

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

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

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report Date: 11/21/2016 Time: 15:09 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report 4. <input checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MERCY MEDICAL CENTER-CLINTON (16-0080) {(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)

WILLIAM R. MURDOCK - VICE PRESIDENT FINANCE
 Title

11/21/2016
 Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		16,141	27,522			1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY		-45,518				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		-29,377	27,522			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.

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 1410 N. FOURTH ST	P.O. Box:								1
2	City: CLINTON	State: IA	ZIP Code: 52732	County: CLINTON						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 MEDICAL CENTER-CLINTON	16-0080	19340	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF	MERCY LIVING CENTER - SOUTH	16-5119	19340		04 / 01 / 1983	N	P	N	9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA	MERCY HOME CARE AND HOSPICE	16-7154	19340		07 / 01 / 1998	N	P	N	12
13	Separately Certified ASC									13
14	Hospital-Based Hospice	MERCY HOSPICE	16-1527	19340		07 / 01 / 1998				14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis	MERCY RENAL DIALYSIS	16-2313	19340		07 / 01 / 1991				18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 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.	3	N		23

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,126	454	252	174	1,164	106	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 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.							25

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning: 07 / 01 / 2015	Ending: 06 / 30 / 2016	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 OPPS 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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

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

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

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

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

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

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

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

Teaching Hospitals that Claim Residents in 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
----	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---	--	----

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				64
Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
65					65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
67					67
Inpatient Psychiatric Facility PPS		1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.	N			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				71
Inpatient Rehabilitation Facility PPS		1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.	N			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				76
Long Term Care Hospital PPS					
80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.		N		80
81	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter 'Y' for yes and 'N' for no.		N		81
TEFRA Providers					
85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA?. Enter 'Y' for yes or 'N' for no.		N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.				86
87	Is this hospital a 'subclause (II)' LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter 'Y' for yes and 'N' for no.		N		87

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

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

Rural Providers

		1	2			
105	Does this hospital qualify as a critical access hospital (CAH)?	N		105		
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106		
107	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			107		
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108		
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.	Physical	Occupational	Speech	Respiratory	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.	Y			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118
118.01	List amounts of malpractice premiums and paid losses:	Premiums	Paid Losses	Self Insurance	
		15,608	793,517	81,002	118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	Y		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121
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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**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	HB1432	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: 08001	141
142	Street: 20555 VICTOR PARKWAY	P.O. Box:				142
143	City: LIVONIA	State: MI	ZIP Code: 48152			143
144	Are provider based physicians' costs included in Worksheet A?	Y				144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	N	Y			145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N				147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N				148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N				149

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)					168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the 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)	10 / 01 / 2014	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 MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

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

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

		Y/N	Y/N
Approved Educational Activities		1	2
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N	
7	Are costs claimed for allied health programs? If yes, see instructions.	N	
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	N	
9	Are costs claimed for Interns and Residents in approved GME programs claimed on the current cost report? If yes, see instructions.	N	
10	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N	
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	

		Y/N
Bad Debts		1
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y
13	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N

		Y/N
Bed Complement		1
15	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data		1	2	3	4
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/31/2016	Y	10/31/2016
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

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

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

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

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

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

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

Cost Report Preparer Contact Information			
41	First name: KRISTY	Last name: RUSSELL	Title: MGR. REGIONAL REIMB
42	Employer: TRINTIY HEALTH		
43	Phone number: 734-343-0422	E-mail Address: RUSSEKA@TRINITY-HEALTH.ORG	

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

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				
						Title V	Title XVIII	Title XIX	Total All Patients	
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	129	47,214			8,518	2,015	13,900	1
2	HMO and other (see instructions)						1,422	1,164		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider									4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		129	47,214			8,518	2,015	13,900	7
8	Intensive Care Unit	31	10	3,660			1,050	255	1,686	8
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43						736	941	13
14	Total (see instructions)		139	50,874			9,568	3,006	16,527	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41								17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44	97	35,502			5,310	17,197	27,804	19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101					12,472	5,556	23,097	22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116					8,358	303	8,900	24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		236							27
28	Observation Bed Days							309	1,418	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)								140	30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)		11	4,026				106	164	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								24	32.01
33	LTCH non-covered days									33

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					2,138	1,142	5,722	1
2	HMO and other (see instructions)					361	246		2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)		623.07			2,138	1,142	5,722	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility		94.80						19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		48.51						22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)		5.46						24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)		771.84						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

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	
SALARIES								
1	Total salaries (see instructions)	200	39,005,713	-306,063	38,699,650	1,584,203.00	24.43	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetest Part B							3
4	Physician-Part A - Administrative		24,608		24,608	120.00	205.07	4
4.01	Physician-Part A - Teaching							4.01
5	Physician-Part B		1,248,484		1,248,484	6,837.00	182.61	5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21						7
7.01	Contracted interns & residents (in an approved program)							7.01
8	Home office personnel							8
9	SNF	44	3,440,232	-11,170	3,429,062	198,281.00	17.29	9
10	Excluded area salaries (see instructions)		6,961,912	-154,825	6,807,087	281,123.00	24.21	10
OTHER WAGES & RELATED COSTS								
11	Contract labor (see instructions)		676,143		676,143	4,538.00	149.00	11
12	Contract management and administrative services							12
13	Contract labor: Physician-Part A - Administrative		511,391		511,391	2,815.00	181.67	13
14	Home office salaries & wage-related costs		5,929,065		5,929,065	89,545.00	66.21	14
15	Home office: Physician Part A - Administrative							15
16	Home office & Contract Physicians Part A - Teaching							16
WAGE-RELATED COSTS								
17	Wage-related costs (core)(see instructions)		13,959,406		13,959,406			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		3,043,159		3,043,159			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B							21
22	Physician Part A - Administrative		4,169		4,169			22
22.01	Physician Part A - Teaching							22.01
23	Physician Part B		218,804		218,804			23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)							25
OVERHEAD COSTS - DIRECT SALARIES								
26	Employee Benefits Department		505,350	-140,068	365,282	11,526.00	31.69	26
27	Administrative & General		2,135,342		2,135,342	121,477.00	17.58	27
28	Administrative & General under contract (see instructions)		209,280		209,280	722.40	289.70	28
29	Maintenance & Repairs		501,695		501,695	22,737.00	22.07	29
30	Operation of Plant							30
31	Laundry & Linen Service		74,679		74,679	6,083.00	12.28	31
32	Housekeeping		582,376		582,376	45,716.00	12.74	32
33	Housekeeping under contract (see instructions)							33
34	Dietary		980,043		980,043	55,907.00	17.53	34
35	Dietary under contract (see instructions)		57,255		57,255	816.00	70.17	35
36	Cafeteria							36
37	Maintenance of Personnel							37
38	Nursing Administration		1,582,248		1,582,248	53,734.00	29.45	38
39	Central Services and Supply		80,441		80,441	5,810.00	13.85	39
40	Pharmacy		1,678,545		1,678,545	47,960.00	35.00	40
41	Medical Records & Medical Records Library		636,252		636,252	27,438.00	23.19	41
42	Social Service		183,006		183,006	7,146.00	25.61	42
43	Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		38,023,764	-306,063	37,717,701	1,578,904.40	23.89	1
2	Excluded area salaries (see instructions)		10,402,144	-165,995	10,236,149	479,404.00	21.35	2
3	Subtotal salaries (line 1 minus line 2)		27,621,620	-140,068	27,481,552	1,099,500.40	24.99	3
4	Subtotal other wages & related costs (see instructions)		7,116,599		7,116,599	96,898.00	73.44	4
5	Subtotal wage-related costs (see instructions)		13,963,575		13,963,575		50.81%	5
6	Total (sum of lines 3 through 5)		48,701,794	-140,068	48,561,726	1,196,398.40	40.59	6
7	Total overhead cost (see instructions)		9,206,512	-140,068	9,066,444	407,072.40	22.27	7

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	1,885,941	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)	2,275,192	4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)	7,469,996	8
9	Prescription Drug Plan	1,085,440	9
10	Dental, Hearing and Vision Plan	204,275	10
11	Life Insurance (If employee is owner or beneficiary)	43,197	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	421,943	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	649,031	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	2,770,298	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance		19
20	State or Federal Unemployment Taxes	94,695	20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	325,530	23
24	Total Wage Related cost (Sum of lines 1-23)	17,225,538	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
----	------------------------------------	--	----

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

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	676,143	17,225,538	1
2	Hospital	676,143	13,959,406	2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF		1,648,749	8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA		1,183,385	11
12	Separately Certified ASC			12
13	Hospital-Based Hospice		152,205	13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis		281,793	17
18	Other			18

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 16-7154

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

County:

	Description	Title V 1	Title XVIII 2	Title XIX 3	Other 4	Total 5	
1	Home Health Aide Hours		670	2,146	753	3,569	1
2	Unduplicated Census Count (see instructions)		773.00	226.00	178.00	1,177.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	Enter the number of hours in your normal work week	Number of Employees (Full Time Equivalent)				
		Staff	Contract	Total		
		1	2	3		
3	Administrator and Assistant Administrator(s)	2.91		2.91	3	
4	Director(s) and Assistant Director(s)				4	
5	Other Administrative Personnel		21.27	21.27	5	
6	Direct Nursing Service	16.77		16.77	6	
7	Nursing Supervisor				7	
8	Physical Therapy Service		2.10	2.10	8	
9	Physical Therapy Supervisor				9	
10	Occupational Therapy Service		1.24	1.24	10	
11	Occupational Therapy Supervisor				11	
12	Speech Pathology Service		0.32	0.32	12	
13	Speech Pathology Supervisor				13	
14	Medical Social Service		0.16	0.16	14	
15	Medical Social Service Supervisor				15	
16	Home Health Aide		6.24	6.24	16	
17	Home Health Aide Supervisor				17	
18	Other (specify)			1.39	1.39	18

HOME HEALTH AGENCY CBSA CODES

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

PPS ACTIVITY

		Full Episodes		LUPA Episodes 3	PEP only Episodes 4	Total (columns 1 through 4) 5	
		Without Outliers 1	With Outliers 2				
21	Skilled Nursing Visits	7,154	138	165	127	7,584	21
22	Skilled Nursing Visit Charges	929,671	17,897	21,450	16,380	985,398	22
23	Physical Therapy Visits	2,497	19	8	44	2,568	23
24	Physical Therapy Visit Charges	362,065	2,755	1,160	6,380	372,360	24
25	Occupational Therapy Visits	1,239	1		33	1,273	25
26	Occupational Therapy Visit Charges	179,655	145		4,785	184,585	26
27	Speech Pathology Visits	210			13	223	27
28	Speech Pathology Visit Charges	35,700			2,210	37,910	28
29	Medical Social Service Visits	97	2	1	1	101	29
30	Medical Social Service Visit Charges	17,460	360	180	180	18,180	30
31	Home Health Aide Visits	712		1	10	723	31
32	Home Health Aide Visit Charges	42,720		60	600	43,380	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	11,909	160	175	228	12,472	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	1,567,271	21,157	22,850	30,535	1,641,813	35
36	Total Number of Episodes (standard/non-outlier)	825		72	16	913	36
37	Total Number of Ourlier Episodes		4			4	37
38	Total Non-Routine Medical Supply Charges	37,815	1,584	1,259	401	41,059	38

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	DESCRIPTION	Outpatient		Training		Home		
		Regular	High Flux	Hemo-dialysis	CAPD CCPD	Hemo-dialysis	CAPD CCPD	
		1	2	3	4	5	6	
1	Number of patients in program at end of cost reporting period	61						1
2	Number of times per week patient receives dialysis	3.50						2
3	Average patient dialysis time including setup	4.00						3
4	CAPD exchanges per day							4
5	Number of days in year dialysis furnished	312						5
6	Number of stations	13						6
7	Treatment capacity per day per station	3						7
8	Utilization (see instructions)							8
9	Average times dialyzers re-used							9
10	Percentage of patients re-using dialyzers							10

ESRD PPS

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

TRANSPLANT INFORMATION

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

EPOETIN

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

ARANESP

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

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

21	MCP X	INITIAL METHOD	
----	-------	----------------	--

Erythropoiesis-Stimulating Agents (ESA) Statistics:		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
		1	2	3	4	5	
22	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	EPOETIN-EPO ALF	141,218		140,945		22

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
3	RUX	41		41	3
4	RUL	34		34	4
5	RVX	8		8	5
6	RVL	15		15	6
7	RHX				7
8	RHL				8
9	RMX				9
10	RML				10
11	RLX				11
12	RUC	699		699	12
13	RUB	1,776		1,776	13
14	RUA	355		355	14
15	RVC	395		395	15
16	RVB	497		497	16
17	RVA	195		195	17
18	RHC	145		145	18
19	RHB	165		165	19
20	RHA	116		116	20
21	RMC	81		81	21
22	RMB	133		133	22
23	RMA	91		91	23
24	RLB	3		3	24
25	RLA				25
26	ES3				26
27	ES2	19		19	27
28	ES1				28
29	HE2				29
30	HE1	31		31	30
31	HD2				31
32	HD1				32
33	HC2	33		33	33
34	HC1	30		30	34
35	HB2				35
36	HB1	22		22	36
37	LE2				37
38	LE1				38
39	LD2				39
40	LD1	45		45	40
41	LC2				41
42	LC1	92		92	42
43	LB2				43
44	LB1				44
45	CE2				45
46	CE1	31		31	46
47	CD2				47
48	CD1	18		18	48
49	CC2				49
50	CC1	21		21	50
51	CB2				51
52	CB1	17		17	52
53	CA2				53
54	CA1	67		67	54
55	SE3				55
56	SE2				56
57	SE1				57
58	SSC				58
59	SSB				59
60	SSA				60
61	IB2				61
62	IB1				62
63	IA1				63
64	IA2				64
65	BB2				65

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
66	BB1				66
67	BA2				67
68	BA1	3		3	68
69	PE2				69
70	PE1	8		8	70
71	PD2				71
72	PD1	40		40	72
73	PC2				73
74	PC1	57		57	74
75	PB2				75
76	PB1	20		20	76
77	PA2				77
78	PA1	7		7	78
199	AAA				199
200	TOTAL	5,310		5,310	200

SNF SERVICES

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1	2	
201	Enter in column 1 the SNF CBSA code, or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2 the code in effect on or after October 1 of the cost reporting period (if applicable).	19340	19340	201

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

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1	2	3	
202	Staffing	4,495,699	71.75%	Y	202
203	Recruitment				203
204	Retention of employees				204
205	Training				205
206	Other (ALL OTHER EXPENSES)	2,808,919	44.83%	Y	206
207	Total SNF Revenue (Worksheet G-2, Part I, line 7, column 3)	6,265,989			207

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

HOSPICE IDENTIFICATION DATA

HOSPICE CCN: 16-1527

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

PART I - ENROLLMENT DAYS

		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2, & 5)	
		1	2	3	4	5	6	
1	Continuous Home Care							1
2	Routine Home Care	8,870	310			555	9,735	2
3	Inpatient Respite Care							3
4	General Inpatient Care	4					4	4
5	Total Hospice Days	8,874	310			555	9,739	5

PART II - CENSUS DATA

		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2, & 5)	
		1	2	3	4	5	6	
6	Number of Patients Receiving Hospice Care	369					369	6
7	Total Number of Unduplicated Continuous Care Hours Billable to Medicare							7
8	Average Length of Stay (line 5/line 6)	24.05					26.39	8
9	Unduplicated Census Count	182					182	9

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

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)	0.310691	1
---	----------------------------------------------------------------------------------------------	----------	---

Medicaid (see instructions for each line)

2	Net revenue from Medicaid	11,700,173	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	45,934,155	6
7	Medicaid cost (line 1 times line 6)	14,271,329	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.	2,571,156	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)	13,471	13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)	27,177	14
15	State or local indigent care program cost (line 1 times line 14)	8,444	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	14,026	18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	2,571,156	19

	Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)		
	1	2	3		
20	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	2,272,927	465,153	2,738,080	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	706,178	144,519	850,697	21
22	Partial payment by patients approved for charity care	13,984	17,808	31,792	22
23	Cost of charity care (line 21 minus line 22)	692,194	126,711	818,905	23

24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24
25	If line 24 is yes, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)		25
26	Total bad debt expense for the entire hospital complex (see instructions)	3,001,055	26
27	Medicare bad debts for the entire hospital complex (see instructions)	114,049	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	2,887,006	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	896,967	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	1,715,872	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	4,287,028	31

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		2,367,366	2,367,366	553,146	2,920,512	-21,143	2,899,369	1
1.01	00101	CAP REL COSTS - 1970 BLDG				20,067	20,067		20,067	1.01
1.02	00102	CAP REL COSTS-BLUFF BLDG				3,752	3,752		3,752	1.02
1.03	00103	CAP REL COSTS - RADIATION ONCOLOGY				417	417		417	1.03
2	00200	Cap Rel Costs-Mvble Equip				3,031,274	3,031,274	711,922	3,743,196	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	505,350	517,040	1,022,390	7,456,606	8,478,996	4,266,177	12,745,173	4
5.02	00550	A&G-INFO SERVICE	234,070	6,714,302	6,948,372	-90,670	6,857,702	-2,143,395	4,714,307	5.02
5.03	00560	A&G-PURCHASING, STORES	411,367	397,022	808,389	-102,119	706,270		706,270	5.03
5.04	00570	A&G-ADMITTING, REGIST	668,887	736,501	1,405,388	-163,061	1,242,327		1,242,327	5.04
5.06	00590	A&G-ALL OTHER	821,018	6,580,318	7,401,336	-290,069	7,111,267	-1,408,297	5,702,970	5.06
6	00600	Maintenance & Repairs	501,695	2,333,924	2,835,619	-117,867	2,717,752	-162,083	2,555,669	6
7	00700	Operation of Plant								7
8	00800	Laundry & Linen Service	74,679	61,314	135,993	316,735	452,728	-803	451,925	8
9	00900	Housekeeping	582,376	434,447	1,016,823	-202,665	814,158		814,158	9
10	01000	Dietary	980,043	862,288	1,842,331	-125,922	1,716,409	-501,921	1,214,488	10
11	01100	Cafeteria								11
13	01300	Nursing Administration	1,582,248	794,951	2,377,199	-347,911	2,029,288	-8,375	2,020,913	13
14	01400	Central Services & Supply	80,441	132,987	213,428	-112,792	100,636		100,636	14
15	01500	Pharmacy	1,678,545	4,548,765	6,227,310	-1,657,528	4,569,782	-3,089	4,566,693	15
16	01600	Medical Records & Library	636,252	328,611	964,863	-129,667	835,196	-195	835,001	16
17	01700	Social Service	183,006	58,229	241,235	-32,714	208,521	-4,501	204,020	17
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	6,772,554	3,345,260	10,117,814	-1,855,504	8,262,310	-479,661	7,782,649	30
31	03100	Intensive Care Unit	1,071,588	621,033	1,692,621	-371,546	1,321,075	-74	1,321,001	31
43	04300	Nursery	275,354	107,332	382,686	-61,775	320,911		320,911	43
44	04400	Skilled Nursing Facility	3,440,232	3,864,386	7,304,618	-1,032,905	6,271,713	-125,908	6,145,805	44
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	1,446,747	2,835,932	4,282,679	-2,176,794	2,105,885	-193,744	1,912,141	50
51	05100	Recovery Room	206,079	55,243	261,322	-38,195	223,127		223,127	51
52	05200	Delivery Room & Labor Room	230,182	95,525	325,707	-67,434	258,273	935	259,208	52
53	05300	Anesthesiology	1,073,201	227,174	1,300,375	-101,403	1,198,972	-1,099,437	99,535	53
54	05400	Radiology-Diagnostic	1,426,691	1,529,514	2,956,205	-852,836	2,103,369	-1,307	2,102,062	54
54.01	03470	RADIATION ONCOLOGY	292,989	376,670	669,659	-212,566	457,093	-216,136	240,957	54.01
58	05800	MRI		363,938	363,938		363,938	-136,513	227,425	58
59	05900	Cardiac Catheterization	592,638	2,251,551	2,844,189	-1,506,280	1,337,909	-195,625	1,142,284	59
60	06000	Laboratory	1,178,696	1,707,837	2,886,533	-487,339	2,399,194	-196,080	2,203,114	60
65	06500	Respiratory Therapy	764,186	450,944	1,215,130	-215,131	999,999		999,999	65
66	06600	Physical Therapy	1,076,328	449,066	1,525,394	-202,318	1,323,076	-888	1,322,188	66
68	06800	Speech Pathology	249,325	75,972	325,297	-38,488	286,809		286,809	68
69	06900	Electrocardiology	359,125	162,590	521,715	-93,308	428,407	-6,644	421,763	69
70	07000	Electroencephalography	23,082	11,582	34,664	-8,051	26,613		26,613	70
71	07100	Medical Supplies Charged to Patients				2,214,770	2,214,770		2,214,770	71
72	07200	Impl. Dev. Charged to Patients				1,255,989	1,255,989		1,255,989	72
73	07300	Drugs Charged to Patients				1,888,844	1,888,844		1,888,844	73
74	07400	Renal Dialysis	587,982	500,585	1,088,567	-159,451	929,116	-7,660	921,456	74
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	242,477	564,449	806,926	-178,543	628,383	-2,200	626,183	90
91	09100	Emergency	1,794,368	2,551,623	4,345,991	-601,662	3,744,329	-197,403	3,546,926	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
95	09500	Ambulance Services		19,892	19,892	-9,496	10,396	-8,678	1,718	95
101	10100	Home Health Agency	2,469,218	2,263,458	4,732,676	-738,233	3,994,443	-21,366	3,973,077	101
		SPECIAL PURPOSE COST CENTERS								
113	11300	Interest Expense		589,981	589,981	-589,981				113
116	11600	Hospice	317,586	426,685	744,271	102,276	846,547	-1,299	845,248	116
118		SUBTOTALS (sum of lines 1-117)	34,830,605	52,316,287	87,146,892	1,871,652	89,018,544	-2,165,391	86,853,153	118
		NONREIMBURSABLE COST CENTERS								
194	07950	OTHER NON-REIMB								194
194.0	07951	PASSTHRU COSTS	7,332	3,477	10,809	-1,434	9,375		9,375	194.0
194.0	07952	NRCC-MERCY SPEC CLIN ENT	500,059	237,933	737,992	-99,630	638,362		638,362	194.0
194.0	07953	NRCC-MERCY SPEC CLIN GASTRO	739,635	201,196	940,831	-80,613	860,218		860,218	194.0

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOCA- TION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
194.0 9	07954	NRCC-SENIOR SERVICES								194.0 9
194.1 1	07960	GUEST MEALS								194.1 1
194.1 2	07955	NRCC-FREE CLINIC								194.1 2
194.1 3	07956	NRCC-TENERCARE (PRENATAL CLASSES)	16,624	7,270	23,894	-2,996	20,898		20,898	194.1 3
194.1 6	07957	NRCC-MLC CENTER	2,198,169	3,032,662	5,230,831	-620,803	4,610,028		4,610,028	194.1 6
194.1 7	07958	CHILD DAY CARE	331,989	183,813	515,802	-332,541	183,261		183,261	194.1 7
194.1 8	07959	MARKETING & ADVERTISING	116,151	291,614	407,765	-28,709	379,056		379,056	194.1 8
194.1 9	07961	FOUNDATION	87,338	17,938	105,276	-14,282	90,994		90,994	194.1 9
194.2 0	07962	RETAIL PHARMACY	177,811	725,315	903,126	-690,644	212,482		212,482	194.2 0
200		TOTAL (sum of lines 118-199)	39,005,713	57,017,505	96,023,218		96,023,218	-2,165,391	93,857,827	200

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

RECLASSIFICATIONS

WORKSHEET A-6

			INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Medical Supplies Charged to P	71		2,214,770	1
2	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Impl. Dev. Charged to Patient	72		1,255,989	2
3	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					3
4	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					4
5	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					5
6	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					6
7	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					7
8	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					8
9	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					9
10	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					10
11	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					11
12	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					12
13	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					13
14	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					14
15	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					15
16	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					16
17	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					17
18	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					18
19	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					19
20	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					20
21	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					21
22	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					22
23	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					23
24	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					24
25	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					25
26	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					26
27	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					27
28	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					28
29	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					29
30	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					30
31	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					31
32	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					32
33	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					33
34	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					34
35	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					35
36	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					36
37	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					37
500	Total reclassifications					3,470,759	500
	Code Letter - A						
1	CHARGEABLE DRUGS RECLASS	B	Drugs Charged to Patients	73		1,888,844	1
2	CHARGEABLE DRUGS RECLASS	B					2
3	CHARGEABLE DRUGS RECLASS	B					3
4	CHARGEABLE DRUGS RECLASS	B					4
5	CHARGEABLE DRUGS RECLASS	B					5
6	CHARGEABLE DRUGS RECLASS	B					6
500	Total reclassifications					1,888,844	500
	Code Letter - B						
1	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Laundry & Linen Service	8		339,480	1
2	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					2
3	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					3
4	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					4
5	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					5
6	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					6
7	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					7
8	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					8
9	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					9
10	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					10
11	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					11

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
12	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					12
13	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					13
14	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					14
15	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					15
16	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					16
17	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					17
18	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					18
500	Total reclassifications					339,480	500
	Code Letter - C						
1	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Dietary	10		134,322	1
2	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					2
3	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					3
4	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					4
5	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					5
6	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					6
7	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					7
8	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					8
9	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					9
10	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					10
11	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					11
12	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					12
13	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					13
14	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					14
15	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					15
16	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					16
17	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					17
18	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					18
19	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					19
20	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					20
21	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					21
22	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					22
23	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					23
24	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					24
25	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					25
500	Total reclassifications					134,322	500
	Code Letter - D						
1	DIRECT ASSIGNED EMP BENE	E	Employee Benefits Department	4		7,277,092	1

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
2	DIRECT ASSIGNED EMP BENE	E					2
3	DIRECT ASSIGNED EMP BENE	E					3
4	DIRECT ASSIGNED EMP BENE	E					4
5	DIRECT ASSIGNED EMP BENE	E					5
6	DIRECT ASSIGNED EMP BENE	E					6
7	DIRECT ASSIGNED EMP BENE	E					7
8	DIRECT ASSIGNED EMP BENE	E					8
9	DIRECT ASSIGNED EMP BENE	E					9
10	DIRECT ASSIGNED EMP BENE	E					10
11	DIRECT ASSIGNED EMP BENE	E					11
12	DIRECT ASSIGNED EMP BENE	E					12
13	DIRECT ASSIGNED EMP BENE	E					13
14	DIRECT ASSIGNED EMP BENE	E					14
15	DIRECT ASSIGNED EMP BENE	E					15
16	DIRECT ASSIGNED EMP BENE	E					16
17	DIRECT ASSIGNED EMP BENE	E					17
18	DIRECT ASSIGNED EMP BENE	E					18
19	DIRECT ASSIGNED EMP BENE	E					19
20	DIRECT ASSIGNED EMP BENE	E					20
21	DIRECT ASSIGNED EMP BENE	E					21
22	DIRECT ASSIGNED EMP BENE	E					22
23	DIRECT ASSIGNED EMP BENE	E					23
24	DIRECT ASSIGNED EMP BENE	E					24
25	DIRECT ASSIGNED EMP BENE	E					25
26	DIRECT ASSIGNED EMP BENE	E					26
27	DIRECT ASSIGNED EMP BENE	E					27
28	DIRECT ASSIGNED EMP BENE	E					28
29	DIRECT ASSIGNED EMP BENE	E					29
30	DIRECT ASSIGNED EMP BENE	E					30
31	DIRECT ASSIGNED EMP BENE	E					31
32	DIRECT ASSIGNED EMP BENE	E					32
33	DIRECT ASSIGNED EMP BENE	E					33
34	DIRECT ASSIGNED EMP BENE	E					34
35	DIRECT ASSIGNED EMP BENE	E					35
36	DIRECT ASSIGNED EMP BENE	E					36
37	DIRECT ASSIGNED EMP BENE	E					37
38	DIRECT ASSIGNED EMP BENE	E					38
39	DIRECT ASSIGNED EMP BENE	E					39
40	DIRECT ASSIGNED EMP BENE	E					40
41	DIRECT ASSIGNED EMP BENE	E					41
42	DIRECT ASSIGNED EMP BENE	E					42
43	DIRECT ASSIGNED EMP BENE	E					43
44	DIRECT ASSIGNED EMP BENE	E					44
500	Total reclassifications					7,277,092	500
	Code Letter - E						
1	BUILDING DEPRECIATION	F	CAP REL COSTS - 1970 BLDG	1.01		20,067	1
2			CAP REL COSTS-BLUFF BLDG	1.02		3,752	2
3			CAP REL COSTS - RADIATION ONC	1.03		417	3
500	Total reclassifications					24,236	500
	Code Letter - F						
1	RECLASS INTEREST EXPENSE	G	Cap Rel Costs-Bldg & Fixt	1		589,981	1
500	Total reclassifications					589,981	500
	Code Letter - G						
1	CHILDCARE RECLASS	H	Employee Benefits Department	4		165,995	1
2	CHILDCARE RECLASS	H	Employee Benefits Department	4		17,266	2
500	Total reclassifications					183,261	500
	Code Letter - H						
1	MOVEABLE EQUIPMENT	I	Cap Rel Costs-Mvble Equip	2		3,031,274	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36							36
37							37
500	Total reclassifications					3,031,274	500
	Code Letter - I						
1	RECLASS EMPLOYEE WELLNESS	J	Employee Benefits Department	4		140,068	1
500	Total reclassifications					140,068	500
	Code Letter - J						
1	HEMOCARE TO HOSPICE RECLASS	K	Hospice	116	94,769	61,938	1
500	Total reclassifications				94,769	61,938	500
	Code Letter - K						
1	RCLS LTC EXPENSES	L	NRCC-MLC CENTER	194.16	11,170	20,901	1
500	Total reclassifications				11,170	20,901	500
	Code Letter - L						
	GRAND TOTAL (Increases)				105,939	17,162,156	

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

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	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Employee Benefits Department	4		227	1	
2	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	A&G-PURCHASING, STORES	5.03		228	2	
3	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	A&G-ADMITTING, REGIST	5.04		26	3	
4	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	A&G-ALL OTHER	5.06		85	4	
5	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Maintenance & Repairs	6		14	5	
6	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Housekeeping	9		15,128	6	
7	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Dietary	10		2,351	7	
8	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Nursing Administration	13		24	8	
9	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Central Services & Supply	14		9,375	9	
10	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Pharmacy	15		79,934	10	
11	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Medical Records & Library	16		1	11	
12	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Adults & Pediatrics	30		244,449	12	
13	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Intensive Care Unit	31		91,113	13	
14	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Nursery	43		8,098	14	
15	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Skilled Nursing Facility	44		58,535	15	
16	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Operating Room	50		1,401,815	16	
17	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Recovery Room	51		2,720	17	
18	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Delivery Room & Labor Room	52		27,742	18	
19	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Anesthesiology	53		5,948	19	
20	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Radiology-Diagnostic	54		62,343	20	
21	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	RADIATION ONCOLOGY	54.01		5,600	21	
22	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Cardiac Catheterization	59		1,080,914	22	
23	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Laboratory	60		35,479	23	
24	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Respiratory Therapy	65		12,107	24	
25	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Physical Therapy	66		464	25	
26	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Speech Pathology	68		900	26	
27	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Electrocardiology	69		11,201	27	
28	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Electroencephalography	70		259	28	
29	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					29	
30	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Clinic	90		129,259	30	
31	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Emergency	91		121,179	31	
32	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	PASSTHRU COSTS	194.01		2	32	
33	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	NRCC-MERCY SPEC CLIN ENT	194.04		6,704	33	
34	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	NRCC-MERCY SPEC CLIN GASTRO	194.05		263	34	
35	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	NRCC-MLC CENTER	194.16		55,765	35	

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

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	
36	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	CHILD DAY CARE	194.17		498		36
37	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	RETAIL PHARMACY	194.20		9		37
500	Total reclassifications					3,470,759		500
	Code letter - A							
1	CHARGEABLE DRUGS RECLASS	B	Dietary	10		369		1
2	CHARGEABLE DRUGS RECLASS	B	Pharmacy	15		1,205,638		2
3	CHARGEABLE DRUGS RECLASS	B	Radiology-Diagnostic	54		18,638		3
4	CHARGEABLE DRUGS RECLASS	B	Clinic	90		1,770		4
5	CHARGEABLE DRUGS RECLASS	B	NRCC-MERCY SPEC CLIN ENT	194.04		43		5
6	CHARGEABLE DRUGS RECLASS	B	RETAIL PHARMACY	194.20		662,386		6
500	Total reclassifications					1,888,844		500
	Code letter - B							
1	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Housekeeping	9		11,018		1
2	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Central Services & Supply	14		2,069		2
3	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Adults & Pediatrics	30		86,808		3
4	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Intensive Care Unit	31		29,030		4
5	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Nursery	43		1,380		5
6	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Skilled Nursing Facility	44		59,889		6
7	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Operating Room	50		24,503		7
8	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Radiology-Diagnostic	54		16,612		8
9	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	RADIATION ONCOLOGY	54.01		2,479		9
10	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Cardiac Catheterization	59		1,006		10
11	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Laboratory	60		1,649		11
12	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Physical Therapy	66		1,546		12
13	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Electrocardiology	69		3,684		13
14	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Renal Dialysis	74		5,945		14
15	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Clinic	90		2,357		15
16	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Emergency	91		33,377		16
17	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Ambulance Services	95		9,496		17
18	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	NRCC-MLC CENTER	194.16		46,632		18
500	Total reclassifications					339,480		500
	Code letter - C							
1	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Employee Benefits Department	4		2,909		1
2	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	A&G-ADMITTING, REGIST	5.04		61		2
3	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	A&G-ALL OTHER	5.06		28,615		3
4	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Maintenance & Repairs	6		11		4
5	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Housekeeping	9		133		5
6	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Nursing Administration	13		1,160		6
7	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Social Service	17		101		7

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

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	
8	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Adults & Pediatrics	30		46,992	8	
9	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Intensive Care Unit	31		5,555	9	
10	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Operating Room	50		1,538	10	
11	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Radiology-Diagnostic	54		881	11	
12	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	RADIATION ONCOLOGY	54.01		149	12	
13	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Cardiac Catheterization	59		19	13	
14	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Respiratory Therapy	65		19	14	
15	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Physical Therapy	66		44	15	
16	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Speech Pathology	68		7	16	
17	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Electrocardiology	69		222	17	
18	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Renal Dialysis	74		42	18	
19	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Clinic	90		35	19	
20	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Emergency	91		5,220	20	
21	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Home Health Agency	101		59	21	
22	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Hospice	116		143	22	
23	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	NRCC-TENERCARE (PRENATAL CLAS	194.13		333	23	
24	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	CHILD DAY CARE	194.17		38,939	24	
25	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	MARKETING & ADVERTISING	194.18		1,135	25	
500	Total reclassifications					134,322	500	
	Code letter - D							
1	DIRECT ASSIGNED EMP BENE	E	A&G-INFO SERVICE	5.02		32,631	1	
2	DIRECT ASSIGNED EMP BENE	E	A&G-PURCHASING, STORES	5.03		92,309	2	
3	DIRECT ASSIGNED EMP BENE	E	A&G-ADMITTING, REGIST	5.04		162,974	3	
4	DIRECT ASSIGNED EMP BENE	E	A&G-ALL OTHER	5.06		227,763	4	
5	DIRECT ASSIGNED EMP BENE	E	Maintenance & Repairs	6		96,174	5	
6	DIRECT ASSIGNED EMP BENE	E	Laundry & Linen Service	8		22,745	6	
7	DIRECT ASSIGNED EMP BENE	E	Housekeeping	9		172,716	7	
8	DIRECT ASSIGNED EMP BENE	E	Dietary	10		229,095	8	
9	DIRECT ASSIGNED EMP BENE	E	Nursing Administration	13		328,459	9	
10	DIRECT ASSIGNED EMP BENE	E	Central Services & Supply	14		22,378	10	
11	DIRECT ASSIGNED EMP BENE	E	Pharmacy	15		249,686	11	
12	DIRECT ASSIGNED EMP BENE	E	Medical Records & Library	16		125,910	12	
13	DIRECT ASSIGNED EMP BENE	E	Social Service	17		32,613	13	
14	DIRECT ASSIGNED EMP BENE	E	Adults & Pediatrics	30		1,204,452	14	
15	DIRECT ASSIGNED EMP BENE	E	Intensive Care Unit	31		174,389	15	
16	DIRECT ASSIGNED EMP BENE	E	Nursery	43		42,729	16	
17	DIRECT ASSIGNED EMP BENE	E	Skilled Nursing Facility	44		805,196	17	
18	DIRECT ASSIGNED EMP BENE	E	Operating Room	50		244,389	18	
19	DIRECT ASSIGNED EMP BENE	E	Recovery Room	51		30,170	19	
20	DIRECT ASSIGNED EMP BENE	E	Delivery Room & Labor Room	52		33,690	20	
21	DIRECT ASSIGNED EMP BENE	E	Anesthesiology	53		93,857	21	
22	DIRECT ASSIGNED EMP BENE	E	Radiology-Diagnostic	54		250,510	22	
23	DIRECT ASSIGNED EMP BENE	E	RADIATION ONCOLOGY	54.01		48,259	23	
24	DIRECT ASSIGNED EMP BENE	E	Cardiac Catheterization	59		86,483	24	
25	DIRECT ASSIGNED EMP BENE	E	Laboratory	60		227,221	25	
26	DIRECT ASSIGNED EMP BENE	E	Respiratory Therapy	65		133,944	26	
27	DIRECT ASSIGNED EMP BENE	E	Physical Therapy	66		192,490	27	
28	DIRECT ASSIGNED EMP BENE	E	Speech Pathology	68		37,581	28	
29	DIRECT ASSIGNED EMP BENE	E	Electrocardiology	69		69,590	29	
30	DIRECT ASSIGNED EMP BENE	E	Electroencephalography	70		3,977	30	
31	DIRECT ASSIGNED EMP BENE	E	Renal Dialysis	74		107,584	31	

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

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	
32	DIRECT ASSIGNED EMP BENE	E	Clinic	90		39,349		32
33	DIRECT ASSIGNED EMP BENE	E	Emergency	91		311,510		33
34	DIRECT ASSIGNED EMP BENE	E	Home Health Agency	101		470,877		34
35	DIRECT ASSIGNED EMP BENE	E	Hospice	116		53,919		35
36	DIRECT ASSIGNED EMP BENE	E	PASSTHRU COSTS	194.01		1,432		36
37	DIRECT ASSIGNED EMP BENE	E	NRCC-MERCY SPEC CLIN ENT	194.04		52,147		37
38	DIRECT ASSIGNED EMP BENE	E	NRCC-MERCY SPEC CLIN GASTRO	194.05		72,037		38
39	DIRECT ASSIGNED EMP BENE	E	NRCC-TENERCARE (PRENATAL CLAS	194.13		2,663		39
40	DIRECT ASSIGNED EMP BENE	E	NRCC-MLC CENTER	194.16		519,132		40
41	DIRECT ASSIGNED EMP BENE	E	CHILD DAY CARE	194.17		109,843		41
42	DIRECT ASSIGNED EMP BENE	E	MARKETING & ADVERTISING	194.18		19,688		42
43	DIRECT ASSIGNED EMP BENE	E	FOUNDATION	194.19		14,282		43
44	DIRECT ASSIGNED EMP BENE	E	RETAIL PHARMACY	194.20		28,249		44
500	Total reclassifications					7,277,092		500
	Code letter - E							
1	BUILDING DEPRECIATION	F	Cap Rel Costs-Bldg & Fixt	1		24,236	9	1
2							9	2
3							9	3
500	Total reclassifications					24,236		500
	Code letter - F							
1	RECLASS INTEREST EXPENSE	G	Interest Expense	113		589,981	11	1
500	Total reclassifications					589,981		500
	Code letter - G							
1	CHILDCARE RECLASS	H	CHILD DAY CARE	194.17	165,995			1
2	CHILDCARE RECLASS	H	CHILD DAY CARE	194.17		17,266		2
500	Total reclassifications				165,995	17,266		500
	Code letter - H							
1	MOVEABLE EQUIPMENT	I	Cap Rel Costs-Bldg & Fixt	1		12,599	9	1
2			Employee Benefits Department	4		611		2
3			A&G-INFO SERVICE	5.02		58,039		3
4			A&G-PURCHASING, STORES	5.03		9,582		4
5			A&G-ALL OTHER	5.06		33,606		5
6			Maintenance & Repairs	6		21,668		6
7			Housekeeping	9		3,670		7
8			Dietary	10		28,429		8
9			Nursing Administration	13		18,268		9
10			Central Services & Supply	14		78,970		10
11			Pharmacy	15		122,270		11
12			Medical Records & Library	16		3,756		12
13			Adults & Pediatrics	30		272,803		13
14			Intensive Care Unit	31		71,459		14
15			Nursery	43		9,568		15
16			Skilled Nursing Facility	44		77,214		16
17			Operating Room	50		504,549		17
18			Recovery Room	51		5,305		18
19			Delivery Room & Labor Room	52		6,002		19
20			Anesthesiology	53		1,598		20
21			Radiology-Diagnostic	54		503,852		21
22			RADIATION ONCOLOGY	54.01		156,079		22
23			Cardiac Catheterization	59		337,858		23
24			Laboratory	60		222,990		24
25			Respiratory Therapy	65		69,061		25
26			Physical Therapy	66		7,774		26
27			Electrocardiology	69		8,611		27
28			Electroencephalography	70		3,815		28
29			Renal Dialysis	74		45,880		29
30			Clinic	90		5,773		30
31			Emergency	91		130,376		31
32			Home Health Agency	101		110,590		32
33			Hospice	116		369		33
34			NRCC-MERCY SPEC CLIN ENT	194.04		40,736		34
35			NRCC-MERCY SPEC CLIN GASTRO	194.05		8,313		35
36			NRCC-MLC CENTER	194.16		31,345		36
37			MARKETING & ADVERTISING	194.18		7,886		37
500	Total reclassifications					3,031,274		500
	Code letter - I							

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10	
		1	6	7	8	9	10	
1	RECLASS EMPLOYEE WELLNESS	J	Employee Benefits Department	4	140,068		1	
500	Total reclassifications				140,068		500	
	Code letter - J							
1	HEMECARE TO HOSPICE RECLASS	K	Home Health Agency	101	94,769	61,938	1	
500	Total reclassifications				94,769	61,938	500	
	Code letter - K							
1	RCLS LTC EXPENSES	L	Skilled Nursing Facility	44	11,170	20,901	1	
500	Total reclassifications				11,170	20,901	500	
	Code letter - L							
	GRAND TOTAL (Decreases)				412,002	16,856,093		

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

RECONCILIATION OF CAPITAL COST CENTERS

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

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	778,890	21,999		21,999		800,889		1
2	Land Improvements	2,569,053	354,475		354,475		2,923,528		2
3	Buildings and Fixtures	78,089,322	3,957,661		3,957,661		82,046,983		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	36,748,760	3,607,857		3,607,857	1,795,538	38,561,079		6
7	HIT-designated Assets	18,829,342	1,737,012		1,737,012		20,566,354		7
8	Subtotal (sum of lines 1-7)	137,015,367	9,679,004		9,679,004	1,795,538	144,898,833		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	137,015,367	9,679,004		9,679,004	1,795,538	144,898,833		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	2,367,366						2,367,366	1	
1.01	CAP REL COSTS - 1970 BLDG								1.01	
1.02	CAP REL COSTS-BLUFF BLDG								1.02	
1.03	CAP REL COSTS - RADIATION ONCOLOGY								1.03	
2	Cap Rel Costs-Mvble Equip								2	
3	Total (sum of lines 1-2)	2,367,366						2,367,366	3	

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

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi				0.000000					1
1.01	CAP REL COSTS - 1970 BL				0.000000					1.01
1.02	CAP REL COSTS-BLUFF BLD				0.000000					1.02
1.03	CAP REL COSTS - RADIATI				0.000000					1.03
2	Cap Rel Costs-Mvble Equ				0.000000					2
3	Total (sum of lines 1-2)				0.000000					3

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	2,330,531		602,410	-33,572			2,899,369	1	
1.01	CAP REL COSTS - 1970 BLDG	20,067						20,067	1.01	
1.02	CAP REL COSTS-BLUFF BLDG	3,752						3,752	1.02	
1.03	CAP REL COSTS - RADIATION ONCOLOGY	417						417	1.03	
2	Cap Rel Costs-Mvble Equip	3,743,196						3,743,196	2	
3	Total (sum of lines 1-2)	6,097,963		602,410	-33,572			6,666,801	3	

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

RECONCILIATION OF CAPITAL COST CENTERS

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

		SUMMARY OF CAPITAL							
	Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital- Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications,

Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

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	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	2
3	Investment income-other (chapter 2)					3
4	Trade, quantity, and time discounts (chapter 8)					4
5	Refunds and rebates of expenses (chapter 8)					5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)					7
8	Television and radio service (chapter 21)					8
9	Parking lot (chapter 21)					9
10	Provider-based physician adjustment	Wkst A-8-2	-1,849,687			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	2,379,170			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests	B	-492,108	Dietary	10	14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients					17
18	Sale of medical records and abstracts					18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines	B	-8,000	Dietary	10	20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1	26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2	27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33						33
33.01	CATERING REVENUE	B	-1,813	Dietary	10	33.01
33.02	OTHER OPERATING REVENUE	B	-888	Physical Therapy	66	33.02
33.03	OTHER OPERATING REVENUE	B	-1,297	Radiology-Diagnostic	54	33.03
33.04	OTHER OPERATING REVENUE	B	12,429	Cap Rel Costs-Bldg & Fixt	1	33.04
33.05	OTHER OPERATING REVENUE	B	-677	Operating Room	50	33.05
33.06	OTHER OPERATING REVENUE	B	-3,720	Adults & Pediatrics	3,20	33.06
33.07	OTHER OPERATING REVENUE	B	-3,962	Home Health Agency	101	33.07
33.08	OTHER OPERATING REVENUE	B	-4,501	Social Service	17	33.08
33.09	OTHER OPERATING REVENUE	B	-10,749	A&G-ALL OTHER	5.06	33.09
33.10	OTHER OPERATING REVENUE	B	-480	A&G-INFO SERVICE	5.02	33.10
33.11	OTHER OPERATING REVENUE	B	-6,407	Nursing Administration	13	33.11
33.12	OTHER OPERATING REVENUE	B	-16,467	Employee Benefits Department	4	33.12
33.13	OTHER OPERATING REVENUE	B	-113	Maintenance & Repairs	6	33.13
33.14	NON PATIENT DRUG REVENUE	B	-3,089	Pharmacy	15	33.14
33.15	EXTERNAL PERSONNEL SRVC	B	-611	Employee Benefits Department	4	33.15
33.16	RENTAL SPACE REVENUE	B	-112,975	A&G-ALL OTHER	5.06	33.16
33.17	RENTAL SPACE REVENUE	B	-66,825	Maintenance & Repairs	6	33.17
33.18	OTHER REVENUE COPIES	B	-75	Home Health Agency	101	33.18
33.19	OTHER REVENUE COPIES	B	-195	Medical Records & Library	16	33.19
33.20	OTHER REVENUE COPIES	B	-36	Employee Benefits Department	4	33.20
33.21	DME OTHER INCOME	B	-17,119	Home Health Agency	101	33.21
33.22	RADIOLOGY REVENUE	B	-10	Radiology-Diagnostic	54	33.22
33.23	REFUND SALES TAX	B	-106	Home Health Agency	101	33.23
33.24	CLINICAL LAB REVENUE	B	-15,549	Laboratory	60	33.24
33.25	CE AND CPR REVENUE	B	-1,968	Nursing Administration	13	33.25

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED					
	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	
33.26	IC OTHER REVENUE	B	-51,049	MRI	58	33.26	
33.27	IC OTHER REVENUE	B	-229	Renal Dialysis	74	33.27	
33.28	IC OTHER REVENUE	B	-95,145	Maintenance & Repairs	6	33.28	
33.29	IC OTHER REVENUE	B	-803	Laundry & Linen Service	8	33.29	
33.30	IC RENT REVENUE	B	-85,464	MRI	58	33.30	
33.31	EMPLOYEE WELLNESS REVENUES	B	-2,883	Employee Benefits Department	4	33.31	
33.32	WELLNESS REVENUE	B	-22,035	Employee Benefits Department	4	33.32	
33.33	INCOME TAXES	B	12,000	A&G-ALL OTHER	5.06	33.33	
33.34	PHYSICIAN RECRUITING EXPENSE	A	-60	Home Health Agency	101	33.34	
33.35	PHYSICIAN RECRUITING EXPENSE	A	-78,307	A&G-ALL OTHER	5.06	33.35	
33.36	PHYSICIAN RECRUITING EXPENSE	A	-56,283	Employee Benefits Department	4	33.36	
33.37	MEDICAID TAX EXPENSE	A	-125,235	Skilled Nursing Facility	44	33.37	
33.38	MEDICAID TAX EXPENSE	A	-579,641	A&G-ALL OTHER	5.06	33.38	
33.39	OFFSET PATIENT TRANSPORTATION	A	-12,625	Cardiac Catheterization	59	33.39	
33.40	OFFSET PATIENT TRANSPORTATION	A	-35	Renal Dialysis	74	33.40	
33.41	OFFSET PATIENT TRANSPORTATION	A	5,953	Emergency	91	33.41	
33.42	OFFSET PATIENT TRANSPORTATION	A	-8,678	Ambulance Services	95	33.42	
33.43	OFFSET PATIENT TRANSPORTATION	A	935	Delivery Room & Labor Room	52	33.43	
33.44	OFFSET PATIENT TRANSPORTATION	A	1,090	Adults & Pediatrics	30	33.44	
33.45	OFFSET PATIENT TRANSPORTATION	A	-74	Intensive Care Unit	31	33.45	
33.46	OFFSET PATIENT TRANSPORTATION	A	-1,299	Hospice	116	33.46	
33.47	OFFSET PATIENT TRANSPORTATION	A	-577	Skilled Nursing Facility	44	33.47	
33.48	OFFSET PT EMP TUITION	A	-7,013	Employee Benefits Department	4	33.48	
33.49	LOBBYING OFFSET	A	-1,833	A&G-ALL OTHER	5.06	33.49	
33.50	DONATIONS EXPENSE	A	-90,620	A&G-ALL OTHER	5.06	33.50	
33.51	ADVERTISING EXPENSE	A	-44	Home Health Agency	101	33.51	
33.52	ADVERTISING EXPENSE	A	-8,858	Employee Benefits Department	4	33.52	
33.53	CRNA	A	-728,751	Anesthesiology	53	33.53	
34						34	
35						35	
36						36	
37						37	
38						38	
39						39	
40						40	
41						41	
42						42	
43						43	
44						44	
45						45	
46						46	
47						47	
48						48	
49						49	
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-2,165,391			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 subscripsts thereof.

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

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

WORKSHEET A-8-1

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

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	5.02	A&G-INFO SERVICE	TIS FEES	2,875,077	5,017,992	-2,142,915		1
2	2	Cap Rel Costs-Mvble Equip	TIS CAPITAL	37,860		37,860	9	2
3	5.02	A&G-INFO SERVICE	AMORTIZATION	1,217,735	1,217,735			3
3.01	5.06	A&G-ALL OTHER	TH HOME OFFICE	5,379,354	6,705,205	-1,325,851		3.01
3.02	2	Cap Rel Costs-Mvble Equip	TH CAPITAL	674,062		674,062	9	3.02
3.03	5.06	A&G-ALL OTHER	MALPRACTICE	890,127	470,572	419,555		3.03
3.04	1	Cap Rel Costs-Bldg & Fixt	PROPERTY INSURANCE	57,422	90,994	-33,572	12	3.04
3.05	5.06	A&G-ALL OTHER	INTEGRATED RISK	219,884	201,987	17,897		3.05
3.06	5.06	A&G-ALL OTHER	WORKERS COMP	649,031	281,892	367,139		3.06
3.07	4	Employee Benefits Department	PENSION	3,728,090	-341,000	4,069,090		3.07
3.08	4	Employee Benefits Department	EMPLOYEE STOP LOSS		-311,273	311,273		3.08
3.09	4	Employee Benefits Department	IC TUITION	274,864	274,864			3.09
3.10	1	Cap Rel Costs-Bldg & Fixt	INTER-COMPANY LOAN	581,501	581,501		11	3.10
3.11	5.06	A&G-ALL OTHER	TELECOMMUNICATIONS	363,642	363,642			3.11
3.12	5.06	A&G-ALL OTHER	REVENUE EXCELLENCE	381,184	396,552	-15,368		3.12
4								4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			17,329,833	14,950,663	2,379,170		5

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

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

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

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

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5.06	A&G-ALL OTHER AGGREGATE	13,710	9,510	4,200	206,300	42	4,166	208	1
2	30	Adults & Pediatrics AGGREGATE	477,031	477,031		206,300				2
3	44	Skilled Nursing Faci	11,800		11,800	206,300	118	11,704	585	3
4	50	Operating Room AGGREGATE	193,067	193,067		240,300				4
5	53	Anesthesiology AGGREGATE	370,686	346,077		233,500	120	13,471	674	5
6	54.01	RADIATION ONCOLOGY AGGREGATE	270,686	135,860	134,826	206,300	550	54,550	2,728	6
7	59	Cardiac Catheterizat AGGREGATE	183,000	183,000		206,300				7
8	60	Laboratory AGGREGATE	245,000	122,500	122,500	206,300	650	64,469	3,223	8
9	69	Electrocardiology	10,909		10,909	206,300	43	4,265	213	9
10	74	Renal Dialysis	31,200		31,200	206,300	240	23,804	1,190	10
11	90	Clinic AGGREGATE	2,200	2,200		206,300				11
12	91	Emergency AGGREGATE	293,711	126,000	167,711	206,300	911	90,355	4,518	12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	2,103,000	1,595,245	483,146		2,674	266,784	13,339	200

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

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	5.06	A&G-ALL OTHER AGGREGATE					4,166	34	9,544	1
2	30	Adults & Pediatrics AGGREGATE							477,031	2
3	44	Skilled Nursing Faci					11,704	96	96	3
4	50	Operating Room AGGREGATE							193,067	4
5	53	Anesthesiology AGGREGATE					13,471		370,686	5
6	54.01	RADIATION ONCOLOGY AGGREGATE					54,550	80,276	216,136	6
7	59	Cardiac Catheterizat AGGREGATE							183,000	7
8	60	Laboratory AGGREGATE					64,469	58,031	180,531	8
9	69	Electrocardiology					4,265	6,644	6,644	9
10	74	Renal Dialysis					23,804	7,396	7,396	10
11	90	Clinic AGGREGATE							2,200	11
12	91	Emergency AGGREGATE					90,355	77,356	203,356	12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					266,784	229,833	1,849,687	200

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP REL 1970 BLDG	CAP REL BLUFF BLDG	CAP REL RADIATION ONCOLOGY	CAP MOVABLE EQUIPMENT	
		0	1	1.01	1.02	1.03	2	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	2,899,369	2,899,369					1
1.01	CAP REL COSTS - 1970 BLDG	20,067		20,067				1.01
1.02	CAP REL COSTS-BLUFF BLDG	3,752			3,752			1.02
1.03	CAP REL COSTS - RADIATION ONCOLOGY	417				417		1.03
2	Cap Rel Costs-Mvble Equip	3,743,196					3,743,196	2
4	Employee Benefits Department	12,745,173	35,489			6	758	4
5.02	A&G-INFO SERVICE	4,714,307	34,895			134	71,969	5.02
5.03	A&G-PURCHASING, STORES	706,270	76,057				11,882	5.03
5.04	A&G-ADMITTING, REGIST	1,242,327	26,631					5.04
5.06	A&G-ALL OTHER	5,702,970	179,518			107	41,672	5.06
6	Maintenance & Repairs	2,555,669	23,083			60	26,869	6
7	Operation of Plant							7
8	Laundry & Linen Service	451,925	15,053					8
9	Housekeeping	814,158	15,863			129	4,551	9
10	Dietary	1,214,488	131,515			427	35,252	10
11	Cafeteria							11
13	Nursing Administration	2,020,913	102,795			159	22,653	13
14	Central Services & Supply	100,636	49,876				97,924	14
15	Pharmacy	4,566,693	51,389				151,616	15
16	Medical Records & Library	835,001	70,691			52	4,657	16
17	Social Service	204,020	36,246			66		17
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	7,782,649	851,370				338,279	30
31	Intensive Care Unit	1,321,001	82,341				88,610	31
43	Nursery	320,911	19,086				11,864	43
44	Skilled Nursing Facility	6,145,805		20,067			95,746	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,912,141	250,479				625,646	50
51	Recovery Room	223,127					6,578	51
52	Delivery Room & Labor Room	259,208	56,322				7,443	52
53	Anesthesiology	99,535					1,982	53
54	Radiology-Diagnostic	2,102,062	207,517				624,783	54
54.01	RADIATION ONCOLOGY	240,957				417	193,540	54.01
58	MRI	227,425	34,679					58
59	Cardiac Catheterization	1,142,284	120,441				418,948	59
60	Laboratory	2,203,114	93,018				276,510	60
65	Respiratory Therapy	999,999	31,474				85,637	65
66	Physical Therapy	1,322,188	11,254			477	9,640	66
68	Speech Pathology	286,809						68
69	Electrocardiology	421,763	27,909				10,678	69
70	Electroencephalography	26,613	4,591				4,731	70
71	Medical Supplies Charged to Patients	2,214,770						71
72	Impl. Dev. Charged to Patients	1,255,989						72
73	Drugs Charged to Patients	1,888,844						73
74	Renal Dialysis	921,456	3,475			309	56,892	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	626,183	4,393			198	7,159	90
91	Emergency	3,546,926	106,630				161,668	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	1,718	56,880					95
101	Home Health Agency	3,973,077				967	137,133	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	845,248					458	116
118	SUBTOTALS (sum of lines 1-117)	86,853,153	2,810,960	20,067	3,091	417	3,633,728	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS							194.0
1		9,375						1
194.0	NRCC-MERCY SPEC CLIN ENT	638,362	75,823				50,513	194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO	860,218				155	10,308	194.0
5								5
194.0	NRCC-SENIOR SERVICES							194.0
9								9

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP REL 1970 BLDG	CAP REL BLUFF BLDG	CAP REL RADIATION ONCOLOGY	CAP MOVABLE EQUIPMENT	
		0	1	1.01	1.02	1.03	2	
194.1 1	GUEST MEALS							194.1 1
194.1 2	NRCC-FREE CLINIC							194.1 2
194.1 3	NRCC-TENERCARE (PRENATAL CLASSES)	20,898						194.1 3
194.1 6	NRCC-MLC CENTER	4,610,028					38,868	194.1 6
194.1 7	CHILD DAY CARE	183,261			506			194.1 7
194.1 8	MARKETING & ADVERTISING	379,056	12,586				9,779	194.1 8
194.1 9	FOUNDATION	90,994						194.1 9
194.2 0	RETAIL PHARMACY	212,482						194.2 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	93,857,827	2,899,369	20,067	3,752	417	3,743,196	202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	A&G INFO SERV	A&G PURCHASING STORES	A&G ADMITTING REGISTER	SUBTOTAL (cols.0-4)	
		4	4A	5.02	5.03	5.04		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS - 1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	CAP REL COSTS - RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department	12,781,426						4
5.02	A&G-INFO SERVICE	78,044	4,899,349	4,899,349				5.02
5.03	A&G-PURCHASING, STORES	137,158	931,367	51,295	982,662			5.03
5.04	A&G-ADMITTING, REGIST	223,020	1,491,978	82,171		1,574,149		5.04
5.06	A&G-ALL OTHER	273,744	6,198,011	341,355			6,539,366	5.06
6	Maintenance & Repairs	167,275	2,772,956	152,721			2,925,677	6
7	Operation of Plant							7
8	Laundry & Linen Service	24,899	491,877	27,090			518,967	8
9	Housekeeping	194,176	1,028,877	56,665			1,085,542	9
10	Dietary	326,766	1,708,448	94,093			1,802,541	10
11	Cafeteria							11
13	Nursing Administration	527,553	2,674,073	147,275			2,821,348	13
14	Central Services & Supply	26,821	275,257	15,160			290,417	14
15	Pharmacy	559,660	5,329,358	293,514			5,622,872	15
16	Medical Records & Library	212,139	1,122,540	61,824			1,184,364	16
17	Social Service	61,018	301,350	16,597			317,947	17
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	2,258,086	11,230,384	618,477	106,071	169,915	12,124,847	30
31	Intensive Care Unit	357,289	1,849,241	101,847	23,532	37,696	2,012,316	31
43	Nursery	91,809	443,670	24,435	10,764	17,244	496,113	43
44	Skilled Nursing Facility	1,143,318	7,404,936	407,827	22,918	36,713	7,872,394	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	482,374	3,270,640	180,130	90,807	145,464	3,687,041	50
51	Recovery Room	68,711	298,416	16,435	15,574	24,948	355,373	51
52	Delivery Room & Labor Room	76,747	399,720	22,015	6,333	10,146	438,214	52
53	Anesthesiology	357,827	459,344	25,298	23,120	37,037	544,799	53
54	Radiology-Diagnostic	475,687	3,410,049	187,808	141,566	226,790	3,966,213	54
54.01	RADIATION ONCOLOGY	97,688	532,602	29,333	18,164	29,098	609,197	54.01
58	MRI		262,104	14,435	3,274	5,245	285,058	58
59	Cardiac Catheterization	197,597	1,879,270	103,501	65,275	104,564	2,152,610	59
60	Laboratory	393,001	2,965,643	163,333	107,053	171,490	3,407,519	60
65	Respiratory Therapy	254,795	1,371,905	75,558	11,657	18,674	1,477,794	65
66	Physical Therapy	358,869	1,702,428	93,761	19,504	31,243	1,846,936	66
68	Speech Pathology	83,130	369,939	20,374	4,857	7,781	402,951	68
69	Electrocardiology	119,739	580,089	31,948	22,495	36,034	670,566	69
70	Electroencephalography	7,696	43,631	2,403	486	778	47,298	70
71	Medical Supplies Charged to Patients		2,214,770	121,978	6,706	10,742	2,354,196	71
72	Impl. Dev. Charged to Patients		1,255,989	69,174	7,181	11,503	1,343,847	72
73	Drugs Charged to Patients		1,888,844	104,028	106,294	170,273	2,269,439	73
74	Renal Dialysis	196,045	1,178,177	64,888	52,236	83,677	1,378,978	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	80,847	718,780	39,587	9,574	15,337	783,278	90
91	Emergency	598,278	4,413,502	243,074	76,873	123,143	4,856,592	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		58,598	3,227			61,825	95
101	Home Health Agency	791,689	4,902,866	270,025	24,235	38,822	5,235,948	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	137,487	983,193	54,149	6,113	9,792	1,053,247	116
118	SUBTOTALS (sum of lines 1-117)	11,440,982	85,314,171	4,428,808	982,662	1,574,149	84,843,630	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS	2,445	11,820	651			12,471	194.0
194.0	NRCC-MERCY SPEC CLIN ENT	166,730	931,428	51,298			982,726	194.0
194.0	NRCC-MERCY SPEC CLIN GASTRO	246,609	1,117,290	61,535			1,178,825	194.0
194.0	NRCC-SENIOR SERVICES							194.0
194.1	GUEST MEALS							194.1

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	EMPLOYEE BENEFITS DEPARTMEN T	SUBTOTAL (cols.0-4)	A&G INFO SERV	A&G PURCHASING STORES	A&G ADMITTING REGISTER	SUBTOTAL (cols.0-4)	
		4	4A	5.02	5.03	5.04		
194.1 2	NRCC-FREE CLINIC							194.1 2
194.1 3	NRCC-TENERCARE (PRENATAL CLASSES)	5,543	26,441	1,456			27,897	194.1 3
194.1 6	NRCC-MLC CENTER	736,638	5,385,534	296,608			5,682,142	194.1 6
194.1 7	CHILD DAY CARE	55,346	239,113	13,169			252,282	194.1 7
194.1 8	MARKETING & ADVERTISING	38,727	440,148	24,241			464,389	194.1 8
194.1 9	FOUNDATION	29,120	120,114	6,615			126,729	194.1 9
194.2 0	RETAIL PHARMACY	59,286	271,768	14,968			286,736	194.2 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	12,781,426	93,857,827	4,899,349	982,662	1,574,149	93,857,827	202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	A&G ALL OTHER	MAIN- TENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		5.06	6	8	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS - 1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	CAP REL COSTS - RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.06	A&G-ALL OTHER	6,539,366						5.06
6	Maintenance & Repairs	219,107	3,144,784					6
7	Operation of Plant							7
8	Laundry & Linen Service	38,866	18,757	576,590				8
9	Housekeeping	81,297	19,767	14,039	1,200,645			9
10	Dietary	134,994	163,881			2,114,417		10
11	Cafeteria				15,262		15,262	11
13	Nursing Administration	211,294	128,093		7,348		645	13
14	Central Services & Supply	21,750	62,151	3,579	17,523		82	14
15	Pharmacy	421,103	64,035				654	15
16	Medical Records & Library	88,698	88,088		10,498		516	16
17	Social Service	23,811	45,166		6,029		118	17
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	908,044	1,060,893	150,037	508,161	1,005,790	4,022	30
31	Intensive Care Unit	150,704	102,605	50,204	67,803	38,946	499	31
43	Nursery	37,154	23,783	2,387	2,826		199	43
44	Skilled Nursing Facility	589,571		103,573	105,648	1,069,681	1,894	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	276,126	312,122	42,374	145,646		798	50
51	Recovery Room	26,614					81	51
52	Delivery Room & Labor Room	32,818	70,183		11,493		127	52
53	Anesthesiology	40,801						53
54	Radiology-Diagnostic	297,034	258,588	28,730			821	54
54.01	RADIATION ONCOLOGY	45,623		4,287				54.01
58	MRI	21,348	43,214	1,389				58
59	Cardiac Catheterization	161,211	150,082	1,740	63,308		244	59
60	Laboratory	255,193	115,910	99	27,320		690	60
65	Respiratory Therapy	110,673	39,220		9,932		431	65
66	Physical Therapy	138,319	14,023	2,674	22,475		624	66
68	Speech Pathology	30,177			5,249		92	68
69	Electrocardiology	50,219	34,778	6,371	16,231		240	69
70	Electroencephalography	3,542	5,721					70
71	Medical Supplies Charged to Patients	176,308						71
72	Impl. Dev. Charged to Patients	100,642						72
73	Drugs Charged to Patients	169,961			9,744			73
74	Renal Dialysis	103,273	4,330	6,239	26,997		317	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	58,660	5,475	4,076	10,498		82	90
91	Emergency	363,715	132,873	57,723	79,673		926	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	4,630	70,879	16,423				95
101	Home Health Agency	392,125			17,980		1,029	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	78,879					131	116
118	SUBTOTALS (sum of lines 1-117)	5,864,284	3,034,617	495,944	1,200,645	2,114,417	15,262	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS	934						194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT	73,597	94,483					194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO	88,283						194.0
5								5
194.0	NRCC-SENIOR SERVICES							194.0
9								9
194.1	GUEST MEALS							194.1
1								1

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	A&G ALL OTHER	MAIN- TENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		5.06	6	8	9	10	11	
194.1 2	NRCC-FREE CLINIC							194.1 2
194.1 3	NRCC-TENERCARE (PRENATAL CLASSES)	2,089						194.1 3
194.1 6	NRCC-MLC CENTER	425,541		80,646				194.1 6
194.1 7	CHILD DAY CARE	18,894						194.1 7
194.1 8	MARKETING & ADVERTISING	34,779	15,684					194.1 8
194.1 9	FOUNDATION	9,491						194.1 9
194.2 0	RETAIL PHARMACY	21,474						194.2 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	6,539,366	3,144,784	576,590	1,200,645	2,114,417	15,262	202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	SUBTOTAL	
		13	14	15	16	17	24	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS - 1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	CAP REL COSTS - RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.06	A&G-ALL OTHER							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration	3,168,728						13
14	Central Services & Supply	425	395,927					14
15	Pharmacy	32		6,108,696				15
16	Medical Records & Library	70			1,372,234			16
17	Social Service					393,071		17
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,090,374			148,122		17,000,290	30
31	Intensive Care Unit	173,131			32,861		2,629,069	31
43	Nursery	42,923			15,032		620,417	43
44	Skilled Nursing Facility	580,736			32,004	154,792	10,510,293	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	127,451			126,807		4,718,365	50
51	Recovery Room	27,013			21,748		430,829	51
52	Delivery Room & Labor Room	35,973			8,844		597,652	52
53	Anesthesiology				32,287		617,887	53
54	Radiology-Diagnostic	210			197,685		4,749,281	54
54.01	RADIATION ONCOLOGY	12,147			25,366		696,620	54.01
58	MRI				4,572		355,581	58
59	Cardiac Catheterization	30,120			91,153		2,650,468	59
60	Laboratory				149,495		3,956,226	60
65	Respiratory Therapy				16,279		1,654,329	65
66	Physical Therapy	204			27,236		2,052,491	66
68	Speech Pathology				6,783		445,252	68
69	Electrocardiology	18,586			31,413		828,404	69
70	Electroencephalography				678		57,239	70
71	Medical Supplies Charged to Patients		252,650		9,364		2,792,518	71
72	Impl. Dev. Charged to Patients		143,277		10,028		1,597,794	72
73	Drugs Charged to Patients			6,108,696	148,434		8,706,274	73
74	Renal Dialysis	46,938			72,945	78,244	1,718,261	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	17,457			13,370		892,896	90
91	Emergency	252,376			107,349		5,851,227	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services						153,757	95
101	Home Health Agency	217,790			33,843	11,116	5,909,831	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	39,929			8,536	65,196	1,245,918	116
118	SUBTOTALS (sum of lines 1-117)	2,713,885	395,927	6,108,696	1,372,234	309,348	83,439,169	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS	1,408					14,813	194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT	15,098					1,165,904	194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO	21,821					1,288,929	194.0
5								5
194.0	NRCC-SENIOR SERVICES							194.0
9								9
194.1	GUEST MEALS							194.1
1								1

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	SUBTOTAL	
		13	14	15	16	17	24	
194.1 2	NRCC-FREE CLINIC							194.1 2
194.1 3	NRCC-TENERCARE (PRENATAL CLASSES)	1,602					31,588	194.1 3
194.1 6	NRCC-MLC CENTER	414,914				83,723	6,686,966	194.1 6
194.1 7	CHILD DAY CARE						271,176	194.1 7
194.1 8	MARKETING & ADVERTISING						514,852	194.1 8
194.1 9	FOUNDATION						136,220	194.1 9
194.2 0	RETAIL PHARMACY						308,210	194.2 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	3,168,728	395,927	6,108,696	1,372,234	393,071	93,857,827	202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
1.01	CAP REL COSTS - 1970 BLDG						1.01
1.02	CAP REL COSTS-BLUFF BLDG						1.02
1.03	CAP REL COSTS - RADIATION ONCOLOGY						1.03
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.02	A&G-INFO SERVICE						5.02
5.03	A&G-PURCHASING, STORES						5.03
5.04	A&G-ADMITTING, REGIST						5.04
5.06	A&G-ALL OTHER						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics		17,000,290				30
31	Intensive Care Unit		2,629,069				31
43	Nursery		620,417				43
44	Skilled Nursing Facility		10,510,293				44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room		4,718,365				50
51	Recovery Room		430,829				51
52	Delivery Room & Labor Room		597,652				52
53	Anesthesiology		617,887				53
54	Radiology-Diagnostic		4,749,281				54
54.01	RADIATION ONCOLOGY		696,620				54.01
58	MRI		355,581				58
59	Cardiac Catheterization		2,650,468				59
60	Laboratory		3,956,226				60
65	Respiratory Therapy		1,654,329				65
66	Physical Therapy		2,052,491				66
68	Speech Pathology		445,252				68
69	Electrocardiology		828,404				69
70	Electroencephalography		57,239				70
71	Medical Supplies Charged to Patients		2,792,518				71
72	Impl. Dev. Charged to Patients		1,597,794				72
73	Drugs Charged to Patients		8,706,274				73
74	Renal Dialysis	-141,218	1,577,043				74
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic		892,896				90
91	Emergency		5,851,227				91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services		153,757				95
101	Home Health Agency		5,909,831				101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice		1,245,918				116
118	SUBTOTALS (sum of lines 1-117)	-141,218	83,297,951				118
	NONREIMBURSABLE COST CENTERS						
194	OTHER NON-REIMB						194
194.0	PASSTHRU COSTS		14,813				194.0
1							1
194.0	NRCC-MERCY SPEC CLIN ENT		1,165,904				194.0
4							4
194.0	NRCC-MERCY SPEC CLIN GASTRO		1,288,929				194.0
5							5
194.0	NRCC-SENIOR SERVICES						194.0
9							9
194.1	GUEST MEALS						194.1
1							1

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
194.1 2	NRCC-FREE CLINIC						194.1 2
194.1 3	NRCC-TENERCARE (PRENATAL CLASSES)		31,588				194.1 3
194.1 6	NRCC-MLC CENTER		6,686,966				194.1 6
194.1 7	CHILD DAY CARE		271,176				194.1 7
194.1 8	MARKETING & ADVERTISING		514,852				194.1 8
194.1 9	FOUNDATION		136,220				194.1 9
194.2 0	RETAIL PHARMACY		308,210				194.2 0
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	-141,218	93,716,609				202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP REL 1970 BLDG	CAP REL BLUFF BLDG	CAP REL RADIATION ONCOLOGY	CAP MOVABLE EQUIPMENT	
		0	1	1.01	1.02	1.03	2	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS - 1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	CAP REL COSTS - RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		35,489		6		758	4
5.02	A&G-INFO SERVICE		34,895		134		71,969	5.02
5.03	A&G-PURCHASING, STORES	1,209	76,057				11,882	5.03
5.04	A&G-ADMITTING, REGIST		26,631					5.04
5.06	A&G-ALL OTHER	3,000	179,518		107		41,672	5.06
6	Maintenance & Repairs	2,840	23,083		60		26,869	6
7	Operation of Plant							7
8	Laundry & Linen Service		15,053					8
9	Housekeeping		15,863		129		4,551	9
10	Dietary	55	131,515		427		35,252	10
11	Cafeteria							11
13	Nursing Administration		102,795		159		22,653	13
14	Central Services & Supply	5,718	49,876				97,924	14
15	Pharmacy	65,293	51,389				151,616	15
16	Medical Records & Library		70,691		52		4,657	16
17	Social Service		36,246		66			17
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	10,389	851,370				338,279	30
31	Intensive Care Unit	3,249	82,341				88,610	31
43	Nursery		19,086				11,864	43
44	Skilled Nursing Facility	8,719		20,067			95,746	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	4,701	250,479				625,646	50
51	Recovery Room						6,578	51
52	Delivery Room & Labor Room		56,322				7,443	52
53	Anesthesiology						1,982	53
54	Radiology-Diagnostic		207,517				624,783	54
54.01	RADIATION ONCOLOGY					417	193,540	54.01
58	MRI		34,679					58
59	Cardiac Catheterization		120,441				418,948	59
60	Laboratory		93,018				276,510	60
65	Respiratory Therapy	29,767	31,474				85,637	65
66	Physical Therapy		11,254		477		9,640	66
68	Speech Pathology							68
69	Electrocardiology	720	27,909				10,678	69
70	Electroencephalography		4,591				4,731	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis		3,475		309		56,892	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		4,393		198		7,159	90
91	Emergency		106,630				161,668	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		56,880					95
101	Home Health Agency	784			967		137,133	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	24,042					458	116
118	SUBTOTALS (sum of lines 1-117)	160,486	2,810,960	20,067	3,091	417	3,633,728	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS							194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT	17,400	75,823				50,513	194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO				155		10,308	194.0
5								5
194.0	NRCC-SENIOR SERVICES							194.0
9								9
194.1	GUEST MEALS							194.1
1								1

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP REL 1970 BLDG	CAP REL BLUFF BLDG	CAP REL RADIATION ONCOLOGY	CAP MOVABLE EQUIPMENT	
		0	1	1.01	1.02	1.03	2	
194.1 2	NRCC-FREE CLINIC							194.1 2
194.1 3	NRCC-TENERCARE (PRENATAL CLASSES)							194.1 3
194.1 6	NRCC-MLC CENTER	3,304					38,868	194.1 6
194.1 7	CHILD DAY CARE				506			194.1 7
194.1 8	MARKETING & ADVERTISING		12,586				9,779	194.1 8
194.1 9	FOUNDATION							194.1 9
194.2 0	RETAIL PHARMACY							194.2 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	181,190	2,899,369	20,067	3,752	417	3,743,196	202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	A&G INFO SERV	A&G PURCHASING STORES	A&G ADMITTING REGISTER	A&G ALL OTHER	
		2A	4	5.02	5.03	5.04	5.06	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS - 1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	CAP REL COSTS - RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department	36,253	36,253					4
5.02	A&G-INFO SERVICE	106,998	221	107,219				5.02
5.03	A&G-PURCHASING, STORES	89,148	389	1,122	90,659			5.03
5.04	A&G-ADMITTING, REGIST	26,631	633	1,798		29,062		5.04
5.06	A&G-ALL OTHER	224,297	777	7,469			232,543	5.06
6	Maintenance & Repairs	52,852	475	3,341			7,791	6
7	Operation of Plant							7
8	Laundry & Linen Service	15,053	71	593			1,382	8
9	Housekeeping	20,543	551	1,240			2,891	9
10	Dietary	167,249	927	2,059			4,800	10
11	Cafeteria							11
13	Nursing Administration	125,607	1,497	3,222			7,513	13
14	Central Services & Supply	153,518	76	332			773	14
15	Pharmacy	268,298	1,588	6,422			14,974	15
16	Medical Records & Library	75,400	602	1,353			3,154	16
17	Social Service	36,312	173	363			847	17
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,200,038	6,394	13,554	9,782	3,126	32,303	30
31	Intensive Care Unit	174,200	1,014	2,228	2,170	693	5,359	31
43	Nursery	30,950	260	535	993	317	1,321	43
44	Skilled Nursing Facility	124,532	3,244	8,923	2,114	675	20,964	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	880,826	1,369	3,941	8,375	2,676	9,819	50
51	Recovery Room	6,578	195	360	1,436	459	946	51
52	Delivery Room & Labor Room	63,765	218	482	584	187	1,167	52
53	Anesthesiology	1,982	1,015	554	2,132	681	1,451	53
54	Radiology-Diagnostic	832,300	1,350	4,109	13,090	4,277	10,562	54
54.01	RADIATION ONCOLOGY	193,957	277	642	1,675	535	1,622	54.01
58	MRI	34,679		316	302	96	759	58
59	Cardiac Catheterization	539,389	561	2,265	6,020	1,924	5,732	59
60	Laboratory	369,528	1,115	3,574	9,873	3,155	9,074	60
65	Respiratory Therapy	146,878	723	1,653	1,075	344	3,935	65
66	Physical Therapy	21,371	1,018	2,051	1,799	575	4,918	66
68	Speech Pathology		236	446	448	143	1,073	68
69	Electrocardiology	39,307	340	699	2,075	663	1,786	69
70	Electroencephalography	9,322	22	53	45	14	126	70
71	Medical Supplies Charged to Patients			2,669	618	198	6,269	71
72	Impl. Dev. Charged to Patients			1,513	662	212	3,579	72
73	Drugs Charged to Patients			2,276	9,803	3,132	6,044	73
74	Renal Dialysis	60,676	556	1,420	4,817	1,539	3,672	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	11,750	229	866	883	282	2,086	90
91	Emergency	268,298	1,697	5,318	7,089	2,265	12,933	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	56,880		71			165	95
101	Home Health Agency	138,884	2,246	5,908	2,235	714	13,943	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	24,500	390	1,185	564	180	2,805	116
118	SUBTOTALS (sum of lines 1-117)	6,628,749	32,449	96,925	90,659	29,062	208,538	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS		7	14			33	194.0
194.0	NRCC-MERCY SPEC CLIN ENT	143,736	473	1,122			2,617	194.0
194.0	NRCC-MERCY SPEC CLIN GASTRO	10,463	700	1,346			3,139	194.0
194.0	NRCC-SENIOR SERVICES							194.0
194.1	GUEST MEALS							194.1

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	A&G INFO SERV	A&G PURCHASING STORES	A&G ADMITTING REGISTER	A&G ALL OTHER	
		2A	4	5.02	5.03	5.04	5.06	
194.1 2	NRCC-FREE CLINIC							194.1 2
194.1 3	NRCC-TENERCARE (PRENATAL CLASSES)		16	32			74	194.1 3
194.1 6	NRCC-MLC CENTER	42,172	2,090	6,490			15,132	194.1 6
194.1 7	CHILD DAY CARE	506	157	288			672	194.1 7
194.1 8	MARKETING & ADVERTISING	22,365	110	530			1,237	194.1 8
194.1 9	FOUNDATION		83	145			337	194.1 9
194.2 0	RETAIL PHARMACY		168	327			764	194.2 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	6,847,991	36,253	107,219	90,659	29,062	232,543	202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		6	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS - 1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	CAP REL COSTS - RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.06	A&G-ALL OTHER							5.06
6	Maintenance & Repairs	64,459						6
7	Operation of Plant							7
8	Laundry & Linen Service	384	17,483					8
9	Housekeeping	405	426	26,056				9
10	Dietary	3,359		282	178,676			10
11	Cafeteria			331		331		11
13	Nursing Administration	2,626		159		14	140,638	13
14	Central Services & Supply	1,274	109	380		2	19	14
15	Pharmacy	1,313				14	1	15
16	Medical Records & Library	1,806		228		11	3	16
17	Social Service	926		131		3		17
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	21,744	4,549	11,029	84,993	87	48,395	30
31	Intensive Care Unit	2,103	1,522	1,471	3,291	11	7,684	31
43	Nursery	487	72	61		4	1,905	43
44	Skilled Nursing Facility		3,141	2,293	90,392	41	25,775	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	6,398	1,285	3,161		17	5,657	50
51	Recovery Room					2	1,199	51
52	Delivery Room & Labor Room	1,439		249		3	1,597	52
53	Anesthesiology							53
54	Radiology-Diagnostic	5,300	871			18	9	54
54.01	RADIATION ONCOLOGY		130				539	54.01
58	MRI	886	42					58
59	Cardiac Catheterization	3,076	53	1,374		5	1,337	59
60	Laboratory	2,376	3	593		15		60
65	Respiratory Therapy	804		216		9		65
66	Physical Therapy	287	81	488		14	9	66
68	Speech Pathology			114		2		68
69	Electrocardiology	713	193	352		5	825	69
70	Electroencephalography	117						70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			211				73
74	Renal Dialysis	89	189	586		7	2,083	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	112	124	228		2	775	90
91	Emergency	2,724	1,750	1,729		20	11,201	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	1,453	498					95
101	Home Health Agency			390		22	9,666	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice					3	1,772	116
118	SUBTOTALS (sum of lines 1-117)	62,201	15,038	26,056	178,676	331	120,451	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS						62	194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT	1,937					670	194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO						969	194.0
5								5
194.0	NRCC-SENIOR SERVICES							194.0
9								9
194.1	GUEST MEALS							194.1
1								1

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS 6	LAUNDRY & LINEN SERVICE 8	HOUSE-KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINISTRATION 13	
194.1 2	NRCC-FREE CLINIC							194.1 2
194.1 3	NRCC-TENERCARE (PRENATAL CLASSES)						71	194.1 3
194.1 6	NRCC-MLC CENTER		2,445				18,415	194.1 6
194.1 7	CHILD DAY CARE							194.1 7
194.1 8	MARKETING & ADVERTISING	321						194.1 8
194.1 9	FOUNDATION							194.1 9
194.2 0	RETAIL PHARMACY							194.2 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	64,459	17,483	26,056	178,676	331	140,638	202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		14	15	16	17	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS - 1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	CAP REL COSTS - RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.06	A&G-ALL OTHER							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply	156,483						14
15	Pharmacy		292,610					15
16	Medical Records & Library			82,557				16
17	Social Service				38,755			17
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics			8,914		1,444,908		30
31	Intensive Care Unit			1,978		203,724		31
43	Nursery			905		37,810		43
44	Skilled Nursing Facility			1,926	15,262	299,282		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			7,631		931,155		50
51	Recovery Room			1,309		12,484		51
52	Delivery Room & Labor Room			532		70,223		52
53	Anesthesiology			1,943		9,758		53
54	Radiology-Diagnostic			11,870		883,756		54
54.01	RADIATION ONCOLOGY			1,527		200,904		54.01
58	MRI			275		37,355		58
59	Cardiac Catheterization			5,486		567,222		59
60	Laboratory			8,997		408,303		60
65	Respiratory Therapy			980		156,617		65
66	Physical Therapy			1,639		34,250		66
68	Speech Pathology			408		2,870		68
69	Electrocardiology			1,890		48,848		69
70	Electroencephalography			41		9,740		70
71	Medical Supplies Charged to Patients	99,855		564		110,173		71
72	Impl. Dev. Charged to Patients	56,628		603		63,197		72
73	Drugs Charged to Patients		292,610	8,933		323,009		73
74	Renal Dialysis			4,390	7,714	87,738		74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			805		18,142		90
91	Emergency			6,460		321,484		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services					59,067		95
101	Home Health Agency			2,037	1,096	177,141		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice			514	6,428	38,341		116
118	SUBTOTALS (sum of lines 1-117)	156,483	292,610	82,557	30,500	6,557,501		118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS					116		194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT					150,555		194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO					16,617		194.0
5								5
194.0	NRCC-SENIOR SERVICES							194.0
9								9
194.1	GUEST MEALS							194.1
1								1

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		14	15	16	17	24	25	
194.1 2	NRCC-FREE CLINIC							194.1 2
194.1 3	NRCC-TENERCARE (PRENATAL CLASSES)					193		194.1 3
194.1 6	NRCC-MLC CENTER				8,255	94,999		194.1 6
194.1 7	CHILD DAY CARE					1,623		194.1 7
194.1 8	MARKETING & ADVERTISING					24,563		194.1 8
194.1 9	FOUNDATION					565		194.1 9
194.2 0	RETAIL PHARMACY					1,259		194.2 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	156,483	292,610	82,557	38,755	6,847,991		202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
1.01	CAP REL COSTS - 1970 BLDG						1.01
1.02	CAP REL COSTS-BLUFF BLDG						1.02
1.03	CAP REL COSTS - RADIATION ONCOLOGY						1.03
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.02	A&G-INFO SERVICE						5.02
5.03	A&G-PURCHASING, STORES						5.03
5.04	A&G-ADMITTING, REGIST						5.04
5.06	A&G-ALL OTHER						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	1,444,908					30
31	Intensive Care Unit	203,724					31
43	Nursery	37,810					43
44	Skilled Nursing Facility	299,282					44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	931,155					50
51	Recovery Room	12,484					51
52	Delivery Room & Labor Room	70,223					52
53	Anesthesiology	9,758					53
54	Radiology-Diagnostic	883,756					54
54.01	RADIATION ONCOLOGY	200,904					54.01
58	MRI	37,355					58
59	Cardiac Catheterization	567,222					59
60	Laboratory	408,303					60
65	Respiratory Therapy	156,617					65
66	Physical Therapy	34,250					66
68	Speech Pathology	2,870					68
69	Electrocardiology	48,848					69
70	Electroencephalography	9,740					70
71	Medical Supplies Charged to Patients	110,173					71
72	Impl. Dev. Charged to Patients	63,197					72
73	Drugs Charged to Patients	323,009					73
74	Renal Dialysis	87,738					74
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	18,142					90
91	Emergency	321,484					91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	59,067					95
101	Home Health Agency	177,141					101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice	38,341					116
118	SUBTOTALS (sum of lines 1-117)	6,557,501					118
	NONREIMBURSABLE COST CENTERS						
194	OTHER NON-REIMB						194
194.0	PASSTHRU COSTS	116					194.0
1							1
194.0	NRCC-MERCY SPEC CLIN ENT	150,555					194.0
4							4
194.0	NRCC-MERCY SPEC CLIN GASTRO	16,617					194.0
5							5
194.0	NRCC-SENIOR SERVICES						194.0
9							9
194.1	GUEST MEALS						194.1
1							1

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
194.1 2	NRCC-FREE CLINIC						194.1 2
194.1 3	NRCC-TENERCARE (PRENATAL CLASSES)	193					194.1 3
194.1 6	NRCC-MLC CENTER	94,999					194.1 6
194.1 7	CHILD DAY CARE	1,623					194.1 7
194.1 8	MARKETING & ADVERTISING	24,563					194.1 8
194.1 9	FOUNDATION	565					194.1 9
194.2 0	RETAIL PHARMACY	1,259					194.2 0
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	6,847,991					202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL 1970 BLDG SQUARE FEET	CAP REL BLUFF BLDG SQUARE FEET	CAP REL RADIATION ONCOLOGY SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT T GROSS SALARIES	
		1	1.01	1.02	1.03	2	4	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	161,024						1
1.01	CAP REL COSTS - 1970 BLDG		52,141					1.01
1.02	CAP REL COSTS-BLUFF BLDG			59,842				1.02
1.03	CAP REL COSTS - RADIATION ONCOLOGY				9,780			1.03
2	Cap Rel Costs-Mvble Equip					3,018,675		2
4	Employee Benefits Department	1,971		88		611	38,334,368	4
5.02	A&G-INFO SERVICE	1,938		2,132		58,039	234,070	5.02
5.03	A&G-PURCHASING, STORES	4,224				9,582	411,367	5.03
5.04	A&G-ADMITTING, REGIST	1,479					668,887	5.04
5.06	A&G-ALL OTHER	9,970		1,708		33,606	821,018	5.06
6	Maintenance & Repairs	1,282		952		21,668	501,695	6
7	Operation of Plant							7
8	Laundry & Linen Service	836					74,679	8
9	Housekeeping	881		2,059		3,670	582,376	9
10	Dietary	7,304		6,815		28,429	980,043	10
11	Cafeteria							11
13	Nursing Administration	5,709		2,543		18,268	1,582,248	13
14	Central Services & Supply	2,770				78,970	80,441	14
15	Pharmacy	2,854				122,270	1,678,545	15
16	Medical Records & Library	3,926		829		3,756	636,252	16
17	Social Service	2,013		1,053			183,006	17
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	47,283				272,803	6,772,554	30
31	Intensive Care Unit	4,573				71,459	1,071,588	31
43	Nursery	1,060				9,568	275,354	43
44	Skilled Nursing Facility		52,141			77,214	3,429,062	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	13,911				504,549	1,446,747	50
51	Recovery Room					5,305	206,079	51
52	Delivery Room & Labor Room	3,128				6,002	230,182	52
53	Anesthesiology					1,598	1,073,201	53
54	Radiology-Diagnostic	11,525				503,852	1,426,691	54
54.01	RADIATION ONCOLOGY				9,780	156,079	292,989	54.01
58	MRI	1,926						58
59	Cardiac Catheterization	6,689				337,858	592,638	59
60	Laboratory	5,166				222,990	1,178,696	60
65	Respiratory Therapy	1,748				69,061	764,186	65
66	Physical Therapy	625		7,607		7,774	1,076,328	66
68	Speech Pathology						249,325	68
69	Electrocardiology	1,550				8,611	359,125	69
70	Electroencephalography	255				3,815	23,082	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	193		4,925		45,880	587,982	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	244		3,164		5,773	242,477	90
91	Emergency	5,922				130,376	1,794,368	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	3,159						95
101	Home Health Agency			15,426		110,590	2,374,449	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice					369	412,355	116
118	SUBTOTALS (sum of lines 1-117)	156,114	52,141	49,301	9,780	2,930,395	34,314,085	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS						7,332	194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT	4,211				40,736	500,059	194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO			2,475		8,313	739,635	194.0
5								5
194.0	NRCC-SENIOR SERVICES							194.0
9								9
194.1	GUEST MEALS							194.1
1								1

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL 1970 BLDG SQUARE FEET	CAP REL BLUFF BLDG SQUARE FEET	CAP REL RADIATION ONCOLOGY SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	
		1	1.01	1.02	1.03	2	4	
194.1 2	NRCC-FREE CLINIC							194.1 2
194.1 3	NRCC-TENERCARE (PRENATAL CLASSES)						16,624	194.1 3
194.1 6	NRCC-MLC CENTER					31,345	2,209,339	194.1 6
194.1 7	CHILD DAY CARE			8,066			165,994	194.1 7
194.1 8	MARKETING & ADVERTISING	699				7,886	116,151	194.1 8
194.1 9	FOUNDATION						87,338	194.1 9
194.2 0	RETAIL PHARMACY						177,811	194.2 0
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	2,899,369	20,067	3,752	417	3,743,196	12,781,426	202
203	Unit Cost Multiplier (Wkst. B, Part I)	18.005819	0.384860	0.062698	0.042638	1.240013	0.333420	203
204	Cost to be allocated (Per Wkst. B, Part II)						36,253	204
205	Unit Cost Multiplier (Wkst. B, Part II)						0.000946	205

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	RECON- CILIATION	A&G INFO SERV ACCUM COST	A&G PURCHASING STORES GROSS REVENUE	A&G ADMITTING REGISTER GROSS REVENUE	RECON- CILIATION	A&G ALL OTHER ACCUM COST	
		5A.02	5.02	5.03	5.04		5.06	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS - 1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	CAP REL COSTS - RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE	-4,899,349	88,958,478					5.02
5.03	A&G-PURCHASING, STORES		931,367	268,105,378				5.03
5.04	A&G-ADMITTING, REGIST		1,491,978		268,105,378			5.04
5.06	A&G-ALL OTHER		6,198,011			-6,539,366	87,318,461	5.06
6	Maintenance & Repairs		2,772,956				2,925,677	6
7	Operation of Plant							7
8	Laundry & Linen Service		491,877				518,967	8
9	Housekeeping		1,028,877				1,085,542	9
10	Dietary		1,708,448				1,802,541	10
11	Cafeteria							11
13	Nursing Administration		2,674,073				2,821,348	13
14	Central Services & Supply		275,257				290,417	14
15	Pharmacy		5,329,358				5,622,872	15
16	Medical Records & Library		1,122,540				1,184,364	16
17	Social Service		301,350				317,947	17
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		11,230,384	28,941,476	28,941,476		12,124,847	30
31	Intensive Care Unit		1,849,241	6,420,635	6,420,635		2,012,316	31
43	Nursery		443,670	2,937,079	2,937,079		496,113	43
44	Skilled Nursing Facility		7,404,936	6,253,261	6,253,261		7,872,394	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		3,270,640	24,776,698	24,776,698		3,687,041	50
51	Recovery Room		298,416	4,249,372	4,249,372		355,373	51
52	Delivery Room & Labor Room		399,720	1,728,077	1,728,077		438,214	52
53	Anesthesiology		459,344	6,308,441	6,308,441		544,799	53
54	Radiology-Diagnostic		3,410,049	38,611,866	38,611,866		3,966,213	54
54.01	RADIATION ONCOLOGY		532,602	4,956,195	4,956,195		609,197	54.01
58	MRI		262,104	893,327	893,327		285,058	58
59	Cardiac Catheterization		1,879,270	17,810,292	17,810,292		2,152,610	59
60	Laboratory		2,965,643	29,209,599	29,209,599		3,407,519	60
65	Respiratory Therapy		1,371,905	3,180,757	3,180,757		1,477,794	65
66	Physical Therapy		1,702,428	5,321,560	5,321,560		1,846,936	66
68	Speech Pathology		369,939	1,325,281	1,325,281		402,951	68
69	Electrocardiology		580,089	6,137,673	6,137,673		670,566	69
70	Electroencephalography		43,631	132,555	132,555		47,298	70
71	Medical Supplies Charged to Patients		2,214,770	1,829,632	1,829,632		2,354,196	71
72	Impl. Dev. Charged to Patients		1,255,989	1,959,323	1,959,323		1,343,847	72
73	Drugs Charged to Patients		1,888,844	29,002,332	29,002,332		2,269,439	73
74	Renal Dialysis		1,178,177	14,252,557	14,252,557		1,378,978	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		718,780	2,612,254	2,612,254		783,278	90
91	Emergency		4,413,502	20,974,798	20,974,798		4,856,592	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		58,598				61,825	95
101	Home Health Agency		4,902,866	6,612,487	6,612,487		5,235,948	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice		983,193	1,667,851	1,667,851		1,053,247	116
118	SUBTOTALS (sum of lines 1-117)	-4,899,349	80,414,822	268,105,378	268,105,378	-6,539,366	78,304,264	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS							194.0
1			11,820				12,471	1
194.0	NRCC-MERCY SPEC CLIN ENT		931,428				982,726	194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO		1,117,290				1,178,825	194.0
5								5
194.0	NRCC-SENIOR SERVICES							194.0
9								9
194.1	GUEST MEALS							194.1
1								1

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	RECON- CILIATION	A&G INFO SERV ACCUM COST	A&G PURCHASING STORES GROSS REVENUE	A&G ADMITTING REGISTER GROSS REVENUE	RECON- CILIATION	A&G ALL OTHER ACCUM COST	
		5A.02	5.02	5.03	5.04		5.06	
194.1 2	NRCC-FREE CLINIC							194.1 2
194.1 3	NRCC-TENERCARE (PRENATAL CLASSES)		26,441				27,897	194.1 3
194.1 6	NRCC-MLC CENTER		5,385,534				5,682,142	194.1 6
194.1 7	CHILD DAY CARE		239,113				252,282	194.1 7
194.1 8	MARKETING & ADVERTISING		440,148				464,389	194.1 8
194.1 9	FOUNDATION		120,114				126,729	194.1 9
194.2 0	RETAIL PHARMACY		271,768				286,736	194.2 0
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)		4,899,349	982,662	1,574,149		6,539,366	202
203	Unit Cost Multiplier (Wkst. B, Part I)		0.055075	0.003665	0.005871		0.074891	203
204	Cost to be allocated (Per Wkst. B, Part II)		107,219	90,659	29,062		232,543	204
205	Unit Cost Multiplier (Wkst. B, Part II)		0.001205	0.000338	0.000108		0.002663	205

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	
		6	7	8	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS - 1970 BLDG							1.01
1.02	CAP REL COSTS-BLUFF BLDG							1.02
1.03	CAP REL COSTS - RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.06	A&G-ALL OTHER							5.06
6	Maintenance & Repairs	140,160						6
7	Operation of Plant		140,160					7
8	Laundry & Linen Service	836	836	905,256				8
9	Housekeeping	881	881	22,042	44,606			9
10	Dietary	7,304	7,304		483	209,455		10
11	Cafeteria				567		186,299	11
13	Nursing Administration	5,709	5,709		273		7,877	13
14	Central Services & Supply	2,770	2,770	5,619	651		1,006	14
15	Pharmacy	2,854	2,854				7,987	15
16	Medical Records & Library	3,926	3,926		390		6,295	16
17	Social Service	2,013	2,013		224		1,440	17
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	47,283	47,283	235,561	18,879	99,634	49,090	30
31	Intensive Care Unit	4,573	4,573	78,821	2,519	3,858	6,088	31
43	Nursery	1,060	1,060	3,747	105		2,429	43
44	Skilled Nursing Facility			162,611	3,925	105,963	23,121	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	13,911	13,911	66,528	5,411		9,735	50
51	Recovery Room						991	51
52	Delivery Room & Labor Room	3,128	3,128		427		1,552	52
53	Anesthesiology							53
54	Radiology-Diagnostic	11,525	11,525	45,106			10,016	54
54.01	RADIATION ONCOLOGY			6,731				54.01
58	MRI	1,926	1,926	2,181				58
59	Cardiac Catheterization	6,689	6,689	2,732	2,352		2,979	59
60	Laboratory	5,166	5,166	155	1,015		8,420	60
65	Respiratory Therapy	1,748	1,748		369		5,259	65
66	Physical Therapy	625	625	4,199	835		7,613	66
68	Speech Pathology				195		1,127	68
69	Electrocardiology	1,550	1,550	10,002	603		2,934	69
70	Electroencephalography	255	255					70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients				362			73
74	Renal Dialysis	193	193	9,796	1,003		3,873	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	244	244	6,399	390		1,001	90
91	Emergency	5,922	5,922	90,626	2,960		11,303	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	3,159	3,159	25,784				95
101	Home Health Agency				668		12,565	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice						1,598	116
118	SUBTOTALS (sum of lines 1-117)	135,250	135,250	778,640	44,606	209,455	186,299	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS							194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT	4,211	4,211					194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO							194.0
5								5
194.0	NRCC-SENIOR SERVICES							194.0
9								9
194.1	GUEST MEALS							194.1
1								1

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	
		6	7	8	9	10	11	
194.1 2	NRCC-FREE CLINIC							194.1 2
194.1 3	NRCC-TENERCARE (PRENATAL CLASSES)							194.1 3
194.1 6	NRCC-MLC CENTER			126,616				194.1 6
194.1 7	CHILD DAY CARE							194.1 7
194.1 8	MARKETING & ADVERTISING	699	699					194.1 8
194.1 9	FOUNDATION							194.1 9
194.2 0	RETAIL PHARMACY							194.2 0
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,144,784		576,590	1,200,645	2,114,417	15,262	202
203	Unit Cost Multiplier (Wkst. B, Part I)	22.437100		0.636936	26.916670	10.094851	0.081922	203
204	Cost to be allocated (Per Wkst. B, Part II)	64,459		17,483	26,056	178,676	331	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.459896		0.019313	0.584137	0.853052	0.001777	205

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT		
	13	14	15	16	17		

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
1.01	CAP REL COSTS - 1970 BLDG						1.01
1.02	CAP REL COSTS-BLUFF BLDG						1.02
1.03	CAP REL COSTS - RADIATION ONCOLOGY						1.03
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.02	A&G-INFO SERVICE						5.02
5.03	A&G-PURCHASING, STORES						5.03
5.04	A&G-ADMITTING, REGIST						5.04
5.06	A&G-ALL OTHER						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
13	Nursing Administration	589,559					13
14	Central Services & Supply	79	3,470,759				14
15	Pharmacy	6		18,888,844			15
16	Medical Records & Library	13			268,105,378		16
17	Social Service					9,972	17
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	202,870			28,941,476		30
31	Intensive Care Unit	32,212			6,420,635		31
43	Nursery	7,986			2,937,079		43
44	Skilled Nursing Facility	108,049			6,253,261	3,927	44
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	23,713			24,776,698		50
51	Recovery Room	5,026			4,249,372		51
52	Delivery Room & Labor Room	6,693			1,728,077		52
53	Anesthesiology				6,308,441		53
54	Radiology-Diagnostic	39			38,611,866		54
54.01	RADIATION ONCOLOGY	2,260			4,956,195		54.01
58	MRI				893,327		58
59	Cardiac Catheterization	5,604			17,810,292		59
60	Laboratory				29,209,599		60
65	Respiratory Therapy				3,180,757		65
66	Physical Therapy	38			5,321,560		66
68	Speech Pathology				1,325,281		68
69	Electrocardiology	3,458			6,137,673		69
70	Electroencephalography				132,555		70
71	Medical Supplies Charged to Patients		2,214,770		1,829,632		71
72	Impl. Dev. Charged to Patients		1,255,989		1,959,323		72
73	Drugs Charged to Patients			18,888,844	29,002,332		73
74	Renal Dialysis	8,733			14,252,557	1,985	74
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	3,248			2,612,254		90
91	Emergency	46,956			20,974,798		91
92	Observation Beds (Non-Distinct Part)						92
OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services						95
101	Home Health Agency	40,521			6,612,487	282	101
SPECIAL PURPOSE COST CENTERS							
116	Hospice	7,429			1,667,851	1,654	116
118	SUBTOTALS (sum of lines 1-117)	504,933	3,470,759	18,888,844	268,105,378	7,848	118
NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB						194
194.0	PASSTHRU COSTS						194.0
1		262					1
194.0	NRCC-MERCY SPEC CLIN ENT	2,809					194.0
4							4
194.0	NRCC-MERCY SPEC CLIN GASTRO	4,060					194.0
5							5
194.0	NRCC-SENIOR SERVICES						194.0
9							9

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT		
		13	14	15	16	17		
194.1 1	GUEST MEALS							194.1 1
194.1 2	NRCC-FREE CLINIC							194.1 2
194.1 3	NRCC-TENERCARE (PRENATAL CLASSES)	298						194.1 3
194.1 6	NRCC-MLC CENTER	77,197				2,124		194.1 6
194.1 7	CHILD DAY CARE							194.1 7
194.1 8	MARKETING & ADVERTISING							194.1 8
194.1 9	FOUNDATION							194.1 9
194.2 0	RETAIL PHARMACY							194.2 0
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,168,728	395,927	6,108,696	1,372,234	393,071		202
203	Unit Cost Multiplier (Wkst. B, Part I)	5.374743	0.114075	0.323402	0.005118	39.417469		203
204	Cost to be allocated (Per Wkst. B, Part II)	140,638	156,483	292,610	82,557	38,755		204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.238548	0.045086	0.015491	0.000308	3.886382		205

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET			
		PART	LINE NO.	AMOUNT	
	1	2	3	4	
1					1
2					2
3					3
4					4
5	ADJ FOR ESA COSTS IN RENAL DIALYSIS	1	74	-141,218	5

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	17,000,290		17,000,290		17,000,290	30
31	Intensive Care Unit	2,629,069		2,629,069		2,629,069	31
43	Nursery	620,417		620,417		620,417	43
44	Skilled Nursing Facility	10,510,293		10,510,293	96	10,510,389	44
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	4,718,365		4,718,365		4,718,365	50
51	Recovery Room	430,829		430,829		430,829	51
52	Delivery Room & Labor Room	597,652		597,652		597,652	52
53	Anesthesiology	617,887		617,887		617,887	53
54	Radiology-Diagnostic	4,749,281		4,749,281		4,749,281	54
54.01	RADIATION ONCOLOGY	696,620		696,620	80,276	776,896	54.01
58	MRI	355,581		355,581		355,581	58
59	Cardiac Catheterization	2,650,468		2,650,468		2,650,468	59
60	Laboratory	3,956,226		3,956,226	58,031	4,014,257	60
65	Respiratory Therapy	1,654,329		1,654,329		1,654,329	65
66	Physical Therapy	2,052,491		2,052,491		2,052,491	66
68	Speech Pathology	445,252		445,252		445,252	68
69	Electrocardiology	828,404		828,404	6,644	835,048	69
70	Electroencephalography	57,239		57,239		57,239	70
71	Medical Supplies Charged to Patients	2,792,518		2,792,518		2,792,518	71
72	Impl. Dev. Charged to Patients	1,597,794		1,597,794		1,597,794	72
73	Drugs Charged to Patients	8,706,274		8,706,274		8,706,274	73
74	Renal Dialysis	1,577,043		1,577,043	7,396	1,584,439	74
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	892,896		892,896		892,896	90
91	Emergency	5,851,227		5,851,227	77,356	5,928,583	91
92	Observation Beds (Non-Distinct Part)	1,573,725		1,573,725		1,573,725	92
OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	153,757		153,757		153,757	95
101	Home Health Agency	5,909,831		5,909,831		5,909,831	101
113	Interest Expense						113
116	Hospice	1,245,918		1,245,918		1,245,918	116
200	Subtotal (sum of lines 30 thru 199)	84,871,676		84,871,676	229,799	85,101,475	200
201	Less Observation Beds	1,573,725		1,573,725		1,573,725	201
202	Total (line 200 minus line 201)	83,297,951		83,297,951		83,527,750	202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	26,750,309		26,750,309				30
31	Intensive Care Unit	6,420,635		6,420,635				31
43	Nursery	2,937,079		2,937,079				43
44	Skilled Nursing Facility	6,253,261		6,253,261				44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	7,825,799	16,950,899	24,776,698	0.190436	0.190436	0.190436	50
51	Recovery Room	1,214,768	3,034,604	4,249,372	0.101387	0.101387	0.101387	51
52	Delivery Room & Labor Room	1,469,710	258,367	1,728,077	0.345848	0.345848	0.345848	52
53	Anesthesiology	2,309,404	3,999,037	6,308,441	0.097946	0.097946	0.097946	53
54	Radiology-Diagnostic	13,376,572	25,235,294	38,611,866	0.123001	0.123001	0.123001	54
54.01	RADIATION ONCOLOGY	28,535	4,927,660	4,956,195	0.140555	0.140555	0.156753	54.01
58	MRI	287,299	606,028	893,327	0.398041	0.398041	0.398041	58
59	Cardiac Catheterization	6,577,875	11,232,417	17,810,292	0.148817	0.148817	0.148817	59
60	Laboratory	14,575,956	14,633,643	29,209,599	0.135443	0.135443	0.137429	60
65	Respiratory Therapy	2,680,598	500,159	3,180,757	0.520105	0.520105	0.520105	65
66	Physical Therapy	4,199,989	1,121,571	5,321,560	0.385693	0.385693	0.385693	66
68	Speech Pathology	1,251,712	73,569	1,325,281	0.335968	0.335968	0.335968	68
69	Electrocardiology	1,906,979	4,230,694	6,137,673	0.134970	0.134970	0.136053	69
70	Electroencephalography	29,472	103,083	132,555	0.431813	0.431813	0.431813	70
71	Medical Supplies Charged to Patients	799,040	1,030,592	1,829,632	1.526273	1.526273	1.526273	71
72	Impl. Dev. Charged to Patients	990,119	969,204	1,959,323	0.815483	0.815483	0.815483	72
73	Drugs Charged to Patients	13,905,723	15,096,609	29,002,332	0.300192	0.300192	0.300192	73
74	Renal Dialysis	132,484	14,120,073	14,252,557	0.110650	0.110650	0.111169	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	40,816	2,571,438	2,612,254	0.341811	0.341811	0.341811	90
91	Emergency	4,535,988	16,438,810	20,974,798	0.278965	0.278965	0.282653	91
92	Observation Beds (Non-Distinct Part)	123,303	2,067,864	2,191,167	0.718213	0.718213	0.718213	92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
101	Home Health Agency		6,612,487	6,612,487				101
113	Interest Expense							113
116	Hospice		1,667,851	1,667,851				116
200	Subtotal (sum of lines 30 thru 199)	120,623,425	147,481,953	268,105,378				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	120,623,425	147,481,953	268,105,378				202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

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 Adjust-ment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
1	2	3	4	5	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	1,444,908		1,444,908	15,318	94.33	8,518	803,503	30
31	Intensive Care Unit	203,724		203,724	1,686	120.83	1,050	126,872	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	37,810		37,810	941	40.18			43
44	Skilled Nursing Facility	299,282		299,282	27,804	10.76	5,310	57,136	44
45	Nursing Facility								45
200	Total (lines 30-199)	1,985,724		1,985,724	45,749		14,878	987,511	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

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
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics (General Routine Care)	15,318		8,518	30
31	Intensive Care Unit	1,686		1,050	31
32	Coronary Care Unit				32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit				34
35	Other Special Care (specify)				35
40	Subprovider - IPF				40
41	Subprovider - IRF				41
42	Subprovider I				42
43	Nursery	941			43
44	Skilled Nursing Facility	27,804		5,310	44
45	Nursing Facility				45
200	Total (lines 30-199)	45,749		14,878	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 16-0080

**WORKSHEET D
PART IV**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 16-0080

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	24,776,698			5,160,997		6,515,157		50
51	Recovery Room	4,249,372			556,277		864,723		51
52	Delivery Room & Labor Room	1,728,077			400		400		52
53	Anesthesiology	6,308,441			1,084,399		1,159,461		53
54	Radiology-Diagnostic	38,611,866			6,713,944		8,246,895		54
54.01	RADIATION ONCOLOGY	4,956,195			25,055		2,395,665		54.01
58	MRI	893,327			176,093		53,178		58
59	Cardiac Catheterization	17,810,292			4,541,953		6,255,223		59
60	Laboratory	29,209,599			8,687,234		3,955,328		60
65	Respiratory Therapy	3,180,757			1,236,771		96,314		65
66	Physical Therapy	5,321,560			1,096,151		31,258		66
68	Speech Pathology	1,325,281			197,738		1,416		68
69	Electrocardiology	6,137,673			1,810,196		1,823,908		69
70	Electroencephalography	132,555			16,219		46,948		70
71	Medical Supplies Charged to Pat	1,829,632			469,207		503,792		71
72	Impl. Dev. Charged to Patients	1,959,323			635,888		524,126		72
73	Drugs Charged to Patients	29,002,332			7,209,233		4,390,911		73
74	Renal Dialysis	14,252,557			132,484		3,011		74
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	2,612,254			22,723		1,257,925		90
91	Emergency	20,974,798			2,405,015		5,022,400		91
92	Observation Beds (Non-Distinct	2,191,167			38,370		611,184		92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	217,463,756			42,216,347		43,759,223		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 16-0080

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.190436	6,515,157			1,240,720			50
51	Recovery Room	0.101387	864,723			87,672			51
52	Delivery Room & Labor Room	0.345848	400			138			52
53	Anesthesiology	0.097946	1,159,461			113,565			53
54	Radiology-Diagnostic	0.123001	8,246,895			1,014,376			54
54.01	RADIATION ONCOLOGY	0.140555	2,395,665			336,723			54.01
58	MRI	0.398041	53,178			21,167			58
59	Cardiac Catheterization	0.148817	6,255,223			930,884			59
60	Laboratory	0.135443	3,955,328			535,721			60
65	Respiratory Therapy	0.520105	96,314			50,093			65
66	Physical Therapy	0.385693	31,258			12,056			66
68	Speech Pathology	0.335968	1,416			476			68
69	Electrocardiology	0.134970	1,823,908			246,173			69
70	Electroencephalography	0.431813	46,948			20,273			70
71	Medical Supplies Charged to Pat	1.526273	503,792			768,924			71
72	Impl. Dev. Charged to Patients	0.815483	524,126			427,416			72
73	Drugs Charged to Patients	0.300192	4,390,911	222	89,519	1,318,116	67	26,873	73
74	Renal Dialysis	0.110650	3,011			333			74
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.341811	1,257,925			429,973			90
91	Emergency	0.278965	5,022,400			1,401,074			91
92	Observation Beds (Non-Distinct	0.718213	611,184			438,960			92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Subtotal (see instructions)		43,759,223	222	89,519	9,394,833	67	26,873	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		43,759,223	222	89,519	9,394,833	67	26,873	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 16-5119

**WORKSHEET D
PART IV**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 16-5119

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	24,776,698							50
51	Recovery Room	4,249,372							51
52	Delivery Room & Labor Room	1,728,077							52
53	Anesthesiology	6,308,441							53
54	Radiology-Diagnostic	38,611,866			55,508				54
54.01	RADIATION ONCOLOGY	4,956,195							54.01
58	MRI	893,327							58
59	Cardiac Catheterization	17,810,292							59
60	Laboratory	29,209,599			274,256				60
65	Respiratory Therapy	3,180,757			1,269				65
66	Physical Therapy	5,321,560			1,956,875				66
68	Speech Pathology	1,325,281			723,324				68
69	Electrocardiology	6,137,673							69
70	Electroencephalography	132,555							70
71	Medical Supplies Charged to Pat	1,829,632							71
72	Impl. Dev. Charged to Patients	1,959,323							72
73	Drugs Charged to Patients	29,002,332			532,217				73
74	Renal Dialysis	14,252,557							74
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	2,612,254							90
91	Emergency	20,974,798							91
92	Observation Beds (Non-Distinct	2,191,167							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	217,463,756			3,543,449				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 16-5119

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.190436							50
51	Recovery Room	0.101387							51
52	Delivery Room & Labor Room	0.345848							52
53	Anesthesiology	0.097946							53
54	Radiology-Diagnostic	0.123001							54
54.01	RADIATION ONCOLOGY	0.140555							54.01
58	MRI	0.398041							58
59	Cardiac Catheterization	0.148817							59
60	Laboratory	0.135443							60
65	Respiratory Therapy	0.520105							65
66	Physical Therapy	0.385693							66
68	Speech Pathology	0.335968							68
69	Electrocardiology	0.134970							69
70	Electroencephalography	0.431813							70
71	Medical Supplies Charged to Pat	1.526273							71
72	Impl. Dev. Charged to Patients	0.815483							72
73	Drugs Charged to Patients	0.300192							73
74	Renal Dialysis	0.110650							74
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.341811							90
91	Emergency	0.278965							91
92	Observation Beds (Non-Distinct)	0.718213							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	1,444,908		1,444,908	15,318	94.33	2,015	190,075	30
31	Intensive Care Unit	203,724		203,724	1,686	120.83	255	30,812	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	37,810		37,810	941	40.18	736	29,572	43
44	Skilled Nursing Facility	299,282		299,282	27,804	10.76	17,197	185,040	44
45	Nursing Facility								45
200	Total (lines 30-199)	1,985,724		1,985,724	45,749		20,203	435,499	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 16-0080

**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	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	931,155	24,776,698	0.037582			50
51	Recovery Room	12,484	4,249,372	0.002938			51
52	Delivery Room & Labor Room	70,223	1,728,077	0.040636			52
53	Anesthesiology	9,758	6,308,441	0.001547			53
54	Radiology-Diagnostic	883,756	38,611,866	0.022888			54
54.01	RADIATION ONCOLOGY	200,904	4,956,195	0.040536			54.01
58	MRI	37,355	893,327	0.041816			58
59	Cardiac Catheterization	567,222	17,810,292	0.031848			59
60	Laboratory	408,303	29,209,599	0.013978			60
65	Respiratory Therapy	156,617	3,180,757	0.049239			65
66	Physical Therapy	34,250	5,321,560	0.006436			66
68	Speech Pathology	2,870	1,325,281	0.002166			68
69	Electrocardiology	48,848	6,137,673	0.007959			69
70	Electroencephalography	9,740	132,555	0.073479			70
71	Medical Supplies Charged to Pat	110,173	1,829,632	0.060216			71
72	Impl. Dev. Charged to Patients	63,197	1,959,323	0.032255			72
73	Drugs Charged to Patients	323,009	29,002,332	0.011137			73
74	Renal Dialysis	87,738	14,252,557	0.006156			74
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	18,142	2,612,254	0.006945			90
91	Emergency	321,484	20,974,798	0.015327			91
92	Observation Beds (Non-Distinct	133,756	2,191,167	0.061043			92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	4,430,984	217,463,756				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

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	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	15,318		2,015		30
31	Intensive Care Unit	1,686		255		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	941		736		43
44	Skilled Nursing Facility	27,804		17,197		44
45	Nursing Facility					45
200	Total (lines 30-199)	45,749		20,203		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 16-0080

**WORKSHEET D
PART IV**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 16-0080

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	24,776,698							50
51	Recovery Room	4,249,372							51
52	Delivery Room & Labor Room	1,728,077							52
53	Anesthesiology	6,308,441							53
54	Radiology-Diagnostic	38,611,866							54
54.01	RADIATION ONCOLOGY	4,956,195							54.01
58	MRI	893,327							58
59	Cardiac Catheterization	17,810,292							59
60	Laboratory	29,209,599							60
65	Respiratory Therapy	3,180,757							65
66	Physical Therapy	5,321,560							66
68	Speech Pathology	1,325,281							68
69	Electrocardiology	6,137,673							69
70	Electroencephalography	132,555							70
71	Medical Supplies Charged to Pat	1,829,632							71
72	Impl. Dev. Charged to Patients	1,959,323							72
73	Drugs Charged to Patients	29,002,332							73
74	Renal Dialysis	14,252,557							74
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	2,612,254							90
91	Emergency	20,974,798							91
92	Observation Beds (Non-Distinct	2,191,167							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	217,463,756							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 16-0080

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.190436							50
51	Recovery Room	0.101387							51
52	Delivery Room & Labor Room	0.345848							52
53	Anesthesiology	0.097946							53
54	Radiology-Diagnostic	0.123001							54
54.01	RADIATION ONCOLOGY	0.140555							54.01
58	MRI	0.398041							58
59	Cardiac Catheterization	0.148817							59
60	Laboratory	0.135443							60
65	Respiratory Therapy	0.520105							65
66	Physical Therapy	0.385693							66
68	Speech Pathology	0.335968							68
69	Electrocardiology	0.134970							69
70	Electroencephalography	0.431813							70
71	Medical Supplies Charged to Pat	1.526273							71
72	Impl. Dev. Charged to Patients	0.815483							72
73	Drugs Charged to Patients	0.300192							73
74	Renal Dialysis	0.110650							74
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.341811							90
91	Emergency	0.278965							91
92	Observation Beds (Non-Distinct)	0.718213							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-0080

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	15,318	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	15,318	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)	13,900	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	8,518	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		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)	17,000,290	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)	17,000,290	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)	17,000,290	37

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-0080

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						1,109.82	38
39	Program general inpatient routine service cost (line 9 x line 38)						9,453,447	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)							40
41	Total Program general inpatient routine service cost (line 39 + line 40)						9,453,447	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
42	Nursery (Titles V and XIX only)							42
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	2,629,069	1,686	1,559.35	1,050	1,637,318		43
44	Coronary Care Unit							44
45	Burn Intensive Care Unit							45
46	Surgical Intensive Care Unit							46
47	Other Special Care (specify)							47

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						9,429,665	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						20,520,430	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						930,375	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						878,631	51
52	Total Program excludable cost (sum of lines 50 and 51)						1,809,006	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						18,711,424	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-0080

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					1,418	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,109.82	88
89	Observation bed cost (line 87 x line 88) (see instructions)					1,573,725	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	1,444,908	17,000,290	0.084993	1,573,725	133,756	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-5119

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	27,804	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	27,804	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)	27,804	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)	5,310	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	10,510,389	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	10,510,389	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	10,510,389	37

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-5119

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

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

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

70	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	10,510,389	70
71	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	378.02	71
72	Program routine service cost (line 9 x line 71)	2,007,286	72
73	Medically necessary private room cost applicable to Program (line 14 x line 35)		73
74	Total Program general inpatient routine service costs (line 72 + line 73)	2,007,286	74
75	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26)		75
76	Per diem capital-related costs (line 75 ÷ line 2)		76
77	Program capital-related costs (line 9 x line 76)		77
78	Inpatient routine service cost (line 74 minus line 77)		78
79	Aggregate charges to beneficiaries for excess costs (from provider records)		79
80	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80
81	Inpatient routine service cost per diem limitation		81
82	Inpatient routine service cost limitation (line 9 x line 81)		82
83	Reasonable inpatient routine service costs (see instructions)	2,007,286	83
84	Program inpatient ancillary services (see instructions)	1,202,168	84
85	Utilization review - physician compensation (see instructions)		85
86	Total Program inpatient operating costs (sum of lines 83 through 85)	3,209,454	86

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-0080

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	15,318	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	15,318	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)	13,900	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)	2,015	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)	941	15
16	Nursery days (title V or XIX only)	736	16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	17,000,290	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)	17,000,290	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)	17,000,290	37

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-0080

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)					1,109.82	38
39	Program general inpatient routine service cost (line 9 x line 38)					2,236,287	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)					2,236,287	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (Titles V and XIX only)	620,417	941	659.32	736	485,260	42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	2,629,069	1,686	1,559.35	255	397,634	43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47

1

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					3,119,181	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					250,459	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)					250,459	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 MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-0080

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					1,418	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 MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 16-0080

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		15,275,622		30
31	Intensive Care Unit		3,718,302		31
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.190436	5,160,997	982,840	50
51	Recovery Room	0.101387	556,277	56,399	51
52	Delivery Room & Labor Room	0.345848	400	138	52
53	Anesthesiology	0.097946	1,084,399	106,213	53
54	Radiology-Diagnostic	0.123001	6,713,944	825,822	54
54.01	RADIATION ONCOLOGY	0.156753	25,055	3,927	54.01
58	MRI	0.398041	176,093	70,092	58
59	Cardiac Catheterization	0.148817	4,541,953	675,920	59
60	Laboratory	0.137429	8,687,234	1,193,878	60
65	Respiratory Therapy	0.520105	1,236,771	643,251	65
66	Physical Therapy	0.385693	1,096,151	422,778	66
68	Speech Pathology	0.335968	197,738	66,434	68
69	Electrocardiology	0.136053	1,810,196	246,283	69
70	Electroencephalography	0.431813	16,219	7,004	70
71	Medical Supplies Charged to Patients	1.526273	469,207	716,138	71
72	Impl. Dev. Charged to Patients	0.815483	635,888	518,556	72
73	Drugs Charged to Patients	0.300192	7,209,233	2,164,154	73
74	Renal Dialysis	0.111169	132,484	14,728	74
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.341811	22,723	7,767	90
91	Emergency	0.282653	2,405,015	679,785	91
92	Observation Beds (Non-Distinct Part)	0.718213	38,370	27,558	92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		42,216,347	9,429,665	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		42,216,347		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 16-5119

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.190436			50
51	Recovery Room	0.101387			51
52	Delivery Room & Labor Room	0.345848			52
53	Anesthesiology	0.097946			53
54	Radiology-Diagnostic	0.123001	55,508	6,828	54
54.01	RADIATION ONCOLOGY	0.140555			54.01
58	MRI	0.398041			58
59	Cardiac Catheterization	0.148817			59
60	Laboratory	0.135443	274,256	37,146	60
65	Respiratory Therapy	0.520105	1,269	660	65
66	Physical Therapy	0.385693	1,956,875	754,753	66
68	Speech Pathology	0.335968	723,324	243,014	68
69	Electrocardiology	0.134970			69
70	Electroencephalography	0.431813			70
71	Medical Supplies Charged to Patients	1.526273			71
72	Impl. Dev. Charged to Patients	0.815483			72
73	Drugs Charged to Patients	0.300192	532,217	159,767	73
74	Renal Dialysis	0.110650			74
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.341811			90
91	Emergency	0.278965			91
92	Observation Beds (Non-Distinct Part)	0.718213			92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		3,543,449	1,202,168	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		3,543,449		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 16-0080

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.190436			50
51	Recovery Room	0.101387			51
52	Delivery Room & Labor Room	0.345848			52
53	Anesthesiology	0.097946			53
54	Radiology-Diagnostic	0.123001			54
54.01	RADIATION ONCOLOGY	0.140555			54.01
58	MRI	0.398041			58
59	Cardiac Catheterization	0.148817			59
60	Laboratory	0.135443			60
65	Respiratory Therapy	0.520105			65
66	Physical Therapy	0.385693			66
68	Speech Pathology	0.335968			68
69	Electrocardiology	0.134970			69
70	Electroencephalography	0.431813			70
71	Medical Supplies Charged to Patients	1.526273			71
72	Impl. Dev. Charged to Patients	0.815483			72
73	Drugs Charged to Patients	0.300192			73
74	Renal Dialysis	0.110650			74
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.341811			90
91	Emergency	0.278965			91
92	Observation Beds (Non-Distinct Part)	0.718213			92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
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 MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	3,341,375			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	10,757,156			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)	99,710			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	2,373,585			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	146.06			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)				5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)				9
10	FTE count for allopathic and osteopathic programs in the current year from your records				10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)				12
13	Total allowable FTE count for the prior year				13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero				14
15	Sum of lines 12 through 14 divided by 3				15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count				18
19	Current year resident to bed ratio (line 18 divided by line 4)				19
20	Prior year resident to bed ratio (see instructions)				20
21	Enter the lesser of lines 19 or 20 (see instructions)				21
22	IME payment adjustment (see instructions)				22
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)				24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)				29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0811			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2541			31
32	Sum of lines 30 and 31	0.3352			32
33	Allowable disproportionate share percentage (see instructions)	0.1200			33
34	Disproportionate share adjustment (see instructions)	422,956			34
		Prior to		On or after	
	Uncompensated Care Adjustment	October 1 (1.00)	(1.01)	October 1 (2.00)	
35	Total uncompensated care amount (see instructions)	7,647,644,885		6,406,145,534	35
35.01	Factor 3 (see instructions)	0.000091271		0.000094897	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	698,008		607,924	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	175,936		455,113	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	631,049			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	15,252,246			47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)	18,319,592			48
49	Total payment for inpatient operating costs (see instructions)	18,319,592			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	1,136,484			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)				52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies	2,071			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)	19,458,147			59
60	Primary payer payments	15,235			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	19,442,912			61
62	Deductibles billed to program beneficiaries	1,894,732			62
63	Coinsurance billed to program beneficiaries	9,254			63
64	Allowable bad debts (see instructions)	115,106			64
65	Adjusted reimbursable bad debts (see instructions)	74,819			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)				66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	17,613,745			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)	40,501			70.93
70.94	HRR adjustment amount (see instructions)	-126,972			70.94
71	Amount due provider (see instructions)	17,527,274			71
71.01	Sequestration adjustment (see instructions)	350,545			71.01
72	Interim payments	17,160,588			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	16,141			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	38,889			75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

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

HSP Bonus Payment Amount

Prior to 10/1 On or After 10/1

100	HSP bonus amount (see instructions)				100
-----	-------------------------------------	--	--	--	-----

HVBP Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102

HRR Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 16-0080

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	26,940			1
2	Medical and other services reimbursed under OPPS (see instructions)	9,394,833			2
3	PPS payments	9,392,237			3
4	Outlier payment (see instructions)	49,219			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)	26,940			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	89,741			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)	89,741			14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)	89,741			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	62,801			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)	26,940			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	9,441,456			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	1,922,269			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	7,546,127			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	7,546,127			30
31	Primary payer payments	2,577			31
32	Subtotal (line 30 minus line 31)	7,543,550			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	54,302			34
35	Adjusted reimbursable bad debts (see instructions)	35,296			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)	7,578,846			37
38	MSP-LCC reconciliation amount from PS&R	-165			38
39	Other adjustments (specify) (see instructions)	-10,844			39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	7,568,167			40
40.01	Sequestration adjustment (see instructions)	151,363			40.01
41	Interim payments	7,389,282			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	27,522			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 16-5119

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (see instructions)				2
3	PPS payments				3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)				24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)				27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)				30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)				32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)				37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (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 MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 16-0080

**WORKSHEET E-1
PART I**

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
		1	2	3	4	
1	Total interim payments paid to provider		17,133,307		7,389,282	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		27,281			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)		17,160,588		7,389,282	4
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				5.01
		.02				5.02
	Program	.03				5.03
	to	.04				5.04
	Provider	.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	Provider	.52				5.52
	to	.53				5.53
	Program	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01				6.01
		.02				6.02
7	Total Medicare program liability (see instructions)					7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	8

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 16-5119

**WORKSHEET E-1
PART I**

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
1	Total interim payments paid to provider		2,166,627		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		49,373		2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	.01			3.01
		.02			3.02
	Program	.03			3.03
	to	.04			3.04
	Provider	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
	Provider	.52			3.52
	to	.53			3.53
	Program	.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,216,000		4
TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01			6.01
		.02			6.02
7	Total Medicare program liability (see instructions)				7
8	Name of Contractor		Contractor Number	NPR Date (Month/Day/Year)	8

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check Hospital CAH
applicable box:

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	5,722	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	9,568	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	1,422	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	15,586	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	268,105,378	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	2,738,080	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 MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E-3
PART VI**

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

PROSPECTIVE PAYMENT AMOUNT (see instructions)			
1	Resource Utilization Group (RUGS) payment	2,481,874	1
2	Routine service other pass through costs		2
3	Ancillary service other pass through costs		3
4	Subtotal (sum of lines 1-3)	2,481,874	4
COMPUTATION OF NET COST OF COVERED SERVICES			
5	Medical and other services. Do not use this line. (see instructions)		5
6	Deductibles		6
7	Coinsurance	271,030	7
8	Allowable bad debts (see instructions)	6,053	8
9	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		9
10	Adjusted reimbursable bad debts (see instructions)	3,934	10
11	Utilization review		11
12	Subtotal (sum of lines 4 and 5, minus lines 6 and 7, plus lines 10 and 11) (see instructions)	2,214,778	12
13	Inpatient primary payer payments		13
14	Other adjustments (specify) (see instructions)		14
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		14.50
15	Subtotal (see instructions)	2,214,778	15
15.01	Sequestration adjustment (see instructions)	44,296	15.01
16	Interim payments	2,216,000	16
17	Tentative settlement (for contractor use only)		17
18	Balance due provider/program (line 15 minus lines 15.01, 16 and 17)	-45,518	18
19	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		19

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 16-0080

**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	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services	3,119,181		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	3,119,181		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	3,119,181		7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	Routine service charges			8
9	Ancillary service charges			9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)			12
	CUSTOMARY CHARGES			
13	Amount actually collected from patients liable for payment for services on a charge basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)			16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	3,119,181		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
	PROSPECTIVE PAYMENT AMOUNT			
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
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	Excess of reasonable cost (from line 18)	3,119,181		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 MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

BALANCE SHEET

WORKSHEET G

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

Assets (Omit Cents)		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	433,237				1
2	Temporary investments	31,553,815				2
3	Notes receivable	256,542				3
4	Accounts receivable	18,553,220				4
5	Other receivables	-2,166,966				5
6	Allowances for uncollectible notes and accounts receivable	-1,932,567				6
7	Inventory	2,238,161				7
8	Prepaid expenses	127,835				8
9	Other current assets					9
10	Due from other funds	557,515				10
11	Total current assets (sum of lines 1-10)	49,620,792				11
FIXED ASSETS						
12	Land	800,890				12
13	Land improvements	2,923,528				13
14	Accumulated depreciation					14
15	Buildings	74,417,945				15
16	Accumulated depreciation	-62,261,403				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Audomobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	46,190,117				23
24	Accumulated depreciation	-27,801,034				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)	34,270,043				30
OTHER ASSETS						
31	Investments	2,017,151				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	56,279,501				34
35	Total other assets (sum of lines 31-34)	58,296,652				35
36	Total assets (sum of lines 11, 30 and 35)	142,187,487				36
Liabilities and Fund Balances (Omit Cents)						
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	6,321,041				37
38	Salaries, wages and fees payable	4,799,358				38
39	Payroll taxes payable	275,631				39
40	Notes and loans payable (short term)	627,578				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	180,443				44
45	Total current liabilities (sum of lines 37 thru 44)	12,204,051				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable	17,501,273				47
48	Unsecured loans					48
49	Other long term liabilities	1,763,457				49
50	Total long term liabilities (sum of lines 46 thru 49)	19,264,730				50
51	Total liabilities (sum of lines 45 and 50)	31,468,781				51
CAPITAL ACCOUNTS						
52	General fund balance	110,718,706				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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Assets	1	2	3	4	
	(Omit Cents)					
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	110,718,706				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	142,187,487				60

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

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		113,339,668			1
2	Net income (loss) (from Worksheet G-3, line 29)		-719,516			2
3	Total (sum of line 1 and line 2)		112,620,152			3
4	Additions (credit adjustments) (specify)					4
5	FUND BALANCE FOR MRI	99,030				5
6						6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)		99,030			10
11	Subtotal (line 3 plus line 10)		112,719,182			11
12	Deductions (debit adjustments) (specify)					12
13	UNRESTRICTED INTER COM TRANSFER	2,000,476				13
14						14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)		2,000,476			18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		110,718,706			19

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

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

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	37,695,730		37,695,730	1
2	Subprovider IPF				2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility	6,265,989		6,265,989	7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	43,961,719		43,961,719	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit				11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)				16
17	Total inpatient routine care services (sum of lines 10 and 16)	43,961,719		43,961,719	17
18	Ancillary services	80,185,040	119,490,895	199,675,935	18
19	Outpatient services		22,097,315	22,097,315	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		8,280,338	8,280,338	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
27.01	PHYSICIAN	1,268,127	5,199,653	6,467,780	27.01
27.02	MLC NORTH	5,626,947		5,626,947	27.02
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	131,041,833	155,068,201	286,110,034	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		96,023,218	29
30	Add (specify)			30
31				31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		96,023,218	43

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	286,110,034	1
2	Less contractual allowances and discounts on patients' accounts	191,257,078	2
3	Net patient revenues (line 1 minus line 2)	94,852,956	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	96,023,218	4
5	Net income from service to patients (line 3 minus line 4)	-1,170,262	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		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to other than patients		16
17	Revenue from sale of drugs to other than patients		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 hospital space		22
23	Governmental appropriations		23
24	Other (OTHER OPERATING)	2,975,016	24
25	Total other income (sum of lines 6-24)	2,975,016	25
26	Total (line 5 plus line 25)	1,804,754	26
27	Other expenses (ROUNDING)	2,524,265	27
27.0		5	27.0
1			1
28	Total other expenses (sum of line 27 and subscripts)	2,524,270	28
29	Net income (or loss) for the period (line 26 minus line 28)	-719,516	29

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 16-7154

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED / PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	375,725	116,772	1,361	270,437	25,768	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	1,025,518	254,520	59,721	11,775	96,783	6
7	Physical Therapy	167,672	41,614	18,122	116,516		7
8	Occupational Therapy	107,732	26,738	8,019			8
9	Speech Pathology	24,574	6,099	2,327			9
10	Medical Social Services	7,481	1,857	641			10
11	Home Health Aide	65,606	16,283	10,080	10,093		11
12	Supplies (see instructions)					40,362	12
13	Drugs						13
14	DME	542,275	159,220	1,139	63,283	857,690	14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing	57,866	23,192	6,902	5,911	10,238	17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	2,374,449	646,295	108,312	478,015	1,030,841	24

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 16-7154

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENT S	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	790,063	-643,464	146,599	-21,371	125,228	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	1,448,317		1,448,317		1,448,317	6
7	Physical Therapy	343,924		343,924		343,924	7
8	Occupational Therapy	142,489		142,489		142,489	8
9	Speech Pathology	33,000		33,000		33,000	9
10	Medical Social Services	9,979		9,979		9,979	10
11	Home Health Aide	102,062		102,062		102,062	11
12	Supplies (see instructions)	40,362		40,362		40,362	12
13	Drugs						13
14	DME	1,623,607		1,623,607		1,623,607	14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing	104,109		104,109		104,109	17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	4,637,912	-643,464	3,994,448	-21,371	3,973,077	24

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 16-7154

**WORKSHEET H-1
PART I**

		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	CAPITAL RELATED COSTS			
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANC E	
		0	1	2	3	
GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General	125,228				5
HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	1,448,317				6
7	Physical Therapy	343,924				7
8	Occupational Therapy	142,489				8
9	Speech Pathology	33,000				9
10	Medical Social Services	9,979				10
11	Home Health Aide	102,062				11
12	Supplies (see instructions)	40,362				12
13	Drugs					13
14	DME	1,623,607				14
HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing	104,109				17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)	3,973,077				24

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 16-7154

**WORKSHEET H-1
PART I**

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General		125,228	125,228		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		1,448,317	46,875	1,495,192	6
7	Physical Therapy		343,924	11,131	355,055	7
8	Occupational Therapy		142,489	4,612	147,101	8
9	Speech Pathology		33,000	1,068	34,068	9
10	Medical Social Services		9,979	323	10,302	10
11	Home Health Aide		102,062	3,303	105,365	11
12	Supplies (see instructions)		40,362	1,306	41,668	12
13	Drugs					13
14	DME		1,623,607	52,549	1,676,156	14
	HHA NONREIMBURSABLE SERVICES					
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing		104,109	3,369	107,478	17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others			692	692	23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)		3,973,077		3,973,077	24

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 16-7154

**WORKSHEET H-1
PART II**

		CAPITAL RELATED COSTS						
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
		1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS								
1	Capital Related-Bldgs. and Fixtures	14,988						1
2	Capital Related-Movable Equipment		110,590					2
3	Plant Operation & Maintenance			14,988				3
4	Transportation (see instructions)				212,374			4
5	Administrative and General					-125,228	3,869,220	5
HHA REIMBURSABLE SERVICES								
6	Skilled Nursing Care	6,407		6,407	117,706		1,448,317	6
7	Physical Therapy						343,924	7
8	Occupational Therapy						142,489	8
9	Speech Pathology						33,000	9
10	Medical Social Services				1,256		9,979	10
11	Home Health Aide				19,612		102,062	11
12	Supplies (see instructions)						40,362	12
13	Drugs	8,050		8,050				13
14	DME						1,623,607	14
HHA NONREIMBURSABLE SERVICES								
15	Home Dialysis Aide Services							15
16	Respiratory Therapy							16
17	Private Duty Nursing	531		531	12,722		104,109	17
18	Clinic							18
19	Health Promotion Activities							19
20	Day Care Program							20
21	Home Delivered Means Program							21
22	Homemaker Service							22
23	All Others		110,590		61,078	21,371	21,371	23
23.50	Telemedicine							23.50
24	Totals (sum of lines 1-23)	14,988	110,590	14,988	212,374	-103,857	3,869,220	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						125,228	25
26	Unit Cost Multiplier						0.032365	26

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 16-7154

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP REL 1970 BLDG	CAP REL BLUFF BLDG	CAP REL RADIATION ONCOLOGY	CAP MOVABLE EQUIPMENT	
		0	1	1.01	1.02	1.03	2	
1	Administrative and General							1
2	Skilled Nursing Care	1,495,192			413			2
3	Physical Therapy	355,055						3
4	Occupational Therapy	147,101						4
5	Speech Pathology	34,068						5
6	Medical Social Services	10,302						6
7	Home Health Aide	105,365						7
8	Supplies	41,668						8
9	Drugs							9
10	DME	1,676,156			520			10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing	107,478			34			13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others	692					137,133	19
20	Totals (sum of lines 1-19)(2)	3,973,077			967		137,133	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 16-7154

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	A&G INFO SERV	A&G PURCHASING STORES	A&G ADMITTING REGISTER	SUBTOTAL (cols.0-4)	
		4	4A	5.02	5.03	5.04		
1	Administrative and General	125,274	125,274	6,899			132,173	1
2	Skilled Nursing Care	341,930	1,837,535	101,202	14,191	22,732	1,975,660	2
3	Physical Therapy	55,905	410,960	22,634	5,362	8,590	447,546	3
4	Occupational Therapy	35,920	183,021	10,080	2,658	4,258	200,017	4
5	Speech Pathology	8,193	42,261	2,328	546	875	46,010	5
6	Medical Social Services	2,494	12,796	705	262	419	14,182	6
7	Home Health Aide	21,874	127,239	7,008	625	1,001	135,873	7
8	Supplies		41,668	2,295	591	947	45,501	8
9	Drugs							9
10	DME	180,805	1,857,481	102,299			1,959,780	10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing	19,294	126,806	6,984			133,790	13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others		137,825	7,591			145,416	19
20	Totals (sum of lines 1-19)(2)	791,689	4,902,866	270,025	24,235	38,822	5,235,948	20

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

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 16-7154

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	A&G ALL OTHER	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
		5.06	6	7	8	9	10	
1	Administrative and General	9,899						1
2	Skilled Nursing Care	147,958				17,980		2
3	Physical Therapy	33,517						3
4	Occupational Therapy	14,979						4
5	Speech Pathology	3,446						5
6	Medical Social Services	1,062						6
7	Home Health Aide	10,176						7
8	Supplies	3,408						8
9	Drugs							9
10	DME	146,770						10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing	10,020						13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others	10,890						19
20	Totals (sum of lines 1-19)(2)	392,125				17,980		20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 16-7154

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	
		11	13	14	15	16	17	
1	Administrative and General							1
2	Skilled Nursing Care	1,029	217,790			19,817	11,116	2
3	Physical Therapy					7,488		3
4	Occupational Therapy					3,712		4
5	Speech Pathology					762		5
6	Medical Social Services					366		6
7	Home Health Aide					872		7
8	Supplies					826		8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	1,029	217,790			33,843	11,116	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 16-7154

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	SUBTOTAL (sum of col.4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (cols 23 +/- 24) 26	ALLOCATED HHA A&G (see PtII) 27	TOTAL HHA COSTS 28	
1	Administrative and General	142,072		142,072			1
2	Skilled Nursing Care	2,391,350		2,391,350	58,904	2,450,254	2
3	Physical Therapy	488,551		488,551	12,034	500,585	3
4	Occupational Therapy	218,708		218,708	5,387	224,095	4
5	Speech Pathology	50,218		50,218	1,237	51,455	5
6	Medical Social Services	15,610		15,610	385	15,995	6
7	Home Health Aide	146,921		146,921	3,619	150,540	7
8	Supplies	49,735		49,735	1,225	50,960	8
9	Drugs						9
10	DME	2,106,550		2,106,550	51,889	2,158,439	10
11	Home Dialysis Aide Services						11
12	Respiratory Therapy						12
13	Private Duty Nursing	143,810		143,810	3,542	147,352	13
14	Clinic						14
15	Health Promotion Activities						15
16	Day Care Program						16
17	Home Delivered Meals Program						17
18	Homemaker Service						18
19	All Others	156,306		156,306	3,850	160,156	19
20	Totals (sum of lines 1-19)(2)	5,909,831		5,909,831	142,072	5,909,831	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.024632		21

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

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

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

**WORKSHEET H-2
PART II**

	HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL 1970 BLDG SQUARE FEET	CAP REL BLUFF BLDG SQUARE FEET	CAP REL RADIATION ONCOLOGY SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	
		1	1.01	1.02	1.03	2	4	
1	Administrative and General						375,725	1
2	Skilled Nursing Care			6,594			1,025,518	2
3	Physical Therapy						167,672	3
4	Occupational Therapy						107,732	4
5	Speech Pathology						24,574	5
6	Medical Social Services						7,481	6
7	Home Health Aide						65,606	7
8	Supplies							8
9	Drugs							9
10	DME			8,285			542,275	10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing			547			57,866	13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others					110,590		19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)			15,426		110,590	2,374,449	20
21	Total cost to be allocated			967		137,133	791,689	21
22	Unit Cost Multiplier			0.062686		1.240013		22
22	Unit Cost Multiplier						0.333420	22

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

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

**WORKSHEET H-2
PART II**

	HHA COST CENTER	RECON- CILIATION	A&G INFO SERV ACCUM COST	A&G PURCHASING STORES GROSS REVENUE	A&G ADMITTING REGISTER GROSS REVENUE	RECON- CILIATION	A&G ALL OTHER ACCUM COST	
		4A.02	5.02	5.03	5.04		5.06	
1	Administrative and General		125,274				132,173	1
2	Skilled Nursing Care		1,837,535	3,871,912	3,871,912		1,975,660	2
3	Physical Therapy		410,960	1,463,109	1,463,109		447,546	3
4	Occupational Therapy		183,021	725,288	725,288		200,017	4
5	Speech Pathology		42,261	148,959	148,959		46,010	5
6	Medical Social Services		12,796	71,434	71,434		14,182	6
7	Home Health Aide		127,239	170,452	170,452		135,873	7
8	Supplies		41,668	161,333	161,333		45,501	8
9	Drugs							9
10	DME		1,857,481				1,959,780	10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing		126,806				133,790	13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others		137,825				145,416	19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)		4,902,866	6,612,487	6,612,487		5,235,948	20
21	Total cost to be allocated		270,025	24,235	38,822		392,125	21
22	Unit Cost Multiplier			0.003665				22
22	Unit Cost Multiplier		0.055075		0.005871		0.074891	22

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

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

**WORKSHEET H-2
PART II**

	HHA COST CENTER	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	
		6	7	8	9	10	11	
1	Administrative and General							1
2	Skilled Nursing Care				668		12,565	2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)				668		12,565	20
21	Total cost to be allocated				17,980		1,029	21
22	Unit Cost Multiplier							22
22	Unit Cost Multiplier				26.916168		0.081894	22

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

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

**WORKSHEET H-2
PART II**

	HHA COST CENTER	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT		
		13	14	15	16	17		
1	Administrative and General							1
2	Skilled Nursing Care	40,521			3,871,912	282		2
3	Physical Therapy				1,463,109			3
4	Occupational Therapy				725,288			4
5	Speech Pathology				148,959			5
6	Medical Social Services				71,434			6
7	Home Health Aide				170,452			7
8	Supplies				161,333			8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	40,521			6,612,487	282		20
21	Total cost to be allocated	217,790			33,843	11,116		21
22	Unit Cost Multiplier	5.374744				39.418440		22
22	Unit Cost Multiplier				0.005118			22

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 16-7154

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

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation								
	Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA COSTS (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		1	2		3	4	5	
1	Skilled Nursing Care	2	2,450,254		2,450,254	13,713	178.68	1
2	Physical Therapy	3	500,585	45,062	545,647	3,491	156.30	2
3	Occupational Therapy	4	224,095		224,095	1,622	138.16	3
4	Speech Pathology	5	51,455	2,856	54,311	311	174.63	4
5	Medical Social Services	6	15,995		15,995	142	112.64	5
6	Home Health Aide	7	150,540		150,540	3,818	39.43	6
7	Total (sum of lines 1-6)		3,392,924	47,918	3,440,842	23,097		7

Limitation Cost Computation						
				Program Visits		
				PART B		
	Patient Services	CBSA No.	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1	2	3	4	
8	Skilled Nursing Care	99914		2,822		8
8.01	Skilled Nursing Care	99916		4,762		8.01
9	Physical Therapy	99914		968		9
9.01	Physical Therapy	99916		1,600		9.01
10	Occupational Therapy	99914		445		10
10.01	Occupational Therapy	99916		828		10.01
11	Speech Pathology	99914		69		11
11.01	Speech Pathology	99916		154		11.01
12	Medical Social Services	99914		21		12
12.01	Medical Social Services	99916		80		12.01
13	Home Health Aide	99914		133		13
13.01	Home Health Aide	99916		590		13.01
14	Total (sum of lines 8-13)			12,472		14

Supplies and Drugs Cost Computations								
	Other Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		1	2		3	4	5	
15	Cost of Medical Supplies	8	50,960	20,443	71,403	41,059	1.739034	15
16	Cost of Drugs	9						16

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

		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charges (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
		1	2	3	4	5	
1	Physical Therapy	66	0.385693	116,834	45,062	col. 2, line 2	1
2	Occupational Therapy	67				col. 2, line 3	2
3	Speech Pathology	68	0.335968	8,500	2,856	col. 2, line 4	3
4	Medical Supplies Charged to Pat	71	1.526273	13,394	20,443	col. 2, line 15	4
5	Drugs Charged to Patients	73	0.300192			col. 2, line 16	5

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 16-7154

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

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation		Program Visits			Cost of Services				
		Part B			Part B				
	Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Total Program Cost (sum of cols 9-10)	
		6	7	8	9	10	11	12	
1	Skilled Nursing Care		7,584			1,355,109		1,355,109	1
2	Physical Therapy		2,568			401,378		401,378	2
3	Occupational Therapy		1,273			175,878		175,878	3
4	Speech Pathology		223			38,942		38,942	4
5	Medical Social Services		101			11,377		11,377	5
6	Home Health Aide		723			28,508		28,508	6
7	Total (sum of lines 1-6)		12,472			2,011,192		2,011,192	7

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 16-7154

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

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

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

	Description	Part A 1	Part B		
			Not Subject to Deductibles & Coinsurance 2	Subject to Deductibles & Coinsurance 3	
	Reasonable Cost of Part A & Part B Services				
1	Reasonable cost of services (see instructions)				1
2	Total charges	2,449,070			2
	Customary Charges				
3	Amount actually collected from patients liable for payment for services on a charge basis (from your records)				3
4	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	1,682,872			4
5	Ratio of line 3 to line 4 (not to exceed 1.000000)				5
6	Total customary charges (see instructions)	2,449,070			6
7	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	2,449,070			7
8	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)				8
9	Primary payer amounts				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	Description	Part A Services	Part B Services	
		1	2	
10	Total reasonable cost (see instructions)			10
11	Total PPS Reimbursement - Full Episodes without Outliers		2,162,782	11
12	Total PPS Reimbursement - Full Episodes with Outliers		10,695	12
13	Total PPS Reimbursement - LUPA Episodes		23,704	13
14	Total PPS Reimbursement - PEP Episodes		17,798	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers		3,449	15
16	Total PPS Outlier Reimbursement - PSP Episodes		104	16
17	Total Other Payments			17
18	DME Payments			18
19	Oxygen Payments			19
20	Prosthetic and Orthotic Payments			20
21	Part B deductibles billed to Medicare patients (exclude coinsurance)			21
22	Subtotal (sum of lines 10 thru 20 minus line 21)		2,218,532	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		2,218,532	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		2,218,532	26
27	Reimbursable bad debts (from your records)			27
28	Reimbursable bad debts for dual eligible (see instructions)			28
29	Total costs - current cost reporting period (line 26 plus line 27)		2,218,532	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		2,218,532	31
31.01	Sequestration adjustment (see instructions)		41,906	31.01
32	Interim payments (see instructions)		2,176,626	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

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

HHa CCN: 16-7154

WORKSHEET H-5

	DESCRIPTION	Part A		Part B		
		mm/dd/yyyy 1	Amount 2	mm/dd/yyyy 3	Amount 4	
1	Total interim payments paid to provider				2,176,626	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero.					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				3.01
		.02				3.02
	Program	.03				3.03
	To	.04				3.04
	Provider	.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
	Provider	.52				3.52
	To	.53				3.53
	Program	.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99				3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)				2,176,626	4
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				5.01
		.02				5.02
	Program	.03				5.03
	To	.04				5.04
	Provider	.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	Provider	.52				5.52
	To	.53				5.53
	Program	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determine net settlement amount (balance due) based on the cost report (see instructions)	.01				6.01
		.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)					7
8	Name of Contractor	Contractor Number		NPR Date: Month, Day, Year		8

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

WORKSHEET I-1

Check applicable box: Renal Dialysis Department Home Program Dialysis

		TOTAL COSTS	BASIS	STATISTICS	FTEs per 2080 Hours	
		1	2	3	4	
1	Registered Nurses	288,404	Hours of Service	9,685.00	4.66	1
2	Licensed Practical Nurses	920	Hours of Service	63.00	0.03	2
3	Nurses Aides		Hours of Service			3
4	Technicians	145,064	Hours of Service	10,087.00	4.85	4
5	Social Workers	56,635	Hours of Service	2,007.00	0.96	5
6	Dieticians		Hours of Service			6
7	Physicians		Accumulated Cost			7
8	Non-patient Care Salary	96,959	Accumulated Cost			8
9	Subtotal (sum of lines 1-8)	587,982				9
10	Employee Benefits	44,075	Salary			10
11	Capital Related Costs-Bldgs. & Fixtures		Square Feet			11
12	Capital Related Costs-Mov. Equip.	-45,880	Percentage of Time			12
13	Machine Costs & Repairs	54,031	Percentage of Time			13
14	Supplies	169,336	Requisitions			14
15	Drugs	12,215	Requisitions			15
16	Other	99,697	Accumulated Cost			16
17	Subtotal (sum of lines 9-16)*	921,456				17
18	Capital Related Costs-Bldgs. & Fixtures	3,784	Square Feet			18
19	Capital Related Costs-Mov. Equip.	56,892	Percentage of Time			19
20	Employee Benefits Department	196,045	Salary			20
21	Administrative and General	304,074	Accumulated Cost			21
22	Maint./Repairs-Operation-Housekeeping	31,327	Square Feet			22
23	Medical Educatino Program Costs					23
24	Central Services & Supplies		Requisitions			24
25	Pharmacy	-141,218	Requisitions			25
26	Other Allocated Costs	204,683	Accumulated Cost			26
27	Subtotal (sum of lines 17-26)*	1,577,043				27
28	Laboratory		Charges			28
29	Respiratory Therapy		Charges			29
30	Other Ancillary (specify)		Charges			30
31	Total costs (sum of lines 27-30)	1,577,043				31

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

WORKSHEET I-2

Check applicable box: Renal Dialysis Department Home Program Dialysis

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT	DRUGS	
		BUILDING	EQUIPMENT	RNs	OTHER			
		1	2	3	4	5	6	
1	Total Renal Department Costs	35,111	65,043	288,404	202,619	240,120	-129,003	1
	MAINTENANCE							
2	Hemodialysis	35,111	65,043	288,404	202,619	240,120	-129,003	2
3	Intermittent Peritoneal							3
	TRAINING							
4	Hemodialysis							4
5	Intermittent Peritoneal							5
6	CAPD							6
7	CCPD							7
	HOME							
8	Hemodialysis							8
9	Intermittent Peritoneal							9
10	CAPD							10
11	CCPD							11
	OTHER BILLABLE SERVICES							
12	Inpatient Dialysis							12
13	Method II Home Patient							13
14	EPO (included in renal department)						141,218	14
15	ARANESP (included in renal department)							15
16	Other							16
17	Total (sum of lines 2 through 16)	35,111	65,043	288,404	202,619	240,120	-129,003	17
18	Medical Educational Program Costs							18
19	Total Renal Costs (line 17 + line 18)							19

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

WORKSHEET I-2

Check applicable box: Renal Dialysis Department Home Program Dialysis

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (sum of cols. 1-8)	OVERHEAD	TOTAL (col. 9 + col. 10)	
		7	8	9	10	11	
1	Total Renal Department Costs	169,336		871,630	705,413	1,577,043	1
	MAINTENANCE						
2	Hemodialysis	169,336		871,630	705,413	1,577,043	2
3	Intermittent Peritoneal						3
	TRAINING						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD						6
7	CCPD						7
	HOME						
8	Hemodialysis						8
9	Intermittent Peritoneal						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis						12
13	Method II Home Patient						13
14	EPO (included in renal department)						14
15	ARANESP (included in renal department)						15
16	Other						16
17	Total (sum of lines 2 through 16)	169,336		871,630	705,413	1,577,043	17
18	Medical Educational Program Costs						18
19	Total Renal Costs (line 17 + line 18)					1,577,043	19

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

WORKSHEET I-3

Check applicable box: Renal Dialysis Department Home Program Dialysis

	COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT (Salary)	
		BUILDING (Square Feet)	EQUIPMENT (% of Time)	RNs (Hours)	OTHERS (Hours)		
		1	2	3	4	5	
1	Total Renal Department Costs	35,111	65,043	288,404	202,619	240,120	1
	MAINTENANCE						
2	Hemodialysis	5,034	45,880.00	8,676.00	15,190.00	513,152	2
3	Intermittent Peritoneal						3
	TRAINING						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD						6
7	CCPD						7
	HOME						
8	Hemodialysis						8
9	Intermittent Peritoneal						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis Treatments						12
13	Method II Home Patient						13
14	EPO						14
15	ARANESP						15
16	Other						16
17	Total Statistical Basis	5,034	45,880.00	8,676.00	15,190.00	513,152	17
18	Unit Cost Multiplier (line 1 ÷ line 17)	6.974772	1.417677	33.241586	13.338973	0.467932	18

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

WORKSHEET I-3

Check applicable box: Renal Dialysis Department Home Program Dialysis

	COMPOSITE PAYMENT SERVICES	DRUGS (Requist.)	MEDICAL SUPPLIES (Requist.)	ROUTINE ANCILLARY SERVICES (Charges)	SUBTOTAL	OVERHEAD (Accum. Cost)	
		6	7	8	9	10	
1	Total Renal Department Costs	-129,003	169,336				1
	MAINTENANCE						
2	Hemodialysis	12,215	169,336				2
3	Intermittent Peritoneal						3
	TRAINING						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD						6
7	CCPD						7
	HOME						
8	Hemodialysis						8
9	Intermittent Peritoneal						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis Treatments						12
13	Method II Home Patient						13
14	EPO	141,074					14
15	ARANESP						15
16	Other						16
17	Total Statistical Basis	153,289	169,336			871,630	17
18	Unit Cost Multiplier (line 1 ÷ line 17)	-0.841567	1.000000			0.809303	18

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

WORKSHEET I-4

Check applicable box: Renal Dialysis Department Home Program Dialysis

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Number of Program Treatments	Number of Program Treatments	Total Program Expenses (see instructions)	
		1	2	3	4	4.01	4.02	5	
1	Maintenance - Hemodialysis	9,005	1,577,043	175.13	6,713			1,175,648	1
2	Maintenance - Peritoneal Dialysis								2
3	Training - Hemodialysis								3
4	Training - Peritoneal Dialysis								4
5	Training - Continuous Ambulatory Peritoneal Dialysis								5
6	Training - Continuous Cycling Peritoneal Dialysis								6
7	Home Program - Hemodialysis								7
8	Home Program - Peritoneal Dialysis								8
		Patient Weeks			Patient Weeks	Patient Weeks	Patient Weeks		
9	Home Program - Continuous Ambulatory Peritoneal Dialysis								9
10	Home Program - COntinuous Cycling Peritoneal Dialysis								10
11	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6) (see instructions)	9,005	1,577,043		6,713			1,175,648	11
12	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instructions)	9,005							12

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

WORKSHEET I-4

Check applicable box: Renal Dialysis Department Home Program Dialysis

		Total Program Payment	Total Program Payment	Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	Average Payment Rate (col. 6.01 ÷ col. 4.01)	Average Payment Rate (col. 6.02 ÷ col. 4.02)	
		6	6.01	6.02	7	7.01	7.02	
1	Maintenance - Hemodialysis	1,274,004			189.78			1
2	Maintenance - Peritoneal Dialysis							2
3	Training - Hemodialysis							3
4	Training - Peritoneal Dialysis							4
5	Training - Continuous Ambulatory Peritoneal Dialysis							5
6	Training - Continuous Cycling Peritoneal Dialysis							6
7	Home Program - Hemodialysis							7
8	Home Program - Peritoneal Dialysis							8
9	Home Program - Continuous Ambulatory Peritoneal Dialysis							9
10	Home Program - Continuous Cycling Peritoneal Dialysis							10
11	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6) (see instructions)	1,274,004						11
12	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instructions)							12

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

WORKSHEET I-5

DESCRIPTION				
1	Total expenses related to care of program beneficiaries (see instructions)		1,175,648	1
		1	2	
2	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	1,274,004	1,169,297	2
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	1,274,004	1,169,297	2.03
2.04	Outlier payments	208		2.04
3	Deductibles billed to Medicare (Part B) patients (see instructions)			3
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)	2,165	1,987	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	2,165	1,987	3.03
4	Coinsurance billed to Medicare (Part B) patients (see instructions)			4
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)	158,574	145,541	4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)	167,268	153,521	4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	325,842	299,062	4.03
5	Bad debts for deductibles and coinsurance, net of bad debt recoveries			5
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014			5.04
5.05	Total bad debts (sum of line 5 through line 5.04)			5.05
6	Allowable bad debts (see instructions)			6
7	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			7
8	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)		301,049	8
9	Program payment (see instructions)		933,848	9
10	Unrecovered from Medicare (Part B) patients (see instructions)			10
11	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)			11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12	Total allowable expenses (see instructions)		1,718,261	12
13	Total composite costs (from Wkst. I-4, col. 2, line 11)		1,577,043	13
14	Facility specific composite cost percentage (line 13 divided by line 12)		0.917813	14

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE CCN: 16-1527

WORKSHEET K

	COST CENTER DESCRIPTIONS	SALARIES (from Wkst. K-1)	EMPLOYEE BENEFITS (from Wkst. K-2)	TRANSPOR- TATION (see inst.)	CONTRACTED SERVICES (from Wkst. K-3)	OTHER	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	Capital Related Costs-Bldg and Fixt.						1
2	Capital Related Costs-Movable Equip.						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General	45,790	11,077				6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	VISITING SERVICES						
9	Physician Services				16,445		9
10	Nursing Care	202,187	48,909	13,001			10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services	51,124	12,367	1,931			15
16	Spiritual Counseling						16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker	18,485	4,472	2,304			19
20	HH Aide & Homemaker - Cont. Home Care						20
21	Other			2,652	5,914		21
	OTHER HOSPICE SERVICE COSTS						
22	Drugs, Biological and Infusion Therapy						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R Dept.)						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other					307,614	34
	HOSPICE NONREIMBURSABLE SERVICE						
35	Bereavement Program Costs						35
36	Volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)	317,586	76,825	19,888	22,359	307,614	39

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE CCN: 16-1527

WORKSHEET K

		TOTAL (cols. 1-5) 6	RECLASSI- FICATION 7	SUBTOTAL (col. 6 ± col. 7) 8	ADJUST- MENTS 9	TOTAL (col. 8 ± col. 9) 10	
	GENERAL SERVICE COST CENTER						
1	Capital Related Costs-Bldg and Fixt.						1
2	Capital Related Costs-Movable Equip.		-369	-369		-369	2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General	56,867		56,867	-1,299	55,568	6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	VISITING SERVICES						
9	Physician Services	16,445		16,445		16,445	9
10	Nursing Care	264,097		264,097		264,097	10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services	65,422		65,422		65,422	15
16	Spiritual Counseling						16
17	Dietary Counseling		-143	-143		-143	17
18	Counseling - Other						18
19	Home Health Aide and Homemaker	25,261		25,261		25,261	19
20	HH Aide & Homemaker - Cont. Home Care						20
21	Other	8,566		8,566		8,566	21
	OTHER HOSPICE SERVICE COSTS						
22	Drugs, Biological and Infusion Therapy						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R Dept.)						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other	307,614	102,787	410,401		410,401	34
	HOSPICE NONREIMBURSABLE SERVICE						
35	Bereavement Program Costs						35
36	Volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)	744,272	204,550	846,547	-2,598	845,248	39

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

HOSPICE CCN: 16-1527

WORKSHEET K-1

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	Capital Related Costs-Bldg and Fixt.						1
2	Capital Related Costs-Movable Equip.						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General						6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	VISITING SERVICES						
9	Physician Services						9
10	Nursing Care					202,187	10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services			51,124			15
16	Spiritual Counseling						16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker						19
20	HH Aide & Homemaker - Cont. Home Care						20
21	Other						21
	OTHER HOSPICE SERVICE COSTS						
22	Drugs, Biological and Infusion Therapy						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R Dept.)						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	Bereavement Program Costs						35
36	Volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)			51,124		202,187	39

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

HOSPICE CCN: 16-1527

WORKSHEET K-1

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	6	7	8	9	
GENERAL SERVICE COST CENTER					
1 Capital Related Costs-Bldg and Fixt.					1
2 Capital Related Costs-Movable Equip.					2
3 Plant Operation and Maintenance					3
4 Transportation - Staff					4
5 Volunteer Service Coordination					5
6 Administrative and General			45,790	45,790	6
INPATIENT CARE SERVICE					
7 Inpatient - General Care					7
8 Inpatient - Respite Care					8
VISITING SERVICES					
9 Physician Services					9
10 Nursing Care				202,187	10
11 Nursing Care-Continuous Home Care					11
12 Physical Therapy					12
13 Occupational Therapy					13
14 Speech / Language Pathology					14
15 Medical Social Services				51,124	15
16 Spiritual Counseling					16
17 Dietary Counseling					17
18 Counseling - Other					18
19 Home Health Aide and Homemaker		18,485		18,485	19
20 HH Aide & Homemaker - Cont. Home Care					20
21 Other					21
OTHER HOSPICE SERVICE COSTS					
22 Drugs, Biological and Infusion Therapy					22
23 Analgesics					23
24 Sedatives / Hypnotics					24
25 Other - Specify					25
26 Durable Medical Equipment/Oxygen					26
27 Patient Transportation					27
28 Imaging Services					28
29 Labs and Diagnostics					29
30 Medical Supplies					30
31 Outpatient Services (including E/R Dept.)					31
32 Radiation Therapy					32
33 Chemotherapy					33
34 Other					34
HOSPICE NONREIMBURSABLE SERVICE					
35 Bereavement Program Costs					35
36 Volunteer Program Costs					36
37 Fundraising					37
38 Other Program Costs					38
39 Total (sum of lines 1-38)		18,485	45,790	317,586	39

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE CCN: 16-1527

WORKSHEET K-2

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	Capital Related Costs-Bldg and Fixt.						1
2	Capital Related Costs-Movable Equip.						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General						6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	VISITING SERVICES						
9	Physician Services						9
10	Nursing Care					48,909	10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services			12,367			15
16	Spiritual Counseling						16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker						19
20	HH Aide & Homemaker - Cont. Home Care						20
21	Other						21
	OTHER HOSPICE SERVICE COSTS						
22	Drugs, Biological and Infusion Therapy						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R Dept.)						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	Bereavement Program Costs						35
36	Volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)			12,367		48,909	39

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE CCN: 16-1527

WORKSHEET K-2

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	6	7	8	9	
GENERAL SERVICE COST CENTER					
1 Capital Related Costs-Bldg and Fixt.					1
2 Capital Related Costs-Movable Equip.					2
3 Plant Operation and Maintenance					3
4 Transportation - Staff					4
5 Volunteer Service Coordination					5
6 Administrative and General			11,077	11,077	6
INPATIENT CARE SERVICE					
7 Inpatient - General Care					7
8 Inpatient - Respite Care					8
VISITING SERVICES					
9 Physician Services					9
10 Nursing Care				48,909	10
11 Nursing Care-Continuous Home Care					11
12 Physical Therapy					12
13 Occupational Therapy					13
14 Speech / Language Pathology					14
15 Medical Social Services				12,367	15
16 Spiritual Counseling					16
17 Dietary Counseling					17
18 Counseling - Other					18
19 Home Health Aide and Homemaker		4,472		4,472	19
20 HH Aide & Homemaker - Cont. Home Care					20
21 Other					21
OTHER HOSPICE SERVICE COSTS					
22 Drugs, Biological and Infusion Therapy					22
23 Analgesics					23
24 Sedatives / Hypnotics					24
25 Other - Specify					25
26 Durable Medical Equipment/Oxygen					26
27 Patient Transportation					27
28 Imaging Services					28
29 Labs and Diagnostics					29
30 Medical Supplies					30
31 Outpatient Services (including E/R Dept.)					31
32 Radiation Therapy					32
33 Chemotherapy					33
34 Other					34
HOSPICE NONREIMBURSABLE SERVICE					
35 Bereavement Program Costs					35
36 Volunteer Program Costs					36
37 Fundraising					37
38 Other Program Costs					38
39 Total (sum of lines 1-38)		4,472	11,077	76,825	39

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 16-1527

WORKSHEET K-3

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

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 16-1527

WORKSHEET K-3

		TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
		6	7	8	9	
	GENERAL SERVICE COST CENTER					
1	Capital Related Costs-Bldg and Fixt.					1
2	Capital Related Costs-Movable Equip.					2
3	Plant Operation and Maintenance					3
4	Transportation - Staff					4
5	Volunteer Service Coordination					5
6	Administrative and General					6
	INPATIENT CARE SERVICE					
7	Inpatient - General Care					7
8	Inpatient - Respite Care					8
	VISITING SERVICES					
9	Physician Services			16,445	16,445	9
10	Nursing Care					10
11	Nursing Care-Continuous Home Care					11
12	Physical Therapy					12
13	Occupational Therapy					13
14	Speech / Language Pathology					14
15	Medical Social Services					15
16	Spiritual Counseling					16
17	Dietary Counseling					17
18	Counseling - Other					18
19	Home Health Aide and Homemaker					19
20	HH Aide & Homemaker - Cont. Home Care					20
21	Other			5,914	5,914	21
	OTHER HOSPICE SERVICE COSTS					
22	Drugs, Biological and Infusion Therapy					22
23	Analgesics					23
24	Sedatives / Hypnotics					24
25	Other - Specify					25
26	Durable Medical Equipment/Oxygen					26
27	Patient Transportation					27
28	Imaging Services					28
29	Labs and Diagnostics					29
30	Medical Supplies					30
31	Outpatient Services (including E/R Dept.)					31
32	Radiation Therapy					32
33	Chemotherapy					33
34	Other					34
	HOSPICE NONREIMBURSABLE SERVICE					
35	Bereavement Program Costs					35
36	Volunteer Program Costs					36
37	Fundraising					37
38	Other Program Costs					38
39	Total (sum of lines 1-38)			22,359	22,359	39

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE CCN: 16-1527

**WORKSHEET K-4
PART I**

	COST CENTER DESCRIPTIONS	CAPITAL RELATED COSTS					
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.		TRANS-PORTATION
		0	1	2	3	4	
	GENERAL SERVICE COST CENTER						
1	Capital Related Costs-Bldg and Fixt.						1
2	Capital Related Costs-Movable Equip.	-369		-369			2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General	55,568					6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	VISITING SERVICES						
9	Physician Services	16,445					9
10	Nursing Care	264,097					10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services	65,422					15
16	Spiritual Counseling						16
17	Dietary Counseling	-143					17
18	Counseling - Other						18
19	Home Health Aide and Homemaker	25,261					19
20	HH Aide & Homemaker - Cont. Home Care						20
21	Other	8,566		-369			21
	OTHER HOSPICE SERVICE COSTS						
22	Drugs, Biological and Infusion Therapy						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R Dept.)						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other	410,401					34
	HOSPICE NONREIMBURSABLE SERVICE						
35	Bereavement Program Costs						35
36	Volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)	845,248		-369			39

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE CCN: 16-1527

**WORKSHEET K-4
PART I**

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5 ± col. 6)	
		5	5A	6	7	
	GENERAL SERVICE COST CENTER					
1	Capital Related Costs-Bldg and Fixt.					1
2	Capital Related Costs-Movable Equip.					2
3	Plant Operation and Maintenance					3
4	Transportation - Staff					4
5	Volunteer Service Coordination					5
6	Administrative and General		55,568	55,568		6
	INPATIENT CARE SERVICE					
7	Inpatient - General Care					7
8	Inpatient - Respite Care					8
	VISITING SERVICES					
9	Physician Services		16,445	1,157	17,602	9
10	Nursing Care		264,097	18,584	282,681	10
11	Nursing Care-Continuous Home Care					11
12	Physical Therapy					12
13	Occupational Therapy					13
14	Speech / Language Pathology					14
15	Medical Social Services		65,422	4,604	70,026	15
16	Spiritual Counseling					16
17	Dietary Counseling		-143	-10	-153	17
18	Counseling - Other					18
19	Home Health Aide and Homemaker		25,261	1,778	27,039	19
20	HH Aide & Homemaker - Cont. Home Care					20
21	Other		8,197	577	8,774	21
	OTHER HOSPICE SERVICE COSTS					
22	Drugs, Biological and Infusion Therapy					22
23	Analgesics					23
24	Sedatives / Hypnotics					24
25	Other - Specify					25
26	Durable Medical Equipment/Oxygen					26
27	Patient Transportation					27
28	Imaging Services					28
29	Labs and Diagnostics					29
30	Medical Supplies					30
31	Outpatient Services (including E/R Dept.)					31
32	Radiation Therapy					32
33	Chemotherapy					33
34	Other		410,401	28,878	439,279	34
	HOSPICE NONREIMBURSABLE SERVICE					
35	Bereavement Program Costs					35
36	Volunteer Program Costs					36
37	Fundraising					37
38	Other Program Costs					38
39	Total (sum of lines 1-38)		845,248		845,248	39

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE CCN: 16-1527

**WORKSHEET K-4
PART II**

	COST CENTER DESCRIPTIONS	CAPITAL RELATED COSTS				VOLUNTEER SERVICES COORDINATOR (Hours)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Acc. Cost)	
		BUILDINGS & FIXTURES (Sq. Ft.)	MOVABLE EQUIPMENT (\$ Value)	PLANT OPERATION & MAINT. (Sq. Ft.)	TRANSPORTATION (Mileage)				
		1	2	3	4	5	6A	6	
	GENERAL SERVICE COST CENTER								
1	Capital Related Costs-Bldg and Fixt.								1
2	Capital Related Costs-Movable Equip.		369						2
3	Plant Operation and Maintenance								3
4	Transportation - Staff				38,995				4
5	Volunteer Service Coordination								5
6	Administrative and General						-55,568	789,680	6
	INPATIENT CARE SERVICE								
7	Inpatient - General Care								7
8	Inpatient - Respite Care								8
	VISITING SERVICES								
9	Physician Services							16,445	9
10	Nursing Care				25,492			264,097	10
11	Nursing Care-Continuous Home Care								11
12	Physical Therapy								12
13	Occupational Therapy								13
14	Speech / Language Pathology								14
15	Medical Social Services				3,786			65,422	15
16	Spiritual Counseling								16
17	Dietary Counseling							-143	17
18	Counseling - Other								18
19	Home Health Aide and Homemaker				4,518			25,261	19
20	HH Aide & Homemaker - Cont. Home Care								20
21	Other		369					8,197	21
	OTHER HOSPICE SERVICE COSTS								
22	Drugs, Biological and Infusion Therapy								22
23	Analgesics								23
24	Sedatives / Hypnotics								24
25	Other - Specify								25
26	Durable Medical Equipment/Oxygen								26
27	Patient Transportation								27
28	Imaging Services								28
29	Labs and Diagnostics								29
30	Medical Supplies								30
31	Outpatient Services (including E/R Dept.)								31
32	Radiation Therapy								32
33	Chemotherapy								33
34	Other				5,199			410,401	34
	HOSPICE NONREIMBURSABLE SERVICE								
35	Bereavement Program Costs								35
36	Volunteer Program Costs								36
37	Fundraising								37
38	Other Program Costs								38
39	Cost to be Allocated (per Wskt K-4, Part I)		-369					55,568	39
40	Unit Cost Multiplier		-1.000000					0.070368	40

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 16-1527

**WORKSHEET K-5
PART I**

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

	HOSPICE COST CENTER (omit cents)	HOSPICE TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP REL 1970 BLDG	CAP REL BLUFF BLDG	CAP REL RADIATION ONCOLOGY	CAP MOVABLE EQUIPMENT	
		0	1	1.01	1.02	1.03	2	
1	Administrative and General						458	1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services	17,602						4
5	Nursing Care	282,681						5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services	70,026						10
11	Spiritual Counseling							11
12	Dietary Counseling	-153						12
13	Counseling - Other							13
14	Home Health Aide and Homemaker	27,039						14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other	8,774						16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other	439,279						29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)	845,248					458	34
35	Unit Cost Multiplier (see instructions)							35

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

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 16-1527

**WORKSHEET K-5
PART I**

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

	HOSPICE COST CENTER (omit cents)	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	A&G INFO SERV	A&G PURCHASING STORES	A&G ADMITTING REGISTER	SUBTOTAL	
		4	4A	5.02	5.03	5.04		
1	Administrative and General	137,487	137,945	7,597	6,113	9,792	161,447	1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services		17,602	969			18,571	4
5	Nursing Care		282,681	15,569			298,250	5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services		70,026	3,857			73,883	10
11	Spiritual Counseling							11
12	Dietary Counseling		-153	-8			-161	12
13	Counseling - Other							13
14	Home Health Aide and Homemaker		27,039	1,489			28,528	14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other		8,774	483			9,257	16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other		439,279	24,193			463,472	29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)	137,487	983,193	54,149	6,113	9,792	1,053,247	34
35	Unit Cost Multiplier (see instructions)							35

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

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 16-1527

WORKSHEET K-5
PART I

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

	HOSPICE COST CENTER (omit cents)	A&G ALL OTHER	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
		5.06	6	7	8	9	10	
1	Administrative and General	12,091						1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services	1,391						4
5	Nursing Care	22,336						5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services	5,533						10
11	Spiritual Counseling							11
12	Dietary Counseling	-12						12
13	Counseling - Other							13
14	Home Health Aide and Homemaker	2,136						14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other	693						16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other	34,711						29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)	78,879						34
35	Unit Cost Multiplier (see instructions)							35

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

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 16-1527

**WORKSHEET K-5
PART I**

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

	HOSPICE COST CENTER (omit cents)	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	
		11	13	14	15	16	17	
1	Administrative and General	131	39,929			8,536	65,196	1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)	131	39,929			8,536	65,196	34
35	Unit Cost Multiplier (see instructions)							35

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

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 16-1527

**WORKSHEET K-5
PART I**

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

	HOSPICE COST CENTER (omit cents)	SUBTOTAL (cols. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (cols. 24 ± 25) 26	ALLOC HOSP A&G (See Part II) 27	TOTAL HOSP COSTS (col 26 ± 27) 28	
1	Administrative and General	287,330		287,330			1
2	Inpatient - General Care						2
3	Inpatient - Respite Care						3
4	Physician Services	19,962		19,962	5,983	25,945	4
5	Nursing Care	320,586		320,586	96,093	416,679	5
6	Nursing Care-Continuous Home Care						6
7	Physical Therapy						7
8	Occupational Therapy						8
9	Speech / Language Pathology						9
10	Medical Social Services	79,416		79,416	23,804	103,220	10
11	Spiritual Counseling						11
12	Dietary Counseling	-173		-173	-52	-225	12
13	Counseling - Other						13
14	Home Health Aide and Homemaker	30,664		30,664	9,191	39,855	14
15	HH Aide & Homemaker - Cont. Home Care						15
16	Other	9,950		9,950	2,982	12,932	16
17	Drugs, Biological and Infusion Therapy						17
18	Analgesics						18
19	Sedatives / Hypnotics						19
20	Other - Specify						20
21	Durable Medical Equipment/Oxygen						21
22	Patient Transportation						22
23	Imaging Services						23
24	Labs and Diagnostics						24
25	Medical Supplies						25
26	Outpatient Services (including E/R Dept.)						26
27	Radiation Therapy						27
28	Chemotherapy						28
29	Other	498,183		498,183	149,329	647,512	29
30	Bereavement Program Costs						30
31	Volunteer Program Costs						31
32	Fundraising						32
33	Other Program Costs						33
34	Totals (sum of lines 1-33) (2)	1,245,918		1,245,918		1,245,918	34
35	Unit Cost Multiplier (see instructions)				0.299743		35

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

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

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

WORKSHEET K-5

PART II

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

	HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL 1970 BLDG SQUARE FEET	CAP REL BLUFF BLDG SQUARE FEET	CAP REL RADIATION ONCOLOGY SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	
		1	1.01	1.02	1.03	2	4	
1	Administrative and General					369	412,335	1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)					369	412,335	34
35	Total cost to be allocated					458	137,487	35
36	Unit Cost Multiplier (see instructions)					1.241192		36
36	Unit Cost Multiplier (see instructions)						0.333435	36

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

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

WORKSHEET K-5

PART II

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

	HOSPICE COST CENTER	RECON- CILIATION	A&G INFO SERV ACCUM COST	A&G PURCHASING STORES GROSS REVENUE	A&G ADMITTING REGISTER GROSS REVENUE	RECON- CILIATION	A&G ALL OTHER ACCUM COST	
		4A.02	5.02	5.03	5.04		5.06	
1	Administrative and General		137,945	1,667,851	1,667,851		161,447	1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services		17,602				18,571	4
5	Nursing Care		282,681				298,250	5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services		70,026				73,883	10
11	Spiritual Counseling							11
12	Dietary Counseling		-153				-161	12
13	Counseling - Other							13
14	Home Health Aide and Homemaker		27,039				28,528	14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other		8,774				9,257	16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other		439,279				463,472	29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)		983,193	1,667,851	1,667,851		1,053,247	34
35	Total cost to be allocated		54,149	6,113	9,792		78,879	35
36	Unit Cost Multiplier (see instructions)			0.003665				36
36	Unit Cost Multiplier (see instructions)		0.055075		0.005871		0.074891	36

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

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

WORKSHEET K-5

PART II

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

	HOSPICE COST CENTER	MAIN-TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	
		6	7	8	9	10	11	
1	Administrative and General						1,598	1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)						1,598	34
35	Total cost to be allocated						131	35
36	Unit Cost Multiplier (see instructions)							36
36	Unit Cost Multiplier (see instructions)						0.081977	36

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE CCN: 16-1527

WORKSHEET K-5
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	COST CENTER	Wkst C, Part I, col. 9, line	Cost to Charge Ratio	Total Hospice Charges (Provider Records) 2	Hospice Shared Ancillary Costs (cols. 1 x 2) 3	
		0	1	2	3	
	ANCILLARY SERVICE COST CENTERS					
1	Physical Therapy	66	0.385693			1
2	Occupational Therapy	67				2
3	Speech / Language Pathology	68	0.335968			3
4	Drugs, Biological and Infusion Therapy	73	0.300192			4
5	Durable Medical Equipment/Oxygen	96				5
6	Labs and Diagnostics	60	0.135443			6
7	Medical Supplies	71	1.526273			7
8	Outpatient Services (including E/R Dept.)	93				8
9	Radiation Therapy	55				9
10	Other	76				10
11	Totals (sum of lines 1-10)					11

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE CCN: 16-1527

WORKSHEET K-6

COMPUTATION OF PER DIEM COST		TITLE XVIII	TITLE XIX	OTHER	TOTAL	
		1	2	3	4	
1	Total cost (see instructions)				1,245,918	1
2	Total unduplicated days (Worksheet S-9, column 6, line 5)				9,739	2
3	Average cost per diem (line 1 divided by line 2)				127.93	3
4	Unduplicated Medicare days (Worksheet S-9, column 1, line 5)	8,874				4
5	Aggregate Medicare cost (line 3 times line 4)	1,135,251				5
6	Unduplicated Medicaid days (Worksheet S-9, column 2, line 5)		310			6
7	Aggregate Medicaid cost (line 3 times line 6)		39,658			7
8	Unduplicated SNF days (Worksheet S-9, column 3, line 5)					8
9	Aggregate SNF cost (line 3 times line 8)					9
10	Unduplicated NF days (Worksheet S-9, column 4, line 5)					10
11	Aggregate NF cost (line 3 times line 10)					11
12	Other Unduplicated days (Worksheet S-9, column 5, line 5)			555		12
13	Aggregate cost for other days (line 3 times line 12)			71,001		13

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 16-0080

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	1,124,956	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	11,528	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)	43.42	3
4	Number of interns & residents (see instructions)		4
5	Indirect medical education percentage (see instructions)		5
6	Indirect medical education adjustment (see instructions)		6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)		7
8	Percentage of Medicaid patient days to total days (see instructions)		8
9	Sum of lines 7 and 8		9
10	Allowable disproportionate share percentage (see instructions)		10
11	Disproportionate share adjustment (see instructions)		11
12	Total prospective capital payments (see instructions)	1,136,484	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
1.01	CAP REL COSTS - 1970 BLDG						1.01
1.02	CAP REL COSTS-BLUFF BLDG						1.02
1.03	CAP REL COSTS - RADIATION ONCOLOGY						1.03
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.02	A&G-INFO SERVICE						5.02
5.03	A&G-PURCHASING, STORES						5.03
5.04	A&G-ADMITTING, REGIST						5.04
5.06	A&G-ALL OTHER						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
43	Nursery						43
44	Skilled Nursing Facility						44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	RADIATION ONCOLOGY						54.01
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
65	Respiratory Therapy						65
66	Physical Therapy						66
68	Speech Pathology						68
69	Electrocardiology						69
70	Electroencephalography						70
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
101	Home Health Agency						101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice						116
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						
194	OTHER NON-REIMB						194
194.0	PASSTHRU COSTS						194.0
1							1
194.0	NRCC-MERCY SPEC CLIN ENT						194.0
4							4
194.0	NRCC-MERCY SPEC CLIN GASTRO						194.0
5							5
194.0	NRCC-SENIOR SERVICES						194.0
9							9
194.1	GUEST MEALS						194.1
1							1

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/21/2016 Run Time: 15:09 Version: 2016.05 (11/15/2016)
-------------------------------------------------------	---------------------------------------	------------------------------------------------	--------------------------------------------------------------------------

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26		
194.1 2	NRCC-FREE CLINIC	0	2A	24	25	26		194.1 2
194.1 3	NRCC-TENERCARE (PRENATAL CLASSES)							194.1 3
194.1 6	NRCC-MLC CENTER							194.1 6
194.1 7	CHILD DAY CARE							194.1 7
194.1 8	MARKETING & ADVERTISING							194.1 8
194.1 9	FOUNDATION							194.1 9
194.2 0	RETAIL PHARMACY							194.2 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202