

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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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 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report 4. <input type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.	Date: 11/30/2016 Time: 14:00
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 MERCY HOSPITAL & MEDICAL CENTER (14-0158) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 07/01/2015 and ending 06/30/2016, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PART III - SETTLEMENT SUMMARY**

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		128,173	-213,072			1
2	SUBPROVIDER - IPF		9,628				2
3	SUBPROVIDER - IRF		244,975				3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		382,776	-213,072			200

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather 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 not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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

**WORKSHEET S-2  
PART I**

Hospital and Hospital Health Care Complex Address:

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

Hospital and Hospital-Based Component Identification:

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

20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2015	To: 06 / 30 / 2016							20
21	Type of control (see instructions)	1								21

**Inpatient PPS Information**

		1	2	3	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	Y	N		22
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	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	1	N		23

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	4,497	3,432	31	102	12,055	584	24
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.	24	386			547		25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1						26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1						27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status is in effect in the cost reporting period.							35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.							37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPSS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N						37.01
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)	Y	Y	40
Prospective Payment System (PPS)-Capital		V	XVIII	XIX
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	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.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	N			60
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

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

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

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

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

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

**Teaching Hospitals that Claim Residents in 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))		
65	1	2	3	4	5		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))		
67	1	2	3	4	5		67

**Inpatient Psychiatric Facility PPS**

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

**Inpatient Rehabilitation Facility PPS**

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

**Long Term Care Hospital PPS**

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

**TEFRA Providers**

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

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**WORKSHEET S-2  
PART I**

		V	XIX	
Title V and XIX Services		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.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	271,624	2,012,912	1,409,655	118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121
122	Does the cost report contain state health or similar taxes? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

**Transplant Center Information**

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

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**WORKSHEET S-2  
PART I**

All Providers

		1	2	
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)	Y		140

If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.

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

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)					168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)	9.99				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07 / 01 / 2015	09 / 30 / 2015			170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)		N			171

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**

**WORKSHEET S-2  
PART II**

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

**COMPLETED BY ALL HOSPITALS**

		Y/N	Date		
<b>Provider Organization and Operation</b>					
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1
		Y/N	Date	V/I	
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N			2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3

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

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

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
<b>PS&amp;R Report Data</b>					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	
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**

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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 relieved for Medicare purposes? If yes, see instructions.	22
23	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	23
24	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.	24
25	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	25
26	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	26
27	Has the provider's 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: MICHAEL	Last name: CADDICK	Title: VICE PRESIDENT
42	Employer: SRI, INC		
43	Phone number: 708 466-7240	E-mail Address: MICHAEL.CADDICK@SRINC.ORG	

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

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

**WORKSHEET S-3  
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips			Total All Patients	
						Title V	Title XVIII	Title XIX		
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	194	71,004			14,982	5,563	40,761	1
2	HMO and other (see instructions)						5,466	12,055		2
3	HMO IPF Subprovider						205	961		3
4	HMO IRF Subprovider						358	547		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)		194	71,004			14,982	5,563	40,761	7
8	Intensive Care Unit	31	14	5,124			1,721	643	4,202	8
9	Coronary Care Unit	32	6	2,196			706	185	1,728	9
9.01	NURSERY INTENSIVE CARE CENTER	32.01	15	5,490				1,268	3,105	9.01
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43						403	3,648	13
14	Total (see instructions)		229	83,814			17,409	8,062	53,444	14
15	CAH Visits									15
16	Subprovider - IPF	40	39	14,274			827	3,261	5,620	16
17	Subprovider - IRF	41	16	5,856			2,779	410	4,804	17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101								22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		284							27
28	Observation Bed Days								4,561	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							584	953	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**

**WORKSHEET S-3  
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					3,469	5,840	12,520	1
2	HMO and other (see instructions)					1,070			2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider						40		4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
9.01	NURSERY INTENSIVE CARE CENTER								9.01
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)	70.23	1,369.39			3,469	5,840	12,520	14
15	CAH Visits								15
16	Subprovider - IPF		31.64			154	622	1,181	16
17	Subprovider - IRF	0.50	16.85			226	35	421	17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)	70.73	1,417.88						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**HOSPITAL WAGE INDEX INFORMATION**

**WORKSHEET S-3  
PARTS II-III**

**Part II - Wage Data**

		Wkst A Line No.	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
		1	2	3	4	5	6	
<b>SALARIES</b>								
1	Total salaries (see instructions)	200	103,897,172		103,897,172	3,087,922.00	33.65	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetest Part B							3
4	Physician-Part A - Administrative		831,714		831,714	7,829.00	106.24	4
4.01	Physician-Part A - Teaching							4.01
5	Physician-Part B		1,982,997		1,982,997	15,329.00	129.36	5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21	5,825,078	1,044,425	6,869,503	200,216.00	34.31	7
7.01	Contracted interns & residents (in an approved program)		1,828,305		1,828,305	66,227.00	27.61	7.01
8	Home office personnel		2,605,407		2,605,407	8,320.00	313.15	8
9	SNF	44						9
10	Excluded area salaries (see instructions)		11,756,934	-992,784	10,764,150	249,570.00	43.13	10
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11	Contract labor (see instructions)		8,657,079		8,657,079	188,087.00	46.03	11
12	Contract management and administrative services							12
13	Contract labor: Physician-Part A - Administrative							13
14	Home office salaries & wage-related costs		8,380,406		8,380,406	97,641.00	85.83	14
15	Home office: Physician Part A - Administrative							15
16	Home office & Contract Physicians Part A - Teaching							16
<b>WAGE-RELATED COSTS</b>								
17	Wage-related costs (core)(see instructions)		20,860,626		20,860,626			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		2,017,574		2,017,574			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B							21
22	Physician Part A - Administrative		95,864		95,864			22
22.01	Physician Part A - Teaching							22.01
23	Physician Part B		206,329		206,329			23
24	Wage-related costs (RHC/FOHC)							24
25	Interns & residents (in an approved program)		1,717,246		1,717,246			25
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26	Employee Benefits Department		1,431,152		1,431,152	21,515.00	66.52	26
27	Administrative & General		16,201,398	75,339	16,276,737	473,171.00	34.40	27
28	Administrative & General under contract (see instructions)		414,004		414,004	1,766.00	234.43	28
29	Maintenance & Repairs							29
30	Operation of Plant		2,243,720		2,243,720	71,686.00	31.30	30
31	Laundry & Linen Service							31
32	Housekeeping		2,218,385		2,218,385	146,682.00	15.12	32
33	Housekeeping under contract (see instructions)		245,774		245,774	12,480.00	19.69	33
34	Dietary		767		767			34
35	Dietary under contract (see instructions)		2,457,223		2,457,223	99,840.00	24.61	35
36	Cafeteria							36
37	Maintenance of Personnel							37
38	Nursing Administration		1,154,239		1,154,239	22,536.00	51.22	38
39	Central Services and Supply		577,553		577,553	29,869.00	19.34	39
40	Pharmacy							40
41	Medical Records & Medical Records Library		1,208,131	-1,413	1,206,718	46,939.00	25.71	41
42	Social Service							42
43	Other General Service							43

**Part III - Hospital Wage Index Summary**

1	Net salaries (see instructions)		94,772,386	-1,044,425	93,727,961	2,911,916.00	32.19	1
2	Excluded area salaries (see instructions)		11,756,934	-992,784	10,764,150	249,570.00	43.13	2
3	Subtotal salaries (line 1 minus line 2)		83,015,452	-51,641	82,963,811	2,662,346.00	31.16	3
4	Subtotal other wages & related costs (see instructions)		17,037,485		17,037,485	285,728.00	59.63	4
5	Subtotal wage-related costs (see instructions)		20,956,490		20,956,490		25.26%	5
6	Total (sum of lines 3 through 5)		121,009,427	-51,641	120,957,786	2,948,074.00	41.03	6
7	Total overhead cost (see instructions)		28,152,346	73,926	28,226,272	926,484.00	30.47	7

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

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**HOSPITAL WAGE RELATED COSTS**

**WORKSHEET S-3  
PART IV**

**Part IV - Wage Related Cost**

**Part A - Core List**

		Amount Reported	
	<b>RETIREMENT COST</b>		
1	401K Employer Contributions	4,446,149	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization):</b>		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	<b>HEALTH AND INSURANCE COST</b>		
8	Health Insurance (Purchased or Self Funded)	11,024,975	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	296,582	10
11	Life Insurance (If employee is owner or beneficiary)	78,839	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	275,508	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	1,010,611	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	<b>TAXES</b>		
17	FICA-Employers Portion Only	7,523,034	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	241,941	19
20	State or Federal Unemployment Taxes		20
	<b>OTHER</b>		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement		23
24	Total Wage Related cost (Sum of lines 1-23)	24,897,639	24

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

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**HOSPITAL CONTRACT LABOR AND BENEFIT COST**

**WORKSHEET S-3  
PART V**

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

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

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

# KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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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)		0.303595	1
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### Medicaid (see instructions for each line)

2	Net revenue from Medicaid		76,680,007	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		229,585,300	6
7	Medicaid cost (line 1 times line 6)		69,700,949	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.			8

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

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

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

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

### Uncompensated care (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundng charity care				17
18	Government grants, appropriations of transfers for support of hospital operations				18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)				19
		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	11,660,797	1,295,644	12,956,441	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,540,160	393,351	3,933,511	21
22	Partial payment by patients approved for charity care	583,040	64,782	647,822	22
23	Cost of charity care (line 21 minus line 22)	2,957,120	328,569	3,285,689	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)			20,308,018	26
27	Medicare bad debts for the entire hospital complex (see instructions)			1,079,726	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			19,228,292	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			5,837,613	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			9,123,302	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			9,123,302	31

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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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- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		<b>GENERAL SERVICE COST CENTERS</b>								
1	00100	Cap Rel Costs-Bldg & Fixt		8,433,512	8,433,512	2,557,416	10,990,928	-383,749	10,607,179	1
2	00200	Cap Rel Costs-Mvble Equip		7,168,877	7,168,877		7,168,877	-10,024	7,158,853	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	1,431,152	26,507,846	27,938,998		27,938,998	-1,158,259	26,780,739	4
5	00500	Administrative & General	16,201,398	46,252,768	62,454,166	-1,170,848	61,283,318	-21,843,168	39,440,150	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	2,243,720	9,281,069	11,524,789		11,524,789	-19,776	11,505,013	7
8	00800	Laundry & Linen Service		863,832	863,832		863,832		863,832	8
9	00900	Housekeeping	2,218,385	746,124	2,964,509		2,964,509		2,964,509	9
10	01000	Dietary	767	3,630,272	3,631,039	-1,984,732	1,646,307		1,646,307	10
11	01100	Cafeteria				1,984,732	1,984,732	-891,119	1,093,613	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,154,239	480,014	1,634,253		1,634,253		1,634,253	13
14	01400	Central Services & Supply	577,553	605,313	1,182,866	-440,290	742,576		742,576	14
15	01500	Pharmacy		18,684,137	18,684,137		18,684,137		18,684,137	15
16	01600	Medical Records & Library	1,208,131	1,061,340	2,269,471	-1,413	2,268,058	-17,498	2,250,560	16
17	01700	Social Service								17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	5,825,078		5,825,078	1,044,425	6,869,503	-1,706,692	5,162,811	21
22	02200	I&R Services-Other Prgm Costs Apprvd		3,903,092	3,903,092		3,903,092	-125,889	3,777,203	22
23	02300	PARAMED ED PRGM-(SPECIFY)								23
		<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	03000	Adults & Pediatrics	17,056,039	2,770,811	19,826,850	-33,016	19,793,834	-1,699,803	18,094,031	30
31	03100	Intensive Care Unit	4,049,209	527,829	4,577,038		4,577,038	-1,022,950	3,554,088	31
32	03200	Coronary Care Unit	1,301,940	190,094	1,492,034		1,492,034		1,492,034	32
32.01	02060	NURSERY INTENSIVE CARE CENTER				1,840,420	1,840,420		1,840,420	32.01
40	04000	Subprovider - IPF	1,539,333	1,478,721	3,018,054		3,018,054	-72,752	2,945,302	40
41	04100	Subprovider - IRF	1,196,301	1,115,247	2,311,548		2,311,548		2,311,548	41
43	04300	Nursery	2,423,120	183,882	2,607,002	-1,840,420	766,582		766,582	43
		<b>ANCILLARY SERVICE COST CENTERS</b>								
50	05000	Operating Room	3,543,700	8,476,833	12,020,533	-4,792,486	7,228,047		7,228,047	50
50.01	03340	GI LAB	638,458	760,490	1,398,948		1,398,948		1,398,948	50.01
51	05100	Recovery Room	557,535	24,369	581,904		581,904		581,904	51
52	05200	Delivery Room & Labor Room	2,635,038	516,623	3,151,661		3,151,661		3,151,661	52
53	05300	Anesthesiology	99,592	220,382	319,974		319,974		319,974	53
54	05400	Radiology-Diagnostic	3,125,382	788,881	3,914,263	-308,916	3,605,347	-52,152	3,553,195	54
54.01	05401	MRI CENTER								54.01
55	05500	Radiology-Therapeutic	411,616	343,381	754,997		754,997	-215,968	539,029	55
56	05600	Radioisotope	292,628	436,679	729,307		729,307	-22,482	706,825	56
57	05700	CT Scan	778,015	205,690	983,705		983,705		983,705	57
58	05800	MRI	248,058	2,108,508	2,356,566		2,356,566	-1	2,356,565	58
59	05900	Cardiac Catheterization	2,199,832	5,511,903	7,711,735	-3,405,189	4,306,546	-1,794,941	2,511,605	59
60	06000	Laboratory	4,210,821	5,177,509	9,388,330		9,388,330	-224,915	9,163,415	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	1,271,651	266,094	1,537,745	-147,983	1,389,762		1,389,762	65
66	06600	Physical Therapy	1,202,016	84,494	1,286,510		1,286,510	-159	1,286,351	66
67	06700	Occupational Therapy	687,673	35,886	723,559		723,559	-100	723,459	67
68	06800	Speech Pathology	273,969	4,710	278,679		278,679		278,679	68
70	07000	Electroencephalography	40,451	1,189	41,640		41,640		41,640	70
71	07100	Medical Supplies Charged to Patients				2,895,108	2,895,108		2,895,108	71
72	07200	Impl. Dev. Charged to Patients				6,199,756	6,199,756		6,199,756	72
73	07300	Drugs Charged to Patients								73
74	07400	Renal Dialysis		945,352	945,352		945,352		945,352	74
76	03951	EMG	23,916	1,036	24,952		24,952		24,952	76
76.01	03952	CARDIOVASCULAR LAB								76.01
76.02	03953	MERCY EYE CENTER	187,060	19,591	206,651		206,651		206,651	76.02
76.03	03954	MERCY ENT								76.03
76.04	03955	WOUND CARE CENTER	242,992	8,303	251,295		251,295		251,295	76.04
76.05	03956	CARDIAC REHAB								76.05
76.06	03957	PRE-BIRTH CENTER	1,215,833	355,364	1,571,197	-85,312	1,485,885	-739,264	746,621	76.06
76.07	03958	SLEEP LAB		456,724	456,724		456,724		456,724	76.07
76.08	03640	UROLOGY	76,902	349	77,251		77,251		77,251	76.08
76.09	03959	ADDP OP	1,257	4,915	6,172		6,172		6,172	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL								76.10
76.11	03960	DIABETES TREATMENT	114,776	39,320	154,096		154,096		154,096	76.11
76.12	03961	MENTAL HEALTH CENTER	242,400	28,437	270,837		270,837	-118,661	152,176	76.12
76.13	03650	VEIN CLINIC	4,445	46,065	50,510		50,510	-39,915	10,595	76.13
76.97	07697	CARDIAC REHABILITATION	331,325	9,406	340,731		340,731	-22,075	318,656	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99

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

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**RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES**

**WORKSHEET A**

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	09000	Clinic	424,667	4,686	429,353	40,833	470,186	-327,108	143,078	90
90.01	09001	MERCY CLINICS	6,607,136	3,528,962	10,136,098	-84,126	10,051,972	-4,892,069	5,159,903	90.01
90.02	09002	MERCY CLINIC STATE ST								90.02
90.03	09003	MERCY CLINIC POLK ST								90.03
91	09100	Emergency	4,650,363	1,545,292	6,195,655		6,195,655	-462,415	5,733,240	91
92	09200	Observation Beds (Non-Distinct Part)								92
		<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
		<b>SPECIAL PURPOSE COST CENTERS</b>								
118		SUBTOTALS (sum of lines 1-117)	94,875,872	165,842,203	260,718,075	2,267,959	262,986,034	-37,863,904	225,122,130	118
		<b>NONREIMBURSABLE COST CENTERS</b>								
190	19000	Gift, Flower, Coffee Shop & Canteen								190
191	19100	Research	132,133	16,971	149,104		149,104		149,104	191
192	19200	Physicians' Private Offices	8,125,509	6,496,387	14,621,896	-2,185,498	12,436,398		12,436,398	192
192.01	19201	DNBAR CLINIC	54,988	98,096	153,084	-17,894	135,190		135,190	192.01
192.02	19202	PHILLIPS HEALTH	50,878	73,147	124,025		124,025		124,025	192.02
192.03	19204	OTHER HOME HEALTH								192.03
192.04	19205	VITAS HOSPICE								192.04
192.05	19203	DOCTORS OFFICE	657,792	64,431	722,223	-64,567	657,656		657,656	192.05
194	07950	OTHER NONREIMBURSABLE COST CENTERS								194
194.01	07951	SENIOR FRIENDS								194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS								194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS								194.03
200		TOTAL (sum of lines 118-199)	103,897,172	172,591,235	276,488,407		276,488,407	-37,863,904	238,624,503	200

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	PROPERTY INSURANCE	A	Cap Rel Costs-Bldg & Fixt	1		101,455	1
500	Total reclassifications					101,455	500
	Code Letter - A						
1	MEDICAL SUPPLIES	B	Medical Supplies Charged to P	71		2,895,108	1
2							2
3							3
4							4
5							5
500	Total reclassifications					2,895,108	500
	Code Letter - B						
1	CAFETERIA COSTS	C	Cafeteria	11		1,984,732	1
500	Total reclassifications					1,984,732	500
	Code Letter - C						
1	SPECIAL CARE NURSERY	D	NURSERY INTENSIVE CARE CENTER	32.01	1,710,608	129,812	1
500	Total reclassifications				1,710,608	129,812	500
	Code Letter - D						
1	IMPLANT SUPPLIES	E	Impl. Dev. Charged to Patient	72		6,199,756	1
2							2
500	Total reclassifications					6,199,756	500
	Code Letter - E						
1	INTEREST EXPENSE	F	Cap Rel Costs-Bldg & Fixt	1		2,455,961	1
500	Total reclassifications					2,455,961	500
	Code Letter - F						
1	PHYSICIANS PART A ADMIN SAL	G	Administrative & General	5	131,179		1
2			Clinic	90	76,887		2
3			MERCY CLINICS	90.01	671		3
500	Total reclassifications				208,737		500
	Code Letter - G						
1	BILLING FEES	H	Administrative & General	5		1,311,229	1
2							2
500	Total reclassifications					1,311,229	500
	Code Letter - H						
1	TEACHING SALARIES	J	I&R Services-Salary & Fringes	21	1,253,162		1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
500	Total reclassifications				1,253,162		500
	Code Letter - J						
	GRAND TOTAL (Increases)				3,172,507	15,078,053	

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

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	PROPERTY INSURANCE	A	Administrative & General	5		101,455	9	1
500	Total reclassifications					101,455		500
	Code letter - A							
1	MEDICAL SUPPLIES	B	Operating Room	50		1,076,915		1
2			Radiology-Diagnostic	54		308,916		2
3			Cardiac Catheterization	59		921,004		3
4			Respiratory Therapy	65		147,983		4
5			Central Services & Supply	14		440,290		5
500	Total reclassifications					2,895,108		500
	Code letter - B							
1	CAFETERIA COSTS	C	Dietary	10		1,984,732		1
500	Total reclassifications					1,984,732		500
	Code letter - C							
1	SPECIAL CARE NURSERY	D	Nursery	43	1,710,608	129,812		1
500	Total reclassifications				1,710,608	129,812		500
	Code letter - D							
1	IMPLANT SUPPLIES	E	Operating Room	50		3,715,571		1
2			Cardiac Catheterization	59		2,484,185		2
500	Total reclassifications					6,199,756		500
	Code letter - E							
1	INTEREST EXPENSE	F	Administrative & General	5		2,455,961	9	1
500	Total reclassifications					2,455,961		500
	Code letter - F							
1	PHYSICIANS PART A ADMIN SAL	G	I&R Services-Salary & Fringes	21	208,737			1
2								2
3								3
500	Total reclassifications				208,737			500
	Code letter - G							
1	BILLING FEES	H	Clinic	90		36,054		1
2			Physicians' Private Offices	192		1,275,175		2
500	Total reclassifications					1,311,229		500
	Code letter - H							
1	TEACHING SALARIES	J	Administrative & General	5	55,840			1
2			Medical Records & Library	16	1,413			2
3			Adults & Pediatrics	30	33,016			3
4			PRE-BIRTH CENTER	76.06	85,312			4
5								5
6			MERCY CLINICS	90.01	84,797			6
7			Physicians' Private Offices	192	910,323			7
8			DNBAR CLINIC	192.01	17,894			8
9			DOCTORS OFFICE	192.05	64,567			9
500	Total reclassifications				1,253,162			500
	Code letter - J							
	GRAND TOTAL (Decreases)				3,172,507	15,078,053		

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

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**RECONCILIATION OF CAPITAL COST CENTERS**

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

**PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES**

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	26,173,000					26,173,000		1
2	Land Improvements	5,122,158					5,122,158		2
3	Buildings and Fixtures	160,800,235	7,000,442		7,000,442		167,800,677		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	53,661,779	3,576,717		3,576,717	6,200	57,232,296		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	245,757,172	10,577,159		10,577,159	6,200	256,328,131		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	245,757,172	10,577,159		10,577,159	6,200	256,328,131		10

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

	Description	SUMMARY OF CAPITAL							Total (1) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	8,433,512						8,433,512	1	
2	Cap Rel Costs-Mvble Equip	7,168,877						7,168,877	2	
3	Total (sum of lines 1-2)	15,602,389						15,602,389	3	

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

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

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

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

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	10,607,179						10,607,179	1	
2	Cap Rel Costs-Mvble Equip	7,158,853						7,158,853	2	
3	Total (sum of lines 1-2)	17,766,032						17,766,032	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 HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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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
1	Investment income-buildings & fixtures (chapter 2)	B	-63,538	Cap Rel Costs-Bldg & Fixt		1	9	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip		2		2
3	Investment income-other (chapter 2)							3
4	Trade, quantity, and time discounts (chapter 8)							4
5	Refunds and rebates of expenses (chapter 8)							5
6	Rental of provider space by suppliers (chapter 8)	B	-320,211	Cap Rel Costs-Bldg & Fixt		1	9	6
7	Telephone services (pay stations excl) (chapter 21)							7
8	Television and radio service (chapter 21)							8
9	Parking lot (chapter 21)							9
10	Provider-based physician adjustment	Wkst A-8-2	-15,988,820					10
11	Sale of scrap, waste, etc. (chapter 23)							11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-4,877,771					12
13	Laundry and linen service							13
14	Cafeteria - employees and guests	B	-891,119	Cafeteria		11		14
15	Rental of quarters to employees & others							15
16	Sale of medical and surgical supplies to other than patients							16
17	Sale of drugs to other than patients							17
18	Sale of medical records and abstracts							18
19	Nursing school (tuition,fees,books,etc.)							19
20	Vending machines							20
21	Income from imposition of interest, finance or penalty charges (chapter 21)							21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments							22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy		65		23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy		66		24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF		114		25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt		1		26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip		2		27
28	Non-physician anesthetist			Nonphysician Anesthetists		19		28
29	Physicians' assistant							29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy		67		30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology		68		31
32	CAH HIT Adj for Depreciation							32
33								33
33.61	MARKETING COSTS	A	-1,243,375	Administrative & General		5		33.61
33.62	RENTAL OF EQUIPMENT	B	-10,024	Cap Rel Costs-Mvble Equip		2	9	33.62
33.63	LOBBYING COSTS	A	-36,192	Administrative & General		5		33.63
33.73	MISCELLANEOUS INCOME	B	-941,178	Administrative & General		5		33.73
33.78	MISCELLANEOUS INCOME	B	-14,237	Radiology-Diagnostic		54		33.78
33.79	REFERRAL LAB REVENUE	B	-224,915	Laboratory		60		33.79
33.82	OTHER REVENUE	B	-159	Physical Therapy		66		33.82
33.85	D & T COST ALLOCATIONS	A	-234,100	Clinic		90		33.85
33.86	OTHER REVENUE	A	-93,008	Clinic		90		33.86
33.88	OTHER REVENUE	B	-100	Occupational Therapy		67		33.88
33.89	OTHER REVENUE	B	-2,459	Cardiac Catheterization		59		33.89
33.91	OTHER REVENUE	B	-278	MENTAL HEALTH CENTER		76.12		33.91
33.92	MRI OTHER REVENUE	B	-1	MRI		58		33.92
33.93	COMMISSION INCOME	B	-19,380	Administrative & General		5		33.93
33.94	OTHER REVENUE	B	-125,889	I&R Services-Other Prgm Costs Apprvd		22		33.94
33.95	OTHER REVENUE	B	-91,555	Adults & Pediatrics		30		33.95
33.97	OTHER REVENUE	B	-4,828	Operation of Plant		7		33.97
34	OTHER REVENUE	B	-838,702	MERCY CLINICS		90.01		34
35	INTER COMPANY	A	-44,618	Administrative & General		5		35
36	OCC MEDICINE BENEFITS	A	-113,349	Employee Benefits Department		4		36
37	PHYSICIANS MALPRACTICE EXPENSES	A	-1,481,371	Administrative & General		5		37
38	PHYSICIANS PART B BENEFITS	A	-537,124	Employee Benefits Department		4		38
39	OCCUPATIONAL MEDICINE ADMIN	A	-423,355	Administrative & General		5		39
40	HOSPICE COSTS	A	-53,576	Adults & Pediatrics		30		40
41								41
42	MEDICAID ASSESSMENT	A	-9,188,672	Administrative & General		5		42
43								43
44								44
45								45
46								46
47								47
48								48

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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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	
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-37,863,904				50

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1
- (2) Basis for adjustment (see instructions)
  - A. Costs - if cost, including applicable overhead, can be determined
  - B. Amount Received - if cost cannot be determined
- (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

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

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

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

**WORKSHEET A-8-1**

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

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
1	2	3	4	5	6	7	
1	7	Operation of Plant	HOME OFFICE COSTS	2,727,832	2,742,780	-14,948	1
2							2
3							3
3.01	5	Administrative & General	TRINITY HEALTH	19,088,098	23,445,631	-4,357,533	3.01
3.02	4	Employee Benefits Department	EMPLOYEE BENEFITS HOME OF	1,868,788	2,372,574	-503,786	3.02
3.03	16	Medical Records & Library	MEDICAL RECORDS	274,512	276,016	-1,504	3.03
4							4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			23,959,230	28,837,001	-4,877,771	5

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

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

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

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
			Name	Percentage of Ownership	Type of Business
1	2	3	4	5	6
B	SISTERS OF MERCY	100.00			RELIGIOUS ORDER
6					6
7					7
8					8
9					9
10					10

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

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

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**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5	Administrative & Gen AGGREGATE	4,244,909	3,250,471	994,438	177,200	1,613	137,415	6,871	1
2	16	Medical Records & Li AGGREGATE	21,787		21,787	177,200	68	5,793	290	2
3	21	I&R Services-Salary AGGREGATE	3,176,089	179,695	2,996,394	177,200	17,248	1,469,397	73,470	3
4	30	Adults & Pediatrics AGGREGATE	1,554,757	1,535,172	19,585	177,200	1	85	4	4
5	31	Intensive Care Unit AGGREGATE	1,022,950	1,022,950						5
6	40	Subprovider - IPF AGGREGATE	121,804	72,752	49,052	177,200	1,560	132,900	6,645	6
7	4	Employee Benefits De AGGREGATE	4,000	4,000						7
8										8
9	54	Radiology-Diagnostic AGGREGATE	38,000		38,000	177,200	1	85	4	9
10	55	Radiology-Therapeuti AGGREGATE	220,568	199,457	21,111	177,200	54	4,600	230	10
11	56	Radioisotope AGGREGATE	22,567	17,096	5,471	177,200	1	85	4	11
12	59	Cardiac Catheterizat AGGREGATE	1,848,794	1,646,644	202,150	177,200	661	56,312	2,816	12
13	76.97	CARDIAC REHABILITATI AGGREGATE	30,765	12,843	17,922	177,200	102	8,690	435	13
14	76.12	MENTAL HEALTH CENTER AGGREGATE	118,383	118,383						14
15	76.13	VEIN CLINIC AGGREGATE	40,000		40,000	177,200	1	85	4	15
16	91	Emergency AGGREGATE	462,500	294,500	168,000	177,200	1	85	4	16
17										17
18										18
19										19
20	76.06	PRE-BIRTH CENTER AGGREGATE	739,264	739,264						20
21	90.01	MERCY CLINICS AGGREGATE	4,198,279	3,842,614	355,665	177,200	1,701	144,912	7,246	21
200		TOTAL	17,865,416	12,935,841	4,929,565		23,012	1,960,444	98,023	200

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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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 Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5	Administrative & Gen AGGREGATE					137,415	857,023	4,107,494	1
2	16	Medical Records & Li AGGREGATE					5,793	15,994	15,994	2
3	21	I&R Services-Salary AGGREGATE					1,469,397	1,526,997	1,706,692	3
4	30	Adults & Pediatrics AGGREGATE					85	19,500	1,554,672	4
5	31	Intensive Care Unit AGGREGATE							1,022,950	5
6	40	Subprovider - IPF AGGREGATE					132,900		72,752	6
7	4	Employee Benefits De AGGREGATE							4,000	7
8										8
9	54	Radiology-Diagnostic AGGREGATE					85	37,915	37,915	9
10	55	Radiology-Therapeuti AGGREGATE					4,600	16,511	215,968	10
11	56	Radioisotope AGGREGATE					85	5,386	22,482	11
12	59	Cardiac Catheterizat AGGREGATE					56,312	145,838	1,792,482	12
13	76.97	CARDIAC REHABILITATI AGGREGATE					8,690	9,232	22,075	13
14	76.12	MENTAL HEALTH CENTER AGGREGATE							118,383	14
15	76.13	VEIN CLINIC AGGREGATE					85	39,915	39,915	15
16	91	Emergency AGGREGATE					85	167,915	462,415	16
17										17
18										18
19										19
20	76.06	PRE-BIRTH CENTER AGGREGATE							739,264	20
21	90.01	MERCY CLINICS AGGREGATE					144,912	210,743	4,053,367	21
200		TOTAL					1,960,444	3,052,969	15,988,820	200

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
<b>GENERAL SERVICE COST CENTERS</b>								
1	Cap Rel Costs-Bldg & Fixt	10,607,179	10,607,179					1
2	Cap Rel Costs-Mvble Equip	7,158,853		7,158,853				2
4	Employee Benefits Department	26,780,739	76,665	429	26,857,833			4
5	Administrative & General	39,440,150	2,280,569	3,427,007	4,182,504	49,330,230	49,330,230	5
6	Maintenance & Repairs							6
7	Operation of Plant	11,505,013	1,593,425	252,088	662,196	14,012,722	3,651,729	7
8	Laundry & Linen Service	863,832	133,641			997,473	259,942	8
9	Housekeeping	2,964,509	104,249	11,130	612,489	3,692,377	962,237	9
10	Dietary	1,646,307	140,406	9,988		1,796,701	468,222	10
11	Cafeteria	1,093,613	176,437	10,230		1,280,280	333,642	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,634,253	35,084		312,617	1,981,954	516,499	13
14	Central Services & Supply	742,576	109,701	13,136	156,232	1,021,645	266,242	14
15	Pharmacy	18,684,137		8,551		18,692,688	4,871,333	15
16	Medical Records & Library	2,250,560	55,126	26,543	335,823	2,668,052	695,297	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,162,811			1,491,502	6,654,313	1,734,121	21
22	I&R Services-Other Prgm Costs Apprvd	3,777,203	250,517	3,389		4,031,109	1,050,511	22
23	PARAMED ED PRGM-(SPECIFY)							23
<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	Adults & Pediatrics	18,094,031	1,593,411	252,929	4,292,067	24,232,438	6,314,953	30
31	Intensive Care Unit	3,554,088	119,348	161,077	948,607	4,783,120	1,246,486	31
32	Coronary Care Unit	1,492,034	50,931	86,875	264,026	1,893,866	493,543	32
32.01	NURSERY INTENSIVE CARE CENTER	1,840,420	30,593	51,057	273,639	2,195,709	572,204	32.01
40	Subprovider - IPF	2,945,302	316,589	7,097	484,217	3,753,205	978,089	40
41	Subprovider - IRF	2,311,548	136,664	8,528	344,461	2,801,201	729,996	41
43	Nursery	766,582	17,867	21,266	297,851	1,103,566	287,590	43
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	7,228,047	506,444	553,073	940,233	9,227,797	2,404,773	50
50.01	GI LAB	1,398,948	19,392	689	163,152	1,582,181	412,318	50.01
51	Recovery Room	581,904	33,248		162,819	777,971	202,740	51
52	Delivery Room & Labor Room	3,151,661	240,404	82,824	714,370	4,189,259	1,091,725	52
53	Anesthesiology	319,974	5,127	9,419	25,344	359,864	93,781	53
54	Radiology-Diagnostic	3,553,195	376,446	819,509	862,885	5,612,035	1,462,502	54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic	539,029	74,603	29,580	155,542	798,754	208,156	55
56	Radioisotope	706,825	30,889	90,446	83,176	911,336	237,495	56
57	CT Scan	983,705	7,062	258,681	198,524	1,447,972	377,343	57
58	MRI	2,356,565	52,386		67,744	2,476,695	645,429	58
59	Cardiac Catheterization	2,621,605	329,046	364,064	747,976	4,062,691	1,058,741	59
60	Laboratory	9,163,415	299,683	313,085	1,105,079	10,881,262	2,835,668	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	1,389,762	52,499	103,281	332,019	1,877,561	489,294	65
66	Physical Therapy	1,286,351	63,939		286,065	1,636,355	426,436	66
67	Occupational Therapy	723,459	119,955		228,855	1,072,269	279,434	67
68	Speech Pathology	278,679	7,542		77,000	363,221	94,656	68
70	Electroencephalography	41,640	19,788	2,982	10,072	74,482	19,410	70
71	Medical Supplies Charged to Patients	2,895,108				2,895,108	754,468	71
72	Impl. Dev. Charged to Patients	6,199,756				6,199,756	1,615,663	72
73	Drugs Charged to Patients		59,843			59,843	15,595	73
74	Renal Dialysis	945,352	16,695			962,047	250,710	74
76	EMG	24,952		2,446	10,686	38,084	9,925	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	206,651	129,658	44,573	48,791	429,673	111,973	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	251,295	13,799		66,151	331,245	86,323	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	746,621		12,883	195,864	955,368	248,970	76.06
76.07	SLEEP LAB	456,724				456,724	119,023	76.07
76.08	UROLOGY	77,251		1,081	20,613	98,945	25,785	76.08
76.09	ADDP OP	6,172				146,402	39,761	76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT	154,096			29,568	183,664	47,863	76.11
76.12	MENTAL HEALTH CENTER	152,176	84,702		284,795	521,673	135,949	76.12
76.13	VEIN CLINIC	10,595			699	11,294	2,943	76.13
76.97	CARDIAC REHABILITATION	318,656	16,031	3,764	81,713	420,164	109,495	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	143,078	14,124		903,017	1,060,219	276,294	90

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
90.01	MERCY CLINICS	5,159,903		23,983	933,141	6,117,027	1,594,103	90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	5,733,240	203,442	91,170	1,127,709	7,155,561	1,864,746	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	225,122,130	9,997,970	7,158,853	24,668,235	222,323,323	45,082,126	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		13,135			13,135	3,423	190
191	Research	149,104			40,729	189,833	49,471	191
192	Physicians' Private Offices	12,436,398	254,034		2,072,619	14,763,051	3,847,266	192
192.01	DNBAR CLINIC	135,190			13,397	148,587	38,722	192.01
192.02	PHILLIPS HEALTH	124,025			14,359	138,384	36,063	192.02
192.03	OTHER HOME HEALTH							192.03
192.04	VITAS HOSPICE		252,452			252,452	65,789	192.04
192.05	DOCTORS OFFICE	657,656	89,588		48,494	795,738	207,370	192.05
194	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194
194.01	SENIOR FRIENDS							194.01
194.02	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194.02
194.03	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	238,624,503	10,607,179	7,158,853	26,857,833	238,624,503	49,330,230	202

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	17,664,451						7
8	Laundry & Linen Service	364,300	1,621,715					8
9	Housekeeping	284,179		4,938,793				9
10	Dietary	382,743		111,089	2,758,755			10
11	Cafeteria					1,613,922		11
12	Maintenance of Personnel							12
13	Nursing Administration	95,638		27,758		15,333	2,637,182	13
14	Central Services & Supply	299,041		86,795		20,322		14
15	Pharmacy							15
16	Medical Records & Library	150,271		43,615		31,936		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd	682,900		198,208		129,419		22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	4,343,575	1,106,608	1,260,701	2,089,522	383,695	1,133,754	30
31	Intensive Care Unit	325,337	111,233	94,427	105,016	57,549	170,052	31
32	Coronary Care Unit	138,836	45,743	40,296	43,186	24,726	73,062	32
32.01	<b>NURSERY INTENSIVE CARE CENTER</b>	83,394	82,194	24,205		29,679	87,698	32.01
40	Subprovider - IPF	863,009	148,769	250,484	280,909	32,456	95,902	40
41	Subprovider - IRF	372,540	127,168	108,128	240,122	29,308	86,602	41
43	Nursery	48,704		14,136		12,359	36,520	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	1,380,545		400,696		76,948	227,371	50
50.01	GI LAB	52,862		15,343		11,576	34,206	50.01
51	Recovery Room	90,632		26,306		9,977	29,481	51
52	Delivery Room & Labor Room	655,333		190,207		53,594	158,363	52
53	Anesthesiology	13,976		4,056		2,901	8,573	53
54	Radiology-Diagnostic	1,026,178		297,843		61,354		54
54.01	<b>MRI CENTER</b>							54.01
55	Radiology-Therapeutic	203,364		59,025		6,274		55
56	Radioisotope	84,203		24,439		4,361		56
57	CT Scan	19,251		5,587		13,642		57
58	MRI	142,802		41,447		3,594		58
59	Cardiac Catheterization	896,968		260,340		42,182	124,642	59
60	Laboratory	816,923		237,107		99,330		60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	143,110		41,537		26,068	77,028	65
66	Physical Therapy	174,296		50,588		21,341		66
67	Occupational Therapy	326,993		94,908		12,738		67
68	Speech Pathology	20,560		5,967		4,783		68
70	Electroencephalography	53,940		15,656		1,061		70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients	163,131		47,348				73
74	Renal Dialysis	45,509		13,209				74
76	EMG					619	1,830	76
76.01	<b>CARDIOVASCULAR LAB</b>							76.01
76.02	MERCY EYE CENTER	353,443		102,585		4,939		76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	37,616		10,918		4,231	12,503	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER					10,973		76.06
76.07	SLEEP LAB							76.07
76.08	UROLOGY					1,415		76.08
76.09	ADDP OP					42		76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT					2,420		76.11
76.12	MENTAL HEALTH CENTER	230,893		67,015		10,387		76.12
76.13	VEIN CLINIC					79		76.13
76.97	CARDIAC REHABILITATION	43,699		12,683		5,951		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	38,501		11,175		72,009		90
90.01	MERCY CLINICS					113,228		90.01
90.02	MERCY CLINIC STATE ST							90.02

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	554,574		160,962		94,621	279,595	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	16,003,769	1,621,715	4,456,789	2,758,755	1,539,420	2,637,182	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	35,806		10,393				190
191	Research					2,943		191
192	Physicians' Private Offices	692,487		200,990		58,416		192
192.01	DNBAR CLINIC					438		192.01
192.02	PHILLIPS HEALTH					1,415		192.02
192.03	OTHER HOME HEALTH							192.03
192.04	VITAS HOSPICE	688,174		199,739				192.04
192.05	DOCTORS OFFICE	244,215		70,882		11,290		192.05
194	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194
194.01	SENIOR FRIENDS							194.01
194.02	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194.02
194.03	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	17,664,451	1,621,715	4,938,793	2,758,755	1,613,922	2,637,182	202

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply	1,694,045						14
15	Pharmacy	11,206	23,575,227					15
16	Medical Records & Library			3,589,171				16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				8,388,434			21
22	I&R Services-Other Prgm Costs Apprvd					6,092,147		22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	98,023		401,935	4,791,752	3,480,037	49,636,993	30
31	Intensive Care Unit	31,675		55,086	321,274	233,327	7,534,582	31
32	Coronary Care Unit	7,294		23,452	120,919	87,818	2,992,741	32
32.01	<b>NURSERY INTENSIVE CARE CENTER</b>	6,856		57,953	236,543	171,790	3,548,225	32.01
40	Subprovider - IPF	826		37,401			6,441,050	40
41	Subprovider - IRF	10,898		34,373	107,680	78,203	4,726,219	41
43	Nursery	2,856		24,139			1,529,870	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	161,129		145,940	706,097	512,807	15,244,103	50
50.01	GI LAB	36,786		60,553			2,205,825	50.01
51	Recovery Room	1,254		22,364			1,160,725	51
52	Delivery Room & Labor Room	30,271		100,854			6,469,606	52
53	Anesthesiology	19,407		23,981			526,539	53
54	Radiology-Diagnostic	13,012		289,984	1,081,211	785,236	10,629,355	54
54.01	<b>MRI CENTER</b>							54.01
55	Radiology-Therapeutic	585		34,218			1,310,376	55
56	Radioisotope	37,067		50,211			1,349,112	56
57	CT Scan	16,582		226,484			2,106,861	57
58	MRI	845		57,414			3,368,226	58
59	Cardiac Catheterization	14,749		301,087			6,761,400	59
60	Laboratory	309,422		654,532			15,834,244	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	30		88,422			2,743,050	65
66	Physical Therapy	1,263		29,478			2,339,757	66
67	Occupational Therapy	1,357		15,843			1,803,542	67
68	Speech Pathology	178		6,413			495,778	68
70	Electroencephalography	105		1,936			166,590	70
71	Medical Supplies Charged to Patients	258,924		53,531			3,962,031	71
72	Impl. Dev. Charged to Patients	554,473		88,451			8,458,343	72
73	Drugs Charged to Patients		23,575,227	275,471			24,136,615	73
74	Renal Dialysis	1,152		10,270			1,282,897	74
76	EMG	90		2,059			52,607	76
76.01	<b>CARDIOVASCULAR LAB</b>							76.01
76.02	MERCY EYE CENTER	378		5,327			1,008,318	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	433		3,179			486,448	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	786		22,645			1,238,742	76.06
76.07	SLEEP LAB			12,223			587,970	76.07
76.08	UROLOGY	25		249			126,419	76.08
76.09	ADDP OP			10,524			202,901	76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT			1,314			235,261	76.11
76.12	MENTAL HEALTH CENTER	14		4,282			970,213	76.12
76.13	VEIN CLINIC	542		354			15,212	76.13
76.97	CARDIAC REHABILITATION	289		7,466			599,747	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	1,928		775			1,460,901	90
90.01	MERCY CLINICS	3,263		33,112			7,860,733	90.01
90.02	MERCY CLINIC STATE ST							90.02

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	56,107		313,886	1,022,958	742,929	12,245,939	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	1,692,080	23,575,227	3,589,171	8,388,434	6,092,147	215,856,066	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen						62,757	190
191	Research	22					242,269	191
192	Physicians' Private Offices	536					19,562,746	192
192.01	DNBAR CLINIC	76					187,823	192.01
192.02	PHILLIPS HEALTH	31					175,893	192.02
192.03	OTHER HOME HEALTH							192.03
192.04	VITAS HOSPICE						1,206,154	192.04
192.05	DOCTORS OFFICE	1,300					1,330,795	192.05
194	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,694,045	23,575,227	3,589,171	8,388,434	6,092,147	238,624,503	202

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics	-8,271,789	41,365,204				30
31	Intensive Care Unit	-554,601	6,979,981				31
32	Coronary Care Unit	-208,737	2,784,004				32
32.01	<b>NURSERY INTENSIVE CARE CENTER</b>	-408,333	3,139,892				32.01
40	Subprovider - IPF		6,441,050				40
41	Subprovider - IRF	-185,883	4,540,336				41
43	Nursery		1,529,870				43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	-1,218,904	14,025,199				50
50.01	GI LAB		2,205,825				50.01
51	Recovery Room		1,160,725				51
52	Delivery Room & Labor Room		6,469,606				52
53	Anesthesiology		526,539				53
54	Radiology-Diagnostic	-1,866,447	8,762,908				54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic		1,310,376				55
56	Radioisotope		1,349,112				56
57	CT Scan		2,106,861				57
58	MRI		3,368,226				58
59	Cardiac Catheterization		6,761,400				59
60	Laboratory		15,834,244				60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy		2,743,050				65
66	Physical Therapy		2,339,757				66
67	Occupational Therapy		1,803,542				67
68	Speech Pathology		495,778				68
70	Electroencephalography		166,590				70
71	Medical Supplies Charged to Patients		3,962,031				71
72	Impl. Dev. Charged to Patients		8,458,343				72
73	Drugs Charged to Patients		24,136,615				73
74	Renal Dialysis		1,282,897				74
76	EMG		52,607				76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER		1,008,318				76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER		486,448				76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER		1,238,742				76.06
76.07	SLEEP LAB		587,970				76.07
76.08	UROLOGY		126,419				76.08
76.09	ADDP OP		202,901				76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT		235,261				76.11
76.12	MENTAL HEALTH CENTER		970,213				76.12
76.13	VEIN CLINIC		15,212				76.13
76.97	CARDIAC REHABILITATION		599,747				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic		1,460,901				90
90.01	MERCY CLINICS		7,860,733				90.01
90.02	MERCY CLINIC STATE ST						90.02

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency	-1,765,887	10,480,052				91
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)	-14,480,581	201,375,485				118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen		62,757				190
191	Research		242,269				191
192	Physicians' Private Offices		19,562,746				192
192.01	DNBAR CLINIC		187,823				192.01
192.02	PHILLIPS HEALTH		175,893				192.02
192.03	OTHER HOME HEALTH						192.03
192.04	VITAS HOSPICE		1,206,154				192.04
192.05	DOCTORS OFFICE		1,330,795				192.05
194	<b>OTHER NONREIMBURSABLE COST CENTERS</b>						194
194.01	SENIOR FRIENDS						194.01
194.02	<b>OTHER NONREIMBURSABLE COST CENTERS</b>						194.02
194.03	<b>OTHER NONREIMBURSABLE COST CENTERS</b>						194.03
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	-14,480,581	224,143,922				202

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
<b>GENERAL SERVICE COST CENTERS</b>								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		76,665	429	77,094	77,094		4
5	Administrative & General	436,801	2,280,569	3,427,007	6,144,377	12,005	6,156,382	5
6	Maintenance & Repairs							6
7	Operation of Plant	46,368	1,593,425	252,088	1,891,881	1,901	455,736	7
8	Laundry & Linen Service		133,641		133,641		32,441	8
9	Housekeeping		104,249	11,130	115,379	1,758	120,087	9
10	Dietary	9,343	140,406	9,988	159,737		58,434	10
11	Cafeteria		176,437	10,230	186,667		41,639	11
12	Maintenance of Personnel							12
13	Nursing Administration	4,650	35,084		39,734	897	64,459	13
14	Central Services & Supply	349,487	109,701	13,136	472,324	448	33,227	14
15	Pharmacy	5,100		8,551	13,651		607,942	15
16	Medical Records & Library		55,126	26,543	81,669	964	86,773	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					4,281	216,418	21
22	I&R Services-Other Prgm Costs Apprvd		250,517	3,389	253,906		131,104	22
23	PARAMED ED PRGM-(SPECIFY)							23
<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	Adults & Pediatrics	130,933	1,593,411	252,929	1,977,273	12,325	788,080	30
31	Intensive Care Unit	22,485	119,348	161,077	302,910	2,723	155,561	31
32	Coronary Care Unit	30,923	50,931	86,875	168,729	758	61,594	32
32.01	NURSERY INTENSIVE CARE CENTER		30,593	51,057	81,650	785	71,411	32.01
40	Subprovider - IPF		316,589	7,097	323,686	1,390	122,065	40
41	Subprovider - IRF	4,359	136,664	8,528	149,551	989	91,103	41
43	Nursery		17,867	21,266	39,133	855	35,891	43
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	1,125,898	506,444	553,073	2,185,415	2,699	300,116	50
50.01	GI LAB	269,646	19,392	689	289,727	468	51,457	50.01
51	Recovery Room	567	33,248		33,815	467	25,302	51
52	Delivery Room & Labor Room	15,735	240,404	82,824	338,963	2,050	136,247	52
53	Anesthesiology		5,127	9,419	14,546	73	11,704	53
54	Radiology-Diagnostic		376,446	819,509	1,195,955	2,477	182,520	54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic		74,603	29,580	104,183	446	25,978	55
56	Radioisotope		30,889	90,446	121,335	239	29,639	56
57	CT Scan		7,062	258,681	265,743	570	47,092	57
58	MRI		52,386		52,386	194	80,550	58
59	Cardiac Catheterization	5,825	329,046	364,064	698,935	2,147	132,131	59
60	Laboratory	8,100	299,683	313,085	620,868	3,172	353,891	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	22,107	52,499	103,281	177,887	953	61,064	65
66	Physical Therapy		63,939		63,939	821	53,219	66
67	Occupational Therapy		119,955		119,955	657	34,873	67
68	Speech Pathology		7,542		7,542	221	11,813	68
70	Electroencephalography		19,788	2,982	22,770	29	2,422	70
71	Medical Supplies Charged to Patients						94,158	71
72	Impl. Dev. Charged to Patients						201,635	72
73	Drugs Charged to Patients		59,843		59,843		1,946	73
74	Renal Dialysis		16,695		16,695		31,289	74
76	EMG			2,446	2,446	31	1,239	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER		129,658	44,573	174,231	140	13,974	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	3,272	13,799		17,071	190	10,773	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER			12,883	12,883	562	31,071	76.06
76.07	SLEEP LAB						14,854	76.07
76.08	UROLOGY			1,081	1,081	59	3,218	76.08
76.09	ADDP OP	174			174	420	4,962	76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT					85	5,973	76.11
76.12	MENTAL HEALTH CENTER		84,702		84,702	817	16,966	76.12
76.13	VEIN CLINIC					2	367	76.13
76.97	CARDIAC REHABILITATION		16,031	3,764	19,795	235	13,665	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic		14,124		14,124	2,592	34,482	90
90.01	MERCY CLINICS	715,612		23,983	739,595	2,678	198,944	90.01
90.02	MERCY CLINIC STATE ST							90.02

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency		203,442	91,170	294,612	3,237	232,720	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	3,207,385	9,997,970	7,158,853	20,364,208	70,810	5,626,219	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		13,135		13,135		427	190
191	Research					117	6,174	191
192	Physicians' Private Offices	618,406	254,034		872,440	5,949	480,139	192
192.01	DNBAR CLINIC					38	4,832	192.01
192.02	PHILLIPS HEALTH					41	4,501	192.02
192.03	OTHER HOME HEALTH							192.03
192.04	VITAS HOSPICE		252,452		252,452		8,210	192.04
192.05	DOCTORS OFFICE		89,588		89,588	139	25,880	192.05
194	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	3,825,791	10,607,179	7,158,853	21,591,823	77,094	6,156,382	202

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	2,349,518						7
8	Laundry & Linen Service	48,455	214,537					8
9	Housekeeping	37,798		275,022				9
10	Dietary	50,908		6,186	275,265			10
11	Cafeteria					228,306		11
12	Maintenance of Personnel							12
13	Nursing Administration	12,721		1,546		2,169	121,526	13
14	Central Services & Supply	39,775		4,833		2,875		14
15	Pharmacy							15
16	Medical Records & Library	19,987		2,429		4,518		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd	90,831		11,037		18,308		22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	577,728	146,394	70,204	208,490	54,278	52,245	30
31	Intensive Care Unit	43,273	14,715	5,258	10,478	8,141	7,836	31
32	Coronary Care Unit	18,466	6,051	2,244	4,309	3,498	3,367	32
32.01	<b>NURSERY INTENSIVE CARE CENTER</b>	11,092	10,873	1,348	4,198	4,198	4,041	32.01
40	Subprovider - IPF	114,787	19,681	13,948	28,029	4,591	4,419	40
41	Subprovider - IRF	49,551	16,823	6,021	23,959	4,146	3,991	41
43	Nursery	6,478		787		1,748	1,683	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	183,624		22,313		10,885	10,478	50
50.01	GI LAB	7,031		854		1,638	1,576	50.01
51	Recovery Room	12,055		1,465		1,411	1,359	51
52	Delivery Room & Labor Room	87,165		10,592		7,581	7,298	52
53	Anesthesiology	1,859		226		410	395	53
54	Radiology-Diagnostic	136,490		16,586		8,679		54
54.01	<b>MRI CENTER</b>							54.01
55	Radiology-Therapeutic	27,049		3,287		888		55
56	Radioisotope	11,200		1,361		617		56
57	CT Scan	2,561		311		1,930		57
58	MRI	18,994		2,308		508		58
59	Cardiac Catheterization	119,304		14,497		5,967	5,744	59
60	Laboratory	108,658		13,204		14,051		60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	19,035		2,313		3,688	3,550	65
66	Physical Therapy	23,183		2,817		3,019		66
67	Occupational Therapy	43,493		5,285		1,802		67
68	Speech Pathology	2,735		332		677		68
70	Electroencephalography	7,175		872		150		70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients	21,698		2,637				73
74	Renal Dialysis	6,053		736				74
76	EMG					88	84	76
76.01	<b>CARDIOVASCULAR LAB</b>							76.01
76.02	MERCY EYE CENTER	47,011		5,713		699		76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	5,003		608		599	576	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER					1,552		76.06
76.07	SLEEP LAB							76.07
76.08	UROLOGY					200		76.08
76.09	ADDP OP					6		76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT					342		76.11
76.12	MENTAL HEALTH CENTER	30,711		3,732		1,469		76.12
76.13	VEIN CLINIC					11		76.13
76.97	CARDIAC REHABILITATION	5,812		706		842		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	5,121		622		10,186		90
90.01	MERCY CLINICS					16,017		90.01
90.02	MERCY CLINIC STATE ST							90.02

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	73,763		8,963		13,385	12,884	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	2,128,633	214,537	248,181	275,265	217,767	121,526	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	4,763		579				190
191	Research					416		191
192	Physicians' Private Offices	92,106		11,192		8,264		192
192.01	DNBAR CLINIC					62		192.01
192.02	PHILLIPS HEALTH					200		192.02
192.03	OTHER HOME HEALTH							192.03
192.04	VITAS HOSPICE	91,533		11,123				192.04
192.05	DOCTORS OFFICE	32,483		3,947		1,597		192.05
194	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194
194.01	SENIOR FRIENDS							194.01
194.02	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194.02
194.03	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,349,518	214,537	275,022	275,265	228,306	121,526	202

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply	553,482						14
15	Pharmacy	3,661	625,254					15
16	Medical Records & Library			196,340				16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				220,699			21
22	I&R Services-Other Prgm Costs Apprvd					505,186		22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	32,026		21,987			3,941,030	30
31	Intensive Care Unit	10,349		3,013			564,257	31
32	Coronary Care Unit	2,383		1,283			272,682	32
32.01	NURSERY INTENSIVE CARE CENTER	2,240		3,170			190,808	32.01
40	Subprovider - IPF	270		2,046			634,912	40
41	Subprovider - IRF	3,560		1,880			351,574	41
43	Nursery	933		1,320			88,828	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	52,644		7,983			2,776,157	50
50.01	GI LAB	12,019		3,312			368,082	50.01
51	Recovery Room	410		1,223			77,507	51
52	Delivery Room & Labor Room	9,890		5,517			605,303	52
53	Anesthesiology	6,341		1,312			36,866	53
54	Radiology-Diagnostic	4,251		15,863			1,562,821	54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic	191		1,872			163,894	55
56	Radioisotope	12,111		2,747			179,249	56
57	CT Scan	5,417		12,389			336,013	57
58	MRI	276		3,141			158,357	58
59	Cardiac Catheterization	4,819		16,470			1,000,014	59
60	Laboratory	101,094		35,807			1,250,745	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	10		4,837			273,337	65
66	Physical Therapy	413		1,613			149,024	66
67	Occupational Therapy	444		867			207,376	67
68	Speech Pathology	58		351			23,729	68
70	Electroencephalography	34		106			33,558	70
71	Medical Supplies Charged to Patients	84,595		2,928			181,681	71
72	Impl. Dev. Charged to Patients	181,162		4,839			387,636	72
73	Drugs Charged to Patients		625,254	15,069			726,447	73
74	Renal Dialysis	376		562			55,711	74
76	EMG	29		113			4,030	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	123		291			242,182	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	142		174			35,136	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	257		1,239			47,564	76.06
76.07	SLEEP LAB			669			15,523	76.07
76.08	UROLOGY	8		14			4,580	76.08
76.09	ADDP OP			576			6,138	76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT			72			6,472	76.11
76.12	MENTAL HEALTH CENTER	5		234			138,636	76.12
76.13	VEIN CLINIC	177		19			576	76.13
76.97	CARDIAC REHABILITATION	95		408			41,558	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	630		42			67,799	90
90.01	MERCY CLINICS	1,066		1,811			960,111	90.01
90.02	MERCY CLINIC STATE ST							90.02

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	18,331		17,171			675,066	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	552,840	625,254	196,340			18,842,969	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen						18,904	190
191	Research	7					6,714	191
192	Physicians' Private Offices	175					1,470,265	192
192.01	DNBAR CLINIC	25					4,957	192.01
192.02	PHILLIPS HEALTH	10					4,752	192.02
192.03	OTHER HOME HEALTH							192.03
192.04	VITAS HOSPICE						363,318	192.04
192.05	DOCTORS OFFICE	425					154,059	192.05
194	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross Foot Adjustments				220,699	505,186	725,885	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	553,482	625,254	196,340	220,699	505,186	21,591,823	202

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics		3,941,030				30
31	Intensive Care Unit		564,257				31
32	Coronary Care Unit		272,682				32
32.01	<b>NURSERY INTENSIVE CARE CENTER</b>		190,808				32.01
40	Subprovider - IPF		634,912				40
41	Subprovider - IRF		351,574				41
43	Nursery		88,828				43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room		2,776,157				50
50.01	GI LAB		368,082				50.01
51	Recovery Room		77,507				51
52	Delivery Room & Labor Room		605,303				52
53	Anesthesiology		36,866				53
54	Radiology-Diagnostic		1,562,821				54
54.01	<b>MRI CENTER</b>						54.01
55	Radiology-Therapeutic		163,894				55
56	Radioisotope		179,249				56
57	CT Scan		336,013				57
58	MRI		158,357				58
59	Cardiac Catheterization		1,000,014				59
60	Laboratory		1,250,745				60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy		273,337				65
66	Physical Therapy		149,024				66
67	Occupational Therapy		207,376				67
68	Speech Pathology		23,729				68
70	Electroencephalography		33,558				70
71	Medical Supplies Charged to Patients		181,681				71
72	Impl. Dev. Charged to Patients		387,636				72
73	Drugs Charged to Patients		726,447				73
74	Renal Dialysis		55,711				74
76	EMG		4,030				76
76.01	<b>CARDIOVASCULAR LAB</b>						76.01
76.02	MERCY EYE CENTER		242,182				76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER		35,136				76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER		47,564				76.06
76.07	SLEEP LAB		15,523				76.07
76.08	UROLOGY		4,580				76.08
76.09	ADDP OP		6,138				76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT		6,472				76.11
76.12	MENTAL HEALTH CENTER		138,636				76.12
76.13	VEIN CLINIC		576				76.13
76.97	CARDIAC REHABILITATION		41,558				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic		67,799				90
90.01	MERCY CLINICS		960,111				90.01
90.02	MERCY CLINIC STATE ST						90.02

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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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				
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency		675,066				91
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)		18,842,969				118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen		18,904				190
191	Research		6,714				191
192	Physicians' Private Offices		1,470,265				192
192.01	DNBAR CLINIC		4,957				192.01
192.02	PHILLIPS HEALTH		4,752				192.02
192.03	OTHER HOME HEALTH						192.03
192.04	VITAS HOSPICE		363,318				192.04
192.05	DOCTORS OFFICE		154,059				192.05
194	<b>OTHER NONREIMBURSABLE COST CENTERS</b>						194
194.01	SENIOR FRIENDS						194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS						194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS						194.03
200	Cross Foot Adjustments		725,885				200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)		21,591,823				202

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
<b>GENERAL SERVICE COST CENTERS</b>								
1	Cap Rel Costs-Bldg & Fixt	751,005						1
2	Cap Rel Costs-Mvble Equip		7,202,877					2
4	Employee Benefits Department	5,428	432	102,515,032				4
5	Administrative & General	161,468	3,448,083	15,964,427	-49,330,230	189,294,273		5
6	Maintenance & Repairs							6
7	Operation of Plant	112,817	253,638	2,527,572		14,012,722	458,800	7
8	Laundry & Linen Service	9,462				997,473	9,462	8
9	Housekeeping	7,381	11,198	2,337,842		3,692,377	7,381	9
10	Dietary	9,941	10,049			1,796,701	9,941	10
11	Cafeteria	12,492	10,293			1,280,280		11
12	Maintenance of Personnel							12
13	Nursing Administration	2,484		1,193,244		1,981,954	2,484	13
14	Central Services & Supply	7,767	13,217	596,332		1,021,645	7,767	14
15	Pharmacy		8,604			18,692,688		15
16	Medical Records & Library	3,903	26,706	1,281,821		2,668,052	3,903	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			5,692,994		6,654,313		21
22	I&R Services-Other Prgm Costs Apprvd	17,737	3,410			4,031,109	17,737	22
23	PARAMED ED PRGM-(SPECIFY)							23
<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	Adults & Pediatrics	112,816	254,484	16,382,531		24,232,438	112,816	30
31	Intensive Care Unit	8,450	162,068	3,620,790		4,783,120	8,450	31
32	Coronary Care Unit	3,606	87,409	1,007,776		1,893,866	3,606	32
32.01	NURSERY INTENSIVE CARE CENTER	2,166	51,371	1,044,468		2,195,709	2,166	32.01
40	Subprovider - IPF	22,415	7,141	1,848,234		3,753,205	22,415	40
41	Subprovider - IRF	9,676	8,580	1,314,792		2,801,201	9,676	41
43	Nursery	1,265	21,397	1,136,884		1,103,566	1,265	43
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	35,857	556,474	3,588,827		9,227,797	35,857	50
50.01	GI LAB	1,373	693	622,743		1,582,181	1,373	50.01
51	Recovery Room	2,354		621,474		777,971	2,354	51
52	Delivery Room & Labor Room	17,021	83,333	2,726,717		4,189,259	17,021	52
53	Anesthesiology	363	9,477	96,735		359,864	363	53
54	Radiology-Diagnostic	26,653	824,549	3,293,592		5,612,035	26,653	54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic	5,282	29,762	593,696		798,754	5,282	55
56	Radioisotope	2,187	91,002	317,479		911,336	2,187	56
57	CT Scan	500	260,272	757,758		1,447,972	500	57
58	MRI	3,709		258,575		2,476,695	3,709	58
59	Cardiac Catheterization	23,297	366,303	2,854,992		4,062,691	23,297	59
60	Laboratory	21,218	315,010	4,218,035		10,881,262	21,218	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	3,717	103,916	1,267,301		1,877,561	3,717	65
66	Physical Therapy	4,527		1,091,897		1,636,355	4,527	66
67	Occupational Therapy	8,493		873,530		1,072,269	8,493	67
68	Speech Pathology	534		293,906		363,221	534	68
70	Electroencephalography	1,401	3,000	38,446		74,482	1,401	70
71	Medical Supplies Charged to Patients					2,895,108		71
72	Impl. Dev. Charged to Patients					6,199,756		72
73	Drugs Charged to Patients	4,237				59,843	4,237	73
74	Renal Dialysis	1,182				962,047	1,182	74
76	EMG		2,461	40,788		38,084		76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	9,180	44,847	186,232		429,673	9,180	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	977		252,494		331,245	977	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER		12,962	747,605		955,368		76.06
76.07	SLEEP LAB					456,724		76.07
76.08	UROLOGY		1,088	78,680		98,945		76.08
76.09	ADDP OP			558,809		152,574		76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT			112,861		183,664		76.11
76.12	MENTAL HEALTH CENTER	5,997		1,087,051		521,673	5,997	76.12
76.13	VEIN CLINIC			2,668		11,294		76.13
76.97	CARDIAC REHABILITATION	1,135	3,787	311,895		420,164	1,135	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	1,000		3,446,776		1,060,219	1,000	90
90.01	MERCY CLINICS		24,130	3,561,756		6,117,027		90.01

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	14,404	91,731	4,304,412		7,155,561	14,404	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	707,872	7,202,877	94,157,437	-49,330,230	172,993,093	415,667	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	930				13,135	930	190
191	Research			155,462		189,833		191
192	Physicians' Private Offices	17,986		7,911,090		14,763,051	17,986	192
192.01	DNBAR CLINIC			51,136		148,587		192.01
192.02	PHILLIPS HEALTH			54,808		138,384		192.02
192.03	OTHER HOME HEALTH							192.03
192.04	VITAS HOSPICE	17,874				252,452	17,874	192.04
192.05	DOCTORS OFFICE	6,343		185,099		795,738	6,343	192.05
194	OTHER NONREIMBURSABLE COST CENTERS							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	10,607,179	7,158,853	26,857,833		49,330,230	17,664,451	202
203	Unit Cost Multiplier (Wkst. B, Part I)	14.123979	0.993888	0.261989		0.260601	38.501419	203
204	Cost to be allocated (Per Wkst. B, Part II)			77,094		6,156,382	2,349,518	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.000752		0.032523	5.121007	205

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA PROD FTE'S	NURSING ADMINISTRATION NURS DIRECT FTE	CENTRAL SERVICES * SUPPLY COSTED REQUI	
		8	9	10	11	13	14	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service	61,263						8
9	Housekeeping		441,957					9
10	Dietary		9,941	165,579				10
11	Cafeteria				2,372,084			11
12	Maintenance of Personnel							12
13	Nursing Administration		2,484		22,536	1,311,740		13
14	Central Services & Supply		7,767		29,869		18,941,671	14
15	Pharmacy						125,297	15
16	Medical Records & Library		3,903		46,939			16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd		17,737		190,216			1
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	41,804	112,816	125,412	563,933	563,933	1,096,024	30
31	Intensive Care Unit	4,202	8,450	6,303	84,584	84,584	354,171	31
32	Coronary Care Unit	1,728	3,606	2,592	36,341	36,341	81,551	32
32.01	NURSERY INTENSIVE CARE CENTER	3,105	2,166		43,621	43,621	76,659	32.01
40	Subprovider - IPF	5,620	22,415	16,860	47,702	47,702	9,240	40
41	Subprovider - IRF	4,804	9,676	14,412	43,076	43,076	121,851	41
43	Nursery		1,265		18,165	18,165	31,930	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		35,857		113,095	113,095	1,801,637	50
50.01	GI LAB		1,373		17,014	17,014	411,321	50.01
51	Recovery Room		2,354		14,664	14,664	14,018	51
52	Delivery Room & Labor Room		17,021		78,770	78,770	338,472	52
53	Anesthesiology		363		4,264	4,264	216,992	53
54	Radiology-Diagnostic		26,653		90,176		145,495	54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic		5,282		9,222		6,540	55
56	Radioisotope		2,187		6,410		414,463	56
57	CT Scan		500		20,051		185,403	57
58	MRI		3,709		5,283		9,446	58
59	Cardiac Catheterization		23,297		61,997	61,997	164,909	59
60	Laboratory		21,218		145,992		3,459,739	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		3,717		38,314	38,314	336	65
66	Physical Therapy		4,527		31,366		14,120	66
67	Occupational Therapy		8,493		18,722		15,178	67
68	Speech Pathology		534		7,030		1,992	68
70	Electroencephalography		1,401		1,560		1,169	70
71	Medical Supplies Charged to Patients						2,895,108	71
72	Impl. Dev. Charged to Patients						6,199,756	72
73	Drugs Charged to Patients		4,237					73
74	Renal Dialysis		1,182				12,880	74
76	EMG				910	910	1,008	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER		9,180		7,259		4,226	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER		977		6,219	6,219	4,847	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER				16,127		8,783	76.06
76.07	SLEEP LAB							76.07
76.08	UROLOGY				2,080		277	76.08
76.09	ADDP OP				62			76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT				3,557		3	76.11
76.12	MENTAL HEALTH CENTER		5,997		15,267		161	76.12
76.13	VEIN CLINIC				116		6,065	76.13
76.97	CARDIAC REHABILITATION		1,135		8,746		3,235	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic		1,000		105,837		21,556	90
90.01	MERCY CLINICS				166,419		36,483	90.01

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE- KEEPING  SQUARE FEET	DIETARY  MEALS SERVED	CAFETERIA  PROD FTE'S	NURSING ADMINIS- TRATION NURS DIRECT FTE	CENTRAL SERVICES * SUPPLY COSTED REQUI	
		8	9	10	11	13	14	
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency		14,404		139,071	139,071	627,353	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	61,263	398,824	165,579	2,262,582	1,311,740	18,919,695	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		930					190
191	Research				4,326		249	191
192	Physicians' Private Offices		17,986		85,858		5,989	192
192.01	DNBAR CLINIC				644		854	192.01
192.02	PHILLIPS HEALTH				2,080		351	192.02
192.03	OTHER HOME HEALTH							192.03
192.04	VITAS HOSPICE		17,874					192.04
192.05	DOCTORS OFFICE		6,343		16,594		14,533	192.05
194	OTHER NONREIMBURSABLE COST CENTERS							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,621,715	4,938,793	2,758,755	1,613,922	2,637,182	1,694,045	202
203	Unit Cost Multiplier (Wkst. B, Part I)	26.471361	11.174827	16.661261	0.680381	2.010446	0.089435	203
204	Cost to be allocated (Per Wkst. B, Part II)	214,537	275,022	275,265	228,306	121,526	553,482	204
205	Unit Cost Multiplier (Wkst. B, Part II)	3.501902	0.622282	1.662439	0.096247	0.092645	0.029220	205

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

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

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy	10,000					15
16	Medical Records & Library		663,302,532				16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd			9,504			21
22	I&R Services-Other Prgm Costs Apprvd				9,504		22
23	PARAMED ED PRGM-(SPECIFY)					100	23
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		74,281,061	5,429	5,429		30
31	Intensive Care Unit		10,180,369	364	364		31
32	Coronary Care Unit		4,334,144	137	137		32
32.01	NURSERY INTENSIVE CARE CENTER		10,710,143	268	268		32.01
40	Subprovider - IPF		6,912,038				40
41	Subprovider - IRF		6,352,401	122	122		41
43	Nursery		4,461,047				43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room		26,970,995	800	800		50
50.01	GI LAB		11,190,708				50.01
51	Recovery Room		4,133,145				51
52	Delivery Room & Labor Room		18,638,756				52
53	Anesthesiology		4,431,812				53
54	Radiology-Diagnostic		53,591,629	1,225	1,225		54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic		6,323,820				55
56	Radioisotope		9,279,487				56
57	CT Scan		41,856,139				57
58	MRI		10,610,540				58
59	Cardiac Catheterization		55,643,461				59
60	Laboratory		120,955,830				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		16,341,170				65
66	Physical Therapy		5,447,791				66
67	Occupational Therapy		2,927,844				67
68	Speech Pathology		1,185,235				68
70	Electroencephalography		357,731				70
71	Medical Supplies Charged to Patients		9,893,009				71
72	Impl. Dev. Charged to Patients		16,346,482				72
73	Drugs Charged to Patients	10,000	50,909,485			100	73
74	Renal Dialysis		1,898,043				74
76	EMG		380,495				76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER		984,568				76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER		587,514				76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER		4,184,919				76.06
76.07	SLEEP LAB		2,258,882				76.07
76.08	UROLOGY		45,928				76.08
76.09	ADDP OP		1,944,961				76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT		242,886				76.11
76.12	MENTAL HEALTH CENTER		791,363				76.12
76.13	VEIN CLINIC		65,467				76.13
76.97	CARDIAC REHABILITATION		1,379,788				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUI	MEDICAL RECORDS + LIBRARY GROSS REVENUE	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME		
		15	16	21	22	23		
90	Clinic		143,177					90
90.01	MERCY CLINICS		6,119,326					90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency		58,008,943	1,159	1,159			91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	10,000	663,302,532	9,504	9,504	100		118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices							192
192.01	DNBAR CLINIC							192.01
192.02	PHILLIPS HEALTH							192.02
192.03	OTHER HOME HEALTH							192.03
192.04	VITAS HOSPICE							192.04
192.05	DOCTORS OFFICE							192.05
194	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194
194.01	SENIOR FRIENDS							194.01
194.02	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194.02
194.03	<b>OTHER NONREIMBURSABLE COST CENTERS</b>							194.03
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	23,575,227	3,589,171	8,388,434	6,092,147			202
203	Unit Cost Multiplier (Wkst. B, Part I)	2,357,522700	0.005411	882,621423	641,008733			203
204	Cost to be allocated (Per Wkst. B, Part II)	625,254	196,340	220,699	505,186			204
205	Unit Cost Multiplier (Wkst. B, Part II)	62.525400	0.000296	23.221696	53.155093			205

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**POST STEPDOWN ADJUSTMENTS**

**WORKSHEET B-2**

	WORKSHEET			
DESCRIPTION	PART	LINE NO.	AMOUNT	
1	2	3	4	

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics	41,365,204		41,365,204	19,500	41,384,704	30
31	Intensive Care Unit	6,979,981		6,979,981		6,979,981	31
32	Coronary Care Unit	2,784,004		2,784,004		2,784,004	32
32.01	NURSERY INTENSIVE CARE CENTER	3,139,892		3,139,892		3,139,892	32.01
40	Subprovider - IPF	6,441,050		6,441,050		6,441,050	40
41	Subprovider - IRF	4,540,336		4,540,336		4,540,336	41
43	Nursery	1,529,870		1,529,870		1,529,870	43
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	14,025,199		14,025,199		14,025,199	50
50.01	GI LAB	2,205,825		2,205,825		2,205,825	50.01
51	Recovery Room	1,160,725		1,160,725		1,160,725	51
52	Delivery Room & Labor Room	6,469,606		6,469,606		6,469,606	52
53	Anesthesiology	526,539		526,539		526,539	53
54	Radiology-Diagnostic	8,762,908		8,762,908	37,915	8,800,823	54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic	1,310,376		1,310,376	16,511	1,326,887	55
56	Radioisotope	1,349,112		1,349,112	5,386	1,354,498	56
57	CT Scan	2,106,861		2,106,861		2,106,861	57
58	MRI	3,368,226		3,368,226		3,368,226	58
59	Cardiac Catheterization	6,761,400		6,761,400	145,838	6,907,238	59
60	Laboratory	15,834,244		15,834,244		15,834,244	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	2,743,050		2,743,050		2,743,050	65
66	Physical Therapy	2,339,757		2,339,757		2,339,757	66
67	Occupational Therapy	1,803,542		1,803,542		1,803,542	67
68	Speech Pathology	495,778		495,778		495,778	68
70	Electroencephalography	166,590		166,590		166,590	70
71	Medical Supplies Charged to Patients	3,962,031		3,962,031		3,962,031	71
72	Impl. Dev. Charged to Patients	8,458,343		8,458,343		8,458,343	72
73	Drugs Charged to Patients	24,136,615		24,136,615		24,136,615	73
74	Renal Dialysis	1,282,897		1,282,897		1,282,897	74
76	EMG	52,607		52,607		52,607	76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	1,008,318		1,008,318		1,008,318	76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	486,448		486,448		486,448	76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	1,238,742		1,238,742		1,238,742	76.06
76.07	SLEEP LAB	587,970		587,970		587,970	76.07
76.08	UROLOGY	126,419		126,419		126,419	76.08
76.09	ADDP OP	202,901		202,901		202,901	76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT	235,261		235,261		235,261	76.11
76.12	MENTAL HEALTH CENTER	970,213		970,213		970,213	76.12
76.13	VEIN CLINIC	15,212		15,212	39,915	55,127	76.13
76.97	CARDIAC REHABILITATION	599,747		599,747	9,232	608,979	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	1,460,901		1,460,901		1,460,901	90
90.01	MERCY CLINICS	7,860,733		7,860,733	210,743	8,071,476	90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency	10,480,052		10,480,052	167,915	10,647,967	91
92	Observation Beds (Non-Distinct Part)	4,164,786		4,164,786		4,164,786	92
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
200	Subtotal (sum of lines 30 thru 199)	205,540,271		205,540,271	652,955	206,193,226	200
201	Less Observation Beds	4,164,786		4,164,786		4,164,786	201
202	Total (line 200 minus line 201)	201,375,485		201,375,485		202,028,440	202

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**COMPUTATION OF RATIO OF COST TO CHARGES**

**WORKSHEET C  
PART I**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics	66,734,038		66,734,038				30
31	Intensive Care Unit	10,180,369		10,180,369				31
32	Coronary Care Unit	4,334,144		4,334,144				32
32.01	NURSERY INTENSIVE CARE CENTER	10,710,143		10,710,143				32.01
40	Subprovider - IPF	6,912,038		6,912,038				40
41	Subprovider - IRF	6,352,401		6,352,401				41
43	Nursery	4,461,047		4,461,047				43
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	11,101,762	15,869,233	26,970,995	0.520010	0.520010	0.520010	50
50.01	GI LAB	2,639,482	8,551,226	11,190,708	0.197112	0.197112	0.197112	50.01
51	Recovery Room	1,179,271	2,953,874	4,133,145	0.280833	0.280833	0.280833	51
52	Delivery Room & Labor Room	17,540,485	1,098,271	18,638,756	0.347105	0.347105	0.347105	52
53	Anesthesiology	2,158,396	2,273,416	4,431,812	0.118809	0.118809	0.118809	53
54	Radiology-Diagnostic	10,947,147	42,644,482	53,591,629	0.163513	0.163513	0.164220	54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic	477,817	5,846,003	6,323,820	0.207213	0.207213	0.209824	55
56	Radioisotope	1,545,574	7,733,913	9,279,487	0.145386	0.145386	0.145967	56
57	CT Scan	13,671,673	28,184,466	41,856,139	0.050336	0.050336	0.050336	57
58	MRI	2,912,296	7,698,244	10,610,540	0.317442	0.317442	0.317442	58
59	Cardiac Catheterization	29,295,518	26,347,943	55,643,461	0.121513	0.121513	0.124134	59
60	Laboratory	53,545,083	67,410,747	120,955,830	0.130909	0.130909	0.130909	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	14,914,442	1,426,728	16,341,170	0.167861	0.167861	0.167861	65
66	Physical Therapy	3,140,104	2,307,687	5,447,791	0.429487	0.429487	0.429487	66
67	Occupational Therapy	1,948,600	979,244	2,927,844	0.615997	0.615997	0.615997	67
68	Speech Pathology	937,424	247,811	1,185,235	0.418295	0.418295	0.418295	68
70	Electroencephalography	224,073	133,658	357,731	0.465685	0.465685	0.465685	70
71	Medical Supplies Charged to Patients	7,800,762	2,092,247	9,893,009	0.400488	0.400488	0.400488	71
72	Impl. Dev. Charged to Patients	10,314,068	6,032,414	16,346,482	0.517441	0.517441	0.517441	72
73	Drugs Charged to Patients	23,243,573	27,665,912	50,909,485	0.474108	0.474108	0.474108	73
74	Renal Dialysis	1,782,993	115,050	1,898,043	0.675905	0.675905	0.675905	74
76	EMG	1,591	378,904	380,495	0.138259	0.138259	0.138259	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	6,006	978,562	984,568	1.024122	1.024122	1.024122	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	6,334	581,180	587,514	0.827977	0.827977	0.827977	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	191,227	3,993,692	4,184,919	0.296001	0.296001	0.296001	76.06
76.07	SLEEP LAB		2,258,882	2,258,882	0.260292	0.260292	0.260292	76.07
76.08	UROLOGY		45,928	45,928	2.752547	2.752547	2.752547	76.08
76.09	ADDP OP		1,944,961	1,944,961	0.104321	0.104321	0.104321	76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT	180	242,706	242,886	0.968607	0.968607	0.968607	76.11
76.12	MENTAL HEALTH CENTER	1,013	790,350	791,363	1.226002	1.226002	1.226002	76.12
76.13	VEIN CLINIC	20,358	45,109	65,467	0.232361	0.232361	0.842058	76.13
76.97	CARDIAC REHABILITATION	28,078	1,351,710	1,379,788	0.434666	0.434666	0.441357	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic		143,177	143,177	10.203461	10.203461	10.203461	90
90.01	MERCY CLINICS	1,032	6,118,294	6,119,326	1.284575	1.284575	1.319014	90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	16,772,066	41,236,877	58,008,943	0.180663	0.180663	0.183557	91
92	Observation Beds (Non-Distinct Part)	1,120,126	6,426,897	7,547,023	0.551845	0.551845	0.551845	92
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
200	Subtotal (sum of lines 30 thru 199)	339,152,734	324,149,798	663,302,532				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	339,152,734	324,149,798	663,302,532				202

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS**

**WORKSHEET D  
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	3,941,030		3,941,030	45,322	86.96	14,982	1,302,835	30
31	Intensive Care Unit	564,257		564,257	4,202	134.28	1,721	231,096	31
32	Coronary Care Unit	272,682		272,682	1,728	157.80	706	111,407	32
32.01	NURSERY INTENSIVE CARE CENTER	190,808		190,808	3,105	61.45			32.01
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	634,912		634,912	5,620	112.97	827	93,426	40
41	Subprovider - IRF	351,574		351,574	4,804	73.18	2,779	203,367	41
42	Subprovider I								42
43	Nursery	88,828		88,828	3,648	24.35			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	6,044,091		6,044,091	68,429		21,015	1,942,131	200

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-0158**

**WORKSHEET D  
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,776,157	26,970,995	0.102931	3,063,457	315,325	50
50.01	GI LAB	368,082	11,190,708	0.032892	1,071,848	35,255	50.01
51	Recovery Room	77,507	4,133,145	0.018753	377,295	7,075	51
52	Delivery Room & Labor Room	605,303	18,638,756	0.032476	18,636	605	52
53	Anesthesiology	36,866	4,431,812	0.008318	487,853	4,058	53
54	Radiology-Diagnostic	1,562,821	53,591,629	0.029162	4,338,039	126,506	54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic	163,894	6,323,820	0.025917	105,574	2,736	55
56	Radioisotope	179,249	9,279,487	0.019317	636,719	12,300	56
57	CT Scan	336,013	41,856,139	0.008028	5,730,242	46,002	57
58	MRI	158,357	10,610,540	0.014924	1,007,900	15,042	58
59	Cardiac Catheterization	1,000,014	55,643,461	0.017972	12,162,404	218,583	59
60	Laboratory	1,250,745	120,955,830	0.010341	17,970,513	185,833	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	273,337	16,341,170	0.016727	6,022,355	100,736	65
66	Physical Therapy	149,024	5,447,791	0.027355	679,069	18,576	66
67	Occupational Therapy	207,376	2,927,844	0.070829	134,705	9,541	67
68	Speech Pathology	23,729	1,185,235	0.020021	260,122	5,208	68
70	Electroencephalography	33,558	357,731	0.093808	80,634	7,564	70
71	Medical Supplies Charged to Pat	181,681	9,893,009	0.018365	3,468,107	63,692	71
72	Impl. Dev. Charged to Patients	387,636	16,346,482	0.023714	4,255,739	100,921	72
73	Drugs Charged to Patients	726,447	50,909,485	0.014269	7,837,307	111,831	73
74	Renal Dialysis	55,711	1,898,043	0.029352	775,821	22,772	74
76	EMG	4,030	380,495	0.010591			76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	242,182	984,568	0.245978	5,131	1,262	76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	35,136	587,514	0.059805	2,979	178	76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	47,564	4,184,919	0.011366			76.06
76.07	SLEEP LAB	15,523	2,258,882	0.006872			76.07
76.08	UROLOGY	4,580	45,928	0.099721			76.08
76.09	ADDP OP	6,138	1,944,961	0.003156			76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT	6,472	242,886	0.026646			76.11
76.12	MENTAL HEALTH CENTER	138,636	791,363	0.175186	381	67	76.12
76.13	VEIN CLINIC	576	65,467	0.008798	5,857	52	76.13
76.97	CARDIAC REHABILITATION	41,558	1,379,788	0.030119	10,468	315	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	67,799	143,177	0.473533			90
90.01	MERCY CLINICS	960,111	6,119,326	0.156898			90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency	675,066	58,008,943	0.011637	5,746,055	66,867	91
92	Observation Beds (Non-Distinct	396,608	7,547,023	0.052552	405,416	21,305	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	13,195,486	553,618,352		76,660,626	1,500,207	200

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

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

(A)	Cost Center Description	1 Nursing School	2 Allied Health Cost	3 All Other Medical Education Cost	4 Swing-Bed Adjustment Amount (see instructions)	5 Total Costs (sum of cols. 1 through 3 minus col 4.)	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics General Routine Care)						30
31	Intensive Care Unit						31
32	Coronary Care Unit						32
32.01	<b>NURSERY INTENSIVE CARE CENTER</b>						32.01
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF						40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	<b>TOTAL (lines 30-199)</b>						200

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6	7	8	9			
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	45,322		14,982		30
31	Intensive Care Unit	4,202		1,721		31
32	Coronary Care Unit	1,728		706		32
32.01	<b>NURSERY INTENSIVE CARE CENTER</b>	3,105				<b>32.01</b>
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF	5,620		827		40
41	Subprovider - IRF	4,804		2,779		41
42	Subprovider I					42
43	Nursery	3,648				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	68,429		21,015		200

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0158**

**WORKSHEET D  
PART IV**

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

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

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0158**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	26,970,995			3,063,457		3,026,913		50
50.01	GI LAB	11,190,708			1,071,848		2,223,246		50.01
51	Recovery Room	4,133,145			377,295		592,700		51
52	Delivery Room & Labor Room	18,638,756			18,636		3,315		52
53	Anesthesiology	4,431,812			487,853		416,299		53
54	Radiology-Diagnostic	53,591,629			4,338,039		5,573,574		54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	6,323,820			105,574		1,726,304		55
56	Radioisotope	9,279,487			636,719		2,571,507		56
57	CT Scan	41,856,139			5,730,242		6,845,948		57
58	MRI	10,610,540			1,007,900		1,599,482		58
59	Cardiac Catheterization	55,643,461			12,162,404		9,053,946		59
60	Laboratory	120,955,830			17,970,513		4,788,705		60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	16,341,170			6,022,355		443,892		65
66	Physical Therapy	5,447,791			679,069		12,255		66
67	Occupational Therapy	2,927,844			134,705		2,979		67
68	Speech Pathology	1,185,235			260,122		2,432		68
70	Electroencephalography	357,731			80,634		48,352		70
71	Medical Supplies Charged to Pat	9,893,009			3,468,107		855,476		71
72	Impl. Dev. Charged to Patients	16,346,482			4,255,739		2,078,314		72
73	Drugs Charged to Patients	50,909,485			7,837,307		8,237,267		73
74	Renal Dialysis	1,898,043			775,821		57,609		74
76	EMG	380,495					60,269		76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	984,568			5,131		424,000		76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	587,514			2,979		256,885		76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	4,184,919					9,420		76.06
76.07	SLEEP LAB	2,258,882					484,214		76.07
76.08	UROLOGY	45,928					13,025		76.08
76.09	ADDP OP	1,944,961					144,566		76.09
76.10	PSYCH PARTIAL HOSPITAL								76.10
76.11	DIABETES TREATMENT	242,886					27,629		76.11
76.12	MENTAL HEALTH CENTER	791,363			381		315,777		76.12
76.13	VEIN CLINIC	65,467			5,857		12,549		76.13
76.97	CARDIAC REHABILITATION	1,379,788			10,468		526,463		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	143,177							90
90.01	MERCY CLINICS	6,119,326					123,136		90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	58,008,943			5,746,055		5,075,242		91
92	Observation Beds (Non-Distinct	7,547,023			405,416		1,764,801		92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	553,618,352			76,660,626		59,398,491		200

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**

**COMPONENT CCN: 14-0158**

**WORKSHEET D  
PART V**

Check [ ] Title V - O/P [XX] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [XX] Title XVIII, Part B [ ] IPF [ ] SNF [ ] Swing Bed NF  
 Boxes: [ ] Title XIX - O/P [ ] IRF [ ] NF [ ] ICF/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	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.520010	3,026,913			1,574,025			50
50.01	GI LAB	0.197112	2,223,246			438,228			50.01
51	Recovery Room	0.280833	592,700			166,450			51
52	Delivery Room & Labor Room	0.347105	3,315			1,151			52
53	Anesthesiology	0.118809	416,299			49,460			53
54	Radiology-Diagnostic	0.163513	5,573,574			911,352			54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	0.207213	1,726,304			357,713			55
56	Radioisotope	0.145386	2,571,507			373,861			56
57	CT Scan	0.050336	6,845,948			344,598			57
58	MRI	0.317442	1,599,482			507,743			58
59	Cardiac Catheterization	0.121513	9,053,946			1,100,172			59
60	Laboratory	0.130909	4,788,705			626,885			60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	0.167861	443,892			74,512			65
66	Physical Therapy	0.429487	12,255			5,263			66
67	Occupational Therapy	0.615997	2,979			1,835			67
68	Speech Pathology	0.418295	2,432			1,017			68
70	Electroencephalography	0.465685	48,352			22,517			70
71	Medical Supplies Charged to Pat	0.400488	855,476			342,608			71
72	Impl. Dev. Charged to Patients	0.517441	2,078,314			1,075,405			72
73	Drugs Charged to Patients	0.474108	8,237,267		14,734	3,905,354		6,986	73
74	Renal Dialysis	0.675905	57,609			38,938			74
76	EMG	0.138259	60,269			8,333			76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	1.024122	424,000			434,228			76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	0.827977	256,885			212,695			76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	0.296001	9,420			2,788			76.06
76.07	SLEEP LAB	0.260292	484,214			126,037			76.07
76.08	UROLOGY	2.752547	13,025			35,852			76.08
76.09	ADDP OP	0.104321	144,566			15,081			76.09
76.10	PSYCH PARTIAL HOSPITAL								76.10
76.11	DIABETES TREATMENT	0.968607	27,629			26,762			76.11
76.12	MENTAL HEALTH CENTER	1.226002	315,777			387,143			76.12
76.13	VEIN CLINIC	0.232361	12,549			2,916			76.13
76.97	CARDIAC REHABILITATION	0.434666	526,463			228,836			76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	10.203461							90
90.01	MERCY CLINICS	1.284575	123,136			158,177			90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	0.180663	5,075,242			916,908			91
92	Observation Beds (Non-Distinct	0.551845	1,764,801			973,897			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Subtotal (see instructions)		59,398,491		14,734	15,448,740		6,986	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		59,398,491		14,734	15,448,740		6,986	202

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-S158**

**WORKSHEET D  
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,776,157	26,970,995	0.102931			50
50.01	GI LAB	368,082	11,190,708	0.032892			50.01
51	Recovery Room	77,507	4,133,145	0.018753			51
52	Delivery Room & Labor Room	605,303	18,638,756	0.032476	415	13	52
53	Anesthesiology	36,866	4,431,812	0.008318	5,598	47	53
54	Radiology-Diagnostic	1,562,821	53,591,629	0.029162	4,053	118	54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic	163,894	6,323,820	0.025917			55
56	Radioisotope	179,249	9,279,487	0.019317			56
57	CT Scan	336,013	41,856,139	0.008028	9,642	77	57
58	MRI	158,357	10,610,540	0.014924	1,875	28	58
59	Cardiac Catheterization	1,000,014	55,643,461	0.017972	22,574	406	59
60	Laboratory	1,250,745	120,955,830	0.010341	147,767	1,528	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	273,337	16,341,170	0.016727	5,796	97	65
66	Physical Therapy	149,024	5,447,791	0.027355			66
67	Occupational Therapy	207,376	2,927,844	0.070829			67
68	Speech Pathology	23,729	1,185,235	0.020021			68
70	Electroencephalography	33,558	357,731	0.093808			70
71	Medical Supplies Charged to Pat	181,681	9,893,009	0.018365			71
72	Impl. Dev. Charged to Patients	387,636	16,346,482	0.023714			72
73	Drugs Charged to Patients	726,447	50,909,485	0.014269	65,977	941	73
74	Renal Dialysis	55,711	1,898,043	0.029352	2,925	86	74
76	EMG	4,030	380,495	0.010591			76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	242,182	984,568	0.245978			76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	35,136	587,514	0.059805			76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	47,564	4,184,919	0.011366			76.06
76.07	SLEEP LAB	15,523	2,258,882	0.006872			76.07
76.08	UROLOGY	4,580	45,928	0.099721			76.08
76.09	ADDP OP	6,138	1,944,961	0.003156			76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT	6,472	242,886	0.026646			76.11
76.12	MENTAL HEALTH CENTER	138,636	791,363	0.175186	244	43	76.12
76.13	VEIN CLINIC	576	65,467	0.008798			76.13
76.97	CARDIAC REHABILITATION	41,558	1,379,788	0.030119			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	67,799	143,177	0.473533			90
90.01	MERCY CLINICS	960,111	6,119,326	0.156898			90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency	675,066	58,008,943	0.011637	117,747	1,370	91
92	Observation Beds (Non-Distinct		7,547,023				92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	12,798,878	553,618,352		384,613	4,754	200

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-S158**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room						50
50.01	GI LAB						50.01
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
70	Electroencephalography						70
71	Medical Supplies Charged to Pat						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76	EMG						76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER						76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER						76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER						76.06
76.07	SLEEP LAB						76.07
76.08	UROLOGY						76.08
76.09	ADDP OP						76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT						76.11
76.12	MENTAL HEALTH CENTER						76.12
76.13	VEIN CLINIC						76.13
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic						90
90.01	MERCY CLINICS						90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency						91
92	Observation Beds (Non-Distinct						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)						200

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-S158**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	26,970,995							50
50.01	GI LAB	11,190,708							50.01
51	Recovery Room	4,133,145							51
52	Delivery Room & Labor Room	18,638,756			415				52
53	Anesthesiology	4,431,812			5,598				53
54	Radiology-Diagnostic	53,591,629			4,053				54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	6,323,820							55
56	Radioisotope	9,279,487							56
57	CT Scan	41,856,139			9,642				57
58	MRI	10,610,540			1,875				58
59	Cardiac Catheterization	55,643,461			22,574				59
60	Laboratory	120,955,830			147,767				60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	16,341,170			5,796				65
66	Physical Therapy	5,447,791							66
67	Occupational Therapy	2,927,844							67
68	Speech Pathology	1,185,235							68
70	Electroencephalography	357,731							70
71	Medical Supplies Charged to Pat	9,893,009							71
72	Impl. Dev. Charged to Patients	16,346,482							72
73	Drugs Charged to Patients	50,909,485			65,977				73
74	Renal Dialysis	1,898,043			2,925				74
76	EMG	380,495							76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	984,568							76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	587,514							76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	4,184,919							76.06
76.07	SLEEP LAB	2,258,882							76.07
76.08	UROLOGY	45,928							76.08
76.09	ADDP OP	1,944,961							76.09
76.10	PSYCH PARTIAL HOSPITAL								76.10
76.11	DIABETES TREATMENT	242,886							76.11
76.12	MENTAL HEALTH CENTER	791,363			244				76.12
76.13	VEIN CLINIC	65,467							76.13
76.97	CARDIAC REHABILITATION	1,379,788							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90	Clinic	143,177							90
90.01	MERCY CLINICS	6,119,326							90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	58,008,943			117,747				91
92	Observation Beds (Non-Distinct	7,547,023							92
<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Total (sum of lines 50-199)	553,618,352			384,613				200

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**

**COMPONENT CCN: 14-S158**

**WORKSHEET D  
PART V**

Check [ ] Title V - O/P [ ] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [XX] Title XVIII, Part B [XX] 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
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	0.520010						50
50.01	GI LAB	0.197112						50.01
51	Recovery Room	0.280833						51
52	Delivery Room & Labor Room	0.347105						52
53	Anesthesiology	0.118809						53
54	Radiology-Diagnostic	0.163513						54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic	0.207213						55
56	Radioisotope	0.145386						56
57	CT Scan	0.050336						57
58	MRI	0.317442						58
59	Cardiac Catheterization	0.121513						59
60	Laboratory	0.130909						60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	0.167861						65
66	Physical Therapy	0.429487						66
67	Occupational Therapy	0.615997						67
68	Speech Pathology	0.418295						68
70	Electroencephalography	0.465685						70
71	Medical Supplies Charged to Pat	0.400488						71
72	Impl. Dev. Charged to Patients	0.517441						72
73	Drugs Charged to Patients	0.474108						73
74	Renal Dialysis	0.675905						74
76	EMG	0.138259						76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	1.024122						76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	0.827977						76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	0.296001						76.06
76.07	SLEEP LAB	0.260292						76.07
76.08	UROLOGY	2.752547						76.08
76.09	ADDP OP	0.104321						76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT	0.968607						76.11
76.12	MENTAL HEALTH CENTER	1.226002						76.12
76.13	VEIN CLINIC	0.232361						76.13
76.97	CARDIAC REHABILITATION	0.434666						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	10.203461						90
90.01	MERCY CLINICS	1.284575						90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	0.180663						91
92	Observation Beds (Non-Distinct	0.551845						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Subtotal (see instructions)							200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)							202

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-T158**

**WORKSHEET D  
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,776,157	26,970,995	0.102931			50
50.01	GI LAB	368,082	11,190,708	0.032892	5,627	185	50.01
51	Recovery Room	77,507	4,133,145	0.018753	948	18	51
52	Delivery Room & Labor Room	605,303	18,638,756	0.032476			52
53	Anesthesiology	36,866	4,431,812	0.008318			53
54	Radiology-Diagnostic	1,562,821	53,591,629	0.029162	83,932	2,448	54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic	163,894	6,323,820	0.025917			55
56	Radioisotope	179,249	9,279,487	0.019317	4,242	82	56
57	CT Scan	336,013	41,856,139	0.008028	47,864	384	57
58	MRI	158,357	10,610,540	0.014924	4,056	61	58
59	Cardiac Catheterization	1,000,014	55,643,461	0.017972	61,221	1,100	59
60	Laboratory	1,250,745	120,955,830	0.010341	378,645	3,916	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	273,337	16,341,170	0.016727	105,327	1,762	65
66	Physical Therapy	149,024	5,447,791	0.027355	976,043	26,700	66
67	Occupational Therapy	207,376	2,927,844	0.070829	949,209	67,232	67
68	Speech Pathology	23,729	1,185,235	0.020021	199,947	4,003	68
70	Electroencephalography	33,558	357,731	0.093808			70
71	Medical Supplies Charged to Pat	181,681	9,893,009	0.018365	75,974	1,395	71
72	Impl. Dev. Charged to Patients	387,636	16,346,482	0.023714	1,516	36	72
73	Drugs Charged to Patients	726,447	50,909,485	0.014269	419,007	5,979	73
74	Renal Dialysis	55,711	1,898,043	0.029352	85,416	2,507	74
76	EMG	4,030	380,495	0.010591			76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	242,182	984,568	0.245978			76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	35,136	587,514	0.059805			76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	47,564	4,184,919	0.011366			76.06
76.07	SLEEP LAB	15,523	2,258,882	0.006872			76.07
76.08	UROLOGY	4,580	45,928	0.099721			76.08
76.09	ADDP OP	6,138	1,944,961	0.003156			76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT	6,472	242,886	0.026646			76.11
76.12	MENTAL HEALTH CENTER	138,636	791,363	0.175186			76.12
76.13	VEIN CLINIC	576	65,467	0.008798			76.13
76.97	CARDIAC REHABILITATION	41,558	1,379,788	0.030119	130	4	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	67,799	143,177	0.473533			90
90.01	MERCY CLINICS	960,111	6,119,326	0.156898			90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency	675,066	58,008,943	0.011637	3,743	44	91
92	Observation Beds (Non-Distinct		7,547,023				92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	12,798,878	553,618,352		3,402,847	117,856	200

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-T158**

**WORKSHEET D  
PART IV**

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

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

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-T158**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	26,970,995							50
50.01	GI LAB	11,190,708			5,627				50.01
51	Recovery Room	4,133,145			948				51
52	Delivery Room & Labor Room	18,638,756							52
53	Anesthesiology	4,431,812							53
54	Radiology-Diagnostic	53,591,629			83,932				54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	6,323,820							55
56	Radioisotope	9,279,487			4,242				56
57	CT Scan	41,856,139			47,864				57
58	MRI	10,610,540			4,056				58
59	Cardiac Catheterization	55,643,461			61,221				59
60	Laboratory	120,955,830			378,645				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	16,341,170			105,327				65
66	Physical Therapy	5,447,791			976,043				66
67	Occupational Therapy	2,927,844			949,209				67
68	Speech Pathology	1,185,235			199,947				68
70	Electroencephalography	357,731							70
71	Medical Supplies Charged to Pat	9,893,009			75,974				71
72	Impl. Dev. Charged to Patients	16,346,482			1,516				72
73	Drugs Charged to Patients	50,909,485			419,007				73
74	Renal Dialysis	1,898,043			85,416				74
76	EMG	380,495							76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	984,568							76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	587,514							76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	4,184,919							76.06
76.07	SLEEP LAB	2,258,882							76.07
76.08	UROLOGY	45,928							76.08
76.09	ADDP OP	1,944,961							76.09
76.10	PSYCH PARTIAL HOSPITAL								76.10
76.11	DIABETES TREATMENT	242,886							76.11
76.12	MENTAL HEALTH CENTER	791,363							76.12
76.13	VEIN CLINIC	65,467							76.13
76.97	CARDIAC REHABILITATION	1,379,788			130				76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90	Clinic	143,177							90
90.01	MERCY CLINICS	6,119,326							90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	58,008,943			3,743				91
92	Observation Beds (Non-Distinct	7,547,023							92
<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Total (sum of lines 50-199)	553,618,352			3,402,847				200

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T158

WORKSHEET D  
PART V

Check [ ] Title V - O/P [ ] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [XX] Title XVIII, Part B [ ] IPF [ ] SNF [ ] Swing Bed NF  
 Boxes: [ ] Title XIX - O/P [XX] 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	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.520010							50
50.01	GI LAB	0.197112							50.01
51	Recovery Room	0.280833							51
52	Delivery Room & Labor Room	0.347105							52
53	Anesthesiology	0.118809							53
54	Radiology-Diagnostic	0.163513							54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	0.207213							55
56	Radioisotope	0.145386							56
57	CT Scan	0.050336							57
58	MRI	0.317442							58
59	Cardiac Catheterization	0.121513							59
60	Laboratory	0.130909							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	0.167861							65
66	Physical Therapy	0.429487							66
67	Occupational Therapy	0.615997							67
68	Speech Pathology	0.418295							68
70	Electroencephalography	0.465685							70
71	Medical Supplies Charged to Pat	0.400488							71
72	Impl. Dev. Charged to Patients	0.517441							72
73	Drugs Charged to Patients	0.474108							73
74	Renal Dialysis	0.675905							74
76	EMG	0.138259							76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	1.024122							76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	0.827977							76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	0.296001							76.06
76.07	SLEEP LAB	0.260292							76.07
76.08	UROLOGY	2.752547							76.08
76.09	ADDP OP	0.104321							76.09
76.10	PSYCH PARTIAL HOSPITAL								76.10
76.11	DIABETES TREATMENT	0.968607							76.11
76.12	MENTAL HEALTH CENTER	1.226002							76.12
76.13	VEIN CLINIC	0.232361							76.13
76.97	CARDIAC REHABILITATION	0.434666							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	10.203461							90
90.01	MERCY CLINICS	1.284575							90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	0.180663							91
92	Observation Beds (Non-Distinct	0.551845							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS**

**WORKSHEET D  
PART I**

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

(A)	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)	
Cost Center Description	1	2	3	4	5	6	7	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30 Adults & Pediatrics General Routine Care)	3,941,030		3,941,030	45,322	86.96	5,563	483,758	30
31 Intensive Care Unit	564,257		564,257	4,202	134.28	643	86,342	31
32 Coronary Care Unit	272,682		272,682	1,728	157.80	185	29,193	32
32.01 NURSERY INTENSIVE CARE CENTER	190,808		190,808	3,105	61.45	1,268	77,919	32.01
33 Burn Intensive Care Unit								33
34 Surgical Intensive Care Unit								34
35 Other Special Care (specify)								35
40 Subprovider - IPF	634,912		634,912	5,620	112.97	3,261	368,395	40
41 Subprovider - IRF	351,574		351,574	4,804	73.18	410	30,004	41
42 Subprovider I								42
43 Nursery	88,828		88,828	3,648	24.35	403	9,813	43
44 Skilled Nursing Facility								44
45 Nursing Facility								45
200 Total (lines 30-199)	6,044,091		6,044,091	68,429		11,733	1,085,424	200

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-0158**

**WORKSHEET D  
PART II**

Check [ ] Title V [XX] Hospital [ ] SUB (Other)  
 Applicable [ ] Title XVIII, Part A [ ] IPF  
 Boxes: [XX] Title XIX [ ] IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,776,157	26,970,995	0.102931			50
50.01	GI LAB	368,082	11,190,708	0.032892			50.01
51	Recovery Room	77,507	4,133,145	0.018753			51
52	Delivery Room & Labor Room	605,303	18,638,756	0.032476			52
53	Anesthesiology	36,866	4,431,812	0.008318			53
54	Radiology-Diagnostic	1,562,821	53,591,629	0.029162			54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic	163,894	6,323,820	0.025917			55
56	Radioisotope	179,249	9,279,487	0.019317			56
57	CT Scan	336,013	41,856,139	0.008028			57
58	MRI	158,357	10,610,540	0.014924			58
59	Cardiac Catheterization	1,000,014	55,643,461	0.017972			59
60	Laboratory	1,250,745	120,955,830	0.010341			60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	273,337	16,341,170	0.016727			65
66	Physical Therapy	149,024	5,447,791	0.027355			66
67	Occupational Therapy	207,376	2,927,844	0.070829			67
68	Speech Pathology	23,729	1,185,235	0.020021			68
70	Electroencephalography	33,558	357,731	0.093808			70
71	Medical Supplies Charged to Pat	181,681	9,893,009	0.018365			71
72	Impl. Dev. Charged to Patients	387,636	16,346,482	0.023714			72
73	Drugs Charged to Patients	726,447	50,909,485	0.014269			73
74	Renal Dialysis	55,711	1,898,043	0.029352			74
76	EMG	4,030	380,495	0.010591			76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	242,182	984,568	0.245978			76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	35,136	587,514	0.059805			76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	47,564	4,184,919	0.011366			76.06
76.07	SLEEP LAB	15,523	2,258,882	0.006872			76.07
76.08	UROLOGY	4,580	45,928	0.099721			76.08
76.09	ADDP OP	6,138	1,944,961	0.003156			76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT	6,472	242,886	0.026646			76.11
76.12	MENTAL HEALTH CENTER	138,636	791,363	0.175186			76.12
76.13	VEIN CLINIC	576	65,467	0.008798			76.13
76.97	CARDIAC REHABILITATION	41,558	1,379,788	0.030119			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	67,799	143,177	0.473533			90
90.01	MERCY CLINICS	960,111	6,119,326	0.156898			90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency	675,066	58,008,943	0.011637			91
92	Observation Beds (Non-Distinct	396,608	7,547,023	0.052552			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	13,195,486	553,618,352				200

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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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	1 Nursing School	2 Allied Health Cost	3 All Other Medical Education Cost	4 Swing-Bed Adjustment Amount (see instructions)	5 Total Costs (sum of cols. 1 through 3 minus col 4.)	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics General Routine Care)						30
31	Intensive Care Unit						31
32	Coronary Care Unit						32
32.01	<b>NURSERY INTENSIVE CARE CENTER</b>						32.01
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF						40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	<b>TOTAL (lines 30-199)</b>						200

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D  
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6	7	8	9			
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	45,322		5,563		30
31	Intensive Care Unit	4,202		643		31
32	Coronary Care Unit	1,728		185		32
32.01	<b>NURSERY INTENSIVE CARE CENTER</b>	3,105		1,268		32.01
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF	5,620		3,261		40
41	Subprovider - IRF	4,804		410		41
42	Subprovider I					42
43	Nursery	3,648		403		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	68,429		11,733		200

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0158**

**WORKSHEET D  
PART IV**

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

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

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-0158**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	26,970,995							50
50.01	GI LAB	11,190,708							50.01
51	Recovery Room	4,133,145							51
52	Delivery Room & Labor Room	18,638,756							52
53	Anesthesiology	4,431,812							53
54	Radiology-Diagnostic	53,591,629							54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	6,323,820							55
56	Radioisotope	9,279,487							56
57	CT Scan	41,856,139							57
58	MRI	10,610,540							58
59	Cardiac Catheterization	55,643,461							59
60	Laboratory	120,955,830							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	16,341,170							65
66	Physical Therapy	5,447,791							66
67	Occupational Therapy	2,927,844							67
68	Speech Pathology	1,185,235							68
70	Electroencephalography	357,731							70
71	Medical Supplies Charged to Pat	9,893,009							71
72	Impl. Dev. Charged to Patients	16,346,482							72
73	Drugs Charged to Patients	50,909,485							73
74	Renal Dialysis	1,898,043							74
76	EMG	380,495							76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	984,568							76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	587,514							76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	4,184,919							76.06
76.07	SLEEP LAB	2,258,882							76.07
76.08	UROLOGY	45,928							76.08
76.09	ADDP OP	1,944,961							76.09
76.10	PSYCH PARTIAL HOSPITAL								76.10
76.11	DIABETES TREATMENT	242,886							76.11
76.12	MENTAL HEALTH CENTER	791,363							76.12
76.13	VEIN CLINIC	65,467							76.13
76.97	CARDIAC REHABILITATION	1,379,788							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	143,177							90
90.01	MERCY CLINICS	6,119,326							90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	58,008,943							91
92	Observation Beds (Non-Distinct	7,547,023							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	553,618,352							200

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0158

WORKSHEET D  
PART V

Check [ ] Title V - O/P [XX] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [ ] Title XVIII, Part B [ ] IPF [ ] SNF [ ] Swing Bed NF  
 Boxes: [XX] Title XIX - O/P [ ] IRF [ ] NF [ ] ICF/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	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.520010							50
50.01	GI LAB	0.197112							50.01
51	Recovery Room	0.280833							51
52	Delivery Room & Labor Room	0.347105							52
53	Anesthesiology	0.118809							53
54	Radiology-Diagnostic	0.163513							54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	0.207213							55
56	Radioisotope	0.145386							56
57	CT Scan	0.050336							57
58	MRI	0.317442							58
59	Cardiac Catheterization	0.121513							59
60	Laboratory	0.130909							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	0.167861							65
66	Physical Therapy	0.429487							66
67	Occupational Therapy	0.615997							67
68	Speech Pathology	0.418295							68
70	Electroencephalography	0.465685							70
71	Medical Supplies Charged to Pat	0.400488							71
72	Impl. Dev. Charged to Patients	0.517441							72
73	Drugs Charged to Patients	0.474108							73
74	Renal Dialysis	0.675905							74
76	EMG	0.138259							76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	1.024122							76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	0.827977							76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	0.296001							76.06
76.07	SLEEP LAB	0.260292							76.07
76.08	UROLOGY	2.752547							76.08
76.09	ADDP OP	0.104321							76.09
76.10	PSYCH PARTIAL HOSPITAL								76.10
76.11	DIABETES TREATMENT	0.968607							76.11
76.12	MENTAL HEALTH CENTER	1.226002							76.12
76.13	VEIN CLINIC	0.232361							76.13
76.97	CARDIAC REHABILITATION	0.434666							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	10.203461							90
90.01	MERCY CLINICS	1.284575							90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	0.180663							91
92	Observation Beds (Non-Distinct	0.551845							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-S158**

**WORKSHEET D  
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)
		1	2	3	4	5
	<b>ANCILLARY SERVICE COST CENTERS</b>					
50	Operating Room	2,776,157	26,970,995	0.102931		50
50.01	GI LAB	368,082	11,190,708	0.032892		50.01
51	Recovery Room	77,507	4,133,145	0.018753		51
52	Delivery Room & Labor Room	605,303	18,638,756	0.032476		52
53	Anesthesiology	36,866	4,431,812	0.008318		53
54	Radiology-Diagnostic	1,562,821	53,591,629	0.029162		54
54.01	MRI CENTER					54.01
55	Radiology-Therapeutic	163,894	6,323,820	0.025917		55
56	Radioisotope	179,249	9,279,487	0.019317		56
57	CT Scan	336,013	41,856,139	0.008028		57
58	MRI	158,357	10,610,540	0.014924		58
59	Cardiac Catheterization	1,000,014	55,643,461	0.017972		59
60	Laboratory	1,250,745	120,955,830	0.010341		60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>					62.30
65	Respiratory Therapy	273,337	16,341,170	0.016727		65
66	Physical Therapy	149,024	5,447,791	0.027355		66
67	Occupational Therapy	207,376	2,927,844	0.070829		67
68	Speech Pathology	23,729	1,185,235	0.020021		68
70	Electroencephalography	33,558	357,731	0.093808		70
71	Medical Supplies Charged to Pat	181,681	9,893,009	0.018365		71
72	Impl. Dev. Charged to Patients	387,636	16,346,482	0.023714		72
73	Drugs Charged to Patients	726,447	50,909,485	0.014269		73
74	Renal Dialysis	55,711	1,898,043	0.029352		74
76	EMG	4,030	380,495	0.010591		76
76.01	CARDIOVASCULAR LAB					76.01
76.02	MERCY EYE CENTER	242,182	984,568	0.245978		76.02
76.03	MERCY ENT					76.03
76.04	WOUND CARE CENTER	35,136	587,514	0.059805		76.04
76.05	CARDIAC REHAB					76.05
76.06	PRE-BIRTH CENTER	47,564	4,184,919	0.011366		76.06
76.07	SLEEP LAB	15,523	2,258,882	0.006872		76.07
76.08	UROLOGY	4,580	45,928	0.099721		76.08
76.09	ADDP OP	6,138	1,944,961	0.003156		76.09
76.10	PSYCH PARTIAL HOSPITAL					76.10
76.11	DIABETES TREATMENT	6,472	242,886	0.026646		76.11
76.12	MENTAL HEALTH CENTER	138,636	791,363	0.175186		76.12
76.13	VEIN CLINIC	576	65,467	0.008798		76.13
76.97	CARDIAC REHABILITATION	41,558	1,379,788	0.030119		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
90	Clinic	67,799	143,177	0.473533		90
90.01	MERCY CLINICS	960,111	6,119,326	0.156898		90.01
90.02	MERCY CLINIC STATE ST					90.02
90.03	MERCY CLINIC POLK ST					90.03
91	Emergency	675,066	58,008,943	0.011637		91
92	Observation Beds (Non-Distinct		7,547,023			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>					
200	Total (sum of lines 50-199)	12,798,878	553,618,352			200

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-S158**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesth- etist 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)	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room							50
50.01	GI LAB							50.01
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	EMG							76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER							76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER							76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER							76.06
76.07	SLEEP LAB							76.07
76.08	UROLOGY							76.08
76.09	ADDP OP							76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT							76.11
76.12	MENTAL HEALTH CENTER							76.12
76.13	VEIN CLINIC							76.13
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic							90
90.01	MERCY CLINICS							90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-S158**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	26,970,995							50
50.01	GI LAB	11,190,708							50.01
51	Recovery Room	4,133,145							51
52	Delivery Room & Labor Room	18,638,756							52
53	Anesthesiology	4,431,812							53
54	Radiology-Diagnostic	53,591,629							54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	6,323,820							55
56	Radioisotope	9,279,487							56
57	CT Scan	41,856,139							57
58	MRI	10,610,540							58
59	Cardiac Catheterization	55,643,461							59
60	Laboratory	120,955,830							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	16,341,170							65
66	Physical Therapy	5,447,791							66
67	Occupational Therapy	2,927,844							67
68	Speech Pathology	1,185,235							68
70	Electroencephalography	357,731							70
71	Medical Supplies Charged to Pat	9,893,009							71
72	Impl. Dev. Charged to Patients	16,346,482							72
73	Drugs Charged to Patients	50,909,485							73
74	Renal Dialysis	1,898,043							74
76	EMG	380,495							76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	984,568							76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	587,514							76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	4,184,919							76.06
76.07	SLEEP LAB	2,258,882							76.07
76.08	UROLOGY	45,928							76.08
76.09	ADDP OP	1,944,961							76.09
76.10	PSYCH PARTIAL HOSPITAL								76.10
76.11	DIABETES TREATMENT	242,886							76.11
76.12	MENTAL HEALTH CENTER	791,363							76.12
76.13	VEIN CLINIC	65,467							76.13
76.97	CARDIAC REHABILITATION	1,379,788							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	143,177							90
90.01	MERCY CLINICS	6,119,326							90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	58,008,943							91
92	Observation Beds (Non-Distinct	7,547,023							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	553,618,352							200

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**

**COMPONENT CCN: 14-S158**

**WORKSHEET D  
PART V**

Check [ ] Title V - O/P [ ] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [ ] Title XVIII, Part B [XX] IPF [ ] SNF [ ] Swing Bed NF  
 Boxes: [XX] 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	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.520010							50
50.01	GI LAB	0.197112							50.01
51	Recovery Room	0.280833							51
52	Delivery Room & Labor Room	0.347105							52
53	Anesthesiology	0.118809							53
54	Radiology-Diagnostic	0.163513							54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	0.207213							55
56	Radioisotope	0.145386							56
57	CT Scan	0.050336							57
58	MRI	0.317442							58
59	Cardiac Catheterization	0.121513							59
60	Laboratory	0.130909							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	0.167861							65
66	Physical Therapy	0.429487							66
67	Occupational Therapy	0.615997							67
68	Speech Pathology	0.418295							68
70	Electroencephalography	0.465685							70
71	Medical Supplies Charged to Pat	0.400488							71
72	Impl. Dev. Charged to Patients	0.517441							72
73	Drugs Charged to Patients	0.474108							73
74	Renal Dialysis	0.675905							74
76	EMG	0.138259							76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	1.024122							76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	0.827977							76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	0.296001							76.06
76.07	SLEEP LAB	0.260292							76.07
76.08	UROLOGY	2.752547							76.08
76.09	ADDP OP	0.104321							76.09
76.10	PSYCH PARTIAL HOSPITAL								76.10
76.11	DIABETES TREATMENT	0.968607							76.11
76.12	MENTAL HEALTH CENTER	1.226002							76.12
76.13	VEIN CLINIC	0.232361							76.13
76.97	CARDIAC REHABILITATION	0.434666							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	10.203461							90
90.01	MERCY CLINICS	1.284575							90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	0.180663							91
92	Observation Beds (Non-Distinct	0.551845							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**

**COMPONENT CCN: 14-T158**

**WORKSHEET D  
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)
		1	2	3	4	5
	<b>ANCILLARY SERVICE COST CENTERS</b>					
50	Operating Room	2,776,157	26,970,995	0.102931		50
50.01	GI LAB	368,082	11,190,708	0.032892		50.01
51	Recovery Room	77,507	4,133,145	0.018753		51
52	Delivery Room & Labor Room	605,303	18,638,756	0.032476		52
53	Anesthesiology	36,866	4,431,812	0.008318		53
54	Radiology-Diagnostic	1,562,821	53,591,629	0.029162		54
54.01	MRI CENTER					54.01
55	Radiology-Therapeutic	163,894	6,323,820	0.025917		55
56	Radioisotope	179,249	9,279,487	0.019317		56
57	CT Scan	336,013	41,856,139	0.008028		57
58	MRI	158,357	10,610,540	0.014924		58
59	Cardiac Catheterization	1,000,014	55,643,461	0.017972		59
60	Laboratory	1,250,745	120,955,830	0.010341		60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>					62.30
65	Respiratory Therapy	273,337	16,341,170	0.016727		65
66	Physical Therapy	149,024	5,447,791	0.027355		66
67	Occupational Therapy	207,376	2,927,844	0.070829		67
68	Speech Pathology	23,729	1,185,235	0.020021		68
70	Electroencephalography	33,558	357,731	0.093808		70
71	Medical Supplies Charged to Pat	181,681	9,893,009	0.018365		71
72	Impl. Dev. Charged to Patients	387,636	16,346,482	0.023714		72
73	Drugs Charged to Patients	726,447	50,909,485	0.014269		73
74	Renal Dialysis	55,711	1,898,043	0.029352		74
76	EMG	4,030	380,495	0.010591		76
76.01	CARDIOVASCULAR LAB					76.01
76.02	MERCY EYE CENTER	242,182	984,568	0.245978		76.02
76.03	MERCY ENT					76.03
76.04	WOUND CARE CENTER	35,136	587,514	0.059805		76.04
76.05	CARDIAC REHAB					76.05
76.06	PRE-BIRTH CENTER	47,564	4,184,919	0.011366		76.06
76.07	SLEEP LAB	15,523	2,258,882	0.006872		76.07
76.08	UROLOGY	4,580	45,928	0.099721		76.08
76.09	ADDP OP	6,138	1,944,961	0.003156		76.09
76.10	PSYCH PARTIAL HOSPITAL					76.10
76.11	DIABETES TREATMENT	6,472	242,886	0.026646		76.11
76.12	MENTAL HEALTH CENTER	138,636	791,363	0.175186		76.12
76.13	VEIN CLINIC	576	65,467	0.008798		76.13
76.97	CARDIAC REHABILITATION	41,558	1,379,788	0.030119		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
90	Clinic	67,799	143,177	0.473533		90
90.01	MERCY CLINICS	960,111	6,119,326	0.156898		90.01
90.02	MERCY CLINIC STATE ST					90.02
90.03	MERCY CLINIC POLK ST					90.03
91	Emergency	675,066	58,008,943	0.011637		91
92	Observation Beds (Non-Distinct		7,547,023			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>					
200	Total (sum of lines 50-199)	12,798,878	553,618,352			200

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-T158**

**WORKSHEET D  
PART IV**

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

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

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS**

**COMPONENT CCN: 14-T158**

**WORKSHEET D  
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	26,970,995							50
50.01	GI LAB	11,190,708							50.01
51	Recovery Room	4,133,145							51
52	Delivery Room & Labor Room	18,638,756							52
53	Anesthesiology	4,431,812							53
54	Radiology-Diagnostic	53,591,629							54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	6,323,820							55
56	Radioisotope	9,279,487							56
57	CT Scan	41,856,139							57
58	MRI	10,610,540							58
59	Cardiac Catheterization	55,643,461							59
60	Laboratory	120,955,830							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	16,341,170							65
66	Physical Therapy	5,447,791							66
67	Occupational Therapy	2,927,844							67
68	Speech Pathology	1,185,235							68
70	Electroencephalography	357,731							70
71	Medical Supplies Charged to Pat	9,893,009							71
72	Impl. Dev. Charged to Patients	16,346,482							72
73	Drugs Charged to Patients	50,909,485							73
74	Renal Dialysis	1,898,043							74
76	EMG	380,495							76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	984,568							76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	587,514							76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	4,184,919							76.06
76.07	SLEEP LAB	2,258,882							76.07
76.08	UROLOGY	45,928							76.08
76.09	ADDP OP	1,944,961							76.09
76.10	PSYCH PARTIAL HOSPITAL								76.10
76.11	DIABETES TREATMENT	242,886							76.11
76.12	MENTAL HEALTH CENTER	791,363							76.12
76.13	VEIN CLINIC	65,467							76.13
76.97	CARDIAC REHABILITATION	1,379,788							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	143,177							90
90.01	MERCY CLINICS	6,119,326							90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	58,008,943							91
92	Observation Beds (Non-Distinct	7,547,023							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	553,618,352							200

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**

**COMPONENT CCN: 14-T158**

**WORKSHEET D  
PART V**

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

(A)	Cost Center Description	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	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.520010							50
50.01	GI LAB	0.197112							50.01
51	Recovery Room	0.280833							51
52	Delivery Room & Labor Room	0.347105							52
53	Anesthesiology	0.118809							53
54	Radiology-Diagnostic	0.163513							54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	0.207213							55
56	Radioisotope	0.145386							56
57	CT Scan	0.050336							57
58	MRI	0.317442							58
59	Cardiac Catheterization	0.121513							59
60	Laboratory	0.130909							60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	0.167861							65
66	Physical Therapy	0.429487							66
67	Occupational Therapy	0.615997							67
68	Speech Pathology	0.418295							68
70	Electroencephalography	0.465685							70
71	Medical Supplies Charged to Pat	0.400488							71
72	Impl. Dev. Charged to Patients	0.517441							72
73	Drugs Charged to Patients	0.474108							73
74	Renal Dialysis	0.675905							74
76	EMG	0.138259							76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	1.024122							76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	0.827977							76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	0.296001							76.06
76.07	SLEEP LAB	0.260292							76.07
76.08	UROLOGY	2.752547							76.08
76.09	ADDP OP	0.104321							76.09
76.10	PSYCH PARTIAL HOSPITAL								76.10
76.11	DIABETES TREATMENT	0.968607							76.11
76.12	MENTAL HEALTH CENTER	1.226002							76.12
76.13	VEIN CLINIC	0.232361							76.13
76.97	CARDIAC REHABILITATION	0.434666							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	10.203461							90
90.01	MERCY CLINICS	1.284575							90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	0.180663							91
92	Observation Beds (Non-Distinct	0.551845							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0158**

**WORKSHEET D-1  
PART I**

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

**PART I - ALL PROVIDER COMPONENTS**

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	45,322	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	45,322	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	40,761	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)	14,982	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)	41,384,704	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)	41,384,704	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)	41,384,704	37

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0158

WORKSHEET D-1  
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

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

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
38	Adjusted general inpatient routine service cost per diem (see instructions)					913.13	38	
39	Program general inpatient routine service cost (line 9 x line 38)					13,680,514	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)					13,680,514	41	
42	Nursery (Titles V and XIX only)	1	2	3	4	5	42	
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit	6,979,981	4,202	1,661.11	1,721	2,858,770	43	
44	Coronary Care Unit	2,784,004	1,728	1,611.11	706	1,137,444	44	
44.01	NURSERY INTENSIVE CARE CENTER	3,139,892	3,105	1,011.24			44.01	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
47	Other Special Care (specify)						47	

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					17,932,074	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					35,608,802	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,645,338	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,500,207	51
52	Total Program excludable cost (sum of lines 50 and 51)					3,145,545	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					32,463,257	53

**TARGET AMOUNT AND LIMIT COMPUTATION**

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

**PROGRAM INPATIENT ROUTINE SWING BED COST**

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

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0158

WORKSHEET D-1  
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					4,561	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					913.13	88
89	Observation bed cost (line 87 x line 88) (see instructions)					4,164,786	89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	3,941,030	41,384,704	0.095229	4,164,786	396,608	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S158

WORKSHEET D-1  
PART I

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

PART I - ALL PROVIDER COMPONENTS

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,620	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,620	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	5,620	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)	827	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)	6,441,050	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)	6,441,050	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)	6,441,050	37

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-S158**

**WORKSHEET D-1  
PART II**

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

**PART II - HOSPITALS AND SUBPROVIDERS ONLY**

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

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,146.09	38
39	Program general inpatient routine service cost (line 9 x line 38)	947,816	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)	947,816	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	80,843	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,028,659	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	93,426	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	4,754	51
52	Total Program excludable cost (sum of lines 50 and 51)	98,180	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	930,479	53

**TARGET AMOUNT AND LIMIT COMPUTATION**

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

**PROGRAM INPATIENT ROUTINE SWING BED COST**

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

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T158

WORKSHEET D-1  
PART I

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

PART I - ALL PROVIDER COMPONENTS

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,804	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,804	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	4,804	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,779	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

**SWING-BED ADJUSTMENT**

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	4,540,336	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	4,540,336	27

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	4,540,336	37

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-T158**

**WORKSHEET D-1  
PART II**

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

**PART II - HOSPITALS AND SUBPROVIDERS ONLY**

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

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	945.12	38
39	Program general inpatient routine service cost (line 9 x line 38)	2,626,488	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	2,626,488	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,470,210	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	4,096,698	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	203,367	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	117,856	51
52	Total Program excludable cost (sum of lines 50 and 51)	321,223	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	3,775,475	53

**TARGET AMOUNT AND LIMIT COMPUTATION**

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

**PROGRAM INPATIENT ROUTINE SWING BED COST**

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

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0158**

**WORKSHEET D-1  
PART I**

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

**PART I - ALL PROVIDER COMPONENTS**

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	45,322	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	45,322	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	40,761	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)	5,563	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)	3,648	15
16	Nursery days (title V or XIX only)	403	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)	41,365,204	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)	41,365,204	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)	41,365,204	37

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0158

WORKSHEET D-1  
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

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

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
38	Adjusted general inpatient routine service cost per diem (see instructions)					912.70	38	
39	Program general inpatient routine service cost (line 9 x line 38)					5,077,350	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)					5,077,350	41	
42	Nursery (Titles V and XIX only)	1,529,870	3,648	419.37	403	169,006	42	
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit	6,979,981	4,202	1,661.11	643	1,068,094	43	
44	Coronary Care Unit	2,784,004	1,728	1,611.11	185	298,055	44	
44.01	NURSERY INTENSIVE CARE CENTER	3,139,892	3,105	1,011.24	1,268	1,282,252	44.01	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
47	Other Special Care (specify)						47	

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					7,894,757		49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					687,025		50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							51
52	Total Program excludable cost (sum of lines 50 and 51)					687,025		52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)							53

**TARGET AMOUNT AND LIMIT COMPUTATION**

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

**PROGRAM INPATIENT ROUTINE SWING BED COST**

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

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0158

WORKSHEET D-1  
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					4,561	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-S158**

**WORKSHEET D-1  
PART I**

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

**PART I - ALL PROVIDER COMPONENTS**

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,620	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,620	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	5,620	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	3,261	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

**SWING-BED ADJUSTMENT**

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	6,441,050	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)	6,441,050	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)	6,441,050	37

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-S158**

**WORKSHEET D-1  
PART II**

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

**PART II - HOSPITALS AND SUBPROVIDERS ONLY**

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

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,146.09	38
39	Program general inpatient routine service cost (line 9 x line 38)	3,737,399	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	3,737,399	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	3,737,399	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	368,395	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51
52	Total Program excludable cost (sum of lines 50 and 51)	368,395	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)		53

**TARGET AMOUNT AND LIMIT COMPUTATION**

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

**PROGRAM INPATIENT ROUTINE SWING BED COST**

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

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T158

WORKSHEET D-1  
PART I

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

PART I - ALL PROVIDER COMPONENTS

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,804	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,804	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	4,804	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)	410	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

**SWING-BED ADJUSTMENT**

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	4,540,336	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	4,540,336	27

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	4,540,336	37

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-T158**

**WORKSHEET D-1  
PART II**

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

**PART II - HOSPITALS AND SUBPROVIDERS ONLY**

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

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	945.12	38
39	Program general inpatient routine service cost (line 9 x line 38)	387,499	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)	387,499	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	387,499	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	30,004	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51
52	Total Program excludable cost (sum of lines 50 and 51)	30,004	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)		53

**TARGET AMOUNT AND LIMIT COMPUTATION**

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

**PROGRAM INPATIENT ROUTINE SWING BED COST**

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

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0158

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
1	2	3			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics		24,155,945		30
31	Intensive Care Unit		4,143,608		31
32	Coronary Care Unit		1,777,215		32
32.01	NURSERY INTENSIVE CARE CENTER				32.01
40	Subprovider - IPF				40
41	Subprovider - IRF				41
<b>ANCILLARY SERVICE COST CENTERS</b>					
50	Operating Room	0.520010	3,063,457	1,593,028	50
50.01	GI LAB	0.197112	1,071,848	211,274	50.01
51	Recovery Room	0.280833	377,295	105,957	51
52	Delivery Room & Labor Room	0.347105	18,636	6,469	52
53	Anesthesiology	0.118809	487,853	57,961	53
54	Radiology-Diagnostic	0.164220	4,338,039	712,393	54
54.01	MRI CENTER				54.01
55	Radiology-Therapeutic	0.209824	105,574	22,152	55
56	Radioisotope	0.145967	636,719	92,940	56
57	CT Scan	0.050336	5,730,242	288,437	57
58	MRI	0.317442	1,007,900	319,950	58
59	Cardiac Catheterization	0.124134	12,162,404	1,509,768	59
60	Laboratory	0.130909	17,970,513	2,352,502	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.167861	6,022,355	1,010,919	65
66	Physical Therapy	0.429487	679,069	291,651	66
67	Occupational Therapy	0.615997	134,705	82,978	67
68	Speech Pathology	0.418295	260,122	108,808	68
70	Electroencephalography	0.465685	80,634	37,550	70
71	Medical Supplies Charged to Patients	0.400488	3,468,107	1,388,935	71
72	Impl. Dev. Charged to Patients	0.517441	4,255,739	2,202,094	72
73	Drugs Charged to Patients	0.474108	7,837,307	3,715,730	73
74	Renal Dialysis	0.675905	775,821	524,381	74
76	EMG	0.138259			76
76.01	CARDIOVASCULAR LAB				76.01
76.02	MERCY EYE CENTER	1.024122	5,131	5,255	76.02
76.03	MERCY ENT				76.03
76.04	WOUND CARE CENTER	0.827977	2,979	2,467	76.04
76.05	CARDIAC REHAB				76.05
76.06	PRE-BIRTH CENTER	0.296001			76.06
76.07	SLEEP LAB	0.260292			76.07
76.08	UROLOGY	2.752547			76.08
76.09	ADDP OP	0.104321			76.09
76.10	PSYCH PARTIAL HOSPITAL				76.10
76.11	DIABETES TREATMENT	0.968607			76.11
76.12	MENTAL HEALTH CENTER	1.226002	381	467	76.12
76.13	VEIN CLINIC	0.842058	5,857	4,932	76.13
76.97	CARDIAC REHABILITATION	0.441357	10,468	4,620	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90	Clinic	10.203461			90
90.01	MERCY CLINICS	1.319014			90.01
90.02	MERCY CLINIC STATE ST				90.02
90.03	MERCY CLINIC POLK ST				90.03
91	Emergency	0.183557	5,746,055	1,054,729	91
92	Observation Beds (Non-Distinct Part)	0.551845	405,416	223,727	92
<b>OTHER REIMBURSABLE COST CENTERS</b>					
200	Total (sum of lines 50-94, and 96-98)		76,660,626	17,932,074	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		76,660,626		202

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S158

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
32	Coronary Care Unit				32
32.01	NURSERY INTENSIVE CARE CENTER				32.01
40	Subprovider - IPF		1,044,680		40
41	Subprovider - IRF				41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.520010			50
50.01	GI LAB	0.197112			50.01
51	Recovery Room	0.280833			51
52	Delivery Room & Labor Room	0.347105	415	144	52
53	Anesthesiology	0.118809	5,598	665	53
54	Radiology-Diagnostic	0.164220	4,053	666	54
54.01	MRI CENTER				54.01
55	Radiology-Therapeutic	0.209824			55
56	Radioisotope	0.145967			56
57	CT Scan	0.050336	9,642	485	57
58	MRI	0.317442	1,875	595	58
59	Cardiac Catheterization	0.124134	22,574	2,802	59
60	Laboratory	0.130909	147,767	19,344	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.167861	5,796	973	65
66	Physical Therapy	0.429487			66
67	Occupational Therapy	0.615997			67
68	Speech Pathology	0.418295			68
70	Electroencephalography	0.465685			70
71	Medical Supplies Charged to Patients	0.400488			71
72	Impl. Dev. Charged to Patients	0.517441			72
73	Drugs Charged to Patients	0.474108	65,977	31,280	73
74	Renal Dialysis	0.675905	2,925	1,977	74
76	EMG	0.138259			76
76.01	CARDIOVASCULAR LAB				76.01
76.02	MERCY EYE CENTER	1.024122			76.02
76.03	MERCY ENT				76.03
76.04	WOUND CARE CENTER	0.827977			76.04
76.05	CARDIAC REHAB				76.05
76.06	PRE-BIRTH CENTER	0.296001			76.06
76.07	SLEEP LAB	0.260292			76.07
76.08	UROLOGY	2.752547			76.08
76.09	ADDP OP	0.104321			76.09
76.10	PSYCH PARTIAL HOSPITAL				76.10
76.11	DIABETES TREATMENT	0.968607			76.11
76.12	MENTAL HEALTH CENTER	1.226002	244	299	76.12
76.13	VEIN CLINIC	0.842058			76.13
76.97	CARDIAC REHABILITATION	0.441357			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	10.203461			90
90.01	MERCY CLINICS	1.319014			90.01
90.02	MERCY CLINIC STATE ST				90.02
90.03	MERCY CLINIC POLK ST				90.03
91	Emergency	0.183557	117,747	21,613	91
92	Observation Beds (Non-Distinct Part)	0.551845			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		384,613	80,843	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		384,613		202

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T158

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
32	Coronary Care Unit				32
32.01	NURSERY INTENSIVE CARE CENTER				32.01
40	Subprovider - IPF				40
41	Subprovider - IRF		3,666,482		41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.520010			50
50.01	GI LAB	0.197112	5,627	1,109	50.01
51	Recovery Room	0.280833	948	266	51
52	Delivery Room & Labor Room	0.347105			52
53	Anesthesiology	0.118809			53
54	Radiology-Diagnostic	0.164220	83,932	13,783	54
54.01	MRI CENTER				54.01
55	Radiology-Therapeutic	0.209824			55
56	Radioisotope	0.145967	4,242	619	56
57	CT Scan	0.050336	47,864	2,409	57
58	MRI	0.317442	4,056	1,288	58
59	Cardiac Catheterization	0.124134	61,221	7,600	59
60	Laboratory	0.130909	378,645	49,568	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.167861	105,327	17,680	65
66	Physical Therapy	0.429487	976,043	419,198	66
67	Occupational Therapy	0.615997	949,209	584,710	67
68	Speech Pathology	0.418295	199,947	83,637	68
70	Electroencephalography	0.465685			70
71	Medical Supplies Charged to Patients	0.400488	75,974	30,427	71
72	Impl. Dev. Charged to Patients	0.517441	1,516	784	72
73	Drugs Charged to Patients	0.474108	419,007	198,655	73
74	Renal Dialysis	0.675905	85,416	57,733	74
76	EMG	0.138259			76
76.01	CARDIOVASCULAR LAB				76.01
76.02	MERCY EYE CENTER	1.024122			76.02
76.03	MERCY ENT				76.03
76.04	WOUND CARE CENTER	0.827977			76.04
76.05	CARDIAC REHAB				76.05
76.06	PRE-BIRTH CENTER	0.296001			76.06
76.07	SLEEP LAB	0.260292			76.07
76.08	UROLOGY	2.752547			76.08
76.09	ADDP OP	0.104321			76.09
76.10	PSYCH PARTIAL HOSPITAL				76.10
76.11	DIABETES TREATMENT	0.968607			76.11
76.12	MENTAL HEALTH CENTER	1.226002			76.12
76.13	VEIN CLINIC	0.842058			76.13
76.97	CARDIAC REHABILITATION	0.441357	130	57	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	10.203461			90
90.01	MERCY CLINICS	1.319014			90.01
90.02	MERCY CLINIC STATE ST				90.02
90.03	MERCY CLINIC POLK ST				90.03
91	Emergency	0.183557	3,743	687	91
92	Observation Beds (Non-Distinct Part)	0.551845			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		3,402,847	1,470,210	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		3,402,847		202

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0158

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
32	Coronary Care Unit				32
32.01	NURSERY INTENSIVE CARE CENTER				32.01
40	Subprovider - IPF				40
41	Subprovider - IRF				41
43	Nursery				43
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.520010			50
50.01	GI LAB	0.197112			50.01
51	Recovery Room	0.280833			51
52	Delivery Room & Labor Room	0.347105			52
53	Anesthesiology	0.118809			53
54	Radiology-Diagnostic	0.163513			54
54.01	MRI CENTER				54.01
55	Radiology-Therapeutic	0.207213			55
56	Radioisotope	0.145386			56
57	CT Scan	0.050336			57
58	MRI	0.317442			58
59	Cardiac Catheterization	0.121513			59
60	Laboratory	0.130909			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.167861			65
66	Physical Therapy	0.429487			66
67	Occupational Therapy	0.615997			67
68	Speech Pathology	0.418295			68
70	Electroencephalography	0.465685			70
71	Medical Supplies Charged to Patients	0.400488			71
72	Impl. Dev. Charged to Patients	0.517441			72
73	Drugs Charged to Patients	0.474108			73
74	Renal Dialysis	0.675905			74
76	EMG	0.138259			76
76.01	CARDIOVASCULAR LAB				76.01
76.02	MERCY EYE CENTER	1.024122			76.02
76.03	MERCY ENT				76.03
76.04	WOUND CARE CENTER	0.827977			76.04
76.05	CARDIAC REHAB				76.05
76.06	PRE-BIRTH CENTER	0.296001			76.06
76.07	SLEEP LAB	0.260292			76.07
76.08	UROLOGY	2.752547			76.08
76.09	ADDP OP	0.104321			76.09
76.10	PSYCH PARTIAL HOSPITAL				76.10
76.11	DIABETES TREATMENT	0.968607			76.11
76.12	MENTAL HEALTH CENTER	1.226002			76.12
76.13	VEIN CLINIC	0.232361			76.13
76.97	CARDIAC REHABILITATION	0.434666			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	10.203461			90
90.01	MERCY CLINICS	1.284575			90.01
90.02	MERCY CLINIC STATE ST				90.02
90.03	MERCY CLINIC POLK ST				90.03
91	Emergency	0.180663			91
92	Observation Beds (Non-Distinct Part)	0.551845			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S158

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
32	Coronary Care Unit				32
32.01	NURSERY INTENSIVE CARE CENTER				32.01
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.520010			50
50.01	GI LAB	0.197112			50.01
51	Recovery Room	0.280833			51
52	Delivery Room & Labor Room	0.347105			52
53	Anesthesiology	0.118809			53
54	Radiology-Diagnostic	0.163513			54
54.01	MRI CENTER				54.01
55	Radiology-Therapeutic	0.207213			55
56	Radioisotope	0.145386			56
57	CT Scan	0.050336			57
58	MRI	0.317442			58
59	Cardiac Catheterization	0.121513			59
60	Laboratory	0.130909			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.167861			65
66	Physical Therapy	0.429487			66
67	Occupational Therapy	0.615997			67
68	Speech Pathology	0.418295			68
70	Electroencephalography	0.465685			70
71	Medical Supplies Charged to Patients	0.400488			71
72	Impl. Dev. Charged to Patients	0.517441			72
73	Drugs Charged to Patients	0.474108			73
74	Renal Dialysis	0.675905			74
76	EMG	0.138259			76
76.01	CARDIOVASCULAR LAB				76.01
76.02	MERCY EYE CENTER	1.024122			76.02
76.03	MERCY ENT				76.03
76.04	WOUND CARE CENTER	0.827977			76.04
76.05	CARDIAC REHAB				76.05
76.06	PRE-BIRTH CENTER	0.296001			76.06
76.07	SLEEP LAB	0.260292			76.07
76.08	UROLOGY	2.752547			76.08
76.09	ADDP OP	0.104321			76.09
76.10	PSYCH PARTIAL HOSPITAL				76.10
76.11	DIABETES TREATMENT	0.968607			76.11
76.12	MENTAL HEALTH CENTER	1.226002			76.12
76.13	VEIN CLINIC	0.232361			76.13
76.97	CARDIAC REHABILITATION	0.434666			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	10.203461			90
90.01	MERCY CLINICS	1.284575			90.01
90.02	MERCY CLINIC STATE ST				90.02
90.03	MERCY CLINIC POLK ST				90.03
91	Emergency	0.180663			91
92	Observation Beds (Non-Distinct Part)	0.551845			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T158

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
32	Coronary Care Unit				32
32.01	NURSERY INTENSIVE CARE CENTER				32.01
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.520010			50
50.01	GI LAB	0.197112			50.01
51	Recovery Room	0.280833			51
52	Delivery Room & Labor Room	0.347105			52
53	Anesthesiology	0.118809			53
54	Radiology-Diagnostic	0.163513			54
54.01	MRI CENTER				54.01
55	Radiology-Therapeutic	0.207213			55
56	Radioisotope	0.145386			56
57	CT Scan	0.050336			57
58	MRI	0.317442			58
59	Cardiac Catheterization	0.121513			59
60	Laboratory	0.130909			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.167861			65
66	Physical Therapy	0.429487			66
67	Occupational Therapy	0.615997			67
68	Speech Pathology	0.418295			68
70	Electroencephalography	0.465685			70
71	Medical Supplies Charged to Patients	0.400488			71
72	Impl. Dev. Charged to Patients	0.517441			72
73	Drugs Charged to Patients	0.474108			73
74	Renal Dialysis	0.675905			74
76	EMG	0.138259			76
76.01	CARDIOVASCULAR LAB				76.01
76.02	MERCY EYE CENTER	1.024122			76.02
76.03	MERCY ENT				76.03
76.04	WOUND CARE CENTER	0.827977			76.04
76.05	CARDIAC REHAB				76.05
76.06	PRE-BIRTH CENTER	0.296001			76.06
76.07	SLEEP LAB	0.260292			76.07
76.08	UROLOGY	2.752547			76.08
76.09	ADDP OP	0.104321			76.09
76.10	PSYCH PARTIAL HOSPITAL				76.10
76.11	DIABETES TREATMENT	0.968607			76.11
76.12	MENTAL HEALTH CENTER	1.226002			76.12
76.13	VEIN CLINIC	0.232361			76.13
76.97	CARDIAC REHABILITATION	0.434666			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	10.203461			90
90.01	MERCY CLINICS	1.284575			90.01
90.02	MERCY CLINIC STATE ST				90.02
90.03	MERCY CLINIC POLK ST				90.03
91	Emergency	0.180663			91
92	Observation Beds (Non-Distinct Part)	0.551845			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

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

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	7,172,430			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	21,517,289			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)	372,145			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	9,172,554			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	216.54			4
	<b>Indirect Medical Education Adjustment Calculation for Hospitals</b>				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)	87.01			5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	16.00			8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)	103.01			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	94.10			10
11	FTE count for residents in dental and podiatric programs	6.00			11
12	Current year allowable FTE (see instructions)	100.10			12
13	Total allowable FTE count for the prior year	106.88			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	106.38			14
15	Sum of lines 12 through 14 divided by 3	104.45			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	104.45			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.482359			19
20	Prior year resident to bed ratio (see instructions)	0.482245			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.482245			21
22	IME payment adjustment (see instructions)	6,692,594			22
22.01	IME payment adjustment - Managed Care (see instructions)	2,139,728			22.01
	<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)	-8.91			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)	6,692,594			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	2,139,728			29.01
	<b>Disproportionate Share Adjustment</b>				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.1672			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.3806			31
32	Sum of lines 30 and 31	0.5478			32
33	Allowable disproportionate share percentage (see instructions)	0.3441			33
34	Disproportionate share adjustment (see instructions)	2,468,033			34
		<b>Prior to</b>		<b>On or after</b>	
	<b>Uncompensated Care Adjustment</b>	<b>October 1 (1.00)</b>	<b>(1.01)</b>	<b>October 1 (2.00)</b>	
35	Total uncompensated care amount (see instructions)	7,647,644,885		6,406,145,534	35
35.01	Factor 3 (see instructions)	0.000727183		0.000710282	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	5,561,237		4,550,170	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,401,738		3,406,412	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	4,808,150			36
	<b>Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)</b>				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
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

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

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

		1	1.01	1.02	
47	Subtotal (see instructions)	43,030,641			47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)				48
49	Total payment for inpatient operating costs (see instructions)	45,170,369			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	3,131,426			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)	3,334,850			52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies				54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)				58
59	Total (sum of amounts on lines 49 through 58)	51,636,645			59
60	Primary payer payments	3,966			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	51,632,679			61
62	Deductibles billed to program beneficiaries	2,887,024			62
63	Coinsurance billed to program beneficiaries	130,444			63
64	Allowable bad debts (see instructions)	1,106,740			64
65	Adjusted reimbursable bad debts (see instructions)	719,381			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	841,634			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	49,334,592			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.93	HVBP payment adjustment amount (see instructions)	-29,714			70.93
70.94	HRR adjustment amount (see instructions)	-173,273			70.94
70.99	HAC adjustment amount (see instructions)	480,988			70.99
71	Amount due provider (see instructions)	48,650,617			71
71.01	Sequestration adjustment (see instructions)	973,012			71.01
72	Interim payments	47,549,432			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	128,173			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	373,269			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 HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION**

**EXHIBIT 5**

	(Amt. from Wkst. E, Pt. A or L Pt. I)	Prior to 10/1		On or after 10/1		Total (cols. 2 and 3)	
	(1)	(2)	(2.01)	(3)	(3.01)	(4)	
1	DRG Amounts Other Than Outlier Payments						1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	7,172,430	7,172,430			7,172,430	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	21,517,289		21,517,289		21,517,289	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1						1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1						1.04
2	Outlier payments for discharges	372,145	93,036		279,109	372,145	2
2.01	Outlier payment for discharges for Model 4 BPCI						2.01
3	Operating outlier reconciliation						3
4	Managed Care Simulated Payments	9,172,554	2,293,144		6,879,410	9,172,554	4
	<b>Indirect Medical Education Adjustment</b>						
5	Amount from Worksheet E Part A, line 21	0.482245	0.482245		0.482245		5
6	IME payment adjustment	6,692,594	1,673,149		5,019,445	6,692,594	6
6.01	IME payment adjustment for managed care	2,139,728	534,933		1,604,795	2,139,728	6.01
	<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>						
7	IME payment adjustment factor						7
8	IME add-on adjustment amount						8
8.01	IME payment adjustment add-on for managed care						8.01
9	Total IME payment (sum of lines 6 and 8)	6,692,594	1,673,149		5,019,445	6,692,594	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	2,139,728	534,933		1,604,795	2,139,728	9.01
	<b>Disproportionate Share Adjustment</b>						
10	Allowable disproportionate share percentage	0.3441	0.3441	0.3441	0.3441	0.3441	10
11	Disproportionate share adjustment	2,468,033	617,008		1,851,025	2,468,033	11
11.01	Uncompensated care payments	4,808,150	1,401,738		3,406,412	4,808,150	11.01
	<b>Additional payment for high percentage of ESRD beneficiary discharges</b>						
12	Total ESRD additional payment						12
13	Subtotal	43,030,641	10,957,361		32,073,280	43,030,641	13
14	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.)						14
15	Total payment for inpatient operating costs SCH and MDH only	45,170,369	11,492,294		33,678,075	45,170,369	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	3,131,426	782,857		2,348,569	3,131,426	16
17	Special add-on payments for new technologies						17
17.01	Net organ acquisition cost (Wkst. D-4 Pt. III, col 1, line 69)						17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG						17.02
18	Capital outlier reconciliation adjustment amount						18
19	<b>SUBTOTAL</b>		12,275,151		36,026,644	48,301,795	19
20	Capital DRG other than outlier	2,281,248	570,312		1,710,936	2,281,248	20
20.01	Model 4 BPCI Capital DRG other than outlier						20.01
21	Capital DRG outlier payments	42,160	10,540		31,620	42,160	21
21.01	Model 4 BPCI Capital DRG outlier payments						21.01
22	Indirect medical education percentage	23.6900	23.6900		23.6900		22
23	Indirect medical education adjustment	540,428	135,107		405,321	540,428	23
24	Allowable disproportionate share percentage	0.1173	0.1173		0.1173		24
25	Disproportionate share adjustment	267,590	66,898		200,692	267,590	25
26	Total prospective capital payments	3,131,426	782,857		2,348,569	3,131,426	26
27							27
28	Low volume adjustment prior to October 1						28
29	Low volume adjustment on or after October 1						29
30	HVBP payment adjustment	-29,714	-7,429		-22,285	-29,714	30
30.01	HVBP payment adjustment for HSP bonus payment						30.01
31	HRR adjustment	-173,273	-43,318		-129,955	-173,273	31
31.01	HRR adjustment for HSP bonus payment						31.01
32	HAC Reduction Program adjustment		122,244		358,744	480,988	32

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**COMPONENT CCN: 14-0158**

**WORKSHEET E  
PART B**

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

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

		1	1.01	1.02	
1	Medical and other services (see instructions)	6,986			1
2	Medical and other services reimbursed under OPPTS (see instructions)	15,448,740			2
3	PPS payments	13,530,464			3
4	Outlier payment (see instructions)	34,635			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)	6,986			11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges	14,734			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)	14,734			14
	<b>CUSTOMARY CHARGES</b>				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)	14,734			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	7,748			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)	6,986			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)	13,565,099			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	2,744,520			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)	10,827,565			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	1,265,426			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	12,092,991			30
31	Primary payer payments	455			31
32	Subtotal (line 30 minus line 31)	12,092,536			32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	532,159			34
35	Adjusted reimbursable bad debts (see instructions)	345,903			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	335,264			36
37	Subtotal (see instructions)	12,438,439			37
38	MSP-LCC reconciliation amount from PS&R	275			38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	12,438,164			40
40.01	Sequestration adjustment (see instructions)	248,763			40.01
41	Interim payments	12,402,473			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-213,072			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	72,555			44

**TO BE COMPLETED BY CONTRACTOR**

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

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S158

WORKSHEET E  
PART B

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

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

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPTS (see instructions)				2
3	PPS payments				3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)	0.850			5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	<b>CUSTOMARY CHARGES</b>				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)				24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal ((lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)				27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)				30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)				32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)				37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)				40
40.01	Sequestration adjustment (see instructions)				40.01
41	Interim payments				41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

**TO BE COMPLETED BY CONTRACTOR**

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

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T158

WORKSHEET E  
PART B

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

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

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (see instructions)				2
3	PPS payments				3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)	0.850			5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	<b>CUSTOMARY CHARGES</b>				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)				24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal ((lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)				27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)				30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)				32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)				37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)				40
40.01	Sequestration adjustment (see instructions)				40.01
41	Interim payments				41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

**TO BE COMPLETED BY CONTRACTOR**

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

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0158

WORKSHEET E-1  
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		49,791,721		12,391,542
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				
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)			06/21/2016	10,931
					3.01
					3.02
		Program			3.03
		to			3.04
		Provider			3.05
					3.06
					3.07
					3.08
					3.09
					3.10
					3.50
			06/21/2016		2,242,289
		Provider			3.51
		to			3.52
		Program			3.53
					3.54
					3.55
					3.56
					3.57
					3.58
					3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-2,242,289		10,931
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)		47,549,432		12,402,473
	<b>TO BE COMPLETED BY CONTRACTOR</b>				
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
					5.01
					5.02
		Program			5.03
		to			5.04
		Provider			5.05
					5.06
					5.07
					5.08
					5.09
					5.10
					5.50
					5.51
		Provider			5.52
		to			5.53
		Program			5.54
					5.55
					5.56
					5.57
					5.58
					5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)		128,173		6.01
					6.02
7	Total Medicare program liability (see instructions)		47,677,605		12,189,401
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 HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-S158

WORKSHEET E-1  
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		606,896		1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			3.01
		.02			3.02
	Program	.03			3.03
	to	.04			3.04
	Provider	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
	Provider	.52			3.52
	to	.53			3.53
	Program	.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		606,896		4
<b>TO BE COMPLETED BY CONTRACTOR</b>					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01	9,628		6.01
		.02			6.02
7	Total Medicare program liability (see instructions)		616,524		7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)	
					8

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

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-T158

WORKSHEET E-1  
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
		1	2	3	4
1	Total interim payments paid to provider		4,298,917		1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				2
3	List separately each retroactive lump sum adjustment				3.01
	amount based on subsequent revision of the interim				3.02
	rate for the cost reporting period. Also show date of	Program			3.03
	each payment. If none, write 'NONE' or enter a zero. (1)	to			3.04
		Provider			3.05
					3.06
					3.07
					3.08
					3.09
					3.10
					3.50
					3.51
		Provider			3.52
		to			3.53
		Program			3.54
					3.55
					3.56
					3.57
					3.58
					3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)				3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,298,917		4
<b>TO BE COMPLETED BY CONTRACTOR</b>					
5	List separately each tentative settlement payment				5.01
	after desk review. Also show date of each payment.				5.02
	If none, write 'NONE' or enter a zero. (1)	Program			5.03
		to			5.04
		Provider			5.05
					5.06
					5.07
					5.08
					5.09
					5.10
					5.50
					5.51
		Provider			5.52
		to			5.53
		Program			5.54
					5.55
					5.56
					5.57
					5.58
					5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)		244,975		6.01
					6.02
7	Total Medicare program liability (see instructions)		4,543,892		7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)	
					8

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

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT**

**WORKSHEET E-1  
PART II**

Check applicable box:             Hospital             CAH

**TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS**

**HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION**

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	12,520	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	17,409	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	5,466	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	49,796	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	663,302,532	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	12,956,441	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)		8
9	Sequestration adjustment amount (see instructions)		9
10	Calculation of the HIT incentive payment after sequestration (see instructions)		10

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

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

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

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S158

WORKSHEET E-3  
PART II

Check [ ] Hospital  
Applicable [XX] Subprovider IPF  
Box:

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

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)	724,709	1
2	Net IPF PPS Outlier payment		2
3	Net IPF PPS ECT payment		3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)		4
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	New teaching program adjustment (see instructions)		5
6	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)		6
7	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)		7
8	Intern and resident count for IPF PPS medical education adjustment (see instructions)		8
9	Average daily census (see instructions)	15,355,191	9
10	Teaching adjustment factor $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$		10
11	Teaching adjustment (line 1 multiplied by line 10)		11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	724,709	12
13	Nursing and allied health managed care payment (see instructions)		13
14	Organ acquisition DO NOT USE THIS LINE		14
15	Cost of physicians' services in a teaching hospital (see instructions)		15
16	Subtotal (see instructions)	724,709	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	724,709	18
19	Deductibles	82,992	19
20	Subtotal (line 18 minus line 19)	641,717	20
21	Coinsurance	22,435	21
22	Subtotal (line 20 minus line 21)	619,282	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)	15,114	23
24	Adjusted reimbursable bad debts (see instructions)	9,824	24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)	8,057	25
26	Subtotal (sum of lines 22 and 24)	629,106	26
27	Direct graduate medical education payments (from Wkst. E-4, line 49) (for freestanding IPF only)		27
28	Other pass through costs (see instructions)		28
29	Outlier payments reconciliation		29
30	Other adjustments (specify) (see instructions)		30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		30.50
31	Total amount payable to the provider (see instructions)	629,106	31
31.01	Sequestration adjustment (see instructions)	12,582	31.01
32	Interim payments	606,896	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	9,628	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		35

**TO BE COMPLETED BY CONTRACTOR**

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

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T158

WORKSHEET E-3  
PART III

Check [ ] Hospital  
Applicable [XX] Subprovider IRF  
Box:

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

		1	1.01	
1	Net Federal PPS payment (see instructions)	4,062,872		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.085900		2
3	Inpatient Rehabilitation LIP payments (see instructions)	337,218		3
4	Outlier payments	24,663		4
5	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	1.23		5
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2)			5.01
6	New teaching program adjustment (see instructions)			6
7	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)	0.80		7
8	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)			8
9	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.80		9
10	Average daily census (see instructions)	13.125683		10
11	Teaching Adjustment Factor (see instructions)	0.061973		11
12	Teaching Adjustment (see instructions)	251,788		12
13	Total PPS Payment (see instructions)	4,676,541		13
14	Nursing and allied health managed care payments (see instructions)			14
15	Organ acquisition DO NOT USE THIS LINE			15
16	Cost of physicians' services in a teaching hospital (see instructions)			16
17	Subtotal (see instructions)	4,676,541		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	4,676,541		19
20	Deductibles	29,232		20
21	Subtotal (line 19 minus line 20)	4,647,309		21
22	Coinsurance	15,302		22
23	Subtotal (line 21 minus line 22)	4,632,007		23
24	Allowable bad debts (exclude bad debts for professional services) (see instructions)	7,104		24
25	Adjusted reimbursable bad debts (see instructions)	4,618		25
26	Allowable bad debts for dual eligible beneficiaries (see instructions)			26
27	Subtotal (sum of lines 23 and 25)	4,636,625		27
28	Direct graduate medical education payments (from Wkst. E-4, line 49) (For free standing IRF only)			28
29	Other pass through costs (see instructions)			29
30	Outlier payments reconciliation			30
31	Other adjustments (specify) (see instructions)			31
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			31.50
32	Total amount payable to the provider (see instructions)	4,636,625		32
32.01	Sequestration adjustment (see instructions)	92,733		32.01
33	Interim payments	4,298,917		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 33 and 34)	244,975		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			36

**TO BE COMPLETED BY CONTRACTOR**

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

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0158

WORKSHEET E-3  
PART VII

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

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
1	7,894,757		1
2			2
3			3
4	7,894,757		4
5			5
6			6
7	7,894,757		7
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
<b>REASONABLE CHARGES</b>			
8	2,459,906		8
9			9
10			10
11			11
12	2,459,906		12
<b>CUSTOMARY CHARGES</b>			
13			13
14			14
15	1.000000	1.000000	15
16	2,459,906		16
17			17
18	5,434,851		18
19			19
20			20
21	2,459,906		21
<b>PROSPECTIVE PAYMENT AMOUNT</b>			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29	2,459,906		29
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
30	5,434,851		30
31	2,459,906		31
32			32
33			33
34			34
35			35
36	2,459,906		36
37			37
38	2,459,906		38
39			39
40	2,459,906		40
41	2,459,906		41
42			42
43			43

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S158

WORKSHEET E-3  
PART VII

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

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
1	Inpatient hospital/SNF/NF services	3,737,399	1
2	Medical and other services		2
3	Organ acquisition (certified transplant centers only)		3
4	Subtotal (sum of lines 1, 2 and 3)	3,737,399	4
5	Inpatient primary payer payments		5
6	Outpatient primary payer payments		6
7	Subtotal (line 4 less sum of lines 5 and 6)	3,737,399	7
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
<b>REASONABLE CHARGES</b>			
8	Routine service charges		8
9	Ancillary service charges		9
10	Organ acquisition charges, net of revenue		10
11	Incentive from target amount computation		11
12	Total reasonable charges (sum of lines 8-11)		12
<b>CUSTOMARY CHARGES</b>			
13	Amount actually collected from patients liable for payment for services on a cahрге basis		13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(c)		14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	15
16	Total customary charges (see instructions)		16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	3,737,399	18
19	Interns and residents (see instructions)		19
20	Cost of physicians' services in a teaching hospital (see instructions)		20
21	Cost of covered services (lesser of line 4 or line 16)		21
<b>PROSPECTIVE PAYMENT AMOUNT</b>			
22	Other than outlier payments		22
23	Outlier payments		23
24	Program capital payments		24
25	Capital exception payments (see instructions)		25
26	Routine and ancillary service other pass through costs		26
27	Subtotal (sum of lines 22 through 26)		27
28	Customary charges (Titles V or XIX PPS covered services only)		28
29	Titles V or XIX (sum of lines 21 and 27)		29
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
30	Excess of reasonable cost (from line 18)	3,737,399	30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		31
32	Deductibles		32
33	Coinsurance		33
34	Allowable bad debts (see instructions)		34
35	Utilization review		35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		37
38	Subtotal (line 36 ± line 37)		38
39	Direct graduate medical education payments (from Wkst. E-4)		39
40	Total amount payable to the provider (sum of lines 38 and 39)		40
41	Interim payments		41
42	Balance due provider/program (line 40 minus line 41)		42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		43



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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS**

**WORKSHEET E-4**

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			88.01	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)				2
3	Amount of reduction to Direct GME cap under §422 of MMA				3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			17.00	4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			105.01	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			94.10	6
7	Enter the lesser of line 5 or line 6			94.10	7
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	66.63	26.17	92.80	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	66.63	26.17	92.80	9
10	Weighted dental and podiatric resident FTE count for the current year		5.00		10
11	Total weighted FTE count	66.63	31.17		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	68.36	35.16		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	69.26	34.41		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	68.08	33.58		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
17	Adjusted rolling average FTE count	68.08	33.58		17
18	Per resident amount	107,394.00	102,227.00		18
19	Approved amount for resident costs	7,311,384	3,432,783	10,744,167	19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)				21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)			10,744,167	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	21,015	6,029		26
27	Total inpatient days (see instructions)	61,173	61,173		27
28	Ratio of inpatient days to total inpatient days	0.343534	0.098557		28
29	Program direct GME amount	3,690,987	1,058,913		29
30	Reduction for direct GME payments for Medicare Advantage		149,624		30
31	Net Program direct GME amount			4,600,276	31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			1,898,043	33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
Part A Reasonable Cost					
37	Reasonable cost (see instructions)			40,734,159	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)			3,966	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			40,730,193	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			15,455,726	42
43	Primary payer payments (see instructions)			455	43
44	Total Part B reasonable cost (line 42 minus line 43)			15,455,271	44
45	Total reasonable cost (sum of lines 41 and 44)			56,185,464	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.724924	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.275076	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			4,600,276	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			3,334,850	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			1,265,426	50

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

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/30/2016 Run Time: 14:00 Version: 2016.05 (11/15/2016)
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**DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS**

**WORKSHEET E-4**

Check  Title V  
 Applicable  Title XVIII  
 Box:  Title XIX

<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			1	
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)			2	
3	Amount of reduction to Direct GME cap under §422 of MMA			3	
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)			3.01	
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			4	
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)			4.01	
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			4.02	
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			5	
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			6	
7	Enter the lesser of line 5 or line 6			7	
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.00	0.00	0.00	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
11	Total weighted FTE count	0.00	0.00		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
17	Adjusted rolling average FTE count	0.00	0.00		17
18	Per resident amount	0.00	0.00		18
19	Approved amount for resident costs				19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)				21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)				25
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	11,914	13,563		26
27	Total inpatient days (see instructions)	61,173	61,173		27
28	Ratio of inpatient days to total inpatient days	0.194759	0.221715		28
29	Program direct GME amount				29
30	Reduction for direct GME payments for Medicare Advantage				30
31	Net Program direct GME amount				31
	<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)				33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
	<b>APPORTIONMENT OF MEDICARE REASONABLE COST OF GME</b>				
	<b>Part A Reasonable Cost</b>				
37	Reasonable cost (see instructions)				37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)				40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)				41
	<b>Part B Reasonable Cost</b>				
42	Reasonable cost (see instructions)				42
43	Primary payer payments (see instructions)				43
44	Total Part B reasonable cost (line 42 minus line 43)				44
45	Total reasonable cost (sum of lines 41 and 44)				45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)				46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)				47
	<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48	Total program GME payment (line 31)				48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)				49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)				50

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

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**BALANCE SHEET**

**WORKSHEET G**

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
<b>Assets</b> (Omit Cents)		1	2	3	4	
<b>CURRENT ASSETS</b>						
1	Cash on hand and in banks	25,306,454				1
2	Temporary investments	10,515,093				2
3	Notes receivable					3
4	Accounts receivable	45,732,309				4
5	Other receivables	5,976,950				5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory	2,724,111				7
8	Prepaid expenses	705,533				8
9	Other current assets	12,441,815				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	103,402,265				11
<b>FIXED ASSETS</b>						
12	Land	26,173,000				12
13	Land improvements	5,122,158				13
14	Accumulated depreciation	-2,457,453				14
15	Buildings	167,800,677				15
16	Accumulated depreciation	-24,333,511				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	57,232,296				23
24	Accumulated depreciation	-32,506,149				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)	197,031,018				30
<b>OTHER ASSETS</b>						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	18,965,938				34
35	Total other assets (sum of lines 31-34)	18,965,938				35
36	Total assets (sum of lines 11, 30 and 35)	319,399,221				36
<b>Liabilities and Fund Balances</b> (Omit Cents)						
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
<b>CURRENT LIABILITIES</b>						
37	Accounts payable	21,482,053				37
38	Salaries, wages and fees payable	36,318,566				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	1,677,101				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	7,551,643				44
45	Total current liabilities (sum of lines 37 thru 44)	67,029,363				45
<b>LONG TERM LIABILITIES</b>						
46	Mortgage payable	84,736,349				46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	626,449				49
50	Total long term liabilities (sum of lines 46 thru 49)	85,362,798				50
51	Total liabilities (sum of lines 45 and 50)	152,392,161				51
<b>CAPITAL ACCOUNTS</b>						
52	General fund balance	167,007,060				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
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)	167,007,060				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	319,399,221				60

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**STATEMENT OF CHANGES IN FUND BALANCES**

**WORKSHEET G-1**

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	Fund balances at beginning of period		190,139,060			1
2	Net income (loss) (from Worksheet G-3, line 29)		-23,132,000			2
3	Total (sum of line 1 and line 2)		167,007,060			3
4	Additions (credit adjustments) (specify)					4
5						5
6						6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)		167,007,060			11
12	Deductions (debit adjustments) (specify)					12
13						13
14						14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)					18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		167,007,060			19

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

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

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

**WORKSHEET G-2  
PARTS I & II**

**PART I - PATIENT REVENUES**

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
1	Hospital	71,399,646		71,399,646	1
2	Subprovider IPF	6,912,038		6,912,038	2
3	Subprovider IRF	6,352,401		6,352,401	3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	84,664,085		84,664,085	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	Intensive Care Unit	10,177,155		10,177,155	11
12	Coronary Care Unit	4,164,796		4,164,796	12
12.01	<b>NURSERY INTENSIVE CARE CENTER</b>	7,940,329		7,940,329	12.01
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	22,282,280		22,282,280	16
17	Total inpatient routine care services (sum of lines 10 and 16)	106,946,365		106,946,365	17
18	Ancillary services	228,348,110	327,973,887	556,321,997	18
19	Outpatient services		48,695,592	48,695,592	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	335,294,475	376,669,479	711,963,954	28

**PART II - OPERATING EXPENSES**

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		276,488,407	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	<b>INTER COMPANY EXPENSES</b>		-44,618	39
40	D&T		-5,022	40
41				41
42	Total deductions (sum of lines 37-41)		-49,640	42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		276,438,767	43

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

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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)	711,963,954	1
2	Less contractual allowances and discounts on patients' accounts	468,915,248	2
3	Net patient revenues (line 1 minus line 2)	243,048,706	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	276,438,767	4
5	Net income from service to patients (line 3 minus line 4)	-33,390,061	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	891,361	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space	320,221	22
23	Governmental appropriations		23
24	Other (OTHER RENT REVENUE)	772,863	24
24.01	Other (CAPITATION REVENUE)	3,702,753	24.01
24.02	Other (GRANTS)	1,360,155	24.02
24.03	Other (OTHER REVENUE)	1,349,564	24.03
24.04	Other (REFERRAL LAB)	128,565	24.04
24.05	Other (MISC REVENUE LAB)	96,351	24.05
24.06	Other (CONTRACT REVENUE ACCESS COMMUNITY)	237,200	24.06
24.07	Other (COMMISSION REVENUE)	19,380	24.07
24.08	Other (EXPENSE REIMBURSEMENT)	571,299	24.08
24.09	Other (GAIN ON SALE OF EQUIPMENT)	7,435	24.09
24.10	Other (GENERAL MERCHANDISE REVENUE)	41,316	24.10
24.11	Other (OTHER NON OPER REVENUE)	759,598	24.11
25	Total other income (sum of lines 6-24)	10,258,061	25
26	Total (line 5 plus line 25)	-23,132,000	26
29	Net income (or loss) for the period (line 26 minus line 28)	-23,132,000	29

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

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**CALCULATION OF CAPITAL PAYMENT**

**COMPONENT CCN: 14-0158**

**WORKSHEET L**

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

**PART I - FULLY PROSPECTIVE METHOD**

CAPITAL FEDERAL AMOUNT			
1	Capital DRG other than outlier	2,281,248	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	42,160	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)	138.66	3
4	Number of interns & residents (see instructions)	104.45	4
5	Indirect medical education percentage (see instructions)	23.69	5
6	Indirect medical education adjustment (see instructions)	540,428	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.1672	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.3806	8
9	Sum of lines 7 and 8	0.5478	9
10	Allowable disproportionate share percentage (see instructions)	0.1173	10
11	Disproportionate share adjustment (see instructions)	267,590	11
12	Total prospective capital payments (see instructions)	3,131,426	12

**PART II - PAYMENT UNDER REASONABLE COST**

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

**PART III - COMPUTATION OF EXCEPTION PAYMENTS**

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

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**ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES**

**WORKSHEET L-1  
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
32	Coronary Care Unit						32
32.01	NURSERY INTENSIVE CARE CENTER						32.01
40	Subprovider - IPF						40
41	Subprovider - IRF						41
43	Nursery						43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room						50
50.01	GI LAB						50.01
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
70	Electroencephalography						70
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76	EMG						76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER						76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER						76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER						76.06
76.07	SLEEP LAB						76.07
76.08	UROLOGY						76.08
76.09	ADDP OP						76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT						76.11
76.12	MENTAL HEALTH CENTER						76.12
76.13	VEIN CLINIC						76.13
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic						90
90.01	MERCY CLINICS						90.01
90.02	MERCY CLINIC STATE ST						90.02

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

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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		
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)							118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices							192
192.01	DNBAR CLINIC							192.01
192.02	PHILLIPS HEALTH							192.02
192.03	OTHER HOME HEALTH							192.03
192.04	VITAS HOSPICE							192.04
192.05	DOCTORS OFFICE							192.05
194	OTHER NONREIMBURSABLE COST CENTERS							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202