program Costs					35
36	volunteer Program Costs					36
37	Fundraising					37
38	Other Program Costs					38
39	Total (sum of lines 1-38)		18,251	38,088	281,944	39

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE CCN: 16-1527

WORKSHEET K-2

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	Capital Related Costs-Bldg and Fix						1
2	Capital Related Costs-Movable Eqiu						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General						6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	VISITING SERVICES						
9	Physician Services						9
10	Nursing Care					37,533	10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services			10,850			15
16	Spiritual Counseling						16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker						19
20	HH Aide & Homemaker - Cont. Home C						20
21	Other						21
	OTHER HOSPICE SERVICE COSTS						
22	Drugs, Biological and Infusion The						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	Bereavement Program Costs						35
36	volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)			10,850		37,533	39

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE CCN: 16-1527

WORKSHEET K-2

		TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
		6	7	8	9	
	GENERAL SERVICE COST CENTER					
1	Capital Related Costs-Bldg and Fix					1
2	Capital Related Costs-Movable Equi					2
3	Plant Operation and Maintenance					3
4	Transportation - Staff					4
5	Volunteer Service Coordination					5
6	Administrative and General			8,168	8,168	6
	INPATIENT CARE SERVICE					
7	Inpatient - General Care					7
8	Inpatient - Respite Care					8
	VISITING SERVICES					
9	Physician Services					9
10	Nursing Care				37,533	10
11	Nursing Care-Continuous Home Care					11
12	Physical Therapy					12
13	Occupational Therapy					13
14	Speech / Language Pathology					14
15	Medical Social Services				10,850	15
16	Spiritual Counseling					16
17	Dietary Counseling					17
18	Counseling - Other					18
19	Home Health Aide and Homemaker		3,914		3,914	19
20	HH Aide & Homemaker - Cont. Home C					20
21	Other					21
	OTHER HOSPICE SERVICE COSTS					
22	Drugs, Biological and Infusion The					22
23	Analgesics					23
24	Sedatives / Hypnotics					24
25	Other - Specify					25
26	Durable Medical Equipment/Oxygen					26
27	Patient Transportation					27
28	Imaging Services					28
29	Labs and Diagnostics					29
30	Medical Supplies					30
31	Outpatient Services (including E/R					31
32	Radiation Therapy					32
33	Chemotherapy					33
34	Other					34
	HOSPICE NONREIMBURSABLE SERVICE					
35	Bereavement Program Costs					35
36	volunteer Program Costs					36
37	Fundraising					37
38	Other Program Costs					38
39	Total (sum of lines 1-38)		3,914	8,168	60,465	39

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 16-1527

WORKSHEET K-3

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	Capital Related Costs-Bldg and Fix						1
2	Capital Related Costs-Movable Eqiu						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General						6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	VISITING SERVICES						
9	Physician Services						9
10	Nursing Care						10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services						15
16	Spiritual Counseling						16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker						19
20	HH Aide & Homemaker - Cont. Home C						20
21	Other						21
	OTHER HOSPICE SERVICE COSTS						
22	Drugs, Biological and Infusion The						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	Bereavement Program Costs						35
36	volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)						39

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 16-1527

WORKSHEET K-3

		TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
		6	7	8	9	
	GENERAL SERVICE COST CENTER					
1	Capital Related Costs-Bldg and Fix					1
2	Capital Related Costs-Movable Equi					2
3	Plant Operation and Maintenance					3
4	Transportation - Staff					4
5	Volunteer Service Coordination					5
6	Administrative and General					6
	INPATIENT CARE SERVICE					
7	Inpatient - General Care					7
8	Inpatient - Respite Care					8
	VISITING SERVICES					
9	Physician Services			17,230	17,230	9
10	Nursing Care					10
11	Nursing Care-Continuous Home Care					11
12	Physical Therapy					12
13	Occupational Therapy					13
14	Speech / Language Pathology					14
15	Medical Social Services					15
16	Spiritual Counseling					16
17	Dietary Counseling					17
18	Counseling - Other					18
19	Home Health Aide and Homemaker					19
20	HH Aide & Homemaker - Cont. Home C					20
21	Other			42,877	42,877	21
	OTHER HOSPICE SERVICE COSTS					
22	Drugs, Biological and Infusion The					22
23	Analgesics					23
24	Sedatives / Hypnotics					24
25	Other - Specify					25
26	Durable Medical Equipment/Oxygen					26
27	Patient Transportation					27
28	Imaging Services					28
29	Labs and Diagnostics					29
30	Medical Supplies					30
31	Outpatient Services (including E/R					31
32	Radiation Therapy					32
33	Chemotherapy					33
34	Other					34
	HOSPICE NONREIMBURSABLE SERVICE					
35	Bereavement Program Costs					35
36	volunteer Program Costs					36
37	Fundraising					37
38	Other Program Costs					38
39	Total (sum of lines 1-38)			60,107	60,107	39

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE CCN: 16-1527

**WORKSHEET K-4
PART I**

	COST CENTER DESCRIPTIONS	CAPITAL RELATED COSTS					
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.		TRANS-PORTATION
		0	1	2	3		4
	GENERAL SERVICE COST CENTER						
1	Capital Related Costs-Bldg and Fix					1	
2	Capital Related Costs-Movable Eqiu					2	
3	Plant Operation and Maintenance					3	
4	Transportation - Staff					4	
5	Volunteer Service Coordination					5	
6	Administrative and General	46,256				6	
	INPATIENT CARE SERVICE						
7	Inpatient - General Care					7	
8	Inpatient - Respite Care					8	
	VISITING SERVICES						
9	Physician Services	17,230				9	
10	Nursing Care	223,974				10	
11	Nursing Care-Continuous Home Care					11	
12	Physical Therapy					12	
13	Occupational Therapy					13	
14	Speech / Language Pathology					14	
15	Medical Social Services	63,609				15	
16	Spiritual Counseling					16	
17	Dietary Counseling					17	
18	Counseling - Other					18	
19	Home Health Aide and Homemaker	25,126				19	
20	HH Aide & Homemaker - Cont. Home C					20	
21	Other	45,204				21	
	OTHER HOSPICE SERVICE COSTS						
22	Drugs, Biological and Infusion The					22	
23	Analgesics					23	
24	Sedatives / Hypnotics					24	
25	Other - Specify					25	
26	Durable Medical Equipment/Oxygen					26	
27	Patient Transportation					27	
28	Imaging Services					28	
29	Labs and Diagnostics					29	
30	Medical Supplies					30	
31	Outpatient Services (including E/R					31	
32	Radiation Therapy					32	
33	Chemotherapy					33	
34	Other	303,508				34	
	HOSPICE NONREIMBURSABLE SERVICE						
35	Bereavement Program Costs					35	
36	volunteer Program Costs					36	
37	Fundraising					37	
38	Other Program Costs					38	
39	Total (sum of lines 1-38)	724,907				39	

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE CCN: 16-1527

**WORKSHEET K-4
PART I**

		VOLUNTEER SERVICES COORDI- NATOR	SUBTOTAL (cols. 0 - 5)	ADMINIS- TRATIVE & GENERAL	TOTAL (col. 5 ± col. 6)	
		5	5A	6	7	
	GENERAL SERVICE COST CENTER					
1	Capital Related Costs-Bldg and Fix					1
2	Capital Related Costs-Movable Equi					2
3	Plant Operation and Maintenance					3
4	Transportation - Staff					4
5	Volunteer Service Coordination					5
6	Administrative and General		46,256	46,256		6
	INPATIENT CARE SERVICE					
7	Inpatient - General Care					7
8	Inpatient - Respite Care					8
	VISITING SERVICES					
9	Physician Services		17,230	1,174	18,404	9
10	Nursing Care		223,974	15,266	239,240	10
11	Nursing Care-Continuous Home Care					11
12	Physical Therapy					12
13	Occupational Therapy					13
14	Speech / Language Pathology					14
15	Medical Social Services		63,609	4,336	67,945	15
16	Spiritual Counseling					16
17	Dietary Counseling					17
18	Counseling - Other					18
19	Home Health Aide and Homemaker		25,126	1,713	26,839	19
20	HH Aide & Homemaker - Cont. Home C					20
21	Other		45,204	3,081	48,285	21
	OTHER HOSPICE SERVICE COSTS					
22	Drugs, Biological and Infusion The					22
23	Analgesics					23
24	Sedatives / Hypnotics					24
25	Other - Specify					25
26	Durable Medical Equipment/Oxygen					26
27	Patient Transportation					27
28	Imaging Services					28
29	Labs and Diagnostics					29
30	Medical Supplies					30
31	Outpatient Services (including E/R					31
32	Radiation Therapy					32
33	Chemotherapy					33
34	Other		303,508	20,686	324,194	34
	HOSPICE NONREIMBURSABLE SERVICE					
35	Bereavement Program Costs					35
36	volunteer Program Costs					36
37	Fundraising					37
38	Other Program Costs					38
39	Total (sum of lines 1-38)		724,907		724,907	39

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE CCN: 16-1527

**WORKSHEET K-4
PART II**

	COST CENTER DESCRIPTIONS	CAPITAL RELATED COSTS					RECONCILIATION	ADMINISTRATIVE & GENERAL (Acc. Cost)	
		BUILDINGS & FIXTURES (Sq. Ft.)	MOVABLE EQUIPMENT (\$ Value)	PLANT OPERATION & MAINT. (Sq. Ft.)	TRANSPORTATION (Mileage)	VOLUNTEER SERVICES COORDINATOR (Hours)			
		1	2	3	4	5	6A	6	
	GENERAL SERVICE COST CENTER								
1	Capital Related Costs-Bldg and Fix								1
2	Capital Related Costs-Movable Equi		369						2
3	Plant Operation and Maintenance								3
4	Transportation - Staff				18,883				4
5	Volunteer Service Coordination								5
6	Administrative and General						-46,256	678,651	6
	INPATIENT CARE SERVICE								
7	Inpatient - General Care								7
8	Inpatient - Respite Care								8
	VISITING SERVICES								
9	Physician Services							17,230	9
10	Nursing Care				11,427			223,974	10
11	Nursing Care-Continuous Home Care								11
12	Physical Therapy								12
13	Occupational Therapy								13
14	Speech / Language Pathology								14
15	Medical Social Services				2,168			63,609	15
16	Spiritual Counseling								16
17	Dietary Counseling								17
18	Counseling - Other								18
19	Home Health Aide and Homemaker				2,961			25,126	19
20	HH Aide & Homemaker - Cont. Home C								20
21	Other		369		2,327			45,204	21
	OTHER HOSPICE SERVICE COSTS								
22	Drugs, Biological and Infusion The								22
23	Analgesics								23
24	Sedatives / Hypnotics								24
25	Other - Specify								25
26	Durable Medical Equipment/Oxygen								26
27	Patient Transportation								27
28	Imaging Services								28
29	Labs and Diagnostics								29
30	Medical Supplies								30
31	Outpatient Services (including E/R								31
32	Radiation Therapy								32
33	Chemotherapy								33
34	Other							303,508	34
	HOSPICE NONREIMBURSABLE SERVICE								
35	Bereavement Program Costs								35
36	volunteer Program Costs								36
37	Fundraising								37
38	Other Program Costs								38
39	Cost to be Allocated (per Wskt K-4, Part I)							46,256	39
40	Unit Cost Multiplier							0.068159	40

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 16-1527

**WORKSHEET K-5
PART I**

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

	HOSPICE COST CENTER (omit cents)	HOSPICE TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP REL 1970 BLDG	CAP REL BLUFF BLDG	CAP REL RADIATION ONCOLOGY	CAP MOVABLE EQUIPMENT	
		0	1	1.01	1.02	1.03	2	
1	Administrative and General						465	1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services	18,404						4
5	Nursing Care	239,240						5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services	67,945						10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker	26,839						14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other	48,285						16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other	324,194						29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)	724,907					465	34
35	Unit Cost Multiplier (see instructions)							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 16-1527

**WORKSHEET K-5
PART I**

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

	HOSPICE COST CENTER (omit cents)	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	A&G INFO SERV	A&G PURCHASING STORES	A&G ADMITTING REGISTR	A&G CASHIERS A/R, PFS	
		4	4A	5.02	5.03	5.04	5.05	
1	Administrative and General	42,607	43,072	2,551	5,832	3,053	4,877	1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services		18,404	1,090				4
5	Nursing Care		239,240	14,167				5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services		67,945	4,023				10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker		26,839	1,589				14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other		48,285	2,859				16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other		324,194	19,198				29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)	42,607	767,979	45,477	5,832	3,053	4,877	34
35	Unit Cost Multiplier (see instructions)							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 16-1527

**WORKSHEET K-5
PART I**

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

	HOSPICE COST CENTER (omit cents)	SUBTOTAL	A&G ALL OTHER	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
			5.06	6	7	8	9	
1	Administrative and General	59,385	7,209					1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services	19,494	2,367					4
5	Nursing Care	253,407	30,763					5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services	71,968	8,737					10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker	28,428	3,451					14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other	51,144	6,209					16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other	343,392	41,686					29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)	827,218	100,422					34
35	Unit Cost Multiplier (see instructions)							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 16-1527

WORKSHEET K-5
PART I

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

	HOSPICE COST CENTER (omit cents)	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
1	Administrative and General		143	31,780			9,374	1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)		143	31,780			9,374	34
35	Unit Cost Multiplier (see instructions)							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 16-1527

WORKSHEET K-5
PART I

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

	HOSPICE COST CENTER (omit cents)	SOCIAL SERVICE	SUBTOTAL (cols. 4A-23)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (cols. 24 ± 25)	ALLOC HOSP A&G (See Part II)	TOTAL HOSP COSTS (col 26 ± 27)	
		17	24	25	26	27	28	
1	Administrative and General	127,534	235,425		235,425			1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services		21,861		21,861	5,977	27,838	4
5	Nursing Care		284,170		284,170	77,697	361,867	5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services		80,705		80,705	22,066	102,771	10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker		31,879		31,879	8,716	40,595	14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other		57,353		57,353	15,681	73,034	16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other		385,078		385,078	105,288	490,366	29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)	127,534	1,096,471		1,096,471		1,096,471	34
35	Unit Cost Multiplier (see instructions)					0.273417		35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 16-1527

WORKSHEET K-5

PART II

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

	HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL 1970 BLDG SQUARE FEET	CAP REL BLUFF BLDG SQUARE FEET	CAP REL RADIATION ONCOLOGY SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	
		1	1.01	1.02	1.03	2	4	
1	Administrative and General					-96	228,422	1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)					-96	228,422	34
35	Total cost to be allocated					465	42,607	35
36	Unit Cost Multiplier (see instructions)					-4.843750		36
36	Unit Cost Multiplier (see instructions)						0.186528	36

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 16-1527

WORKSHEET K-5

PART II

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

	HOSPICE COST CENTER	RECON- CILIATION	A&G INFO SERV ACCUM COST	A&G PURCHASING STORES GROSS REVENUE	A&G ADMITTING REGISTR GROSS REVENUE	A&G CASHIERS A/R, PFS GROSS REVENUE	RECON- CILIATION	
		4A.02	5.02	5.03	5.04	5.05		
1	Administrative and General		43,072	1,502,321	1,502,321	1,502,321		1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services		18,404					4
5	Nursing Care		239,240					5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services		67,945					10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker		26,839					14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other		48,285					16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other		324,194					29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)		767,979	1,502,321	1,502,321	1,502,321		34
35	Total cost to be allocated		45,477	5,832	3,053	4,877		35
36	Unit Cost Multiplier (see instructions)			0.003882		0.003246		36
36	Unit Cost Multiplier (see instructions)		0.059216		0.002032			36

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 16-1527

WORKSHEET K-5

PART II

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

	HOSPICE COST CENTER	A&G ALL OTHER ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	
		5.06	6	7	8	9	10	
1	Administrative and General	59,385						1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services	19,494						4
5	Nursing Care	253,407						5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services	71,968						10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker	28,428						14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other	51,144						16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other	343,392						29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)	827,218						34
35	Total cost to be allocated	100,422						35
36	Unit Cost Multiplier (see instructions)	0.121397						36
36	Unit Cost Multiplier (see instructions)							36

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 16-1527

WORKSHEET K-5

PART II

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

	HOSPICE COST CENTER	CAFETERIA MEALS SERVED	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	
		11	13	14	15	16	17	
1	Administrative and General	1,485	6,481			1,502,321	5,929	1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)	1,485	6,481			1,502,321	5,929	34
35	Total cost to be allocated	143	31,780			9,374	127,534	35
36	Unit Cost Multiplier (see instructions)	0.096296				0.006240		36
36	Unit Cost Multiplier (see instructions)		4.903564				21.510204	36

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE CCN: 16-1527

WORKSHEET K-5
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	COST CENTER	Wkst C, Part I, col. 9, line	Cost to Charge Ratio	Total Hospice Charges (Provider Records) 2	Hospice Shared Ancillary Costs (cols. 1 x 2) 3	
		0	1	2	3	
	ANCILLARY SERVICE COST CENTERS					
1	Physical Therapy	66	0.328442			1
2	Occupational Therapy	67				2
3	Speech / Language Pathology	68	0.237133			3
4	Drugs, Biological and Infusion Therapy	73	0.296939			4
5	Durable Medical Equipment/Oxygen	96				5
6	Labs and Diagnostics	60	0.145595			6
7	Medical Supplies	71	1.769097			7
8	Outpatient Services (including E/R Dept.)	93				8
9	Radiation Therapy	55				9
10	Other	76				10
11	Totals (sum of lines 1-10)					11

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE CCN: 16-1527

WORKSHEET K-6

COMPUTATION OF PER DIEM COST		TITLE XVIII	TITLE XIX	OTHER	TOTAL	
		1	2	3	4	
1	Total cost (see instructions)				1,096,471	1
2	Total unduplicated days (Worksheet S-9, column 6, line 5)				9,477	2
3	Average cost per diem (line 1 divided by line 2)				115.70	3
4	Unduplicated Medicare days (Worksheet S-9, column 1, line 5)	8,908				4
5	Aggregate Medicare cost (line 3 times line 4)	1,030,656				5
6	Unduplicated Medicaid days (Worksheet S-9, column 2, line 5)		303			6
7	Aggregate Medicaid cost (line 3 times line 6)		35,057			7
8	Unduplicated SNF days (Worksheet S-9, column 3, line 5)					8
9	Aggregate SNF cost (line 3 times line 8)					9
10	Unduplicated NF days (Worksheet S-9, column 4, line 5)					10
11	Aggregate NF cost (line 3 times line 10)					11
12	Other Unduplicated days (Worksheet S-9, column 5, line 5)			266		12
13	Aggregate cost for other days (line 3 times line 12)			30,776		13

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 16-0080

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	1,100,438	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	5,693	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)	44.50	3
4	Number of interns & residents (see instructions)		4
5	Indirect medical education percentage (see instructions)		5
6	Indirect medical education adjustment (see instructions)		6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)		7
8	Percentage of Medicaid patient days to total days (see instructions)		8
9	Sum of lines 7 and 8		9
10	Allowable disproportionate share percentage (see instructions)		10
11	Disproportionate share adjustment (see instructions)		11
12	Total prospective capital payments (see instructions)	1,106,131	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 MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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	
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
1.01	CAP REL COSTS-1970 BLDG						1.01
1.02	CAP REL COSTS-BLUFF BLDG						1.02
1.03	RADIATION ONCOLOGY						1.03
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.02	A&G-INFO SERVICE						5.02
5.03	A&G-PURCHASING, STORES						5.03
5.04	A&G-ADMITTING, REGIST						5.04
5.05	A&G-CASHIERS, PFS						5.05
5.06	A&G-ALL OTHER						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
43	Nursery						43
44	Skilled Nursing Facility						44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	RADIATION ONCOLOGY						54.01
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
65	Respiratory Therapy						65
66	Physical Therapy						66
68	Speech Pathology						68
69	Electrocardiology						69
70	Electroencephalography						70
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
101	Home Health Agency						101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice						116
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						
194	OTHER NON-REIMB						194
194.0	PASSTHRU COSTS						194.0
1							1
194.0	NRCC-MERCY SPEC CLIN ENT						194.0
4							4
194.0	NRCC-MERCY SPEC CLIN GASTRO						194.0
5							5
194.0	NRCC-SENIOR SERVICES						194.0
9							9

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 18:01 Version: 2015.10 (11/17/2015)
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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	
194.1 2	NRCC-FREE CLINIC						194.1 2
194.1 3	NRCC-TENDERCARE (PRENATAL CLASSES)						194.1 3
194.1 6	NRCC-MLC NORTH						194.1 6
194.1 7	CHILD DAY CARE						194.1 7
194.1 8	MARKETING & ADVERTISING						194.1 8
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)						202