

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

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

PART I - COST REPORT STATUS

Provider use only		1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report 4. <input type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.	Date: 11/30/2017 Time: 10:39
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MERCY HOSPITAL & MEDICAL CENTER (14-0158) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 07/01/2016 and ending 06/30/2017, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) _____
Officer or Administrator of Provider(s)

Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		-1,417,627	133,338			1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF		104,663				3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		-1,312,964	133,338			200

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

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

Hospital and Hospital-Based Component Identification:

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

20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2016	To: 06 / 30 / 2017							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)	Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	1	N		23

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,697	2,837	3	40	12,246	578	24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.		1,181					25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1						26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1						27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.							37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPSS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N						37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				38

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

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

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

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	N			63
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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))		
65	1	2	3	4	5		65

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

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

Inpatient Psychiatric Facility PPS

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

Inpatient Rehabilitation Facility PPS

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

Long Term Care Hospital PPS

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

TEFRA Providers

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

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**WORKSHEET S-2
PART I**

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

Rural Providers

		1	2		
105	Does this hospital qualify as a critical access hospital (CAH)?	N		105	
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106	
107	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			107	
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108	
		Physical	Occupational	Speech	Respiratory
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.				109
110	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter 'Y' for yes or 'N' for no.			N	110

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	213,884	7,262,234	861,954	118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121
122	Does the cost report contain state health or similar taxes? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

Transplant Center Information

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

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**WORKSHEET S-2
PART I**

All Providers

		1	2	
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	Y		140

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

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

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y			167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)				168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)	9.99			169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07 / 01 / 2016	09 / 28 / 2016		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 in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0		171

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

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

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

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

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/31/2017	N	17
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	Y		N	18
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

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

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

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

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

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

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips			Total All Patients	
						Title V	Title XVIII	Title XIX		
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	185	63,145			13,082	4,025	36,934	1
2	HMO and other (see instructions)						5,654	12,246		2
3	HMO IPF Subprovider						402	2,589		3
4	HMO IRF Subprovider						793			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)		185	63,145			13,082	4,025	36,934	7
8	Intensive Care Unit	31	14	5,110			1,692	438	3,869	8
9	Coronary Care Unit	32	6	2,190			506	103	1,283	9
9.01	NURSERY INTENSIVE CARE CENTER	32.01	15	5,475				851	2,611	9.01
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43						1,160	3,562	13
14	Total (see instructions)		220	75,920			15,280	6,577	48,259	14
15	CAH Visits									15
16	Subprovider - IPF	40	39	14,235			919	1,148	6,384	16
17	Subprovider - IRF	41	16	5,840			2,250	1,181	4,654	17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101								22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		275							27
28	Observation Bed Days								5,193	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							578	865	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					3,013	1,093	10,860	1
2	HMO and other (see instructions)					1,070	3,378		2
3	HMO IPF Subprovider						524		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
9.01	NURSERY INTENSIVE CARE CENTER								9.01
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)	78.50	1,201.93			3,013	1,093	10,860	14
15	CAH Visits								15
16	Subprovider - IPF		24.85			187	245	1,340	16
17	Subprovider - IRF	0.40	20.48			196	115	377	17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)	78.90	1,247.26						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

KPMG LLP Compu-Max 2552-10

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HOSPITAL WAGE INDEX INFORMATION

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

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
SALARIES							
1	Total salaries (see instructions)	200	92,756,811		92,756,811	2,761,916.00	33.58
2	Non-physician anesthetist Part A						
3	Non-physician anesthetest Part B						
4	Physician-Part A - Administrative		246,556		246,556	2,230.00	110.56
4.01	Physician-Part A - Teaching						
5	Physician-Part B		6,489,198		6,489,198	55,408.00	117.12
6	Non-physician-Part B						
7	Interns & residents (in an approved program)	21	5,459,948	-87,768	5,372,180	138,317.00	38.84
7.01	Contracted interns & residents (in an approved program)		1,777,529		1,777,529	72,030.00	24.68
8	Home office and/or related organization personnel		2,631,049		2,631,049	8,320.00	316.23
9	SNF	44					
10	Excluded area salaries (see instructions)		12,871,204	-507,364	12,363,840	305,976.00	40.41
OTHER WAGES & RELATED COSTS							
11	Contract labor (see instructions)		9,830,406		9,830,406	209,234.00	46.98
12	Contract management and administrative services						
13	Contract labor: Physician-Part A - Administrative						
14	Home office salaries & wage-related costs						
14.01	Home office salaries		7,466,187		7,466,187	108,965.00	68.52
14.02	Related organization salaries						
15	Home office: Physician Part A - Administrative						
16	Home office & Contract Physicians Part A - Teaching						
WAGE-RELATED COSTS							
17	Wage-related costs (core)(see instructions)		18,504,675		18,504,675		
18	Wage-related costs (other)(see instructions)						
19	Excluded areas		2,880,117		2,880,117		
20	Non-physician anesthetist Part A						
21	Non-physician anesthetist Part B						
22	Physician Part A - Administrative		24,776		24,776		
22.01	Physician Part A - Teaching						
23	Physician Part B		639,168		639,168		
24	Wage-related costs (RHC/FQHC)						
25	Interns & residents (in an approved program)		1,455,816		1,455,816		
25.50	Home office wage-related		1,648,439		1,648,439		
25.51	Related organization wage-related						
25.52	Home office: Physician Part A - Administrative - wage-related						
25.53	Home office & Contract Physicians Part A - Teaching - wage-related						
OVERHEAD COSTS - DIRECT SALARIES							
26	Employee Benefits Department		1,559,141		1,559,141	25,589.00	60.93
27	Administrative & General		13,587,222	25,478	13,612,700	443,918.00	30.66
28	Administrative & General under contract (see instructions)		313,201		313,201	1,158.00	270.47
29	Maintenance & Repairs						
30	Operation of Plant		2,000,701		2,000,701	73,967.00	27.05
31	Laundry & Linen Service						
32	Housekeeping		1,847,164		1,847,164	122,942.00	15.02
33	Housekeeping under contract (see instructions)		647,876		647,876	37,440.00	17.30
34	Dietary						
35	Dietary under contract (see instructions)		2,308,642		2,308,642	93,600.00	24.66
36	Cafeteria						
37	Maintenance of Personnel						
38	Nursing Administration		1,261,967		1,261,967	25,354.00	49.77
39	Central Services and Supply		560,893		560,893	28,459.00	19.71
40	Pharmacy						
41	Medical Records & Medical Records Library		661,611		661,611	45,956.00	14.40
42	Social Service						
43	Other General Service						

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		79,668,806	87,768	79,756,574	2,620,039.00	30.44
2	Excluded area salaries (see instructions)		12,871,204	-507,364	12,363,840	305,976.00	40.41
3	Subtotal salaries (line 1 minus line 2)		66,797,602	595,132	67,392,734	2,314,063.00	29.12
4	Subtotal other wages & related costs (see instructions)		17,296,593		17,296,593	318,199.00	54.36
5	Subtotal wage-related costs (see instructions)		20,177,890		20,177,890		29.94%
6	Total (sum of lines 3 through 5)		104,272,085	595,132	104,867,217	2,632,262.00	39.84
7	Total overhead cost (see instructions)		24,748,418	25,478	24,773,896	898,383.00	27.58

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	3,900,597	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	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)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)		8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		8.02
8.03	Health Insurance (Purchased)	10,488,578	8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	301,482	10
11	Life Insurance (If employee is owner or beneficiary)	82,074	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	381,783	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	1,348,276	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	6,616,174	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	306,819	19
20	State or Federal Unemployment Taxes		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	78,769	23
24	Total Wage Related cost (Sum of lines 1-23)	23,504,552	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

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

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)	0.305095	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	81,674,010	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	217,509,959	6
7	Medicaid cost (line 1 times line 6)	66,361,201	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.		8

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

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

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

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

Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent programs (see instructions for each line)

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

Uncompensated care (see instructions for each line)

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Charity care charges and uninsured discounts for the entire facility (see instructions)	11,240,202	1,147,225	12,387,427	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,429,329	1,147,225	4,576,554	21
22	Payments received from patients for amounts previously written off as charity care	168,554	61,666	230,220	22
23	Cost of charity care (line 21 minus line 22)	3,260,775	1,085,559	4,346,334	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, charges for patient days beyond the indigent care program's length of stay limit		25
26	Total bad debt expense for the entire hospital complex (see instructions)	13,498,502	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,766,398	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	2,717,536	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27.01)	10,780,966	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	4,240,357	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	8,586,691	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	8,586,691	31

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		7,273,835	7,273,835	3,499,076	10,772,911	673,908	11,446,819	1
2	00200	Cap Rel Costs-Mvble Equip		7,969,007	7,969,007		7,969,007		7,969,007	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	1,559,141	24,462,602	26,021,743	-43,160	25,978,583	-2,338,657	23,639,926	4
5	00500	Administrative & General	13,587,222	194,038,805	207,626,027	-4,638,921	202,987,106	-163,037,338	39,949,768	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	2,000,701	9,017,019	11,017,720		11,017,720	-4,655	11,013,065	7
8	00800	Laundry & Linen Service		1,395,984	1,395,984		1,395,984		1,395,984	8
9	00900	Housekeeping	1,847,164	1,218,356	3,065,520		3,065,520		3,065,520	9
10	01000	Dietary		2,895,513	2,895,513	-1,326,977	1,568,536		1,568,536	10
11	01100	Cafeteria				1,326,977	1,326,977	-824,670	502,307	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,261,967	309,131	1,571,098		1,571,098		1,571,098	13
14	01400	Central Services & Supply	560,893	397,249	958,142		958,142		958,142	14
15	01500	Pharmacy		15,511,197	15,511,197		15,511,197		15,511,197	15
16	01600	Medical Records & Library	661,611	913,230	1,574,841		1,574,841	-7,998	1,566,843	16
17	01700	Social Service								17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	5,459,948		5,459,948	-87,768	5,372,180		5,372,180	21
22	02200	I&R Services-Other Prgm Costs Apprvd	643,538	3,546,408	4,189,946	870,499	5,060,445	-2,130,510	2,929,935	22
23	02300	PARAMED ED PRGM-(SPECIFY)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	14,288,902	2,561,638	16,850,540	-21,158	16,829,382	-773,941	16,055,441	30
31	03100	Intensive Care Unit	4,451,518	915,971	5,367,489		5,367,489	-1,313,678	4,053,811	31
32	03200	Coronary Care Unit	723,794	146,465	870,259		870,259		870,259	32
32.01	02060	NURSERY INTENSIVE CARE CENTER				1,711,988	1,711,988		1,711,988	32.01
40	04000	Subprovider - IPF	1,768,467	1,449,515	3,217,982		3,217,982		3,217,982	40
41	04100	Subprovider - IRF	1,255,966	1,000,155	2,256,121		2,256,121		2,256,121	41
43	04300	Nursery	2,151,373	826,892	2,978,265	-1,711,988	1,266,277	-675,206	591,071	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	3,388,290	6,786,376	10,174,666	-2,358,114	7,816,552	-219,231	7,597,321	50
50.01	03340	GI LAB	633,862	734,324	1,368,186		1,368,186		1,368,186	50.01
51	05100	Recovery Room	560,722	27,364	588,086		588,086		588,086	51
52	05200	Delivery Room & Labor Room	2,545,209	556,488	3,101,697		3,101,697		3,101,697	52
53	05300	Anesthesiology	102,796	191,542	294,338		294,338		294,338	53
54	05400	Radiology-Diagnostic	3,046,623	855,368	3,901,991	-255,759	3,646,232	-288,487	3,357,745	54
54.01	05401	MRI CENTER								54.01
55	05500	Radiology-Therapeutic	340,157	495,625	835,782		835,782	-282,744	553,038	55
56	05600	Radioisotope	277,012	394,565	671,577		671,577	-24,906	646,671	56
57	05700	CT Scan	749,928	188,906	938,834		938,834		938,834	57
58	05800	MRI	243,403	1,860,225	2,103,628		2,103,628	655,012	2,758,640	58
59	05900	Cardiac Catheterization	2,003,784	4,811,006	6,814,790	-2,811,036	4,003,754	-1,945,151	2,058,603	59
60	06000	Laboratory	4,013,826	4,433,124	8,446,950		8,446,950	-198,192	8,248,758	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	1,285,956	251,169	1,537,125	-118,818	1,418,307		1,418,307	65
66	06600	Physical Therapy	983,591	281,620	1,265,211		1,265,211		1,265,211	66
67	06700	Occupational Therapy	616,270	64,737	681,007		681,007	-405	680,602	67
68	06800	Speech Pathology	236,660	55,208	291,868		291,868		291,868	68
70	07000	Electroencephalography	37,191	1,018	38,209		38,209		38,209	70
71	07100	Medical Supplies Charged to Patients				2,011,456	2,011,456		2,011,456	71
72	07200	Impl. Dev. Charged to Patients				3,532,271	3,532,271		3,532,271	72
73	07300	Drugs Charged to Patients								73
74	07400	Renal Dialysis		927,156	927,156		927,156		927,156	74
76	03951	EMG	23,231	-7,960	15,271		15,271		15,271	76
76.01	03952	CARDIOVASCULAR LAB								76.01
76.02	03953	MERCY EYE CENTER	184,974	27,643	212,617		212,617		212,617	76.02
76.03	03954	MERCY ENT								76.03
76.04	03955	WOUND CARE CENTER	183,461	-32,662	150,799		150,799		150,799	76.04
76.05	03956	CARDIAC REHAB								76.05
76.06	03957	PRE-BIRTH CENTER	768,684	171,285	939,969	-77,197	862,772	-576,934	285,838	76.06
76.07	03958	SLEEP LAB		458,993	458,993		458,993		458,993	76.07
76.08	03640	UROLOGY	78,873	2,603	81,476		81,476		81,476	76.08
76.09	03959	ADDP OP	99,619	500	100,119		100,119		100,119	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL		1,716	1,716		1,716		1,716	76.10
76.11	03960	DIABETES TREATMENT	116,000	48,020	164,020		164,020		164,020	76.11
76.12	03961	MENTAL HEALTH CENTER	117,351	30,500	147,851		147,851		147,851	76.12
76.13	03650	VEIN CLINIC								76.13
76.97	07697	CARDIAC REHABILITATION	299,335	18,701	318,036		318,036	-24,625	293,411	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	330,949	20,807	351,756		351,756		351,756	90
90.01	09001	MERCY CLINICS	3,676,739	1,762,388	5,439,127	-202,490	5,236,637	-3,318,567	1,918,070	90.01
90.02	09002	MERCY CLINIC STATE ST								90.02
90.03	09003	MERCY CLINIC POLK ST								90.03
91	09100	Emergency	3,743,339	2,993,751	6,737,090		6,737,090	-757,500	5,979,590	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	82,910,040	304,261,078	387,171,118	-701,119	386,469,999	-177,414,529	209,055,470	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen								190
191	19100	Research	160,355	-39,048	121,307		121,307		121,307	191
192	19200	Physicians' Private Offices	9,240,574	8,284,593	17,525,167	719,196	18,244,363		18,244,363	192
192.01	19201	DNBAR CLINIC	54,854	143,785	198,639	-18,077	180,562		180,562	192.01
192.02	19202	PHILLIPS HEALTH	53,223	115,927	169,150		169,150		169,150	192.02
192.03	19204	OTHER HOME HEALTH								192.03
192.04	19205	VITAS HOSPICE								192.04
192.05	19203	DOCTORS OFFICE	337,765	170,415	508,180		508,180		508,180	192.05
194	07950	OTHER NONREIMBURSABLE COST CENTERS								194
194.01	07951	SENIOR FRIENDS								194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS								194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS								194.03
200		TOTAL (sum of lines 118-199)	92,756,811	312,936,750	405,693,561		405,693,561	-177,414,529	228,279,032	200

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	PROPERTY INSURANCE	A	Cap Rel Costs-Bldg & Fixt	1		101,455	1
500	Total reclassifications					101,455	500
	Code Letter - A						
1	MEDICAL SUPPLIES	B	Medical Supplies Charged to P	71		2,011,456	1
2							2
3							3
4							4
500	Total reclassifications					2,011,456	500
	Code Letter - B						
1	CAFETERIA COSTS	C	Cafeteria	11		1,326,977	1
500	Total reclassifications					1,326,977	500
	Code Letter - C						
1	SPECIAL CARE NURSERY	D	NURSERY INTENSIVE CARE CENTER	32.01	1,449,634	262,354	1
500	Total reclassifications				1,449,634	262,354	500
	Code Letter - D						
1	IMPLANT SUPPLIES	E	Impl. Dev. Charged to Patient	72		3,532,271	1
2							2
3							3
500	Total reclassifications					3,532,271	500
	Code Letter - E						
1	INTEREST EXPENSE	F	Cap Rel Costs-Bldg & Fixt	1		3,397,621	1
500	Total reclassifications					3,397,621	500
	Code Letter - F						
1	PHYSICIANS PART A ADMIN SAL	G	Administrative & General	5	190,207		1
2							2
3							3
500	Total reclassifications				190,207		500
	Code Letter - G						
1	BILLING FEES	H	Physicians' Private Offices	192	164,729	1,208,483	1
2							2
500	Total reclassifications				164,729	1,208,483	500
	Code Letter - H						
1	TEACHING SALARIES	I	I&R Services-Other Prgm Costs	22	872,145		1
2							2
3							3
4							4
5							5
500	Total reclassifications				872,145		500
	Code Letter - I						
	GRAND TOTAL (Increases)					2,676,715	11,840,617

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

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	PROPERTY INSURANCE	A	Administrative & General	5		101,455	9	1
500	Total reclassifications					101,455		500
	Code letter - A							
1	MEDICAL SUPPLIES	B	Operating Room	50		443,420		1
2			Radiology-Diagnostic	54		227,307		2
3			Cardiac Catheterization	59		1,221,911		3
4			Respiratory Therapy	65		118,818		4
500	Total reclassifications					2,011,456		500
	Code letter - B							
1	CAFETERIA COSTS	C	Dietary	10		1,326,977		1
500	Total reclassifications					1,326,977		500
	Code letter - C							
1	SPECIAL CARE NURSERY	D	Nursery	43	1,449,634	262,354		1
500	Total reclassifications				1,449,634	262,354		500
	Code letter - D							
1	IMPLANT SUPPLIES	E	Operating Room	50		1,914,694		1
2			Radiology-Diagnostic	54		28,452		2
3			Cardiac Catheterization	59		1,589,125		3
500	Total reclassifications					3,532,271		500
	Code letter - E							
1	INTEREST EXPENSE	F	Administrative & General	5		3,397,621	9	1
500	Total reclassifications					3,397,621		500
	Code letter - F							
1	PHYSICIANS PART A ADMIN SAL	G	I&R Services-Salary & Fringes	21	87,768			1
2			I&R Services-Other Prgm Costs	22	1,646			2
3			Physicians' Private Offices	192	100,793			3
500	Total reclassifications				190,207			500
	Code letter - G							
1	BILLING FEES	H	Employee Benefits Department	4		43,160		1
2			Administrative & General	5	164,729	1,165,323		2
500	Total reclassifications				164,729	1,208,483		500
	Code letter - H							
1	TEACHING SALARIES	I	Adults & Pediatrics	30	21,158			1
2			PRE-BIRTH CENTER	76.06	77,197			2
3			MERCY CLINICS	90.01	202,490			3
4			Physicians' Private Offices	192	553,223			4
5			DNBAR CLINIC	192.01	18,077			5
500	Total reclassifications				872,145			500
	Code letter - I							
	GRAND TOTAL (Decreases)				2,676,715	11,840,617		

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

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RECONCILIATION OF CAPITAL COST CENTERS

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

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	26,173,000					26,173,000		1
2	Land Improvements	5,122,158	29,602		29,602		5,151,760		2
3	Buildings and Fixtures	167,800,677	12,609,480		12,609,480	159,998,547	20,411,610		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	57,232,296	1,981,988		1,981,988	4,718,944	54,495,340		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	256,328,131	14,621,070		14,621,070	164,717,491	106,231,710		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	256,328,131	14,621,070		14,621,070	164,717,491	106,231,710		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	7,273,835						7,273,835	1	
2	Cap Rel Costs-Mvble Equip	7,969,007						7,969,007	2	
3	Total (sum of lines 1-2)	15,242,842						15,242,842	3	

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	11,446,819						11,446,819	1	
2	Cap Rel Costs-Mvble Equip	7,969,007						7,969,007	2	
3	Total (sum of lines 1-2)	19,415,826						19,415,826	3	

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications, Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref.
				COST CENTER	LINE#		
1	Investment income-buildings & fixtures (chapter 2)	B	-310,256	Cap Rel Costs-Bldg & Fixt	1	9	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2		2
3	Investment income-other (chapter 2)						3
4	Trade, quantity, and time discounts (chapter 8)						4
5	Refunds and rebates of expenses (chapter 8)						5
6	Rental of provider space by suppliers (chapter 8)	B	-275,774	Cap Rel Costs-Bldg & Fixt	1	9	6
7	Telephone services (pay stations excl) (chapter 21)						7
8	Television and radio service (chapter 21)						8
9	Parking lot (chapter 21)						9
10	Provider-based physician adjustment	Wkst A-8-2	-13,688,451				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	2,892,736				12
13	Laundry and linen service						13
14	Cafeteria - employees and guests	B	-824,670	Cafeteria	11		14
15	Rental of quarters to employees & others						15
16	Sale of medical and surgical supplies to other than patients						16
17	Sale of drugs to other than patients						17
18	Sale of medical records and abstracts						18
19	Nursing school (tuition,fees,books,etc.)						19
20	Vending machines						20
21	Income from imposition of interest, finance or penalty charges (chapter 21)						21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments						22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65		23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66		24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114		25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1		26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2		27
28	Non-physician anesthetist			Nonphysician Anesthetists	19		28
29	Physicians' assistant						29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67		30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68		31
32	CAH HIT Adj for Depreciation						32
33							33
33.61	MARKETING COSTS	A	-501,151	Administrative & General	5		33.61
33.62	MISC REVENUE	B	-1,704	Employee Benefits Department	4		33.62
33.73	MISCELLANEOUS INCOME	B	-941,178	Administrative & General	5		33.73
33.78	MISCELLANEOUS INCOME	B	-18,688	Radiology-Diagnostic	54		33.78
33.79	REFERRAL LAB REVENUE	B	-198,192	Laboratory	60		33.79
33.82	OTHER REVENUE	B	-305	Occupational Therapy	67		33.82
33.88	OTHER REVENUE	B	-100	Occupational Therapy	67		33.88
33.92	MRI OTHER REVENUE	B	-325,529	MRI	58		33.92
33.93	COMMISSION INCOME	B	-13,178	Administrative & General	5		33.93
33.94	OTHER REVENUE	B	-80,811	I&R Services-Other Prgm Costs Apprvd	22		33.94
33.95	PHYSICIAN PART B BENEFITS	A	-1,272,185	Employee Benefits Department	4		33.95
33.97	OTHER REVENUE	B	-7,668	Operation of Plant	7		33.97
33.98	MISC REVENUE	B	-16,375	CARDIAC REHABILITATION	76.97		33.98
33.99	LOBBYING COSTS	B	-15,226	Administrative & General	5		33.99
34	OTHER REVENUE	B	-478,380	MERCY CLINICS	90.01		34
35	AMORT TIF EXPENSES	A	-265,652	Cap Rel Costs-Bldg & Fixt	1	9	35
36	OCC MEDICINE BENEFITS	A	-30,633	Employee Benefits Department	4		36
37	PHYSICIANS MALPRACTICE EXPENSES	A	-1,481,371	Administrative & General	5		37
38	PHYSICIANS PART B BENEFITS	A	-537,124	Employee Benefits Department	4		38
39	OCCUPATIONAL MEDICINE ADMIN	A	-296,090	Administrative & General	5		39
40	HOSPICE COSTS	A	-53,576	Adults & Pediatrics	30		40
41	IMPAIRMENT EXPENSES	A	-148,288,041	Administrative & General	5		41
42	MEDICAID ASSESSMENT	A	-10,384,957	Administrative & General	5		42
43							43
44							44
45							45
46							46
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-177,414,529				50

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	

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

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

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

WORKSHEET A-8-1

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

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	7	Operation of Plant	HOME OFFICE COSTS	2,632,054	2,629,041	3,013		1
2	1	Cap Rel Costs-Bldg & Fixt	INTVESTMENT INCOME		-1,525,590	1,525,590	9	2
3	58	MRI	JOINT VENTURE	1,530,541	550,000	980,541		3
3.01	5	Administrative & General	TRINITY HEALTH	25,355,489	24,474,888	880,601		3.01
3.02	4	Employee Benefits Department	EMPLOYEE BENEFITS HOME OF	1,481,539	1,978,550	-497,011		3.02
3.03	16	Medical Records & Library	MEDICAL RECRODS	1,417	1,415	2		3.03
4								4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			31,001,040	28,108,304	2,892,736		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		Type of Business	
				Name	Percentage of Ownership		
	1	2	3	4	5	6	
6	B	SISTERS OF MERCY	100.00			RELIGIOUS ORDER	6
7							7
8							8
9							9
10							10

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

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

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5	Administrative & Gen AGGREGATE	2,136,974	1,946,757	190,207	177,200	1,646	140,227	7,011	1
2	16	Medical Records & Li AGGREGATE	8,000	8,000						2
3	22	I&R Services-Other P AGGREGATE	2,767,955	1,496,970	1,270,985	177,200	8,431	718,256	35,913	3
4	30	Adults & Pediatrics AGGREGATE	720,365	720,365						4
5	31	Intensive Care Unit AGGREGATE	1,313,678	1,313,678						5
6	40	Subprovider - IPF AGGREGATE	185,363		185,363	177,200	2,244	191,172	9,559	6
7										7
8	43	Nursery AGGREGATE	675,206	675,206						8
9	54	Radiology-Diagnostic AGGREGATE	269,799	269,799						9
10	55	Radiology-Therapeuti AGGREGATE	282,744	282,744						10
11	56	Radioisotope AGGREGATE	24,960	24,960						11
12	59	Cardiac Catheterizat AGGREGATE	1,945,151	1,945,151						12
13	76.97	CARDIAC REHABILITATI AGGREGATE	8,250	8,250						13
14										14
15	76.06	PRE-BIRTH CENTER AGGREGATE	576,934	576,934						15
16	91	Emergency AGGREGATE	757,500	757,500						16
17	90.01	MERCY CLINICS AGGREGATE	2,841,368	2,795,331	46,037	583	4,215	1,181	59	17
18	50	Operating Room AGGEGRATE	219,231	219,231						18
19										19
20										20
200		TOTAL	14,733,478	13,040,876	1,692,592		16,536	1,050,836	52,542	200

KPMG LLP Compu-Max 2552-10

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5	Administrative & Gen AGGREGATE					140,227	49,980	1,996,747	1
2	16	Medical Records & Li AGGREGATE							8,000	2
3	22	I&R Services-Other P AGGREGATE					718,256	552,729	2,049,699	3
4	30	Adults & Pediatrics AGGREGATE							720,365	4
5	31	Intensive Care Unit AGGREGATE							1,313,678	5
6	40	Subprovider - IPF AGGREGATE					191,172			6
7										7
8	43	Nursery AGGREGATE							675,206	8
9	54	Radiology-Diagnostic AGGREGATE							269,799	9
10	55	Radiology-Therapeuti AGGREGATE							282,744	10
11	56	Radioisotope AGGREGATE							24,960	11
12	59	Cardiac Catheterizat AGGREGATE							1,945,151	12
13	76.97	CARDIAC REHABILITATI AGGREGATE							8,250	13
14										14
15	76.06	PRE-BIRTH CENTER AGGREGATE							576,934	15
16	91	Emergency AGGREGATE							757,500	16
17	90.01	MERCY CLINICS AGGREGATE					1,181	44,856	2,840,187	17
18	50	Operating Room AGGEGRATE							219,231	18
19										19
20										20
200		TOTAL					1,050,836	647,565	13,688,451	200

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	11,446,819	11,446,819					1
2	Cap Rel Costs-Mvble Equip	7,969,007		7,969,007				2
4	Employee Benefits Department	23,639,926	82,734		23,722,660			4
5	Administrative & General	39,949,768	2,461,093	4,382,232	3,959,656	50,752,749	50,752,749	5
6	Maintenance & Repairs							6
7	Operation of Plant	11,013,065	1,719,557	273,593	583,054	13,589,269	3,885,023	7
8	Laundry & Linen Service	1,395,984	144,220			1,540,204	440,327	8
9	Housekeeping	3,065,520	112,501	13,473	538,310	3,729,804	1,066,310	9
10	Dietary	1,568,536	151,521			1,720,057	491,745	10
11	Cafeteria	502,307	190,403			692,710	198,038	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,571,098	37,861		367,769	1,976,728	565,125	13
14	Central Services & Supply	958,142	118,385	15,675	163,458	1,255,660	358,979	14
15	Pharmacy	15,511,197		2,715		15,513,912	4,435,257	15
16	Medical Records & Library	1,566,843	59,490	3,572	192,810	1,822,715	521,094	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,372,180			1,565,588	6,937,768	1,983,432	21
22	I&R Services-Other Prgm Costs Apprvd	2,929,935	270,347	2,826	4,973	3,208,081	917,155	22
23	PARAMED ED PRGM-(SPECIFY)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	16,055,441	1,719,542	118,592	4,157,972	22,051,547	6,304,233	30
31	Intensive Care Unit	4,053,811	128,795	172,281	955,076	5,309,963	1,518,060	31
32	Coronary Care Unit	870,259	54,963	76,714	210,932	1,212,868	346,746	32
32.01	NURSERY INTENSIVE CARE CENTER	1,711,988	33,014		422,460	2,167,462	619,654	32.01
40	Subprovider - IPF	3,217,982	341,649	9,183	466,602	4,035,416	1,153,681	40
41	Subprovider - IRF	2,256,121	147,482	10,323	366,020	2,779,946	794,756	41
43	Nursery	591,071	19,281	66,280	204,504	881,136	251,907	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	7,597,321	546,532	678,757	987,432	9,810,042	2,804,583	50
50.01	GI LAB	1,368,186	20,927		184,723	1,573,836	449,942	50.01
51	Recovery Room	588,086	35,880		163,408	787,374	225,102	51
52	Delivery Room & Labor Room	3,101,697	259,434	80,012	741,738	4,182,881	1,195,840	52
53	Anesthesiology	294,338	5,533	16,623	29,957	346,451	99,047	53
54	Radiology-Diagnostic	3,357,745	406,245	892,906	887,862	5,544,758	1,585,185	54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic	553,038	80,508	3,055	99,130	735,731	210,337	55
56	Radioisotope	646,617	33,334	109,506	80,728	870,185	248,776	56
57	CT Scan	938,834	7,621	172,074	218,548	1,337,077	382,256	57
58	MRI	2,758,640	56,533		70,934	2,886,107	825,106	58
59	Cardiac Catheterization	2,058,603	355,093	350,262	583,953	3,347,911	957,131	59
60	Laboratory	8,248,758	323,405	350,999	1,169,729	10,092,891	2,885,447	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	1,418,307	56,655	88,306	374,760	1,938,028	554,061	65
66	Physical Therapy	1,265,211	69,001		286,643	1,620,855	463,385	66
67	Occupational Therapy	680,602	129,450		179,596	989,648	282,929	67
68	Speech Pathology	291,868	8,139		68,969	368,976	105,486	68
70	Electroencephalography	38,209	21,354	2,106	10,838	72,507	20,729	70
71	Medical Supplies Charged to Patients	2,011,456				2,011,456	575,053	71
72	Impl. Dev. Charged to Patients	3,532,271				3,532,271	1,009,837	72
73	Drugs Charged to Patients		64,580			64,580	18,463	73
74	Renal Dialysis	927,156	18,016			945,172	270,214	74
76	EMG	15,271		2,961	6,770	25,002	7,148	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	212,617	139,922		53,906	406,445	116,198	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	150,799	14,891		53,465	219,155	62,654	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	285,838			79,802	365,640	104,532	76.06
76.07	SLEEP LAB	458,993				458,993	131,221	76.07
76.08	UROLOGY	81,476		970	22,986	105,432	30,142	76.08
76.09	ADDP OP	100,119			29,031	129,150	36,923	76.09
76.10	PSYCH PARTIAL HOSPITAL	1,716				1,716	491	76.10
76.11	DIABETES TREATMENT	164,020			33,805	197,825	56,556	76.11
76.12	MENTAL HEALTH CENTER	147,851	91,406		34,199	273,456	78,178	76.12
76.13	VEIN CLINIC							76.13
76.97	CARDIAC REHABILITATION	293,411	17,300	19,582	87,234	417,527	119,366	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	351,756			96,447	448,203	128,136	90

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
90.01	MERCY CLINICS	1,918,070		14,169	300,839	2,233,078	638,412	90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	5,979,590	219,546	26,119	1,090,903	7,316,158	2,091,609	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	209,055,470	10,774,143	7,955,866	22,187,519	206,834,512	44,621,997	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		14,175			14,175	4,052	190
191	Research	121,307			46,731	168,038	48,040	191
192	Physicians' Private Offices	18,244,363	289,385	13,141	1,363,748	19,910,637	5,692,232	192
192.01	DNBAR CLINIC	180,562			10,718	191,280	54,685	192.01
192.02	PHILLIPS HEALTH	169,150			15,511	184,661	52,793	192.02
192.03	OTHER HOME HEALTH							192.03
192.04	VITAS HOSPICE		272,436			272,436	77,886	192.04
192.05	DOCTORS OFFICE	508,180	96,680		98,433	703,293	201,064	192.05
194	OTHER NONREIMBURSABLE COST CENTERS							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	228,279,032	11,446,819	7,969,007	23,722,660	228,279,032	50,752,749	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	17,474,292						7
8	Laundry & Linen Service	360,379	2,340,910					8
9	Housekeeping	281,120		5,077,234				9
10	Dietary	378,622		114,203	2,704,627			10
11	Cafeteria					890,748		11
12	Maintenance of Personnel							12
13	Nursing Administration	94,608		28,536		10,591	2,675,588	13
14	Central Services & Supply	295,821		89,228		11,888		14
15	Pharmacy							15
16	Medical Records & Library	148,653		44,838		19,197		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					57,779		21
22	I&R Services-Other Prgm Costs Apprvd	675,548		203,764		23,748		22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	4,296,819	1,563,062	1,296,037	1,893,289	191,827	1,055,330	30
31	Intensive Care Unit	321,835	160,071	97,074	193,889	37,831	208,123	31
32	Coronary Care Unit	137,342	53,081	41,426	64,296	8,219	45,216	32
32.01	NURSERY INTENSIVE CARE CENTER	82,496	108,024	24,883		14,836	81,620	32.01
40	Subprovider - IPF	853,719	264,123	257,505	319,925	21,591	118,783	40
41	Subprovider - IRF	368,529	192,549	111,159	233,228	17,797	97,909	41
43	Nursery	48,180		14,532		22,012	121,100	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,365,684		411,928		39,836	219,156	50
50.01	GI LAB	52,293		15,773		6,949	38,227	50.01
51	Recovery Room	89,657		27,043		6,074	33,415	51
52	Delivery Room & Labor Room	648,278		195,538		30,653	168,636	52
53	Anesthesiology	13,826		4,170		1,816	9,992	53
54	Radiology-Diagnostic	1,015,131		306,192		35,424		54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic	201,175		60,680		4,016		55
56	Radioisotope	83,296		25,124		2,497		56
57	CT Scan	19,043		5,744		7,971		57
58	MRI	141,264		42,609		2,171		58
59	Cardiac Catheterization	887,312		267,638		22,164	121,936	59
60	Laboratory	808,129		243,754		54,520		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	141,569		42,701		16,078	88,455	65
66	Physical Therapy	172,420		52,007		11,032		66
67	Occupational Therapy	323,472		97,568		7,058		67
68	Speech Pathology	20,338		6,135		2,742		68
70	Electroencephalography	53,360		16,095		634		70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients	161,374		48,675				73
74	Renal Dialysis	45,019		13,579				74
76	EMG					401	2,204	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	349,638		105,461		3,072		76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	37,211		11,224		1,776	9,769	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER					4,119		76.06
76.07	SLEEP LAB							76.07
76.08	UROLOGY					869		76.08
76.09	ADDP OP					1,310		76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT					1,466		76.11
76.12	MENTAL HEALTH CENTER	228,407		68,894		1,637		76.12
76.13	VEIN CLINIC							76.13
76.97	CARDIAC REHABILITATION	43,229		13,039		3,440		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic					6,305		90
90.01	MERCY CLINICS					39,670		90.01
90.02	MERCY CLINIC STATE ST							90.02

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		7	8	9	10	11	13	
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	548,604		165,474		46,482	255,717	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	15,793,400	2,340,910	4,570,230	2,704,627	799,498	2,675,588	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	35,421		10,684				190
191	Research					1,759		191
192	Physicians' Private Offices	723,119		218,113		83,809		192
192.01	DNBAR CLINIC					264		192.01
192.02	PHILLIPS HEALTH					900		192.02
192.03	OTHER HOME HEALTH							192.03
192.04	VITAS HOSPICE	680,766		205,338				192.04
192.05	DOCTORS OFFICE	241,586		72,869		4,518		192.05
194	OTHER NONREIMBURSABLE COST CENTERS							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	17,474,292	2,340,910	5,077,234	2,704,627	890,748	2,675,588	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply	2,011,576						14
15	Pharmacy	17,952	19,967,121					15
16	Medical Records & Library			2,556,497				16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				8,978,979			21
22	I&R Services-Other Prgm Costs Apprvd	90				5,028,386		22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	132,001		293,602	5,129,092	2,872,381	47,079,220	30
31	Intensive Care Unit	54,995		43,764	343,892	192,585	8,482,082	31
32	Coronary Care Unit	5,548		13,607	129,432	72,484	2,130,265	32
32.01	NURSERY INTENSIVE CARE CENTER			37,719	253,195	141,794	3,531,683	32.01
40	Subprovider - IPF	1,478		33,455			7,059,676	40
41	Subprovider - IRF	11,484		26,062	115,260	64,548	4,813,227	41
43	Nursery	12,887		18,173			1,369,927	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	337,191		99,456	755,806	423,265	16,266,947	50
50.01	GI LAB	54,995		45,270			2,237,285	50.01
51	Recovery Room	1,730		17,100			1,187,495	51
52	Delivery Room & Labor Room	44,365		68,345			6,534,536	52
53	Anesthesiology	24,259		16,678			516,239	53
54	Radiology-Diagnostic	26,470		212,050	1,157,328	648,124	10,530,662	54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic	1,089		25,160			1,238,188	55
56	Radioisotope	54,965		34,703			1,319,546	56
57	CT Scan	22,984		164,547			1,939,622	57
58	MRI	365		41,380			3,939,002	58
59	Cardiac Catheterization			216,542			5,820,634	59
60	Laboratory	389,086		441,704			14,915,531	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	390		67,440			2,848,722	65
66	Physical Therapy	1,582		21,373			2,342,654	66
67	Occupational Therapy	989		11,888			1,713,552	67
68	Speech Pathology	299		5,501			509,477	68
70	Electroencephalography	130		1,554			165,009	70
71	Medical Supplies Charged to Patients	262,789		41,820			2,891,118	71
72	Impl. Dev. Charged to Patients	461,471		50,022			5,053,601	72
73	Drugs Charged to Patients		19,967,121	229,136			20,489,349	73
74	Renal Dialysis	1,911		7,778			1,283,673	74
76	EMG	163		1,848			36,766	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	742		4,159			985,715	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	766		2,288			344,843	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	814		18,213			493,318	76.06
76.07	SLEEP LAB			9,593			599,807	76.07
76.08	UROLOGY	340		161			136,944	76.08
76.09	ADDP OP			798			168,181	76.09
76.10	PSYCH PARTIAL HOSPITAL			7,197			9,404	76.10
76.11	DIABETES TREATMENT			828			256,675	76.11
76.12	MENTAL HEALTH CENTER	21		2,983			653,576	76.12
76.13	VEIN CLINIC			132			132	76.13
76.97	CARDIAC REHABILITATION	716		5,433			602,750	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	377		38			583,059	90
90.01	MERCY CLINICS	7,412		11,024			2,929,596	90.01
90.02	MERCY CLINIC STATE ST							90.02

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	68,845		205,973	1,094,974	613,205	12,407,041	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,003,691	19,967,121	2,556,497	8,978,979	5,028,386	198,416,729	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen						64,332	190
191	Research	54					217,891	191
192	Physicians' Private Offices	6,235					26,634,145	192
192.01	DNBAR CLINIC	85					246,314	192.01
192.02	PHILLIPS HEALTH	134					238,488	192.02
192.03	OTHER HOME HEALTH							192.03
192.04	VITAS HOSPICE						1,236,426	192.04
192.05	DOCTORS OFFICE	1,377					1,224,707	192.05
194	OTHER NONREIMBURSABLE COST CENTERS							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,011,576	19,967,121	2,556,497	8,978,979	5,028,386	228,279,032	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	-8,001,473	39,077,747				30
31	Intensive Care Unit	-536,477	7,945,605				31
32	Coronary Care Unit	-201,916	1,928,349				32
32.01	NURSERY INTENSIVE CARE CENTER	-394,989	3,136,694				32.01
40	Subprovider - IPF		7,059,676				40
41	Subprovider - IRF	-179,808	4,633,419				41
43	Nursery		1,369,927				43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	-1,179,071	15,087,876				50
50.01	GI LAB		2,237,285				50.01
51	Recovery Room		1,187,495				51
52	Delivery Room & Labor Room		6,534,536				52
53	Anesthesiology		516,239				53
54	Radiology-Diagnostic	-1,805,452	8,725,210				54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic		1,238,188				55
56	Radioisotope		1,319,546				56
57	CT Scan		1,939,622				57
58	MRI		3,939,002				58
59	Cardiac Catheterization		5,820,634				59
60	Laboratory		14,915,531				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		2,848,722				65
66	Physical Therapy		2,342,654				66
67	Occupational Therapy		1,713,552				67
68	Speech Pathology		509,477				68
70	Electroencephalography		165,009				70
71	Medical Supplies Charged to Patients		2,891,118				71
72	Impl. Dev. Charged to Patients		5,053,601				72
73	Drugs Charged to Patients		20,489,349				73
74	Renal Dialysis		1,283,673				74
76	EMG		36,766				76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER		985,715				76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER		344,843				76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER		493,318				76.06
76.07	SLEEP LAB		599,807				76.07
76.08	UROLOGY		136,944				76.08
76.09	ADDP OP		168,181				76.09
76.10	PSYCH PARTIAL HOSPITAL		9,404				76.10
76.11	DIABETES TREATMENT		256,675				76.11
76.12	MENTAL HEALTH CENTER		653,576				76.12
76.13	VEIN CLINIC		132				76.13
76.97	CARDIAC REHABILITATION		602,750				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic		583,059				90
90.01	MERCY CLINICS		2,929,596				90.01
90.02	MERCY CLINIC STATE ST						90.02

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency	-1,708,179	10,698,862				91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	-14,007,365	184,409,364				118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen		64,332				190
191	Research		217,891				191
192	Physicians' Private Offices		26,634,145				192
192.01	DNBAR CLINIC		246,314				192.01
192.02	PHILLIPS HEALTH		238,488				192.02
192.03	OTHER HOME HEALTH						192.03
192.04	VITAS HOSPICE		1,236,426				192.04
192.05	DOCTORS OFFICE		1,224,707				192.05
194	OTHER NONREIMBURSABLE COST CENTERS						194
194.01	SENIOR FRIENDS						194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS						194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS						194.03
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	-14,007,365	214,271,667				202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		82,734		82,734	82,734		4
5	Administrative & General	354,017	2,461,093	4,382,232	7,197,342	13,805	7,211,147	5
6	Maintenance & Repairs							6
7	Operation of Plant	28,362	1,719,557	273,593	2,021,512	2,033	551,996	7
8	Laundry & Linen Service		144,220		144,220		62,563	8
9	Housekeeping	6,370	112,501	13,473	132,344	1,877	151,505	9
10	Dietary	10,797	151,521		162,318		69,869	10
11	Cafeteria		190,403		190,403		28,138	11
12	Maintenance of Personnel							12
13	Nursing Administration		37,861		37,861	1,282	80,295	13
14	Central Services & Supply	401,131	118,385	15,675	535,191	570	51,005	14
15	Pharmacy			2,715	2,715		630,175	15
16	Medical Records & Library		59,490	3,572	63,062	672	74,039	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					5,458	281,812	21
22	I&R Services-Other Prgm Costs Apprvd		270,347	2,826	273,173	17	130,312	22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	125,340	1,719,542	118,592	1,963,474	14,527	895,760	30
31	Intensive Care Unit	25,518	128,795	172,281	326,594	3,330	215,691	31
32	Coronary Care Unit	2,445	54,963	76,714	134,122	735	49,267	32
32.01	NURSERY INTENSIVE CARE CENTER		33,014		33,014	1,473	88,042	32.01
40	Subprovider - IPF		341,649	9,183	350,832	1,627	163,919	40
41	Subprovider - IRF	20,505	147,482	10,323	178,310	1,276	112,921	41
43	Nursery		19,281	66,280	85,561	713	35,792	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	315,398	546,532	678,757	1,540,687	3,443	398,484	50
50.01	GI LAB		20,927		20,927	644	63,929	50.01
51	Recovery Room	6,804	35,880		42,684	570	31,983	51
52	Delivery Room & Labor Room	20,248	259,434	80,012	359,694	2,586	169,909	52
53	Anesthesiology		5,533	16,623	22,156	104	14,073	53
54	Radiology-Diagnostic		406,245	892,906	1,299,151	3,095	225,228	54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic		80,508	3,055	83,563	346	29,885	55
56	Radioisotope		33,334	109,506	142,840	281	35,347	56
57	CT Scan		7,621	172,074	179,695	762	54,312	57
58	MRI		56,533		56,533	247	117,234	58
59	Cardiac Catheterization		355,093	350,262	705,355	2,036	135,992	59
60	Laboratory		323,405	350,999	674,404	4,078	409,973	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	25,425	56,655	88,306	170,386	1,307	78,723	65
66	Physical Therapy	435	69,001		69,436	999	65,839	66
67	Occupational Therapy		129,450		129,450	626	40,200	67
68	Speech Pathology		8,139		8,139	240	14,988	68
70	Electroencephalography		21,354	2,106	23,460	38	2,945	70
71	Medical Supplies Charged to Patients						81,705	71
72	Impl. Dev. Charged to Patients						143,481	72
73	Drugs Charged to Patients		64,580		64,580		2,623	73
74	Renal Dialysis		18,016		18,016		38,393	74
76	EMG			2,961	2,961	24	1,016	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER		139,922		139,922	188	16,510	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER		14,891		14,891	186	8,902	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER					278	14,852	76.06
76.07	SLEEP LAB						18,644	76.07
76.08	UROLOGY			970	970	80	4,283	76.08
76.09	ADDP OP					101	5,246	76.09
76.10	PSYCH PARTIAL HOSPITAL						70	76.10
76.11	DIABETES TREATMENT					118	8,036	76.11
76.12	MENTAL HEALTH CENTER		91,406		91,406	119	11,108	76.12
76.13	VEIN CLINIC							76.13
76.97	CARDIAC REHABILITATION		17,300	19,582	36,882	304	16,960	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic					336	18,206	90
90.01	MERCY CLINICS	451,161		14,169	465,330	1,049	90,708	90.01
90.02	MERCY CLINIC STATE ST							90.02

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MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency		219,546	26,119	245,665	3,803	297,182	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,793,956	10,774,143	7,955,866	20,523,965	77,383	6,340,070	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		14,175		14,175		576	190
191	Research					163	6,826	191
192	Physicians' Private Offices		289,385	13,141	302,526	4,754	808,770	192
192.01	DNBAR CLINIC					37	7,770	192.01
192.02	PHILLIPS HEALTH					54	7,501	192.02
192.03	OTHER HOME HEALTH							192.03
192.04	VITAS HOSPICE		272,436		272,436		11,066	192.04
192.05	DOCTORS OFFICE		96,680		96,680	343	28,568	192.05
194	OTHER NONREIMBURSABLE COST CENTERS							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,793,956	11,446,819	7,969,007	21,209,782	82,734	7,211,147	202

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MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	2,575,541						7
8	Laundry & Linen Service	53,116	259,899					8
9	Housekeeping	41,434		327,160				9
10	Dietary	55,805		7,359	295,351			10
11	Cafeteria					218,541		11
12	Maintenance of Personnel							12
13	Nursing Administration	13,944		1,839		2,598	137,819	13
14	Central Services & Supply	43,601		5,750		2,917		14
15	Pharmacy							15
16	Medical Records & Library	21,910		2,889		4,710		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					14,176		21
22	I&R Services-Other Prgm Costs Apprvd	99,569		13,130		5,826		22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	633,309	173,539	83,513	206,752	47,060	54,360	30
31	Intensive Care Unit	47,435	17,772	6,255	21,173	9,282	10,720	31
32	Coronary Care Unit	20,243	5,893	2,669	7,021	2,016	2,329	32
32.01	NURSERY INTENSIVE CARE CENTER	12,159	11,993	1,603		3,640	4,204	32.01
40	Subprovider - IPF	125,830	29,324	16,593	34,936	5,297	6,119	40
41	Subprovider - IRF	54,318	21,378	7,163	25,469	4,366	5,043	41
43	Nursery	7,101		936		5,401	6,238	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	201,289		26,543		9,774	11,289	50
50.01	GI LAB	7,708		1,016		1,705	1,969	50.01
51	Recovery Room	13,215		1,743		1,490	1,721	51
52	Delivery Room & Labor Room	95,550		12,600		7,521	8,686	52
53	Anesthesiology	2,038		269		446	515	53
54	Radiology-Diagnostic	149,621		19,730		8,691		54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic	29,651		3,910		985		55
56	Radioisotope	12,277		1,619		613		56
57	CT Scan	2,807		370		1,956		57
58	MRI	20,821		2,746		533		58
59	Cardiac Catheterization	130,781		17,246		5,438	6,281	59
60	Laboratory	119,110		15,707		13,376		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	20,866		2,752		3,945	4,556	65
66	Physical Therapy	25,413		3,351		2,707		66
67	Occupational Therapy	47,677		6,287		1,732		67
68	Speech Pathology	2,998		395		673		68
70	Electroencephalography	7,865		1,037		156		70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients	23,785		3,136				73
74	Renal Dialysis	6,635		875				74
76	EMG					98	114	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	51,533		6,796		754		76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	5,485		723		436	503	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER					1,011		76.06
76.07	SLEEP LAB							76.07
76.08	UROLOGY					213		76.08
76.09	ADDP OP					321		76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT					360		76.11
76.12	MENTAL HEALTH CENTER	33,665		4,439		402		76.12
76.13	VEIN CLINIC							76.13
76.97	CARDIAC REHABILITATION	6,371		840		844		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic					1,547		90
90.01	MERCY CLINICS					9,733		90.01
90.02	MERCY CLINIC STATE ST							90.02

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MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		7	8	9	10	11	13	
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	80,859		10,663		11,404	13,172	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,327,794	259,899	294,492	295,351	196,153	137,819	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	5,221		688				190
191	Research					432		191
192	Physicians' Private Offices	106,581		14,054		20,562		192
192.01	DNBAR CLINIC					65		192.01
192.02	PHILLIPS HEALTH					221		192.02
192.03	OTHER HOME HEALTH							192.03
192.04	VITAS HOSPICE	100,338		13,231				192.04
192.05	DOCTORS OFFICE	35,607		4,695		1,108		192.05
194	OTHER NONREIMBURSABLE COST CENTERS							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,575,541	259,899	327,160	295,351	218,541	137,819	202

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MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply	639,034						14
15	Pharmacy	5,703	638,593					15
16	Medical Records & Library			167,282				16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				301,446			21
22	I&R Services-Other Prgm Costs Apprvd	29				522,056		22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	41,933		19,226			4,133,453	30
31	Intensive Care Unit	17,471		2,866			678,589	31
32	Coronary Care Unit	1,763		891			226,949	32
32.01	NURSERY INTENSIVE CARE CENTER			2,470			158,598	32.01
40	Subprovider - IPF	470		2,191			737,138	40
41	Subprovider - IRF	3,648		1,707			415,599	41
43	Nursery	4,094		1,190			147,026	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	107,117		6,513			2,305,139	50
50.01	GI LAB	17,471		2,964			118,333	50.01
51	Recovery Room	550		1,120			95,076	51
52	Delivery Room & Labor Room	14,094		4,476			675,116	52
53	Anesthesiology	7,706		1,092			48,399	53
54	Radiology-Diagnostic	8,409		13,886			1,727,811	54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic	346		1,648			150,334	55
56	Radioisotope	17,461		2,273			212,711	56
57	CT Scan	7,301		10,775			257,978	57
58	MRI	116		2,710			200,940	58
59	Cardiac Catheterization			14,180			1,017,309	59
60	Laboratory	123,603		28,794			1,389,045	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	124		4,416			287,075	65
66	Physical Therapy	503		1,400			169,648	66
67	Occupational Therapy	314		778			227,064	67
68	Speech Pathology	95		360			27,888	68
70	Electroencephalography	41		102			35,644	70
71	Medical Supplies Charged to Patients	83,481		2,739			167,925	71
72	Impl. Dev. Charged to Patients	146,602		3,276			293,359	72
73	Drugs Charged to Patients		638,593	15,005			747,722	73
74	Renal Dialysis	607		509			65,035	74
76	EMG	52		121			4,386	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	236		272			216,211	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	243		150			31,519	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	259		1,193			17,593	76.06
76.07	SLEEP LAB			628			19,272	76.07
76.08	UROLOGY	108		11			5,665	76.08
76.09	ADDP OP			52			5,720	76.09
76.10	PSYCH PARTIAL HOSPITAL			471			541	76.10
76.11	DIABETES TREATMENT			54			8,568	76.11
76.12	MENTAL HEALTH CENTER	7		195			141,341	76.12
76.13	VEIN CLINIC			9			9	76.13
76.97	CARDIAC REHABILITATION	227		356			62,784	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	120		3			20,212	90
90.01	MERCY CLINICS	2,355		722			569,897	90.01
90.02	MERCY CLINIC STATE ST							90.02

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	21,870		13,488			698,106	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	636,529	638,593	167,282			18,518,727	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen						20,660	190
191	Research	17					7,438	191
192	Physicians' Private Offices	1,981					1,259,228	192
192.01	DNBAR CLINIC	27					7,899	192.01
192.02	PHILLIPS HEALTH	43					7,819	192.02
192.03	OTHER HOME HEALTH							192.03
192.04	VITAS HOSPICE						397,071	192.04
192.05	DOCTORS OFFICE	437					167,438	192.05
194	OTHER NONREIMBURSABLE COST CENTERS							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross Foot Adjustments				301,446	522,056	823,502	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	639,034	638,593	167,282	301,446	522,056	21,209,782	202

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MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics		4,133,453				30
31	Intensive Care Unit		678,589				31
32	Coronary Care Unit		226,949				32
32.01	NURSERY INTENSIVE CARE CENTER		158,598				32.01
40	Subprovider - IPF		737,138				40
41	Subprovider - IRF		415,599				41
43	Nursery		147,026				43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room		2,305,139				50
50.01	GI LAB		118,333				50.01
51	Recovery Room		95,076				51
52	Delivery Room & Labor Room		675,116				52
53	Anesthesiology		48,399				53
54	Radiology-Diagnostic		1,727,811				54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic		150,334				55
56	Radioisotope		212,711				56
57	CT Scan		257,978				57
58	MRI		200,940				58
59	Cardiac Catheterization		1,017,309				59
60	Laboratory		1,389,045				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		287,075				65
66	Physical Therapy		169,648				66
67	Occupational Therapy		227,064				67
68	Speech Pathology		27,888				68
70	Electroencephalography		35,644				70
71	Medical Supplies Charged to Patients		167,925				71
72	Impl. Dev. Charged to Patients		293,359				72
73	Drugs Charged to Patients		747,722				73
74	Renal Dialysis		65,035				74
76	EMG		4,386				76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER		216,211				76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER		31,519				76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER		17,593				76.06
76.07	SLEEP LAB		19,272				76.07
76.08	UROLOGY		5,665				76.08
76.09	ADDP OP		5,720				76.09
76.10	PSYCH PARTIAL HOSPITAL		541				76.10
76.11	DIABETES TREATMENT		8,568				76.11
76.12	MENTAL HEALTH CENTER		141,341				76.12
76.13	VEIN CLINIC		9				76.13
76.97	CARDIAC REHABILITATION		62,784				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic		20,212				90
90.01	MERCY CLINICS		569,897				90.01
90.02	MERCY CLINIC STATE ST						90.02

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency		698,106				91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)		18,518,727				118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen		20,660				190
191	Research		7,438				191
192	Physicians' Private Offices		1,259,228				192
192.01	DNBAR CLINIC		7,899				192.01
192.02	PHILLIPS HEALTH		7,819				192.02
192.03	OTHER HOME HEALTH						192.03
192.04	VITAS HOSPICE		397,071				192.04
192.05	DOCTORS OFFICE		167,438				192.05
194	OTHER NONREIMBURSABLE COST CENTERS						194
194.01	SENIOR FRIENDS						194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS						194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS						194.03
200	Cross Foot Adjustments		823,502				200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)		21,209,782				202

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MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	751,005						1
2	Cap Rel Costs-Mvble Equip		7,947,103					2
4	Employee Benefits Department	5,428		81,402,304				4
5	Administrative & General	161,468	4,370,188	13,587,222	-50,752,749	177,526,283		5
6	Maintenance & Repairs							6
7	Operation of Plant	112,817	272,841	2,000,701		13,589,269	458,800	7
8	Laundry & Linen Service	9,462				1,540,204	9,462	8
9	Housekeeping	7,381	13,436	1,847,164		3,729,804	7,381	9
10	Dietary	9,941				1,720,057	9,941	10
11	Cafeteria	12,492				692,710		11
12	Maintenance of Personnel							12
13	Nursing Administration	2,484		1,261,967		1,976,728	2,484	13
14	Central Services & Supply	7,767	15,632	560,893		1,255,660	7,767	14
15	Pharmacy		2,708			15,513,912		15
16	Medical Records & Library	3,903	3,562	661,611		1,822,715	3,903	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			5,372,180		6,937,768		21
22	I&R Services-Other Prgm Costs Apprvd	17,737	2,818	17,066		3,208,081	17,737	22
23	PARAMED ED PRGM-(SPECIFY)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	112,816	118,266	14,267,744		22,051,547	112,816	30
31	Intensive Care Unit	8,450	171,807	3,277,263		5,309,963	8,450	31
32	Coronary Care Unit	3,606	76,503	723,794		1,212,868	3,606	32
32.01	NURSERY INTENSIVE CARE CENTER	2,166		1,449,634		2,167,462	2,166	32.01
40	Subprovider - IPF	22,415	9,158	1,601,105		4,035,416	22,415	40
41	Subprovider - IRF	9,676	10,295	1,255,966		2,779,946	9,676	41
43	Nursery	1,265	66,098	701,739		881,136	1,265	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	35,857	676,891	3,388,290		9,810,042	35,857	50
50.01	GI LAB	1,373		633,862		1,573,836	1,373	50.01
51	Recovery Room	2,354		560,722		787,374	2,354	51
52	Delivery Room & Labor Room	17,021	79,792	2,545,209		4,182,881	17,021	52
53	Anesthesiology	363	16,577	102,796		346,451	363	53
54	Radiology-Diagnostic	26,653	890,452	3,046,623		5,544,758	26,653	54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic	5,282	3,047	340,157		735,731	5,282	55
56	Radioisotope	2,187	109,205	277,012		870,185	2,187	56
57	CT Scan	500	171,601	749,928		1,337,077	500	57
58	MRI	3,709		243,403		2,886,107	3,709	58
59	Cardiac Catheterization	23,297	349,299	2,003,784		3,347,911	23,297	59
60	Laboratory	21,218	350,034	4,013,826		10,092,891	21,218	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	3,717	88,063	1,285,956		1,938,028	3,717	65
66	Physical Therapy	4,527		983,591		1,620,855	4,527	66
67	Occupational Therapy	8,493		616,270		989,648	8,493	67
68	Speech Pathology	534		236,660		368,976	534	68
70	Electroencephalography	1,401	2,100	37,191		72,507	1,401	70
71	Medical Supplies Charged to Patients					2,011,456		71
72	Impl. Dev. Charged to Patients					3,532,271		72
73	Drugs Charged to Patients	4,237				64,580	4,237	73
74	Renal Dialysis	1,182				945,172	1,182	74
76	EMG		2,953	23,231		25,002		76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	9,180		184,974		406,445	9,180	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	977		183,461		219,155	977	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER			273,833		365,640		76.06
76.07	SLEEP LAB					458,993		76.07
76.08	UROLOGY		967	78,873		105,432		76.08
76.09	ADDP OP			99,619		129,150		76.09
76.10	PSYCH PARTIAL HOSPITAL					1,716		76.10
76.11	DIABETES TREATMENT			116,000		197,825		76.11
76.12	MENTAL HEALTH CENTER	5,997		117,351		273,456	5,997	76.12
76.13	VEIN CLINIC							76.13
76.97	CARDIAC REHABILITATION	1,135	19,528	299,335		417,527	1,135	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic			330,949		448,203		90
90.01	MERCY CLINICS		14,130	1,032,304		2,233,078		90.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	14,404	26,047	3,743,339		7,316,158	14,404	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	706,872	7,933,998	76,134,598	-50,752,749	156,081,763	414,667	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	930				14,175	930	190
191	Research			160,355		168,038		191
192	Physicians' Private Offices	18,986	13,105	4,679,586		19,910,637	18,986	192
192.01	DNBAR CLINIC			36,777		191,280		192.01
192.02	PHILLIPS HEALTH			53,223		184,661		192.02
192.03	OTHER HOME HEALTH							192.03
192.04	VITAS HOSPICE	17,874				272,436	17,874	192.04
192.05	DOCTORS OFFICE	6,343		337,765		703,293	6,343	192.05
194	OTHER NONREIMBURSABLE COST CENTERS							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	11,446,819	7,969,007	23,722,660		50,752,749	17,474,292	202
203	Unit Cost Multiplier (Wkst. B, Part I)	15.242001	1.002756	0.291425		0.285889	38.086949	203
204	Cost to be allocated (Per Wkst. B, Part II)			82,734		7,211,147	2,575,541	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.001016		0.040620	5.613646	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA PROD FTE'S	NURSING ADMINISTRATION NURS DIRECT FTE	CENTRAL SERVICES * SUPPLY COSTED REQUI	
		8	9	10	11	13	14	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service	56,581						8
9	Housekeeping		441,957					9
10	Dietary		9,941	161,910				10
11	Cafeteria				2,132,349			11
12	Maintenance of Personnel							12
13	Nursing Administration		2,484		25,354	1,164,248		13
14	Central Services & Supply		7,767		28,459		15,397,208	14
15	Pharmacy						137,409	15
16	Medical Records & Library		3,903		45,956			16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				138,317			21
22	I&R Services-Other Prgm Costs Apprvd		17,737		56,849		689	22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	37,780	112,816	113,340	459,213	459,213	1,010,371	30
31	Intensive Care Unit	3,869	8,450	11,607	90,562	90,562	420,949	31
32	Coronary Care Unit	1,283	3,606	3,849	19,675	19,675	42,469	32
32.01	NURSERY INTENSIVE CARE CENTER	2,611	2,166		35,516	35,516		32.01
40	Subprovider - IPF	6,384	22,415	19,152	51,687	51,687	11,313	40
41	Subprovider - IRF	4,654	9,676	13,962	42,604	42,604	87,905	41
43	Nursery		1,265		52,695	52,695	98,644	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		35,857		95,363	95,363	2,580,948	50
50.01	GI LAB		1,373		16,634	16,634	420,949	50.01
51	Recovery Room		2,354		14,540	14,540	13,245	51
52	Delivery Room & Labor Room		17,021		73,380	73,380	339,581	52
53	Anesthesiology		363		4,348	4,348	185,685	53
54	Radiology-Diagnostic		26,653		84,800		202,609	54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic		5,282		9,614		8,332	55
56	Radioisotope		2,187		5,977		420,715	56
57	CT Scan		500		19,081		175,922	57
58	MRI		3,709		5,196		2,796	58
59	Cardiac Catheterization		23,297		53,059	53,059		59
60	Laboratory		21,218		130,514		2,978,173	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		3,717		38,490	38,490	2,986	65
66	Physical Therapy		4,527		26,410		12,111	66
67	Occupational Therapy		8,493		16,896		7,568	67
68	Speech Pathology		534		6,563		2,291	68
70	Electroencephalography		1,401		1,518		998	70
71	Medical Supplies Charged to Patients						2,011,456	71
72	Impl. Dev. Charged to Patients						3,532,271	72
73	Drugs Charged to Patients		4,237					73
74	Renal Dialysis		1,182				14,626	74
76	EMG				959	959	1,248	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER		9,180		7,355		5,679	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER		977		4,251	4,251	5,865	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER				9,861		6,234	76.06
76.07	SLEEP LAB							76.07
76.08	UROLOGY				2,080		2,602	76.08
76.09	ADDP OP				3,135			76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT				3,509			76.11
76.12	MENTAL HEALTH CENTER		5,997		3,919		158	76.12
76.13	VEIN CLINIC							76.13
76.97	CARDIAC REHABILITATION		1,135		8,236		5,479	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic				15,093		2,884	90
90.01	MERCY CLINICS				94,966		56,737	90.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA PROD FTE'S	NURSING ADMINIS- TRATION NURS DIRECT FTE	CENTRAL SERVICES * SUPPLY COSTED REQUI	
		8	9	10	11	13	14	
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency		14,404		111,272	111,272	526,956	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	56,581	397,824	161,910	1,913,906	1,164,248	15,336,853	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		930					190
191	Research				4,211		411	191
192	Physicians' Private Offices		18,986		200,630		47,722	192
192.01	DNBAR CLINIC				632		654	192.01
192.02	PHILLIPS HEALTH				2,155		1,028	192.02
192.03	OTHER HOME HEALTH							192.03
192.04	VITAS HOSPICE		17,874					192.04
192.05	DOCTORS OFFICE		6,343		10,815		10,540	192.05
194	OTHER NONREIMBURSABLE COST CENTERS							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	2,340,910	5,077,234	2,704,627	890,748	2,675,588	2,011,576	202
203	Unit Cost Multiplier (Wkst. B, Part I)	41.372722	11.488072	16.704509	0.417731	2.298125	0.130646	203
204	Cost to be allocated (Per Wkst. B, Part II)	259,899	327,160	295,351	218,541	137,819	639,034	204
205	Unit Cost Multiplier (Wkst. B, Part II)	4.593397	0.740253	1.824168	0.102488	0.118376	0.041503	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy	10,000					15
16	Medical Records & Library		604,432,740				16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd			9,504			21
22	I&R Services-Other Prgm Costs Apprvd				9,504		22
23	PARAMED ED PRGM-(SPECIFY)					100	23
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		69,409,540	5,429	5,429		30
31	Intensive Care Unit		10,346,025	364	364		31
32	Coronary Care Unit		3,216,900	137	137		32
32.01	NURSERY INTENSIVE CARE CENTER		8,916,929	268	268		32.01
40	Subprovider - IPF		7,908,992				40
41	Subprovider - IRF		6,161,126	122	122		41
43	Nursery		4,296,125				43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room		23,511,943	800	800		50
50.01	GI LAB		10,702,028				50.01
51	Recovery Room		4,042,445				51
52	Delivery Room & Labor Room		16,157,136				52
53	Anesthesiology		3,942,708				53
54	Radiology-Diagnostic		50,130,122	1,225	1,225		54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic		5,948,020				55
56	Radioisotope		8,204,030				56
57	CT Scan		38,899,924				57
58	MRI		9,782,433				58
59	Cardiac Catheterization		51,191,926				59
60	Laboratory		104,482,448				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		15,943,246				65
66	Physical Therapy		5,052,732				66
67	Occupational Therapy		2,810,387				67
68	Speech Pathology		1,300,424				68
70	Electroencephalography		367,312				70
71	Medical Supplies Charged to Patients		9,886,591				71
72	Impl. Dev. Charged to Patients		11,825,432				72
73	Drugs Charged to Patients	10,000	54,169,191			100	73
74	Renal Dialysis		1,838,850				74
76	EMG		436,852				76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER		983,212				76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER		540,812				76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER		4,305,709				76.06
76.07	SLEEP LAB		2,267,844				76.07
76.08	UROLOGY		38,119				76.08
76.09	ADDP OP		188,672				76.09
76.10	PSYCH PARTIAL HOSPITAL		1,701,305				76.10
76.11	DIABETES TREATMENT		195,732				76.11
76.12	MENTAL HEALTH CENTER		705,298				76.12
76.13	VEIN CLINIC		31,266				76.13
76.97	CARDIAC REHABILITATION		1,284,318				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUI	MEDICAL RECORDS + LIBRARY GROSS REVENUE	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME		
		15	16	21	22	23		
90	Clinic		9,065					90
90.01	MERCY CLINICS		2,606,234					90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency		48,693,337	1,159	1,159			91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	10,000	604,432,740	9,504	9,504	100		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices							192
192.01	DNBAR CLINIC							192.01
192.02	PHILLIPS HEALTH							192.02
192.03	OTHER HOME HEALTH							192.03
192.04	VITAS HOSPICE							192.04
192.05	DOCTORS OFFICE							192.05
194	OTHER NONREIMBURSABLE COST CENTERS							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	19,967,121	2,556,497	8,978,979	5,028,386			202
203	Unit Cost Multiplier (Wkst. B, Part I)	1,996.712100	0.004230	944.757891	529.081019			203
204	Cost to be allocated (Per Wkst. B, Part II)	638,593	167,282	301,446	522,056			204
205	Unit Cost Multiplier (Wkst. B, Part II)	63.859300	0.000277	31.717803	54.930135			205

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	39,077,747		39,077,747		39,077,747	30
31	Intensive Care Unit	7,945,605		7,945,605		7,945,605	31
32	Coronary Care Unit	1,928,349		1,928,349		1,928,349	32
32.01	NURSERY INTENSIVE CARE CENTER	3,136,694		3,136,694		3,136,694	32.01
40	Subprovider - IPF	7,059,676		7,059,676		7,059,676	40
41	Subprovider - IRF	4,633,419		4,633,419		4,633,419	41
43	Nursery	1,369,927		1,369,927		1,369,927	43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	15,087,876		15,087,876		15,087,876	50
50.01	GI LAB	2,237,285		2,237,285		2,237,285	50.01
51	Recovery Room	1,187,495		1,187,495		1,187,495	51
52	Delivery Room & Labor Room	6,534,536		6,534,536		6,534,536	52
53	Anesthesiology	516,239		516,239		516,239	53
54	Radiology-Diagnostic	8,725,210		8,725,210		8,725,210	54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic	1,238,188		1,238,188		1,238,188	55
56	Radioisotope	1,319,546		1,319,546		1,319,546	56
57	CT Scan	1,939,622		1,939,622		1,939,622	57
58	MRI	3,939,002		3,939,002		3,939,002	58
59	Cardiac Catheterization	5,820,634		5,820,634		5,820,634	59
60	Laboratory	14,915,531		14,915,531		14,915,531	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	2,848,722		2,848,722		2,848,722	65
66	Physical Therapy	2,342,654		2,342,654		2,342,654	66
67	Occupational Therapy	1,713,552		1,713,552		1,713,552	67
68	Speech Pathology	509,477		509,477		509,477	68
70	Electroencephalography	165,009		165,009		165,009	70
71	Medical Supplies Charged to Patients	2,891,118		2,891,118		2,891,118	71
72	Impl. Dev. Charged to Patients	5,053,601		5,053,601		5,053,601	72
73	Drugs Charged to Patients	20,489,349		20,489,349		20,489,349	73
74	Renal Dialysis	1,283,673		1,283,673		1,283,673	74
76	EMG	36,766		36,766		36,766	76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	985,715		985,715		985,715	76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	344,843		344,843		344,843	76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	493,318		493,318		493,318	76.06
76.07	SLEEP LAB	599,807		599,807		599,807	76.07
76.08	UROLOGY	136,944		136,944		136,944	76.08
76.09	ADDP OP	168,181		168,181		168,181	76.09
76.10	PSYCH PARTIAL HOSPITAL	9,404		9,404		9,404	76.10
76.11	DIABETES TREATMENT	256,675		256,675		256,675	76.11
76.12	MENTAL HEALTH CENTER	653,576		653,576		653,576	76.12
76.13	VEIN CLINIC	132		132		132	76.13
76.97	CARDIAC REHABILITATION	602,750		602,750		602,750	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	583,059		583,059		583,059	90
90.01	MERCY CLINICS	2,929,596		2,929,596	44,856	2,974,452	90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency	10,698,862		10,698,862		10,698,862	91
92	Observation Beds (Non-Distinct Part)	4,817,131		4,817,131		4,817,131	92
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
200	Subtotal (sum of lines 30 thru 199)	189,226,495		189,226,495	44,856	189,271,351	200
201	Less Observation Beds	4,817,131		4,817,131		4,817,131	201
202	Total (line 200 minus line 201)	184,409,364		184,409,364		184,454,220	202

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics	62,794,236		62,794,236				30
31	Intensive Care Unit	10,346,025		10,346,025				31
32	Coronary Care Unit	3,216,900		3,216,900				32
32.01	NURSERY INTENSIVE CARE CENTER	8,916,929		8,916,929				32.01
40	Subprovider - IPF	7,908,992		7,908,992				40
41	Subprovider - IRF	6,161,126		6,161,126				41
43	Nursery	4,296,125		4,296,125				43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	8,771,248	14,740,695	23,511,943	0.641711	0.641711	0.641711	50
50.01	GI LAB	2,050,907	8,651,121	10,702,028	0.209052	0.209052	0.209052	50.01
51	Recovery Room	1,168,744	2,873,701	4,042,445	0.293757	0.293757	0.293757	51
52	Delivery Room & Labor Room	15,279,223	877,913	16,157,136	0.404437	0.404437	0.404437	52
53	Anesthesiology	1,906,818	2,035,890	3,942,708	0.130935	0.130935	0.130935	53
54	Radiology-Diagnostic	10,062,805	40,067,317	50,130,122	0.174051	0.174051	0.174051	54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic	428,231	5,519,789	5,948,020	0.208168	0.208168	0.208168	55
56	Radioisotope	1,428,860	6,775,170	8,204,030	0.160841	0.160841	0.160841	56
57	CT Scan	12,674,730	26,225,194	38,899,924	0.049862	0.049862	0.049862	57
58	MRI	2,582,818	7,199,615	9,782,433	0.402661	0.402661	0.402661	58
59	Cardiac Catheterization	29,549,108	21,642,818	51,191,926	0.113702	0.113702	0.113702	59
60	Laboratory	48,234,339	56,248,109	104,482,448	0.142756	0.142756	0.142756	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	14,719,903	1,223,343	15,943,246	0.178679	0.178679	0.178679	65
66	Physical Therapy	2,978,374	2,074,358	5,052,732	0.463641	0.463641	0.463641	66
67	Occupational Therapy	2,052,574	757,813	2,810,387	0.609721	0.609721	0.609721	67
68	Speech Pathology	1,053,783	246,641	1,300,424	0.391778	0.391778	0.391778	68
70	Electroencephalography	268,159	99,153	367,312	0.449234	0.449234	0.449234	70
71	Medical Supplies Charged to Patients	8,238,384	1,648,207	9,886,591	0.292428	0.292428	0.292428	71
72	Impl. Dev. Charged to Patients	7,297,109	4,528,323	11,825,432	0.427350	0.427350	0.427350	72
73	Drugs Charged to Patients	20,381,878	33,787,313	54,169,191	0.378247	0.378247	0.378247	73
74	Renal Dialysis	1,749,150	89,700	1,838,850	0.698085	0.698085	0.698085	74
76	EMG	3,457	433,395	436,852	0.084161	0.084161	0.084161	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	2,784	980,428	983,212	1.002546	1.002546	1.002546	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	2,975	537,837	540,812	0.637639	0.637639	0.637639	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	207,540	4,098,169	4,305,709	0.114573	0.114573	0.114573	76.06
76.07	SLEEP LAB	4,968	2,262,876	2,267,844	0.264483	0.264483	0.264483	76.07
76.08	UROLOGY	1,686	36,433	38,119	3.592539	3.592539	3.592539	76.08
76.09	ADDP OP		188,672	188,672	0.891394	0.891394	0.891394	76.09
76.10	PSYCH PARTIAL HOSPITAL	708	1,700,597	1,701,305	0.005528	0.005528	0.005528	76.10
76.11	DIABETES TREATMENT		195,732	195,732	1.311359	1.311359	1.311359	76.11
76.12	MENTAL HEALTH CENTER	552	704,746	705,298	0.926666	0.926666	0.926666	76.12
76.13	VEIN CLINIC	28,344	2,922	31,266	0.004222	0.004222	0.004222	76.13
76.97	CARDIAC REHABILITATION	25,381	1,258,937	1,284,318	0.469315	0.469315	0.469315	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic		9,065	9,065	64.319801	64.319801	64.319801	90
90.01	MERCY CLINICS	733	2,605,501	2,606,234	1.124073	1.124073	1.141284	90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	15,027,054	33,666,283	48,693,337	0.219719	0.219719	0.219719	91
92	Observation Beds (Non-Distinct Part)	40,234	6,575,070	6,615,304	0.728180	0.728180	0.728180	92
OTHER REIMBURSABLE COST CENTERS								
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
200	Subtotal (sum of lines 30 thru 199)	311,863,894	292,568,846	604,432,740				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	311,863,894	292,568,846	604,432,740				202

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
Cost Center Description	1	2	3	4	5	6	7	
INPATIENT ROUTINE SERVICE COST CENTERS								
30 Adults & Pediatrics General Routine Care)	4,133,453		4,133,453	42,127	98.12	13,082	1,283,606	30
31 Intensive Care Unit	678,589		678,589	3,869	175.39	1,692	296,760	31
32 Coronary Care Unit	226,949		226,949	1,283	176.89	506	89,506	32
32.01 NURSERY INTENSIVE CARE CENTER	158,598		158,598	2,611	60.74			32.01
33 Burn Intensive Care Unit								33
34 Surgical Intensive Care Unit								34
35 Other Special Care (specify)								35
40 Subprovider - IPF	737,138		737,138	6,384	115.47	919	106,117	40
41 Subprovider - IRF	415,599		415,599	4,654	89.30	2,250	200,925	41
42 Subprovider I								42
43 Nursery	147,026		147,026	3,562	41.28			43
44 Skilled Nursing Facility								44
45 Nursing Facility								45
200 Total (lines 30-199)	6,497,352		6,497,352	64,490		18,449	1,976,914	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0158

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,305,139	23,511,943	0.098041	2,768,916	271,467	50
50.01	GI LAB	118,333	10,702,028	0.011057	830,761	9,186	50.01
51	Recovery Room	95,076	4,042,445	0.023519	377,823	8,886	51
52	Delivery Room & Labor Room	675,116	16,157,136	0.041784	27,830	1,163	52
53	Anesthesiology	48,399	3,942,708	0.012276	439,879	5,400	53
54	Radiology-Diagnostic	1,727,811	50,130,122	0.034467	3,707,811	127,797	54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic	150,334	5,948,020	0.025275	175,432	4,434	55
56	Radioisotope	212,711	8,204,030	0.025928	594,994	15,427	56
57	CT Scan	257,978	38,899,924	0.006632	5,377,115	35,661	57
58	MRI	200,940	9,782,433	0.020541	884,575	18,170	58
59	Cardiac Catheterization	1,017,309	51,191,926	0.019872	11,787,473	234,241	59
60	Laboratory	1,389,045	104,482,448	0.013295	16,845,990	223,967	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	287,075	15,943,246	0.018006	5,527,525	99,529	65
66	Physical Therapy	169,648	5,052,732	0.033575	607,480	20,396	66
67	Occupational Therapy	227,064	2,810,387	0.080795	192,322	15,539	67
68	Speech Pathology	27,888	1,300,424	0.021445	243,915	5,231	68
70	Electroencephalography	35,644	367,312	0.097040	100,268	9,730	70
71	Medical Supplies Charged to Pat	167,925	9,886,591	0.016985	3,429,084	58,243	71
72	Impl. Dev. Charged to Patients	293,359	11,825,432	0.024807	2,772,613	68,780	72
73	Drugs Charged to Patients	747,722	54,169,191	0.013803	7,683,057	106,049	73
74	Renal Dialysis	65,035	1,838,850	0.035367	732,447	25,904	74
76	EMG	4,386	436,852	0.010040			76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	216,211	983,212	0.219903	2,784	612	76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	31,519	540,812	0.058281	2,857	167	76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	17,593	4,305,709	0.004086	2,167	9	76.06
76.07	SLEEP LAB	19,272	2,267,844	0.008498	2,502	21	76.07
76.08	UROLOGY	5,665	38,119	0.148614			76.08
76.09	ADDP OP	5,720	188,672	0.030317			76.09
76.10	PSYCH PARTIAL HOSPITAL	541	1,701,305	0.000318			76.10
76.11	DIABETES TREATMENT	8,568	195,732	0.043774			76.11
76.12	MENTAL HEALTH CENTER	141,341	705,298	0.200399			76.12
76.13	VEIN CLINIC	9	31,266	0.000288	9,311	3	76.13
76.97	CARDIAC REHABILITATION	62,784	1,284,318	0.048885	8,675	424	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	20,212	9,065	2.229675			90
90.01	MERCY CLINICS	569,897	2,606,234	0.218667	584	128	90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency	698,106	48,693,337	0.014337	5,208,806	74,679	91
92	Observation Beds (Non-Distinct	509,532	6,615,304	0.077023			92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	12,530,907	500,792,407		70,344,996	1,441,243	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	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)	42,127		13,082		30
31	Intensive Care Unit	3,869		1,692		31
32	Coronary Care Unit	1,283		506		32
32.01	NURSERY INTENSIVE CARE CENTER	2,611				32.01
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF	6,384		919		40
41	Subprovider - IRF	4,654		2,250		41
42	Subprovider I					42
43	Nursery	3,562				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	64,490		18,449		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0158

**WORKSHEET D
PART IV**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0158

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	23,511,943			2,768,916		3,001,964		50
50.01	GI LAB	10,702,028			830,761		2,066,503		50.01
51	Recovery Room	4,042,445			377,823		582,250		51
52	Delivery Room & Labor Room	16,157,136			27,830		3,480		52
53	Anesthesiology	3,942,708			439,879		384,643		53
54	Radiology-Diagnostic	50,130,122			3,707,811		5,057,273		54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	5,948,020			175,432		1,648,447		55
56	Radioisotope	8,204,030			594,994		2,085,106		56
57	CT Scan	38,899,924			5,377,115		6,505,576		57
58	MRI	9,782,433			884,575		1,697,781		58
59	Cardiac Catheterization	51,191,926			11,787,473		7,349,559		59
60	Laboratory	104,482,448			16,845,990		4,329,018		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	15,943,246			5,527,525		278,112		65
66	Physical Therapy	5,052,732			607,480		14,552		66
67	Occupational Therapy	2,810,387			192,322		4,028		67
68	Speech Pathology	1,300,424			243,915		1,763		68
70	Electroencephalography	367,312			100,268		31,588		70
71	Medical Supplies Charged to Pat	9,886,591			3,429,084		868,285		71
72	Impl. Dev. Charged to Patients	11,825,432			2,772,613		1,770,357		72
73	Drugs Charged to Patients	54,169,191			7,683,057		7,740,047		73
74	Renal Dialysis	1,838,850			732,447		49,725		74
76	EMG	436,852					101,866		76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	983,212			2,784		374,560		76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	540,812			2,857		238,807		76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	4,305,709			2,167		15,452		76.06
76.07	SLEEP LAB	2,267,844			2,502		443,711		76.07
76.08	UROLOGY	38,119					1,898		76.08
76.09	ADDP OP	188,672					9,298		76.09
76.10	PSYCH PARTIAL HOSPITAL	1,701,305					115,083		76.10
76.11	DIABETES TREATMENT	195,732					9,081		76.11
76.12	MENTAL HEALTH CENTER	705,298					311,246		76.12
76.13	VEIN CLINIC	31,266			9,311		186		76.13
76.97	CARDIAC REHABILITATION	1,284,318			8,675		533,416		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	9,065							90
90.01	MERCY CLINICS	2,606,234			584		108,846		90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	48,693,337			5,208,806		4,441,087		91
92	Observation Beds (Non-Distinct	6,615,304					1,350,614		92
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	500,792,407			70,344,996		53,525,208		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0158

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.641711	3,001,964			1,926,393			50
50.01	GI LAB	0.209052	2,066,503			432,007			50.01
51	Recovery Room	0.293757	582,250			171,040			51
52	Delivery Room & Labor Room	0.404437	3,480			1,407			52
53	Anesthesiology	0.130935	384,643			50,363			53
54	Radiology-Diagnostic	0.174051	5,057,273			880,223			54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	0.208168	1,648,447			343,154			55
56	Radioisotope	0.160841	2,085,106			335,371			56
57	CT Scan	0.049862	6,505,576			324,381			57
58	MRI	0.402661	1,697,781			683,630			58
59	Cardiac Catheterization	0.113702	7,349,559			835,660			59
60	Laboratory	0.142756	4,329,018			617,993			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.178679	278,112			49,693			65
66	Physical Therapy	0.463641	14,552			6,747			66
67	Occupational Therapy	0.609721	4,028			2,456			67
68	Speech Pathology	0.391778	1,763			691			68
70	Electroencephalography	0.449234	31,588			14,190			70
71	Medical Supplies Charged to Pat	0.292428	868,285			253,911			71
72	Impl. Dev. Charged to Patients	0.427350	1,770,357			756,562			72
73	Drugs Charged to Patients	0.378247	7,740,047		25,486	2,927,650		9,640	73
74	Renal Dialysis	0.698085	49,725			34,712			74
76	EMG	0.084161	101,866			8,573			76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	1.002546	374,560			375,514			76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	0.637639	238,807			152,273			76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	0.114573	15,452			1,770			76.06
76.07	SLEEP LAB	0.264483	443,711			117,354			76.07
76.08	UROLOGY	3.592539	1,898			6,819			76.08
76.09	ADDP OP	0.891394	9,298			8,288			76.09
76.10	PSYCH PARTIAL HOSPITAL	0.005528	115,083			636			76.10
76.11	DIABETES TREATMENT	1.311359	9,081			11,908			76.11
76.12	MENTAL HEALTH CENTER	0.926666	311,246			288,421			76.12
76.13	VEIN CLINIC	0.004222	186			1			76.13
76.97	CARDIAC REHABILITATION	0.469315	533,416			250,340			76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	64.319801							90
90.01	MERCY CLINICS	1.124073	108,846			122,351			90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	0.219719	4,441,087			975,791			91
92	Observation Beds (Non-Distinct	0.728180	1,350,614			983,490			92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		53,525,208		25,486	13,951,763		9,640	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		53,525,208		25,486	13,951,763		9,640	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S158

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,305,139	23,511,943	0.098041			50
50.01	GI LAB	118,333	10,702,028	0.011057			50.01
51	Recovery Room	95,076	4,042,445	0.023519			51
52	Delivery Room & Labor Room	675,116	16,157,136	0.041784			52
53	Anesthesiology	48,399	3,942,708	0.012276			53
54	Radiology-Diagnostic	1,727,811	50,130,122	0.034467	10,076	347	54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic	150,334	5,948,020	0.025275			55
56	Radioisotope	212,711	8,204,030	0.025928			56
57	CT Scan	257,978	38,899,924	0.006632	25,826	171	57
58	MRI	200,940	9,782,433	0.020541	1,942	40	58
59	Cardiac Catheterization	1,017,309	51,191,926	0.019872	29,172	580	59
60	Laboratory	1,389,045	104,482,448	0.013295	147,410	1,960	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	287,075	15,943,246	0.018006	1,939	35	65
66	Physical Therapy	169,648	5,052,732	0.033575	720	24	66
67	Occupational Therapy	227,064	2,810,387	0.080795			67
68	Speech Pathology	27,888	1,300,424	0.021445			68
70	Electroencephalography	35,644	367,312	0.097040	589	57	70
71	Medical Supplies Charged to Pat	167,925	9,886,591	0.016985			71
72	Impl. Dev. Charged to Patients	293,359	11,825,432	0.024807			72
73	Drugs Charged to Patients	747,722	54,169,191	0.013803	61,012	842	73
74	Renal Dialysis	65,035	1,838,850	0.035367	2,925	103	74
76	EMG	4,386	436,852	0.010040			76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	216,211	983,212	0.219903			76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	31,519	540,812	0.058281			76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	17,593	4,305,709	0.004086			76.06
76.07	SLEEP LAB	19,272	2,267,844	0.008498			76.07
76.08	UROLOGY	5,665	38,119	0.148614			76.08
76.09	ADDP OP	5,720	188,672	0.030317			76.09
76.10	PSYCH PARTIAL HOSPITAL	541	1,701,305	0.000318			76.10
76.11	DIABETES TREATMENT	8,568	195,732	0.043774			76.11
76.12	MENTAL HEALTH CENTER	141,341	705,298	0.200399	163	33	76.12
76.13	VEIN CLINIC	9	31,266	0.000288			76.13
76.97	CARDIAC REHABILITATION	62,784	1,284,318	0.048885			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	20,212	9,065	2.229675			90
90.01	MERCY CLINICS	569,897	2,606,234	0.218667			90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency	698,106	48,693,337	0.014337	171,925	2,465	91
92	Observation Beds (Non-Distinct		6,615,304				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	12,021,375	500,792,407		453,699	6,657	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S158

**WORKSHEET D
PART IV**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S158

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	23,511,943							50
50.01	GI LAB	10,702,028							50.01
51	Recovery Room	4,042,445							51
52	Delivery Room & Labor Room	16,157,136							52
53	Anesthesiology	3,942,708							53
54	Radiology-Diagnostic	50,130,122			10,076				54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	5,948,020							55
56	Radioisotope	8,204,030							56
57	CT Scan	38,899,924			25,826				57
58	MRI	9,782,433			1,942				58
59	Cardiac Catheterization	51,191,926			29,172				59
60	Laboratory	104,482,448			147,410				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	15,943,246			1,939				65
66	Physical Therapy	5,052,732			720				66
67	Occupational Therapy	2,810,387							67
68	Speech Pathology	1,300,424							68
70	Electroencephalography	367,312			589				70
71	Medical Supplies Charged to Pat	9,886,591							71
72	Impl. Dev. Charged to Patients	11,825,432							72
73	Drugs Charged to Patients	54,169,191			61,012				73
74	Renal Dialysis	1,838,850			2,925				74
76	EMG	436,852							76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	983,212							76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	540,812							76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	4,305,709							76.06
76.07	SLEEP LAB	2,267,844							76.07
76.08	UROLOGY	38,119							76.08
76.09	ADDP OP	188,672							76.09
76.10	PSYCH PARTIAL HOSPITAL	1,701,305							76.10
76.11	DIABETES TREATMENT	195,732							76.11
76.12	MENTAL HEALTH CENTER	705,298			163				76.12
76.13	VEIN CLINIC	31,266							76.13
76.97	CARDIAC REHABILITATION	1,284,318							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	9,065							90
90.01	MERCY CLINICS	2,606,234							90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	48,693,337			171,925				91
92	Observation Beds (Non-Distinct	6,615,304							92
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	500,792,407			453,699				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S158

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost		
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	0.641711						50
50.01	GI LAB	0.209052						50.01
51	Recovery Room	0.293757						51
52	Delivery Room & Labor Room	0.404437						52
53	Anesthesiology	0.130935						53
54	Radiology-Diagnostic	0.174051						54
54.01	MRI CENTER							54.01
55	Radiology-Therapeutic	0.208168						55
56	Radioisotope	0.160841						56
57	CT Scan	0.049862						57
58	MRI	0.402661						58
59	Cardiac Catheterization	0.113702						59
60	Laboratory	0.142756						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	0.178679						65
66	Physical Therapy	0.463641						66
67	Occupational Therapy	0.609721						67
68	Speech Pathology	0.391778						68
70	Electroencephalography	0.449234						70
71	Medical Supplies Charged to Pat	0.292428						71
72	Impl. Dev. Charged to Patients	0.427350						72
73	Drugs Charged to Patients	0.378247						73
74	Renal Dialysis	0.698085						74
76	EMG	0.084161						76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	1.002546						76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	0.637639						76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	0.114573						76.06
76.07	SLEEP LAB	0.264483						76.07
76.08	UROLOGY	3.592539						76.08
76.09	ADDP OP	0.891394						76.09
76.10	PSYCH PARTIAL HOSPITAL	0.005528						76.10
76.11	DIABETES TREATMENT	1.311359						76.11
76.12	MENTAL HEALTH CENTER	0.926666						76.12
76.13	VEIN CLINIC	0.004222						76.13
76.97	CARDIAC REHABILITATION	0.469315						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	64.319801						90
90.01	MERCY CLINICS	1.124073						90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency	0.219719						91
92	Observation Beds (Non-Distinct	0.728180						92
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)							200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)							202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T158

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,305,139	23,511,943	0.098041			50
50.01	GI LAB	118,333	10,702,028	0.011057			50.01
51	Recovery Room	95,076	4,042,445	0.023519			51
52	Delivery Room & Labor Room	675,116	16,157,136	0.041784			52
53	Anesthesiology	48,399	3,942,708	0.012276			53
54	Radiology-Diagnostic	1,727,811	50,130,122	0.034467	45,209	1,558	54
54.01	MRI CENTER						54.01
55	Radiology-Therapeutic	150,334	5,948,020	0.025275	16,315	412	55
56	Radioisotope	212,711	8,204,030	0.025928			56
57	CT Scan	257,978	38,899,924	0.006632	24,616	163	57
58	MRI	200,940	9,782,433	0.020541	2,975	61	58
59	Cardiac Catheterization	1,017,309	51,191,926	0.019872	15,355	305	59
60	Laboratory	1,389,045	104,482,448	0.013295	284,920	3,788	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	287,075	15,943,246	0.018006	207,985	3,745	65
66	Physical Therapy	169,648	5,052,732	0.033575	811,871	27,259	66
67	Occupational Therapy	227,064	2,810,387	0.080795	787,155	63,598	67
68	Speech Pathology	27,888	1,300,424	0.021445	251,121	5,385	68
70	Electroencephalography	35,644	367,312	0.097040			70
71	Medical Supplies Charged to Pat	167,925	9,886,591	0.016985	86,077	1,462	71
72	Impl. Dev. Charged to Patients	293,359	11,825,432	0.024807	803	20	72
73	Drugs Charged to Patients	747,722	54,169,191	0.013803	238,294	3,289	73
74	Renal Dialysis	65,035	1,838,850	0.035367	32,175	1,138	74
76	EMG	4,386	436,852	0.010040			76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	216,211	983,212	0.219903			76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	31,519	540,812	0.058281			76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	17,593	4,305,709	0.004086			76.06
76.07	SLEEP LAB	19,272	2,267,844	0.008498			76.07
76.08	UROLOGY	5,665	38,119	0.148614			76.08
76.09	ADDP OP	5,720	188,672	0.030317			76.09
76.10	PSYCH PARTIAL HOSPITAL	541	1,701,305	0.000318			76.10
76.11	DIABETES TREATMENT	8,568	195,732	0.043774			76.11
76.12	MENTAL HEALTH CENTER	141,341	705,298	0.200399			76.12
76.13	VEIN CLINIC	9	31,266	0.000288			76.13
76.97	CARDIAC REHABILITATION	62,784	1,284,318	0.048885	65	3	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	20,212	9,065	2.229675			90
90.01	MERCY CLINICS	569,897	2,606,234	0.218667			90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	Emergency	698,106	48,693,337	0.014337	1,464	21	91
92	Observation Beds (Non-Distinct		6,615,304				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	12,021,375	500,792,407		2,806,400	112,207	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T158

**WORKSHEET D
PART IV**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T158

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	23,511,943							50
50.01	GI LAB	10,702,028							50.01
51	Recovery Room	4,042,445							51
52	Delivery Room & Labor Room	16,157,136							52
53	Anesthesiology	3,942,708							53
54	Radiology-Diagnostic	50,130,122			45,209				54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	5,948,020			16,315				55
56	Radioisotope	8,204,030							56
57	CT Scan	38,899,924			24,616				57
58	MRI	9,782,433			2,975				58
59	Cardiac Catheterization	51,191,926			15,355				59
60	Laboratory	104,482,448			284,920				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	15,943,246			207,985				65
66	Physical Therapy	5,052,732			811,871				66
67	Occupational Therapy	2,810,387			787,155				67
68	Speech Pathology	1,300,424			251,121				68
70	Electroencephalography	367,312							70
71	Medical Supplies Charged to Pat	9,886,591			86,077				71
72	Impl. Dev. Charged to Patients	11,825,432			803				72
73	Drugs Charged to Patients	54,169,191			238,294				73
74	Renal Dialysis	1,838,850			32,175				74
76	EMG	436,852							76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	983,212							76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	540,812							76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	4,305,709							76.06
76.07	SLEEP LAB	2,267,844							76.07
76.08	UROLOGY	38,119							76.08
76.09	ADDP OP	188,672							76.09
76.10	PSYCH PARTIAL HOSPITAL	1,701,305							76.10
76.11	DIABETES TREATMENT	195,732							76.11
76.12	MENTAL HEALTH CENTER	705,298							76.12
76.13	VEIN CLINIC	31,266							76.13
76.97	CARDIAC REHABILITATION	1,284,318			65				76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	9,065							90
90.01	MERCY CLINICS	2,606,234							90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	48,693,337			1,464				91
92	Observation Beds (Non-Distinct	6,615,304							92
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	500,792,407			2,806,400				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T158

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.641711							50
50.01	GI LAB	0.209052							50.01
51	Recovery Room	0.293757							51
52	Delivery Room & Labor Room	0.404437							52
53	Anesthesiology	0.130935							53
54	Radiology-Diagnostic	0.174051							54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	0.208168							55
56	Radioisotope	0.160841							56
57	CT Scan	0.049862							57
58	MRI	0.402661							58
59	Cardiac Catheterization	0.113702							59
60	Laboratory	0.142756							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.178679							65
66	Physical Therapy	0.463641							66
67	Occupational Therapy	0.609721							67
68	Speech Pathology	0.391778							68
70	Electroencephalography	0.449234							70
71	Medical Supplies Charged to Pat	0.292428							71
72	Impl. Dev. Charged to Patients	0.427350							72
73	Drugs Charged to Patients	0.378247							73
74	Renal Dialysis	0.698085							74
76	EMG	0.084161							76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	1.002546							76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	0.637639							76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	0.114573							76.06
76.07	SLEEP LAB	0.264483							76.07
76.08	UROLOGY	3.592539							76.08
76.09	ADDP OP	0.891394							76.09
76.10	PSYCH PARTIAL HOSPITAL	0.005528							76.10
76.11	DIABETES TREATMENT	1.311359							76.11
76.12	MENTAL HEALTH CENTER	0.926666							76.12
76.13	VEIN CLINIC	0.004222							76.13
76.97	CARDIAC REHABILITATION	0.469315							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	64.319801							90
90.01	MERCY CLINICS	1.124073							90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	0.219719							91
92	Observation Beds (Non-Distinct	0.728180							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	4,133,453		4,133,453	42,127	98.12	4,025	394,933	30
31	Intensive Care Unit	678,589		678,589	3,869	175.39	438	76,821	31
32	Coronary Care Unit	226,949		226,949	1,283	176.89	103	18,220	32
32.01	NURSERY INTENSIVE CARE CENTER	158,598		158,598	2,611	60.74	851	51,690	32.01
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	737,138		737,138	6,384	115.47	1,148	132,560	40
41	Subprovider - IRF	415,599		415,599	4,654	89.30	1,181	105,463	41
42	Subprovider I								42
43	Nursery	147,026		147,026	3,562	41.28	1,160	47,885	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	6,497,352		6,497,352	64,490		8,906	827,572	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0158

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)
		1	2	3	4	5
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	2,305,139	23,511,943	0.098041		50
50.01	GI LAB	118,333	10,702,028	0.011057		50.01
51	Recovery Room	95,076	4,042,445	0.023519		51
52	Delivery Room & Labor Room	675,116	16,157,136	0.041784		52
53	Anesthesiology	48,399	3,942,708	0.012276		53
54	Radiology-Diagnostic	1,727,811	50,130,122	0.034467		54
54.01	MRI CENTER					54.01
55	Radiology-Therapeutic	150,334	5,948,020	0.025275		55
56	Radioisotope	212,711	8,204,030	0.025928		56
57	CT Scan	257,978	38,899,924	0.006632		57
58	MRI	200,940	9,782,433	0.020541		58
59	Cardiac Catheterization	1,017,309	51,191,926	0.019872		59
60	Laboratory	1,389,045	104,482,448	0.013295		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	287,075	15,943,246	0.018006		65
66	Physical Therapy	169,648	5,052,732	0.033575		66
67	Occupational Therapy	227,064	2,810,387	0.080795		67
68	Speech Pathology	27,888	1,300,424	0.021445		68
70	Electroencephalography	35,644	367,312	0.097040		70
71	Medical Supplies Charged to Pat	167,925	9,886,591	0.016985		71
72	Impl. Dev. Charged to Patients	293,359	11,825,432	0.024807		72
73	Drugs Charged to Patients	747,722	54,169,191	0.013803		73
74	Renal Dialysis	65,035	1,838,850	0.035367		74
76	EMG	4,386	436,852	0.010040		76
76.01	CARDIOVASCULAR LAB					76.01
76.02	MERCY EYE CENTER	216,211	983,212	0.219903		76.02
76.03	MERCY ENT					76.03
76.04	WOUND CARE CENTER	31,519	540,812	0.058281		76.04
76.05	CARDIAC REHAB					76.05
76.06	PRE-BIRTH CENTER	17,593	4,305,709	0.004086		76.06
76.07	SLEEP LAB	19,272	2,267,844	0.008498		76.07
76.08	UROLOGY	5,665	38,119	0.148614		76.08
76.09	ADDP OP	5,720	188,672	0.030317		76.09
76.10	PSYCH PARTIAL HOSPITAL	541	1,701,305	0.000318		76.10
76.11	DIABETES TREATMENT	8,568	195,732	0.043774		76.11
76.12	MENTAL HEALTH CENTER	141,341	705,298	0.200399		76.12
76.13	VEIN CLINIC	9	31,266	0.000288		76.13
76.97	CARDIAC REHABILITATION	62,784	1,284,318	0.048885		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic	20,212	9,065	2.229675		90
90.01	MERCY CLINICS	569,897	2,606,234	0.218667		90.01
90.02	MERCY CLINIC STATE ST					90.02
90.03	MERCY CLINIC POLK ST					90.03
91	Emergency	698,106	48,693,337	0.014337		91
92	Observation Beds (Non-Distinct	509,532	6,615,304	0.077023		92
	OTHER REIMBURSABLE COST CENTERS					
200	Total (sum of lines 50-199)	12,530,907	500,792,407			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6	7	8	9			
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	42,127		4,025		30
31	Intensive Care Unit	3,869		438		31
32	Coronary Care Unit	1,283		103		32
32.01	NURSERY INTENSIVE CARE CENTER	2,611		851		32.01
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF	6,384		1,148		40
41	Subprovider - IRF	4,654		1,181		41
42	Subprovider I					42
43	Nursery	3,562		1,160		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	64,490		8,906		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0158

**WORKSHEET D
PART IV**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0158

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	23,511,943							50
50.01	GI LAB	10,702,028							50.01
51	Recovery Room	4,042,445							51
52	Delivery Room & Labor Room	16,157,136							52
53	Anesthesiology	3,942,708							53
54	Radiology-Diagnostic	50,130,122							54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	5,948,020							55
56	Radioisotope	8,204,030							56
57	CT Scan	38,899,924							57
58	MRI	9,782,433							58
59	Cardiac Catheterization	51,191,926							59
60	Laboratory	104,482,448							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	15,943,246							65
66	Physical Therapy	5,052,732							66
67	Occupational Therapy	2,810,387							67
68	Speech Pathology	1,300,424							68
70	Electroencephalography	367,312							70
71	Medical Supplies Charged to Pat	9,886,591							71
72	Impl. Dev. Charged to Patients	11,825,432							72
73	Drugs Charged to Patients	54,169,191							73
74	Renal Dialysis	1,838,850							74
76	EMG	436,852							76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	983,212							76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	540,812							76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	4,305,709							76.06
76.07	SLEEP LAB	2,267,844							76.07
76.08	UROLOGY	38,119							76.08
76.09	ADDP OP	188,672							76.09
76.10	PSYCH PARTIAL HOSPITAL	1,701,305							76.10
76.11	DIABETES TREATMENT	195,732							76.11
76.12	MENTAL HEALTH CENTER	705,298							76.12
76.13	VEIN CLINIC	31,266							76.13
76.97	CARDIAC REHABILITATION	1,284,318							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	9,065							90
90.01	MERCY CLINICS	2,606,234							90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	48,693,337							91
92	Observation Beds (Non-Distinct	6,615,304							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	500,792,407							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0158

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.641711							50
50.01	GI LAB	0.209052							50.01
51	Recovery Room	0.293757							51
52	Delivery Room & Labor Room	0.404437							52
53	Anesthesiology	0.130935							53
54	Radiology-Diagnostic	0.174051							54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	0.208168							55
56	Radioisotope	0.160841							56
57	CT Scan	0.049862							57
58	MRI	0.402661							58
59	Cardiac Catheterization	0.113702							59
60	Laboratory	0.142756							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.178679							65
66	Physical Therapy	0.463641							66
67	Occupational Therapy	0.609721							67
68	Speech Pathology	0.391778							68
70	Electroencephalography	0.449234							70
71	Medical Supplies Charged to Pat	0.292428							71
72	Impl. Dev. Charged to Patients	0.427350							72
73	Drugs Charged to Patients	0.378247							73
74	Renal Dialysis	0.698085							74
76	EMG	0.084161							76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	1.002546							76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	0.637639							76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	0.114573							76.06
76.07	SLEEP LAB	0.264483							76.07
76.08	UROLOGY	3.592539							76.08
76.09	ADDP OP	0.891394							76.09
76.10	PSYCH PARTIAL HOSPITAL	0.005528							76.10
76.11	DIABETES TREATMENT	1.311359							76.11
76.12	MENTAL HEALTH CENTER	0.926666							76.12
76.13	VEIN CLINIC	0.004222							76.13
76.97	CARDIAC REHABILITATION	0.469315							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	64.319801							90
90.01	MERCY CLINICS	1.124073							90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	0.219719							91
92	Observation Beds (Non-Distinct	0.728180							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S158

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)
		1	2	3	4	5
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	2,305,139	23,511,943	0.098041		50
50.01	GI LAB	118,333	10,702,028	0.011057		50.01
51	Recovery Room	95,076	4,042,445	0.023519		51
52	Delivery Room & Labor Room	675,116	16,157,136	0.041784		52
53	Anesthesiology	48,399	3,942,708	0.012276		53
54	Radiology-Diagnostic	1,727,811	50,130,122	0.034467		54
54.01	MRI CENTER					54.01
55	Radiology-Therapeutic	150,334	5,948,020	0.025275		55
56	Radioisotope	212,711	8,204,030	0.025928		56
57	CT Scan	257,978	38,899,924	0.006632		57
58	MRI	200,940	9,782,433	0.020541		58
59	Cardiac Catheterization	1,017,309	51,191,926	0.019872		59
60	Laboratory	1,389,045	104,482,448	0.013295		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	287,075	15,943,246	0.018006		65
66	Physical Therapy	169,648	5,052,732	0.033575		66
67	Occupational Therapy	227,064	2,810,387	0.080795		67
68	Speech Pathology	27,888	1,300,424	0.021445		68
70	Electroencephalography	35,644	367,312	0.097040		70
71	Medical Supplies Charged to Pat	167,925	9,886,591	0.016985		71
72	Impl. Dev. Charged to Patients	293,359	11,825,432	0.024807		72
73	Drugs Charged to Patients	747,722	54,169,191	0.013803		73
74	Renal Dialysis	65,035	1,838,850	0.035367		74
76	EMG	4,386	436,852	0.010040		76
76.01	CARDIOVASCULAR LAB					76.01
76.02	MERCY EYE CENTER	216,211	983,212	0.219903		76.02
76.03	MERCY ENT					76.03
76.04	WOUND CARE CENTER	31,519	540,812	0.058281		76.04
76.05	CARDIAC REHAB					76.05
76.06	PRE-BIRTH CENTER	17,593	4,305,709	0.004086		76.06
76.07	SLEEP LAB	19,272	2,267,844	0.008498		76.07
76.08	UROLOGY	5,665	38,119	0.148614		76.08
76.09	ADDP OP	5,720	188,672	0.030317		76.09
76.10	PSYCH PARTIAL HOSPITAL	541	1,701,305	0.000318		76.10
76.11	DIABETES TREATMENT	8,568	195,732	0.043774		76.11
76.12	MENTAL HEALTH CENTER	141,341	705,298	0.200399		76.12
76.13	VEIN CLINIC	9	31,266	0.000288		76.13
76.97	CARDIAC REHABILITATION	62,784	1,284,318	0.048885		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic	20,212	9,065	2.229675		90
90.01	MERCY CLINICS	569,897	2,606,234	0.218667		90.01
90.02	MERCY CLINIC STATE ST					90.02
90.03	MERCY CLINIC POLK ST					90.03
91	Emergency	698,106	48,693,337	0.014337		91
92	Observation Beds (Non-Distinct		6,615,304			92
	OTHER REIMBURSABLE COST CENTERS					
200	Total (sum of lines 50-199)	12,021,375	500,792,407			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S158

**WORKSHEET D
PART IV**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S158

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	23,511,943							50
50.01	GI LAB	10,702,028							50.01
51	Recovery Room	4,042,445							51
52	Delivery Room & Labor Room	16,157,136							52
53	Anesthesiology	3,942,708							53
54	Radiology-Diagnostic	50,130,122							54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	5,948,020							55
56	Radioisotope	8,204,030							56
57	CT Scan	38,899,924							57
58	MRI	9,782,433							58
59	Cardiac Catheterization	51,191,926							59
60	Laboratory	104,482,448							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	15,943,246							65
66	Physical Therapy	5,052,732							66
67	Occupational Therapy	2,810,387							67
68	Speech Pathology	1,300,424							68
70	Electroencephalography	367,312							70
71	Medical Supplies Charged to Pat	9,886,591							71
72	Impl. Dev. Charged to Patients	11,825,432							72
73	Drugs Charged to Patients	54,169,191							73
74	Renal Dialysis	1,838,850							74
76	EMG	436,852							76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	983,212							76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	540,812							76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	4,305,709							76.06
76.07	SLEEP LAB	2,267,844							76.07
76.08	UROLOGY	38,119							76.08
76.09	ADDP OP	188,672							76.09
76.10	PSYCH PARTIAL HOSPITAL	1,701,305							76.10
76.11	DIABETES TREATMENT	195,732							76.11
76.12	MENTAL HEALTH CENTER	705,298							76.12
76.13	VEIN CLINIC	31,266							76.13
76.97	CARDIAC REHABILITATION	1,284,318							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	9,065							90
90.01	MERCY CLINICS	2,606,234							90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	48,693,337							91
92	Observation Beds (Non-Distinct	6,615,304							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	500,792,407							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S158

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.641711							50
50.01	GI LAB	0.209052							50.01
51	Recovery Room	0.293757							51
52	Delivery Room & Labor Room	0.404437							52
53	Anesthesiology	0.130935							53
54	Radiology-Diagnostic	0.174051							54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	0.208168							55
56	Radioisotope	0.160841							56
57	CT Scan	0.049862							57
58	MRI	0.402661							58
59	Cardiac Catheterization	0.113702							59
60	Laboratory	0.142756							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.178679							65
66	Physical Therapy	0.463641							66
67	Occupational Therapy	0.609721							67
68	Speech Pathology	0.391778							68
70	Electroencephalography	0.449234							70
71	Medical Supplies Charged to Pat	0.292428							71
72	Impl. Dev. Charged to Patients	0.427350							72
73	Drugs Charged to Patients	0.378247							73
74	Renal Dialysis	0.698085							74
76	EMG	0.084161							76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	1.002546							76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	0.637639							76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	0.114573							76.06
76.07	SLEEP LAB	0.264483							76.07
76.08	UROLOGY	3.592539							76.08
76.09	ADDP OP	0.891394							76.09
76.10	PSYCH PARTIAL HOSPITAL	0.005528							76.10
76.11	DIABETES TREATMENT	1.311359							76.11
76.12	MENTAL HEALTH CENTER	0.926666							76.12
76.13	VEIN CLINIC	0.004222							76.13
76.97	CARDIAC REHABILITATION	0.469315							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	64.319801							90
90.01	MERCY CLINICS	1.124073							90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	0.219719							91
92	Observation Beds (Non-Distinct	0.728180							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T158

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)
1	2	3	4	5		
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	2,305,139	23,511,943	0.098041		50
50.01	GI LAB	118,333	10,702,028	0.011057		50.01
51	Recovery Room	95,076	4,042,445	0.023519		51
52	Delivery Room & Labor Room	675,116	16,157,136	0.041784		52
53	Anesthesiology	48,399	3,942,708	0.012276		53
54	Radiology-Diagnostic	1,727,811	50,130,122	0.034467		54
54.01	MRI CENTER					54.01
55	Radiology-Therapeutic	150,334	5,948,020	0.025275		55
56	Radioisotope	212,711	8,204,030	0.025928		56
57	CT Scan	257,978	38,899,924	0.006632		57
58	MRI	200,940	9,782,433	0.020541		58
59	Cardiac Catheterization	1,017,309	51,191,926	0.019872		59
60	Laboratory	1,389,045	104,482,448	0.013295		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	287,075	15,943,246	0.018006		65
66	Physical Therapy	169,648	5,052,732	0.033575		66
67	Occupational Therapy	227,064	2,810,387	0.080795		67
68	Speech Pathology	27,888	1,300,424	0.021445		68
70	Electroencephalography	35,644	367,312	0.097040		70
71	Medical Supplies Charged to Pat	167,925	9,886,591	0.016985		71
72	Impl. Dev. Charged to Patients	293,359	11,825,432	0.024807		72
73	Drugs Charged to Patients	747,722	54,169,191	0.013803		73
74	Renal Dialysis	65,035	1,838,850	0.035367		74
76	EMG	4,386	436,852	0.010040		76
76.01	CARDIOVASCULAR LAB					76.01
76.02	MERCY EYE CENTER	216,211	983,212	0.219903		76.02
76.03	MERCY ENT					76.03
76.04	WOUND CARE CENTER	31,519	540,812	0.058281		76.04
76.05	CARDIAC REHAB					76.05
76.06	PRE-BIRTH CENTER	17,593	4,305,709	0.004086		76.06
76.07	SLEEP LAB	19,272	2,267,844	0.008498		76.07
76.08	UROLOGY	5,665	38,119	0.148614		76.08
76.09	ADDP OP	5,720	188,672	0.030317		76.09
76.10	PSYCH PARTIAL HOSPITAL	541	1,701,305	0.000318		76.10
76.11	DIABETES TREATMENT	8,568	195,732	0.043774		76.11
76.12	MENTAL HEALTH CENTER	141,341	705,298	0.200399		76.12
76.13	VEIN CLINIC	9	31,266	0.000288		76.13
76.97	CARDIAC REHABILITATION	62,784	1,284,318	0.048885		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic	20,212	9,065	2.229675		90
90.01	MERCY CLINICS	569,897	2,606,234	0.218667		90.01
90.02	MERCY CLINIC STATE ST					90.02
90.03	MERCY CLINIC POLK ST					90.03
91	Emergency	698,106	48,693,337	0.014337		91
92	Observation Beds (Non-Distinct		6,615,304			92
	OTHER REIMBURSABLE COST CENTERS					
200	Total (sum of lines 50-199)	12,021,375	500,792,407			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T158

**WORKSHEET D
PART IV**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T158

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	23,511,943							50
50.01	GI LAB	10,702,028							50.01
51	Recovery Room	4,042,445							51
52	Delivery Room & Labor Room	16,157,136							52
53	Anesthesiology	3,942,708							53
54	Radiology-Diagnostic	50,130,122							54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	5,948,020							55
56	Radioisotope	8,204,030							56
57	CT Scan	38,899,924							57
58	MRI	9,782,433							58
59	Cardiac Catheterization	51,191,926							59
60	Laboratory	104,482,448							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	15,943,246							65
66	Physical Therapy	5,052,732							66
67	Occupational Therapy	2,810,387							67
68	Speech Pathology	1,300,424							68
70	Electroencephalography	367,312							70
71	Medical Supplies Charged to Pat	9,886,591							71
72	Impl. Dev. Charged to Patients	11,825,432							72
73	Drugs Charged to Patients	54,169,191							73
74	Renal Dialysis	1,838,850							74
76	EMG	436,852							76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	983,212							76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	540,812							76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	4,305,709							76.06
76.07	SLEEP LAB	2,267,844							76.07
76.08	UROLOGY	38,119							76.08
76.09	ADDP OP	188,672							76.09
76.10	PSYCH PARTIAL HOSPITAL	1,701,305							76.10
76.11	DIABETES TREATMENT	195,732							76.11
76.12	MENTAL HEALTH CENTER	705,298							76.12
76.13	VEIN CLINIC	31,266							76.13
76.97	CARDIAC REHABILITATION	1,284,318							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	9,065							90
90.01	MERCY CLINICS	2,606,234							90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	48,693,337							91
92	Observation Beds (Non-Distinct	6,615,304							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	500,792,407							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T158

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.641711							50
50.01	GI LAB	0.209052							50.01
51	Recovery Room	0.293757							51
52	Delivery Room & Labor Room	0.404437							52
53	Anesthesiology	0.130935							53
54	Radiology-Diagnostic	0.174051							54
54.01	MRI CENTER								54.01
55	Radiology-Therapeutic	0.208168							55
56	Radioisotope	0.160841							56
57	CT Scan	0.049862							57
58	MRI	0.402661							58
59	Cardiac Catheterization	0.113702							59
60	Laboratory	0.142756							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.178679							65
66	Physical Therapy	0.463641							66
67	Occupational Therapy	0.609721							67
68	Speech Pathology	0.391778							68
70	Electroencephalography	0.449234							70
71	Medical Supplies Charged to Pat	0.292428							71
72	Impl. Dev. Charged to Patients	0.427350							72
73	Drugs Charged to Patients	0.378247							73
74	Renal Dialysis	0.698085							74
76	EMG	0.084161							76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	1.002546							76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	0.637639							76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	0.114573							76.06
76.07	SLEEP LAB	0.264483							76.07
76.08	UROLOGY	3.592539							76.08
76.09	ADDP OP	0.891394							76.09
76.10	PSYCH PARTIAL HOSPITAL	0.005528							76.10
76.11	DIABETES TREATMENT	1.311359							76.11
76.12	MENTAL HEALTH CENTER	0.926666							76.12
76.13	VEIN CLINIC	0.004222							76.13
76.97	CARDIAC REHABILITATION	0.469315							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	64.319801							90
90.01	MERCY CLINICS	1.124073							90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	Emergency	0.219719							91
92	Observation Beds (Non-Distinct	0.728180							92
	OTHER REIMBURSABLE COST CENTERS								
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

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0158

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	42,127	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	42,127	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)	36,934	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)	13,082	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)	39,077,747	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)	39,077,747	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)	39,077,747	37

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0158

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	Adjusted general inpatient routine service cost per diem (see instructions)					927.62	38
39	Program general inpatient routine service cost (line 9 x line 38)					12,135,125	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)					12,135,125	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	7,945,605	3,869	2,053.66	1,692	3,474,793	43
44	Coronary Care Unit	1,928,349	1,283	1,503.00	506	760,518	44
44.01	NURSERY INTENSIVE CARE CENTER	3,136,694	2,611	1,201.34			44.01
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					15,564,331	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					31,934,767	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,669,872	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,441,243	51
52	Total Program excludable cost (sum of lines 50 and 51)					3,111,115	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					28,823,652	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0158

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					5,193	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					927.62	88
89	Observation bed cost (line 87 x line 88) (see instructions)					4,817,131	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	4,133,453	39,077,747	0.105775	4,817,131	509,532	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S158

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	6,384	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,384	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)	6,384	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)	919	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)	7,059,676	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)	7,059,676	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)	7,059,676	37

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S158

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,105.84	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,016,267	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	1,016,267	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	92,176	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,108,443	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	106,117	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	6,657	51
52	Total Program excludable cost (sum of lines 50 and 51)	112,774	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	995,669	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T158

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,654	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,654	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	4,654	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)	2,250	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	4,633,419	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	4,633,419	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	4,633,419	37

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T158

WORKSHEET D-1
PART II

Check [] Title V - I/P [] Hospital [] SUB (Other) [XX] PPS
 Applicable [XX] Title XVIII, Part A [] IPF [] TEFRA
 Boxes: [] Title XIX - I/P [XX] 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)	995.58	38
39	Program general inpatient routine service cost (line 9 x line 38)	2,240,055	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)	2,240,055	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,186,481	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	3,426,536	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	200,925	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	112,207	51
52	Total Program excludable cost (sum of lines 50 and 51)	313,132	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	3,113,404	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

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MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0158

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	42,127	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	42,127	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)	36,934	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)	4,025	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)	3,562	15
16	Nursery days (title V or XIX only)	1,160	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)	39,077,747	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)	39,077,747	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)	39,077,747	37

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0158

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
38	Adjusted general inpatient routine service cost per diem (see instructions)					927.62	38	
39	Program general inpatient routine service cost (line 9 x line 38)					3,733,671	39	
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40	
41	Total Program general inpatient routine service cost (line 39 + line 40)					3,733,671	41	
42	Nursery (Titles V and XIX only)	1,369,927	3,562	384.59	1,160	446,124	42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	7,945,605	3,869	2,053.66	438	899,503	43	
44	Coronary Care Unit	1,928,349	1,283	1,503.00	103	154,809	44	
44.01	NURSERY INTENSIVE CARE CENTER	3,136,694	2,611	1,201.34	851	1,022,340	44.01	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
47	Other Special Care (specify)						47	

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					6,256,447	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					589,549	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)					589,549	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

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MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0158

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					5,193	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S158

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	6,384	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,384	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)	6,384	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,148	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)	7,059,676	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)	7,059,676	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)	7,059,676	37

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S158

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,105.84	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,269,504	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	1,269,504	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,269,504	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	132,560	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)	132,560	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)		53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T158

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,654	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,654	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	4,654	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,181	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	4,633,419	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	4,633,419	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	4,633,419	37

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T158

WORKSHEET D-1
PART II

Check [] Title V - I/P [] Hospital [] SUB (Other) [] PPS
Applicable [] Title XVIII, Part A [] IPF [] TEFRA
Boxes: [XX] Title XIX - I/P [XX] IRF [XX] 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)	995.58	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,175,780	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	1,175,780	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,175,780	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	105,463	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)	105,463	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)		53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0158

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		22,921,767		30
31	Intensive Care Unit		4,103,789		31
32	Coronary Care Unit		1,242,024		32
32.01	NURSERY INTENSIVE CARE CENTER				32.01
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.641711	2,768,916	1,776,844	50
50.01	GI LAB	0.209052	830,761	173,672	50.01
51	Recovery Room	0.293757	377,823	110,988	51
52	Delivery Room & Labor Room	0.404437	27,830	11,255	52
53	Anesthesiology	0.130935	439,879	57,596	53
54	Radiology-Diagnostic	0.174051	3,707,811	645,348	54
54.01	MRI CENTER				54.01
55	Radiology-Therapeutic	0.208168	175,432	36,519	55
56	Radioisotope	0.160841	594,994	95,699	56
57	CT Scan	0.049862	5,377,115	268,114	57
58	MRI	0.402661	884,575	356,184	58
59	Cardiac Catheterization	0.113702	11,787,473	1,340,259	59
60	Laboratory	0.142756	16,845,990	2,404,866	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.178679	5,527,525	987,653	65
66	Physical Therapy	0.463641	607,480	281,653	66
67	Occupational Therapy	0.609721	192,322	117,263	67
68	Speech Pathology	0.391778	243,915	95,561	68
70	Electroencephalography	0.449234	100,268	45,044	70
71	Medical Supplies Charged to Patients	0.292428	3,429,084	1,002,760	71
72	Impl. Dev. Charged to Patients	0.427350	2,772,613	1,184,876	72
73	Drugs Charged to Patients	0.378247	7,683,057	2,906,093	73
74	Renal Dialysis	0.698085	732,447	511,310	74
76	EMG	0.084161			76
76.01	CARDIOVASCULAR LAB				76.01
76.02	MERCY EYE CENTER	1.002546	2,784	2,791	76.02
76.03	MERCY ENT				76.03
76.04	WOUND CARE CENTER	0.637639	2,857	1,822	76.04
76.05	CARDIAC REHAB				76.05
76.06	PRE-BIRTH CENTER	0.114573	2,167	248	76.06
76.07	SLEEP LAB	0.264483	2,502	662	76.07
76.08	UROLOGY	3.592539			76.08
76.09	ADDP OP	0.891394			76.09
76.10	PSYCH PARTIAL HOSPITAL	0.005528			76.10
76.11	DIABETES TREATMENT	1.311359			76.11
76.12	MENTAL HEALTH CENTER	0.926666			76.12
76.13	VEIN CLINIC	0.004222	9,311	39	76.13
76.97	CARDIAC REHABILITATION	0.469315	8,675	4,071	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	64.319801			90
90.01	MERCY CLINICS	1.141284	584	667	90.01
90.02	MERCY CLINIC STATE ST				90.02
90.03	MERCY CLINIC POLK ST				90.03
91	Emergency	0.219719	5,208,806	1,144,474	91
92	Observation Beds (Non-Distinct Part)	0.728180			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		70,344,996	15,564,331	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		70,344,996		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S158

WORKSHEET D-3

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

	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30				30
31				31
32				32
32.01				32.01
40		1,179,829		40
41				41
ANCILLARY SERVICE COST CENTERS				
50	0.641711			50
50.01	0.209052			50.01
51	0.293757			51
52	0.404437			52
53	0.130935			53
54	0.174051	10,076	1,754	54
54.01				54.01
55	0.208168			55
56	0.160841			56
57	0.049862	25,826	1,288	57
58	0.402661	1,942	782	58
59	0.113702	29,172	3,317	59
60	0.142756	147,410	21,044	60
62.30				62.30
65	0.178679	1,939	346	65
66	0.463641	720	334	66
67	0.609721			67
68	0.391778			68
70	0.449234	589	265	70
71	0.292428			71
72	0.427350			72
73	0.378247	61,012	23,078	73
74	0.698085	2,925	2,042	74
76	0.084161			76
76.01				76.01
76.02	1.002546			76.02
76.03				76.03
76.04	0.637639			76.04
76.05				76.05
76.06	0.114573			76.06
76.07	0.264483			76.07
76.08	3.592539			76.08
76.09	0.891394			76.09
76.10	0.005528			76.10
76.11	1.311359			76.11
76.12	0.926666	163	151	76.12
76.13	0.004222			76.13
76.97	0.469315			76.97
76.98				76.98
76.99				76.99
OUTPATIENT SERVICE COST CENTERS				
90	64.319801			90
90.01	1.141284			90.01
90.02				90.02
90.03				90.03
91	0.219719	171,925	37,775	91
92	0.728180			92
OTHER REIMBURSABLE COST CENTERS				
200		453,699	92,176	200
201				201
202		453,699		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T158

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
32	Coronary Care Unit				32
32.01	NURSERY INTENSIVE CARE CENTER				32.01
40	Subprovider - IPF				40
41	Subprovider - IRF		3,002,288		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.641711			50
50.01	GI LAB	0.209052			50.01
51	Recovery Room	0.293757			51
52	Delivery Room & Labor Room	0.404437			52
53	Anesthesiology	0.130935			53
54	Radiology-Diagnostic	0.174051	45,209	7,869	54
54.01	MRI CENTER				54.01
55	Radiology-Therapeutic	0.208168	16,315	3,396	55
56	Radioisotope	0.160841			56
57	CT Scan	0.049862	24,616	1,227	57
58	MRI	0.402661	2,975	1,198	58
59	Cardiac Catheterization	0.113702	15,355	1,746	59
60	Laboratory	0.142756	284,920	40,674	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.178679	207,985	37,163	65
66	Physical Therapy	0.463641	811,871	376,417	66
67	Occupational Therapy	0.609721	787,155	479,945	67
68	Speech Pathology	0.391778	251,121	98,384	68
70	Electroencephalography	0.449234			70
71	Medical Supplies Charged to Patients	0.292428	86,077	25,171	71
72	Impl. Dev. Charged to Patients	0.427350	803	343	72
73	Drugs Charged to Patients	0.378247	238,294	90,134	73
74	Renal Dialysis	0.698085	32,175	22,461	74
76	EMG	0.084161			76
76.01	CARDIOVASCULAR LAB				76.01
76.02	MERCY EYE CENTER	1.002546			76.02
76.03	MERCY ENT				76.03
76.04	WOUND CARE CENTER	0.637639			76.04
76.05	CARDIAC REHAB				76.05
76.06	PRE-BIRTH CENTER	0.114573			76.06
76.07	SLEEP LAB	0.264483			76.07
76.08	UROLOGY	3.592539			76.08
76.09	ADDP OP	0.891394			76.09
76.10	PSYCH PARTIAL HOSPITAL	0.005528			76.10
76.11	DIABETES TREATMENT	1.311359			76.11
76.12	MENTAL HEALTH CENTER	0.926666			76.12
76.13	VEIN CLINIC	0.004222			76.13
76.97	CARDIAC REHABILITATION	0.469315	65	31	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	64.319801			90
90.01	MERCY CLINICS	1.141284			90.01
90.02	MERCY CLINIC STATE ST				90.02
90.03	MERCY CLINIC POLK ST				90.03
91	Emergency	0.219719	1,464	322	91
92	Observation Beds (Non-Distinct Part)	0.728180			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		2,806,400	1,186,481	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		2,806,400		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0158

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
32	Coronary Care Unit				32
32.01	NURSERY INTENSIVE CARE CENTER				32.01
40	Subprovider - IPF				40
41	Subprovider - IRF				41
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.641711			50
50.01	GI LAB	0.209052			50.01
51	Recovery Room	0.293757			51
52	Delivery Room & Labor Room	0.404437			52
53	Anesthesiology	0.130935			53
54	Radiology-Diagnostic	0.174051			54
54.01	MRI CENTER				54.01
55	Radiology-Therapeutic	0.208168			55
56	Radioisotope	0.160841			56
57	CT Scan	0.049862			57
58	MRI	0.402661			58
59	Cardiac Catheterization	0.113702			59
60	Laboratory	0.142756			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.178679			65
66	Physical Therapy	0.463641			66
67	Occupational Therapy	0.609721			67
68	Speech Pathology	0.391778			68
70	Electroencephalography	0.449234			70
71	Medical Supplies Charged to Patients	0.292428			71
72	Impl. Dev. Charged to Patients	0.427350			72
73	Drugs Charged to Patients	0.378247			73
74	Renal Dialysis	0.698085			74
76	EMG	0.084161			76
76.01	CARDIOVASCULAR LAB				76.01
76.02	MERCY EYE CENTER	1.002546			76.02
76.03	MERCY ENT				76.03
76.04	WOUND CARE CENTER	0.637639			76.04
76.05	CARDIAC REHAB				76.05
76.06	PRE-BIRTH CENTER	0.114573			76.06
76.07	SLEEP LAB	0.264483			76.07
76.08	UROLOGY	3.592539			76.08
76.09	ADDP OP	0.891394			76.09
76.10	PSYCH PARTIAL HOSPITAL	0.005528			76.10
76.11	DIABETES TREATMENT	1.311359			76.11
76.12	MENTAL HEALTH CENTER	0.926666			76.12
76.13	VEIN CLINIC	0.004222			76.13
76.97	CARDIAC REHABILITATION	0.469315			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	64.319801			90
90.01	MERCY CLINICS	1.124073			90.01
90.02	MERCY CLINIC STATE ST				90.02
90.03	MERCY CLINIC POLK ST				90.03
91	Emergency	0.219719			91
92	Observation Beds (Non-Distinct Part)	0.728180			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S158

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
32	Coronary Care Unit				32
32.01	NURSERY INTENSIVE CARE CENTER				32.01
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.641711			50
50.01	GI LAB	0.209052			50.01
51	Recovery Room	0.293757			51
52	Delivery Room & Labor Room	0.404437			52
53	Anesthesiology	0.130935			53
54	Radiology-Diagnostic	0.174051			54
54.01	MRI CENTER				54.01
55	Radiology-Therapeutic	0.208168			55
56	Radioisotope	0.160841			56
57	CT Scan	0.049862			57
58	MRI	0.402661			58
59	Cardiac Catheterization	0.113702			59
60	Laboratory	0.142756			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.178679			65
66	Physical Therapy	0.463641			66
67	Occupational Therapy	0.609721			67
68	Speech Pathology	0.391778			68
70	Electroencephalography	0.449234			70
71	Medical Supplies Charged to Patients	0.292428			71
72	Impl. Dev. Charged to Patients	0.427350			72
73	Drugs Charged to Patients	0.378247			73
74	Renal Dialysis	0.698085			74
76	EMG	0.084161			76
76.01	CARDIOVASCULAR LAB				76.01
76.02	MERCY EYE CENTER	1.002546			76.02
76.03	MERCY ENT				76.03
76.04	WOUND CARE CENTER	0.637639			76.04
76.05	CARDIAC REHAB				76.05
76.06	PRE-BIRTH CENTER	0.114573			76.06
76.07	SLEEP LAB	0.264483			76.07
76.08	UROLOGY	3.592539			76.08
76.09	ADDP OP	0.891394			76.09
76.10	PSYCH PARTIAL HOSPITAL	0.005528			76.10
76.11	DIABETES TREATMENT	1.311359			76.11
76.12	MENTAL HEALTH CENTER	0.926666			76.12
76.13	VEIN CLINIC	0.004222			76.13
76.97	CARDIAC REHABILITATION	0.469315			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	64.319801			90
90.01	MERCY CLINICS	1.124073			90.01
90.02	MERCY CLINIC STATE ST				90.02
90.03	MERCY CLINIC POLK ST				90.03
91	Emergency	0.219719			91
92	Observation Beds (Non-Distinct Part)	0.728180			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T158

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
32	Coronary Care Unit				32
32.01	NURSERY INTENSIVE CARE CENTER				32.01
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.641711			50
50.01	GI LAB	0.209052			50.01
51	Recovery Room	0.293757			51
52	Delivery Room & Labor Room	0.404437			52
53	Anesthesiology	0.130935			53
54	Radiology-Diagnostic	0.174051			54
54.01	MRI CENTER				54.01
55	Radiology-Therapeutic	0.208168			55
56	Radioisotope	0.160841			56
57	CT Scan	0.049862			57
58	MRI	0.402661			58
59	Cardiac Catheterization	0.113702			59
60	Laboratory	0.142756			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.178679			65
66	Physical Therapy	0.463641			66
67	Occupational Therapy	0.609721			67
68	Speech Pathology	0.391778			68
70	Electroencephalography	0.449234			70
71	Medical Supplies Charged to Patients	0.292428			71
72	Impl. Dev. Charged to Patients	0.427350			72
73	Drugs Charged to Patients	0.378247			73
74	Renal Dialysis	0.698085			74
76	EMG	0.084161			76
76.01	CARDIOVASCULAR LAB				76.01
76.02	MERCY EYE CENTER	1.002546			76.02
76.03	MERCY ENT				76.03
76.04	WOUND CARE CENTER	0.637639			76.04
76.05	CARDIAC REHAB				76.05
76.06	PRE-BIRTH CENTER	0.114573			76.06
76.07	SLEEP LAB	0.264483			76.07
76.08	UROLOGY	3.592539			76.08
76.09	ADDP OP	0.891394			76.09
76.10	PSYCH PARTIAL HOSPITAL	0.005528			76.10
76.11	DIABETES TREATMENT	1.311359			76.11
76.12	MENTAL HEALTH CENTER	0.926666			76.12
76.13	VEIN CLINIC	0.004222			76.13
76.97	CARDIAC REHABILITATION	0.469315			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	64.319801			90
90.01	MERCY CLINICS	1.124073			90.01
90.02	MERCY CLINIC STATE ST				90.02
90.03	MERCY CLINIC POLK ST				90.03
91	Emergency	0.219719			91
92	Observation Beds (Non-Distinct Part)	0.728180			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	6,577,125			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	19,731,374			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)	377,254			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	9,656,795			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	193.77			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)	87.01			5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	16.00			8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)	103.01			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	101.72			10
11	FTE count for residents in dental and podiatric programs	6.00			11
12	Current year allowable FTE (see instructions)	107.72			12
13	Total allowable FTE count for the prior year	106.74			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	106.88			14
15	Sum of lines 12 through 14 divided by 3	107.11			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	107.11			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.552769			19
20	Prior year resident to bed ratio (see instructions)	0.489755			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.489755			21
22	IME payment adjustment (see instructions)	6,222,460			22
22.01	IME payment adjustment - Managed Care (see instructions)	2,284,015			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)	-1.29			24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)	6,222,460			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	2,284,015			29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.1458			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.3949			31
32	Sum of lines 30 and 31	0.5407			32
33	Allowable disproportionate share percentage (see instructions)	0.3384			33
34	Disproportionate share adjustment (see instructions)	2,225,699			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)				35
35.01	Factor 3 (see instructions)				35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	4,550,172		4,295,779	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,143,759		3,213,006	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	4,356,765			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
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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
47	Subtotal (see instructions)	39,490,677			47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)				48
49	Total payment for inpatient operating costs (see instructions)	41,774,692			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	3,002,028			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)	3,454,317			52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies	5,179			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)	48,236,216			59
60	Primary payer payments	8,542			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	48,227,674			61
62	Deductibles billed to program beneficiaries	2,644,946			62
63	Coinsurance billed to program beneficiaries	193,088			63
64	Allowable bad debts (see instructions)	1,761,385			64
65	Adjusted reimbursable bad debts (see instructions)	1,144,900			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,720,829			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	46,534,540			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)	-32,132			70.93
70.94	HRR adjustment amount (see instructions)	-256,644			70.94
70.99	HAC adjustment amount (see instructions)	444,932			70.99
71	Amount due provider (see instructions)	45,800,832			71
71.01	Sequestration adjustment (see instructions)	916,017			71.01
72	Interim payments	46,302,442			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	-1,417,627			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	390,023			75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

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

HSP Bonus Payment Amount

Prior to 10/1 On or After 10/1

100	HSP bonus amount (see instructions)				100
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HVBP Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

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

HRR Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

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

KPMG LLP Compu-Max 2552-10

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HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION

EXHIBIT 5

	(Amt. from Wkst. E, Pt. A or L Pt. I)	Prior to 10/1		On or after 10/1		Total (cols. 2 and 3)	
	(1)	(2)	(2.01)	(3)	(3.01)	(4)	
1	DRG Amounts Other Than Outlier Payments						1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	6,577,125	6,577,125			6,577,125	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	19,731,374		19,731,374		19,731,374	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1						1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1						1.04
2	Outlier payments for discharges	377,254	94,314		282,940	377,254	2
2.01	Outlier payment for discharges for Model 4 BPCI						2.01
3	Operating outlier reconciliation						3
4	Managed Care Simulated Payments	9,656,795	2,414,199		7,242,596	9,656,795	4
	Indirect Medical Education Adjustment						
5	Amount from Worksheet E Part A, line 21	0.489755	0.489755		0.489755		5
6	IME payment adjustment	6,222,460	1,555,615		4,666,845	6,222,460	6
6.01	IME payment adjustment for managed care	2,284,015	571,004		1,713,011	2,284,015	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7	IME payment adjustment factor						7
8	IME add-on adjustment amount						8
8.01	IME payment adjustment add-on for managed care						8.01
9	Total IME payment (sum of lines 6 and 8)	6,222,460	1,555,615		4,666,845	6,222,460	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	2,284,015	571,004		1,713,011	2,284,015	9.01
	Disproportionate Share Adjustment						
10	Allowable disproportionate share percentage	0.3384	0.3384	0.3384	0.3384	0.3384	10
11	Disproportionate share adjustment	2,225,699	556,425		1,669,274	2,225,699	11
11.01	Uncompensated care payments	4,356,765	1,143,759		3,213,006	4,356,765	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12	Total ESRD additional payment						12
13	Subtotal	39,490,677	9,927,238		29,563,439	39,490,677	13
14	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.)						14
15	Total payment for inpatient operating costs SCH and MDH only	41,774,692	10,498,242		31,276,450	41,774,692	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	3,002,028	750,508		2,251,520	3,002,028	16
17	Special add-on payments for new technologies	5,179	1,295		3,884	5,179	17
17.01	DO NOT USE THIS LINE						17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG						17.02
18	Capital outlier reconciliation adjustment amount						18
19	SUBTOTAL		11,250,045		33,531,854	44,781,899	19
20	Capital DRG other than outlier	2,124,770	531,193		1,593,577	2,124,770	20
20.01	Model 4 BPCI Capital DRG other than outlier						20.01
21	Capital DRG outlier payments	49,235	12,309		36,926	49,235	21
21.01	Model 4 BPCI Capital DRG outlier payments						21.01
22	Indirect medical education percentage	27.4000	27.4000		27.4000		22
23	Indirect medical education adjustment	582,187	145,547		436,640	582,187	23
24	Allowable disproportionate share percentage	0.1157	0.1157		0.1157		24
25	Disproportionate share adjustment	245,836	61,459		184,377	245,836	25
26	Total prospective capital payments	3,002,028	750,508		2,251,520	3,002,028	26
27							27
28	Low volume adjustment prior to October 1						28
29	Low volume adjustment on or after October 1						29
30	HVBP payment adjustment	-32,132	-8,033		-24,099	-32,132	30
30.01	HVBP payment adjustment for HSP bonus payment						30.01
31	HRR adjustment	-256,644	-64,161		-192,483	-256,644	31
31.01	HRR adjustment for HSP bonus payment						31.01
32	HAC Reduction Program adjustment		111,779		333,153	444,932	32

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0158

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	9,640			1
2	Medical and other services reimbursed under OPPTS (see instructions)	13,951,763			2
3	PPS payments	12,117,746			3
4	Outlier payment (see instructions)	63,429			4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	9,640			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	25,486			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)	25,486			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)	25,486			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	15,846			19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)	9,640			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)	12,181,175			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	2,433,999			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)	9,756,816			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	1,322,255			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	11,079,071			30
31	Primary payer payments	4,676			31
32	Subtotal (line 30 minus line 31)	11,074,395			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)	946,369			34
35	Adjusted reimbursable bad debts (see instructions)	615,140			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	911,612			36
37	Subtotal (see instructions)	11,689,535			37
38	MSP-LCC reconciliation amount from PS&R	-163			38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	11,689,698			40
40.01	Sequestration adjustment (see instructions)	233,794			40.01
41	Interim payments	11,322,566			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	133,338			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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S158

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPTS (see instructions)				2
3	PPS payments				3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)	0.850			5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T158

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (see instructions)				2
3	PPS payments				3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)	0.850			5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	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 HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0158

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		46,803,248		11,322,566	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)					
						3.01
						3.02
		Program				3.03
		to				3.04
		Provider				3.05
						3.06
						3.07
						3.08
						3.09
						3.10
						3.50
			06/21/2017	500,806		3.51
		Provider				3.52
		to				3.53
		Program				3.54
						3.55
						3.56
						3.57
						3.58
						3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-500,806			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)		46,302,442		11,322,566	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)					
						5.01
						5.02
		Program				5.03
		to				5.04
		Provider				5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
						5.51
		Provider				5.52
		to				5.53
		Program				5.54
						5.55
						5.56
						5.57
						5.58
						5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6	Determined net settlement amount (balance due) based on the cost report (1)				133,338	6.01
				-1,417,627		6.02
7	Total Medicare program liability (see instructions)			44,884,815	11,455,904	7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)		8

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

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-S158

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
		1	2	3	4
1	Total interim payments paid to provider		683,004		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)	Program	.01		3.01
		to	.02		3.02
		Provider	.03		3.03
			.04		3.04
			.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)		683,004		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)	Program	.01		5.01
		to	.02		5.02
		Provider	.03		5.03
			.04		5.04
			.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)		683,004		7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)	
					8

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

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-T158

WORKSHEET E-1
PART I

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

		INPATIENT PART A		PART B	
DESCRIPTION		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		3,691,654		1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			3.01
		.02			3.02
	Program	.03			3.03
	to	.04			3.04
	Provider	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
	Provider	.52			3.52
	to	.53			3.53
	Program	.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,691,654		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	104,663		6.01
		.02			6.02
7	Total Medicare program liability (see instructions)		3,796,317		7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)	
					8

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

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check applicable box: Hospital CAH

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	10,860	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	15,280	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	5,654	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	44,697	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	604,432,740	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	12,387,427	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)		8
9	Sequestration adjustment amount (see instructions)		9
10	Calculation of the HIT incentive payment after sequestration (see instructions)		10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

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

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

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S158

WORKSHEET E-3
PART II

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

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)	837,873	1
2	Net IPF PPS Outlier payment	1,408	2
3	Net IPF PPS ECT payment		3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)		4
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	New teaching program adjustment (see instructions)		5
6	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)		6
7	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)		7
8	Intern and resident count for IPF PPS medical education adjustment (see instructions)		8
9	Average daily census (see instructions)	17,490,411	9
10	Teaching adjustment factor $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$		10
11	Teaching adjustment (line 1 multiplied by line 10)		11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	839,281	12
13	Nursing and allied health managed care payment (see instructions)		13
14	Organ acquisition DO NOT USE THIS LINE		14
15	Cost of physicians' services in a teaching hospital (see instructions)		15
16	Subtotal (see instructions)	839,281	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	839,281	18
19	Deductibles	97,524	19
20	Subtotal (line 18 minus line 19)	741,757	20
21	Coinsurance	44,814	21
22	Subtotal (line 20 minus line 21)	696,943	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)		23
24	Adjusted reimbursable bad debts (see instructions)		24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)		25
26	Subtotal (sum of lines 22 and 24)	696,943	26
27	Direct graduate medical education payments (from Wkst. E-4, line 49) (for freestanding IPF only)		27
28	Other pass through costs (see instructions)		28
29	Outlier payments reconciliation		29
30	Other adjustments (specify) (see instructions)		30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		30.50
31	Total amount payable to the provider (see instructions)	696,943	31
31.01	Sequestration adjustment (see instructions)	13,939	31.01
32	Interim payments	683,004	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, chapter 1, §115.2		35

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T158

WORKSHEET E-3
PART III

Check Hospital
Applicable Subprovider IRF
Box:

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	Net Federal PPS payment (see instructions)	3,500,177		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.127300		2
3	Inpatient Rehabilitation LIP payments (see instructions)	378,019		3
4	Outlier payments	21,110		4
5	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	1.23		5
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2)			5.01
6	New teaching program adjustment (see instructions)			6
7	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)			7
8	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)			8
9	Intern and resident count for IRF PPS medical education adjustment (see instructions)			9
10	Average daily census (see instructions)	12.750685		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	3,899,306		13
14	Nursing and allied health managed care payments (see instructions)			14
15	Organ acquisition DO NOT USE THIS LINE			15
16	Cost of physicians' services in a teaching hospital (see instructions)			16
17	Subtotal (see instructions)	3,899,306		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	3,899,306		19
20	Deductibles	27,328		20
21	Subtotal (line 19 minus line 20)	3,871,978		21
22	Coinsurance	4,543		22
23	Subtotal (line 21 minus line 22)	3,867,435		23
24	Allowable bad debts (exclude bad debts for professional services) (see instructions)	9,782		24
25	Adjusted reimbursable bad debts (see instructions)	6,358		25
26	Allowable bad debts for dual eligible beneficiaries (see instructions)	7,084		26
27	Subtotal (sum of lines 23 and 25)	3,873,793		27
28	Direct graduate medical education payments (from Wkst. E-4, line 49) (For free standing IRF only)			28
29	Other pass through costs (see instructions)			29
30	Outlier payments reconciliation			30
31	Other adjustments (specify) (see instructions)			31
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			31.50
32	Total amount payable to the provider (see instructions)	3,873,793		32
32.01	Sequestration adjustment (see instructions)	77,476		32.01
33	Interim payments	3,691,654		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 33 and 34)	104,663		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			36

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0158

WORKSHEET E-3
PART VII

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

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services	6,256,447	1
2	Medical and other services		2
3	Organ acquisition (certified transplant centers only)		3
4	Subtotal (sum of lines 1, 2 and 3)	6,256,447	4
5	Inpatient primary payer payments		5
6	Outpatient primary payer payments		6
7	Subtotal (line 4 less sum of lines 5 and 6)	6,256,447	7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	Routine service charges	2,459,906	8
9	Ancillary service charges		9
10	Organ acquisition charges, net of revenue		10
11	Incentive from target amount computation		11
12	Total reasonable charges (sum of lines 8-11)	2,459,906	12
CUSTOMARY CHARGES			
13	Amount actually collected from patients liable for payment for services on a cahрге basis		13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(c)		14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	15
16	Total customary charges (see instructions)	2,459,906	16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	3,796,541	18
19	Interns and residents (see instructions)		19
20	Cost of physicians' services in a teaching hospital (see instructions)		20
21	Cost of covered services (lesser of line 4 or line 16)	2,459,906	21
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)	2,459,906	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	Excess of reasonable cost (from line 18)	3,796,541	30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	2,459,906	31
32	Deductibles		32
33	Coinsurance		33
34	Allowable bad debts (see instructions)		34
35	Utilization review		35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)	2,459,906	36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		37
38	Subtotal (line 36 ± line 37)	2,459,906	38
39	Direct graduate medical education payments (from Wkst. E-4)		39
40	Total amount payable to the provider (sum of lines 38 and 39)	2,459,906	40
41	Interim payments	2,459,906	41
42	Balance due provider/program (line 40 minus line 41)		42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		43

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S158

WORKSHEET E-3
PART VII

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

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services	1,269,504	1
2	Medical and other services		2
3	Organ acquisition (certified transplant centers only)		3
4	Subtotal (sum of lines 1, 2 and 3)	1,269,504	4
5	Inpatient primary payer payments		5
6	Outpatient primary payer payments		6
7	Subtotal (line 4 less sum of lines 5 and 6)	1,269,504	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 cahрге basis		13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(c)		14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	15
16	Total customary charges (see instructions)		16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	1,269,504	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)	1,269,504	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

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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			88.01	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)				2
3	Amount of reduction to Direct GME cap under §422 of MMA				3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			17.00	4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			105.01	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			101.65	6
7	Enter the lesser of line 5 or line 6			101.65	7
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	73.02	28.10	101.12	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	73.02	28.10	101.12	9
10	Weighted dental and podiatric resident FTE count for the current year		5.00		10
10.01	Unweighted dental and podiatric resident FTE count for the current year				10.01
11	Total weighted FTE count	73.02	33.10		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	68.30	33.87		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	68.36	35.16		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	69.89	34.04		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
15.01	Unweighted adjustment for residents in initial years of new programs				15.01
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
16.01	Unweighted adjustment for residents displaced by program or hospital closure				16.01
17	Adjusted rolling average FTE count	69.89	34.04		17
18	Per resident amount	108,500.00	103,666.00		18
19	Approved amount for resident costs	7,583,065	3,528,791	11,111,856	19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)				21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)			11,111,856	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	18,449	6,849		26
27	Total inpatient days (see instructions)	56,600	56,600		27
28	Ratio of inpatient days to total inpatient days	0.325954	0.121007		28
29	Program direct GME amount	3,621,954	1,344,612		29
30	Reduction for direct GME payments for Medicare Advantage		189,994		30
31	Net Program direct GME amount			4,776,572	31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			1,838,850	33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
Part A Reasonable Cost					
37	Reasonable cost (see instructions)			36,469,746	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)			8,542	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			36,461,204	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			13,961,403	42
43	Primary payer payments (see instructions)			4,676	43
44	Total Part B reasonable cost (line 42 minus line 43)			13,956,727	44
45	Total reasonable cost (sum of lines 41 and 44)			50,417,931	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.723179	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.276821	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			4,776,572	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			3,454,317	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			1,322,255	50

KPMG LLP Compu-Max 2552-10

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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

Check Title V
 Applicable Title XVIII
 Box: Title XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)			2
3	Amount of reduction to Direct GME cap under §422 of MMA			3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)			3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			4
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)			4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			6
7	Enter the lesser of line 5 or line 6			7
		Primary Care	Other	Total
		1	2	3
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.00	0.00	0.00
10	Weighted dental and podiatric resident FTE count for the current year		0.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year			
11	Total weighted FTE count	0.00	0.00	
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00	
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00	
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00	
15	Adjustment for residents in initial years of new programs	0.00	0.00	
15.01	Unweighted adjustment for residents in initial years of new programs			
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure			
17	Adjusted rolling average FTE count	0.00	0.00	
18	Per resident amount	0.00	0.00	
19	Approved amount for resident costs			
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			
21	Direct GME FTE unweighted resident count over cap (see instructions)			
22	Allowable additional direct GME FTE resident count (see instructions)			
23	Enter the locality adjustment national average per resident amount (see instructions)			
24	Multiply line 22 times line 23			
25	Total direct GME amount (sum of lines 19 and 24)			
COMPUTATION OF PROGRAM PATIENT LOAD				
		Inpatient Part A	Managed Care	
26	Inpatient days (see instructions)	8,324	14,835	26
27	Total inpatient days (see instructions)	56,600	56,600	27
28	Ratio of inpatient days to total inpatient days	0.147067	0.262102	28
29	Program direct GME amount			29
30	Reduction for direct GME payments for Medicare Advantage			30
31	Net Program direct GME amount			31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			34
35	Medicare outpatient ESRD charges (see instructions)			35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
Part A Reasonable Cost				
37	Reasonable cost (see instructions)			37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			38
39	Cost of physicians' services in a teaching hospital (see instructions)			39
40	Primary payer payments (see instructions)			40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41
Part B Reasonable Cost				
42	Reasonable cost (see instructions)			42
43	Primary payer payments (see instructions)			43
44	Total Part B reasonable cost (line 42 minus line 43)			44
45	Total reasonable cost (sum of lines 41 and 44)			45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	Total program GME payment (line 31)			48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			50

KPMG LLP Compu-Max 2552-10

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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
Assets (Omit Cents)		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	-1,162,897				1
2	Temporary investments	9,766,991				2
3	Notes receivable					3
4	Accounts receivable	34,819,897				4
5	Other receivables	2,235,257				5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory	2,950,920				7
8	Prepaid expenses	1,469,281				8
9	Other current assets	9,269,340				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	59,348,789				11
FIXED ASSETS						
12	Land	26,173,000				12
13	Land improvements	5,151,760				13
14	Accumulated depreciation	-2,016,522				14
15	Buildings	20,411,510				15
16	Accumulated depreciation	-1,442,617				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	54,495,340				23
24	Accumulated depreciation	-36,778,648				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)	65,993,823				30
OTHER ASSETS						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	16,012,627				34
35	Total other assets (sum of lines 31-34)	16,012,627				35
36	Total assets (sum of lines 11, 30 and 35)	141,355,239				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	11,924,137				37
38	Salaries, wages and fees payable	38,780,519				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	1,755,203				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	5,931,106				44
45	Total current liabilities (sum of lines 37 thru 44)	58,390,965				45
LONG TERM LIABILITIES						
46	Mortgage payable	81,352,750				46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	501,445				49
50	Total long term liabilities (sum of lines 46 thru 49)	81,854,195				50
51	Total liabilities (sum of lines 45 and 50)	140,245,160				51
CAPITAL ACCOUNTS						
52	General fund balance	1,110,079				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	1,110,079				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	141,355,239				60

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	Fund balances at beginning of period		167,007,060			1
2	Net income (loss) (from Worksheet G-3, line 29)		-170,311,866			2
3	Total (sum of line 1 and line 2)		-3,304,806			3
4	Additions (credit adjustments) (specify)					4
5						5
6		4,414,885				6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)		4,414,885			10
11	Subtotal (line 3 plus line 10)		1,110,079			11
12	Deductions (debit adjustments) (specify)					12
13						13
14						14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)					18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,110,079			19

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

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

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

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	63,310,758		63,310,758	1
2	Subprovider IPF	7,980,992		7,980,992	2
3	Subprovider IRF	6,161,126		6,161,126	3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	77,452,876		77,452,876	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	10,336,531		10,336,531	11
12	Coronary Care Unit	3,044,794		3,044,794	12
12.01	NURSERY INTENSIVE CARE CENTER	8,916,929		8,916,929	12.01
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	22,298,254		22,298,254	16
17	Total inpatient routine care services (sum of lines 10 and 16)	99,751,130		99,751,130	17
18	Ancillary services	208,849,381	296,492,452	505,341,833	18
19	Outpatient services		42,732,840	42,732,840	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	308,600,511	339,225,292	647,825,803	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		405,693,561	29
30	Add (specify)			30
31	OTHER NON OPER EXPENSES	108,878		31
32	TIF EXPENSES	1,197,731		32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)		1,306,609	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)		407,000,170	43

KPMG LLP Compu-Max 2552-10

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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	647,825,803	1
2	Less contractual allowances and discounts on patients' accounts	424,985,313	2
3	Net patient revenues (line 1 minus line 2)	222,840,490	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	407,000,170	4
5	Net income from service to patients (line 3 minus line 4)	-184,159,680	5

OTHER INCOME

6	Contributions, donations, bequests, etc.	407,329	6
7	Income from investments	256,913	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	824,710	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hospitial space		22
23	Governmental appropriations		23
24	Other (OTHER RENT REVENUE)	1,669,737	24
24.01	Other (CAPITATION REVENUE AND MGD CARE DIS)	6,921,261	24.01
24.02	Other (GRANTS)	1,856,878	24.02
24.03	Other (OTHER REVENUE)	132,602	24.03
24.04	Other (REFERRAL LAB)	99,034	24.04
24.05	Other (LAB REVENUE)		24.05
24.06	Other (CONTRACT REVENUE ACCESS COMMUNITY)		24.06
24.07	Other (COMMISSION REVENUE)		24.07
24.08	Other (EXPENSE REIMBURSEMENT)	435,261	24.08
24.09	Other (GAIN ON SALE OF EQUIPMENT)	46,358	24.09
24.10	Other (GENEAL MERCHANDISE REVENUE)		24.10
24.11	Other (OTHER NON OPER REVENUE)		24.11
24.12	Other (OTHER REVENUE PHYSICIANS OFFICES)		24.12
24.13	Other (TIF REVENUE)	1,197,731	24.13
25	Total other income (sum of lines 6-24)	13,847,814	25
26	Total (line 5 plus line 25)	-170,311,866	26
29	Net income (or loss) for the period (line 26 minus line 28)	-170,311,866	29

KPMG LLP Compu-Max 2552-10

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0158

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	Capital DRG other than outlier	2,124,770	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	49,235	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)	124.83	3
4	Number of interns & residents (see instructions)	107.11	4
5	Indirect medical education percentage (see instructions)	27.40	5
6	Indirect medical education adjustment (see instructions)	582,187	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.1458	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.3949	8
9	Sum of lines 7 and 8	0.5407	9
10	Allowable disproportionate share percentage (see instructions)	0.1157	10
11	Disproportionate share adjustment (see instructions)	245,836	11
12	Total prospective capital payments (see instructions)	3,002,028	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

KPMG LLP Compu-Max 2552-10

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/30/2017 Run Time: 10:39 Version: 2017.10 (10/12/2017)
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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

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

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		0	2A	24	25	26		
90.03	MERCY CLINIC POLK ST							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices							192
192.01	DNBAR CLINIC							192.01
192.02	PHILLIPS HEALTH							192.02
192.03	OTHER HOME HEALTH							192.03
192.04	VITAS HOSPICE							192.04
192.05	DOCTORS OFFICE							192.05
194	OTHER NONREIMBURSABLE COST CENTERS							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202