

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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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 Date: 11/22/2017 Time: 11:33	
	2. <input type="checkbox"/> Manually submitted cost report	
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report	
	4. <input checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.	
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN
		10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MERCY MEDICAL CENTER-CLINTON (16-0080) (Provider Name(s) and Number(s)) for the cost reporting period beginning 07/01/2016 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)

WILLIAM R. MURDOCK
Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII				
		TITLE V	PART A	PART B	HIT	TITLE XIX
		1	2	3	4	5
1	HOSPITAL		-107,213	46,273		1
2	SUBPROVIDER - IPF					2
3	SUBPROVIDER - IRF					3
4	SUBPROVIDER (OTHER)					4
5	SWING BED - SNF					5
6	SWING BED - NF					6
7	SKILLED NURSING FACILITY		50,845	552		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		-56,368	46,825		200

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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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: 1410 N. FOURTH ST	P.O. Box:								1
2	City: CLINTON	State: IA	ZIP Code: 52732	County: CLINTON						2

Hospital and Hospital-Based Component Identification:

Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
0	1	2	3	4	5	6	7	8		
3	Hospital	MERCY MEDICAL CENTER-CLINTON	16-0080	19340	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF	MERCY LIVING CENTER - SOUTH	16-5119	19340		04 / 01 / 1983	N	P	N	9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA	MERCY HOME CARE	16-7154	19340		07 / 01 / 1998	N	P	N	12
13	Separately Certified ASC									13
14	Hospital-Based Hospice	MERCY HOSPICE	16-1527	19340		07 / 01 / 1998				14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis	MERCY RENAL DIALYSIS	16-2313	19340		07 / 01 / 1991				18
19	Other									19

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

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	259	195	154	185	2,902	103	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.							25

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

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**WORKSHEET S-2
PART I**

35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	1		35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning: 07 / 01 / 2016	Ending: 06 / 30 / 2017	36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.			37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPPS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N		37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	38

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

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

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

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	N			63
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				64

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

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

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

Inpatient Psychiatric Facility PPS

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

Inpatient Rehabilitation Facility PPS

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

Long Term Care Hospital PPS

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

TEFRA Providers

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

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**WORKSHEET S-2
PART I**

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

Rural Providers

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

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	Y			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	Y			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	7,759	19,499	31,270	118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	Y		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121
122	Does the cost report contain state health or similar taxes? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

Transplant Center Information

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

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**WORKSHEET S-2
PART I**

All Providers

140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	1 Y	2 HB1432	140
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If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.

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

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y			167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)				168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)	9.99			169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10 / 01 / 2015	09 / 30 / 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

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

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

		Y/N	Y/N	
Approved Educational Activities		1	2	
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N		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		Y/N	
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12
13	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data		1	2	3	4
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/01/2017	Y	11/01/2017
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

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

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

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

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

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

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

Cost Report Preparer Contact Information				
41	First name: JILL	Last name: TURNES	Title: SR. REIMB ANALYST	41
42	Employer: TRINITY HEALTH			42
43	Phone number: 734-343-0914	E-mail Address: JILL.TURNES@TRINITY-HEALTH.ORG		43

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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		
						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	97	35,405		7,543	597	12,817	1	
2	HMO and other (see instructions)					1,560	2,208		2	
3	HMO IPF Subprovider								3	
4	HMO IRF Subprovider								4	
5	Hospital Adults & Peds. Swing Bed SNF								5	
6	Hospital Adults & Peds. Swing Bed NF								6	
7	Total Adults & Peds. (exclude observation beds) (see instructions)		97	35,405		7,543	597	12,817	7	
8	Intensive Care Unit	31	10	3,650		757	250	1,320	8	
9	Coronary Care Unit	32							9	
10	Burn Intensive Care Unit	33							10	
11	Surgical Intensive Care Unit	34							11	
12	Other Special Care (specify)	35							12	
13	Nursery	43					640	858	13	
14	Total (see instructions)		107	39,055		8,300	1,487	14,995	14	
15	CAH Visits								15	
16	Subprovider - IPF	40							16	
17	Subprovider - IRF	41							17	
18	Subprovider I	42							18	
19	Skilled Nursing Facility	44	97	35,405		3,769	15,657	24,787	19	
20	Nursing Facility	45							20	
21	Other Long Term Care	46							21	
22	Home Health Agency	101				10,025	4,584	20,174	22	
23	ASC (Distinct Part)	115							23	
24	Hospice (Distinct Part)	116				9,238	300	10,646	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)		204						27	
28	Observation Bed Days						376	1,229	28	
29	Ambulance Trips								29	
30	Employee discount days (see instructions)							104	30	
31	Employee discount days-IRF								31	
32	Labor & delivery (see instructions)		4	1,460			103	159	32	
32.01	Total ancillary labor & delivery room outpatient days (see instructions)							48	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)					1,959	245	5,198	1
2	HMO and other (see instructions)					399	1,001		2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)		598.29			1,959	245	5,198	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility		83.07						19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		46.58						22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)		5.57						24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)		733.51						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

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HOSPITAL WAGE INDEX INFORMATION

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

Part II - Wage Data

		Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
		1	2	3	4	5	6	
SALARIES								
1	Total salaries (see instructions)	200	38,869,080	-238,859	38,630,221	1,523,458.00	25.36	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetest Part B							3
4	Physician-Part A - Administrative		12,612		12,612	60.00	210.20	4
4.01	Physician-Part A - Teaching							4.01
5	Physician-Part B		1,651,646		1,651,646	8,626.00	191.47	5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21						7
7.01	Contracted interns & residents (in an approved program)							7.01
8	Home office and/or related organization personnel							8
9	SNF	44	2,994,680	-13,719	2,980,961	174,599.00	17.07	9
10	Excluded area salaries (see instructions)		7,439,660	-158,569	7,281,091	287,559.00	25.32	10
OTHER WAGES & RELATED COSTS								
11	Contract labor (see instructions)		1,734,751		1,734,751	27,944.00	62.08	11
12	Contract management and administrative services							12
13	Contract labor: Physician-Part A - Administrative							13
14	Home office salaries & wage-related costs							14
14.01	Home office salaries		5,140,902		5,140,902	87,656.00	58.65	14.01
14.02	Related organization salaries							14.02
15	Home office: Physician Part A - Administrative							15
16	Home office & Contract Physicians Part A - Teaching							16
WAGE-RELATED COSTS								
17	Wage-related costs (core)(see instructions)		10,464,123		10,464,123			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		2,370,455		2,370,455			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B							21
22	Physician Part A - Administrative		1,952		1,952			22
22.01	Physician Part A - Teaching							22.01
23	Physician Part B		261,056		261,056			23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)							25
25.50	Home office wage-related		1,068,204		1,068,204			25.50
25.51	Related organization wage-related							25.51
25.52	Home office: Physician Part A - Administrative - wage-related							25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related							25.53
OVERHEAD COSTS - DIRECT SALARIES								
26	Employee Benefits Department		689,971	28,589	718,560	25,480.00	28.20	26
27	Administrative & General		2,789,494		2,789,494	115,181.00	24.22	27
28	Administrative & General under contract (see instructions)		140,723		140,723	2,205.00	63.82	28
29	Maintenance & Repairs		455,631		455,631	24,938.00	18.27	29
30	Operation of Plant							30
31	Laundry & Linen Service		82,494		82,494	6,674.00	12.36	31
32	Housekeeping		517,101		517,101	39,992.00	12.93	32
33	Housekeeping under contract (see instructions)							33
34	Dietary		927,918		927,918	55,044.00	16.86	34
35	Dietary under contract (see instructions)							35
36	Cafeteria							36
37	Maintenance of Personnel							37
38	Nursing Administration		1,522,840	-95,160	1,427,680	48,003.00	29.74	38
39	Central Services and Supply		77,485		77,485	5,485.00	14.13	39
40	Pharmacy		1,412,069		1,412,069	39,612.00	35.65	40
41	Medical Records & Medical Records Library		544,020		544,020	24,090.00	22.58	41
42	Social Service		144,554		144,554	5,983.00	24.16	42
43	Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		37,358,157	-238,859	37,119,298	1,517,037.00	24.47	1
2	Excluded area salaries (see instructions)		10,434,340	-172,288	10,262,052	462,158.00	22.20	2
3	Subtotal salaries (line 1 minus line 2)		26,923,817	-66,571	26,857,246	1,054,879.00	25.46	3
4	Subtotal other wages & related costs (see instructions)		6,875,653		6,875,653	115,600.00	59.48	4

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HOSPITAL WAGE INDEX INFORMATION**WORKSHEET S-3
PARTS II-III**

5	Subtotal wage-related costs (see instructions)		11,534,279		11,534,279		42.95%	5
6	Total (sum of lines 3 through 5)		45,333,749	-66,571	45,267,178	1,170,479.00	38.67	6
7	Total overhead cost (see instructions)		9,304,300	-66,571	9,237,729	392,687.00	23.52	7

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	1,805,093	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)	2,344,067	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	298,086	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)	3,104,978	8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan	1,176,825	9
10	Dental, Hearing and Vision Plan	181,103	10
11	Life Insurance (If employee is owner or beneficiary)	39,891	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	288,432	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	633,483	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	2,740,054	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	58,488	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	190,510	22
23	Tuition Reimbursement	145,781	23
24	Total Wage Related cost (Sum of lines 1-23)	13,006,791	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	1,734,751	13,006,791	1
2	Hospital	1,734,751	10,373,327	2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF		1,240,731	8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA		1,000,783	11
12	Separately Certified ASC			12
13	Hospital-Based Hospice		128,828	13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis		263,122	17
18	Other			18

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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 16-7154

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

County:

	Description	Title V 1	Title XVIII 2	Title XIX 3	Other 4	Total 5	
1	Home Health Aide Hours		413	1,600	645	2,658	1
2	Unduplicated Census Count (see instructions)		656.00	69.00	247.00	972.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	Enter the number of hours in your normal work week	Number of Employees (Full Time Equivalent)				
		Staff 1	Contract 2	Total 3		
3	Administrator and Assistant Administrator(s)		4.09	4.09	3	
4	Director(s) and Assistant Director(s)				4	
5	Other Administrative Personnel		9.67	9.67	5	
6	Direct Nursing Service		13.25	13.25	6	
7	Nursing Supervisor				7	
8	Physical Therapy Service		2.57	2.57	8	
9	Physical Therapy Supervisor				9	
10	Occupational Therapy Service		0.66	0.66	10	
11	Occupational Therapy Supervisor				11	
12	Speech Pathology Service				12	
13	Speech Pathology Supervisor				13	
14	Medical Social Service		0.08	0.08	14	
15	Medical Social Service Supervisor				15	
16	Home Health Aide		2.00	2.00	16	
17	Home Health Aide Supervisor				17	
18	DME AND PRIVATE DUTY		14.87	1.03	15.90	18

HOME HEALTH AGENCY CBSA CODES

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

PPS ACTIVITY

		Full Episodes				Total (columns 1 through 4)	
		Without Outliers 1	With Outliers 2	LUPA Episodes 3	PEP only Episodes 4		
21	Skilled Nursing Visits	5,675	212	202	102	6,191	21
22	Skilled Nursing Visit Charges	863,235	34,060	30,110	15,310	942,715	22
23	Physical Therapy Visits	2,176	19	14	77	2,286	23
24	Physical Therapy Visit Charges	353,170	3,035	2,170	12,035	370,410	24
25	Occupational Therapy Visits	1,034	6	4	53	1,097	25
26	Occupational Therapy Visit Charges	167,370	1,080	615	7,820	176,885	26
27	Speech Pathology Visits	162				162	27
28	Speech Pathology Visit Charges	27,900				27,900	28
29	Medical Social Service Visits	61	3	2	3	69	29
30	Medical Social Service Visit Charges	11,700	580	310	540	13,130	30
31	Home Health Aide Visits	474	57	2	1	534	31
32	Home Health Aide Visit Charges	31,380	3,420	150	60	35,010	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	9,582	297	224	236	10,339	33
34	Other Charges	13,083	7,998	311	138	21,530	34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	1,467,838	50,173	33,666	35,903	1,587,580	35
36	Total Number of Episodes (standard/non-outlier)	655		90	16	761	36
37	Total Number of Ourlier Episodes		6		1	7	37
38	Total Non-Routine Medical Supply Charges	42,130	2,807	1,213	69	46,219	38

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HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	DESCRIPTION	Outpatient		Training		Home		
		Regular	High Flux	Hemo-dialysis	CAPD CCPD	Hemo-dialysis	CAPD CCPD	
		1	2	3	4	5	6	
1	Number of patients in program at end of cost reporting period	63						1
2	Number of times per week patient receives dialysis	3.50						2
3	Average patient dialysis time including setup	4.00						3
4	CAPD exchanges per day							4
5	Number of days in year dialysis furnished	312						5
6	Number of stations	13						6
7	Treatment capacity per day per station	3						7
8	Utilization (see instructions)	0.79						8
9	Average times dialyzers re-used							9
10	Percentage of patients re-using dialyzers							10

ESRD PPS

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

TRANSPLANT INFORMATION

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

EPOETIN

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

ARANESP

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

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

21	MCP X	INITIAL METHOD	
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Erythropoiesis-Stimulating Agents (ESA) Statistics:		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
		1	2	3	4	5	
22	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	EPOETINE-EPO AL	145,634		146,496		22

LOW VOLUME		CCN	Treatments		
		1	2		
23	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18 and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)				23

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
3	RUX	14		14	3
4	RUL	4		4	4
5	RVX				5
6	RVL				6
7	RHX				7
8	RHL	14		14	8
9	RMX				9
10	RML				10
11	RLX				11
12	RUC	403		403	12
13	RUB	946		946	13
14	RUA	422		422	14
15	RVC	159		159	15
16	RVB	495		495	16
17	RVA	218		218	17
18	RHC	73		73	18
19	RHB	203		203	19
20	RHA	123		123	20
21	RMC	27		27	21
22	RMB	65		65	22
23	RMA	86		86	23
24	RLB	2		2	24
25	RLA	3		3	25
26	ES3				26
27	ES2	7		7	27
28	ES1				28
29	HE2				29
30	HE1	5		5	30
31	HD2	11		11	31
32	HD1	10		10	32
33	HC2	4		4	33
34	HC1	12		12	34
35	HB2	14		14	35
36	HB1	39		39	36
37	LE2	9		9	37
38	LE1	11		11	38
39	LD2	9		9	39
40	LD1	29		29	40
41	LC2				41
42	LC1	24		24	42
43	LB2	14		14	43
44	LB1	33		33	44
45	CE2				45
46	CE1	5		5	46
47	CD2				47
48	CD1	6		6	48
49	CC2	8		8	49
50	CC1	45		45	50
51	CB2				51
52	CB1	39		39	52
53	CA2	4		4	53
54	CA1	134		134	54
55	SE3				55
56	SE2				56
57	SE1				57
58	SSC				58
59	SSB				59
60	SSA				60
61	IB2				61
62	IB1				62
63	IA1				63
64	IA2				64

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
65	BB2				65
66	BB1				66
67	BA2				67
68	BA1	5		5	68
69	PE2				69
70	PE1				70
71	PD2				71
72	PD1	12		12	72
73	PC2				73
74	PC1	13		13	74
75	PB2				75
76	PB1	6		6	76
77	PA2				77
78	PA1	4		4	78
199	AAA				199
200	TOTAL	3,769		3,769	200

SNF SERVICES

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

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

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1	2	3	
202	Staffing	3,706,763	64.49%		202
203	Recruitment				203
204	Retention of employees				204
205	Training				205
206	Other (OTHER - ALL OTHER EXPENSES)	2,916,261	50.73%	Y	206
207	Total SNF Revenue (Worksheet G-2, Part I, line 7, column 3)	5,748,252			207

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HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

HOSPICE CCN: 16-1527

WORKSHEET S-9
PARTS I THROUGH IV

PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015

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

PART II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015

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

PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015

		Unduplicated Days			Total	
		Title XVIII	Title XIX	Other	(sum of cols. 1 through 3)	
		1	2	3	4	
10	Hospice Continuous Home Care					10
11	Hospice Routine Home Care	9,513		829	10,342	11
12	Hospice Inpatient Respite Care	4			4	12
13	Hospice General Inpatient Care			300	300	13
14	Total Hospice Days	9,517		829	10,646	14

PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015

		Title XVIII	Title XIX	Other	Total	
		1	2	3	(sum of cols. 1 through 3)	
15	Hospice Inpatient Respite Care	4			4	15
16	Hospice General Inpatient Care			300	300	16

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

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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)	0.301961	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	16,883,853	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	70,637,675	6
7	Medicaid cost (line 1 times line 6)	21,329,823	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.	4,445,970	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)	50,746	13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)	82,864	14
15	State or local indigent care program cost (line 1 times line 14)	25,022	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	13,705	18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	4,445,970	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)	2,541,985	225,039	2,767,024	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	767,580	225,039	992,619	21
22	Payments received from patients for amounts previously written off as charity care	121,655	52,539	174,194	22
23	Cost of charity care (line 21 minus line 22)	645,925	172,500	818,425	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)	2,210,915	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	139,054	27
27.0	Medicare allowable bad debts for the entire hospital complex (see instructions)	213,929	27.0
1			1
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27.01)	1,996,986	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	677,887	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	1,496,312	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	5,942,282	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- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
		1	2	3	4	5	6	7	
	GENERAL SERVICE COST CENTERS								
1	00100 Cap Rel Costs-Bldg & Fixt		2,456,084	2,456,084	592,479	3,048,563	-732,608	2,315,955	1
1.01	00101 CAP REL COSTS-1970				22,704	22,704		22,704	1.01
1.02	00102 CAP REL BLUFF BLDG				3,884	3,884		3,884	1.02
1.03	00103 CAP REL COSTS-RADIATION ONCOLOGY				417	417		417	1.03
2	00200 Cap Rel Costs-Mvble Equip				3,121,699	3,121,699	771,293	3,892,992	2
3	00300 Other Cap Rel Costs							-0-	3
4	00400 Employee Benefits Department	689,971	632,818	1,322,789	5,255,962	6,578,751	2,415,145	8,993,896	4
5.02	00550 A&G-INFO SERVICE	202,059	6,754,698	6,956,757	-82,275	6,874,482	-2,338,101	4,536,381	5.02
5.03	00560 A&G-PURCHASING, STORES	426,097	87,987	514,084	-76,854	437,230		437,230	5.03
5.04	00570 A&G-ADMITTING, REGIST	674,238	719,962	1,394,200	-119,393	1,274,807		1,274,807	5.04
5.06	00590 A&G-ALL OTHER	1,487,100	7,377,962	8,865,062	-240,608	8,624,454	-1,850,748	6,773,706	5.06
6	00600 Maintenance & Repairs	455,631	2,221,913	2,677,544	-83,229	2,594,315	-87,498	2,506,817	6
7	00700 Operation of Plant								7
8	00800 Laundry & Linen Service	82,494	32,335	114,829	297,646	412,475		412,475	8
9	00900 Housekeeping	517,101	353,182	870,283	-136,090	734,193		734,193	9
10	01000 Dietary	927,918	658,639	1,586,557	-94,879	1,491,678	-442,736	1,048,942	10
11	01100 Cafeteria								11
13	01300 Nursing Administration	1,522,840	608,869	2,131,709	-201,687	1,930,022	-2,685	1,927,337	13
14	01400 Central Services & Supply	77,485	129,837	207,322	-111,528	95,794		95,794	14
15	01500 Pharmacy	1,412,069	3,376,074	4,788,143	-759,923	4,028,220	-5,591	4,022,629	15
16	01600 Medical Records & Library	544,020	271,391	815,411	-81,176	734,235	-580	733,655	16
17	01700 Social Service	144,554	32,616	177,170	-20,458	156,712		156,712	17
19	01900 Nonphysician Anesthetists				608,502	608,502	-608,502		19
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000 Adults & Pediatrics	6,505,158	3,215,166	9,720,324	-1,488,579	8,231,745	-491,427	7,740,318	30
31	03100 Intensive Care Unit	1,009,701	424,783	1,434,484	-289,736	1,144,748		1,144,748	31
43	04300 Nursery	242,665	97,914	340,579	-55,777	284,802		284,802	43
44	04400 Skilled Nursing Facility	2,994,680	3,628,345	6,623,025	-738,953	5,884,072	-156,913	5,727,159	44
	ANCILLARY SERVICE COST CENTERS								
50	05000 Operating Room	1,486,912	2,951,322	4,438,234	-2,109,991	2,328,243	-192,538	2,135,705	50
51	05100 Recovery Room	212,022	61,554	273,576	-43,488	230,088		230,088	51
52	05200 Delivery Room & Labor Room	225,190	84,034	309,224	-61,242	247,982		247,982	52
53	05300 Anesthesiology	1,063,097	208,399	1,271,496	-695,248	576,248	-396,250	179,998	53
54	05400 Radiology-Diagnostic	1,267,786	1,498,203	2,765,989	-881,142	1,884,847	-112,505	1,772,342	54
54.01	03470 RADIATION ONCOLOGY	276,211	499,934	776,145	-182,643	593,502	-233,772	359,730	54.01
58	05800 MRI	82,576	234,052	316,628	-10,097	306,531		306,531	58
59	05900 Cardiac Catheterization	650,307	2,230,906	2,881,213	-1,603,561	1,277,652	-194,625	1,083,027	59
60	06000 Laboratory	1,125,349	1,547,414	2,672,763	-427,140	2,245,623	-198,843	2,046,780	60
65	06500 Respiratory Therapy	760,872	360,082	1,120,954	-187,687	933,267		933,267	65
66	06600 Physical Therapy	606,910	248,033	854,943	-98,963	755,980	-470	755,510	66
67	06700 Occupational Therapy	313,166	117,792	430,958	-36,884	394,074		394,074	67
68	06800 Speech Pathology	248,059	66,098	314,157	-27,602	286,555		286,555	68
69	06900 Electrocardiology	388,353	163,939	552,292	-87,402	464,890	-7,870	457,020	69
70	07000 Electroencephalography	11,899	7,099	18,998	-5,698	13,300		13,300	70
71	07100 Medical Supplies Charged to Patients				2,362,279	2,362,279		2,362,279	71
72	07200 Impl. Dev. Charged to Patients				1,147,331	1,147,331		1,147,331	72
73	07300 Drugs Charged to Patients				1,398,823	1,398,823		1,398,823	73
74	07400 Renal Dialysis	635,081	820,729	1,455,810	-133,860	1,321,950	-8,119	1,313,831	74
	OUTPATIENT SERVICE COST CENTERS								
90	09000 Clinic	302,499	556,471	858,970	-181,048	677,922	-250	677,672	90
91	09100 Emergency	1,857,350	3,401,415	5,258,765	-513,599	4,745,166	-308,035	4,437,131	91
92	09200 Observation Beds (Non-Distinct Part)								92
	OTHER REIMBURSABLE COST CENTERS								
95	09500 Ambulance Services		12,823	12,823	-9,894	2,929	-2,929		95
101	10100 Home Health Agency	2,415,533	1,937,089	4,352,622	-637,335	3,715,287	-16,989	3,698,298	101
	SPECIAL PURPOSE COST CENTERS								
113	11300 Interest Expense		641,872	641,872	-641,872				113
116	11600 Hospice	310,944	720,591	1,031,535	175,588	1,207,123	-4,182	1,202,941	116
118	SUBTOTALS (sum of lines 1-117)	34,155,897	51,450,426	85,606,323	1,829,773	87,436,096	-5,208,328	82,227,768	118
	NONREIMBURSABLE COST CENTERS								
194	07950 OTHER NON-REIMB								194
194.0	07951 PASSTHRU COSTS	53,640	14,304	67,944	-9,640	58,304		58,304	194.0

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
194.0 4	07952	NRCC-MERCY SPEC CLIN ENT	696,181	251,002	947,183	-98,343	848,840		848,840	194.0 4
194.0 5	07953	NRCC-MERCY SPEC CLIN GASTRO	771,446	178,705	950,151	-70,647	879,504		879,504	194.0 5
194.0 6	07954	PNO	18,160	3,842	22,002	-1,283	20,719		20,719	194.0 6
194.0 7	07955	PHYSICIAN CLINICS	128,147	62,520	190,667	-6,709	183,958		183,958	194.0 7
194.0 9	07956	NRCC-SENIOR SERVICES								194.0 9
194.1 1	07957	GUEST MEALS								194.1 1
194.1 2	07958	NRCC-FREE CLINIC								194.1 2
194.1 3	07959	NRCC-TENDERCARE(PRENATAL CLASSES)	34,602	11,283	45,885	-4,298	41,587		41,587	194.1 3
194.1 6	07960	NRCC-MLC CENTER	2,293,237	2,693,224	4,986,461	-462,575	4,523,886		4,523,886	194.1 6
194.1 7	07961	CHILD DAY CARE	335,844	144,821	480,665	-299,810	180,855		180,855	194.1 7
194.1 8	07962	MARKETING & ADVERTISING	120,556	229,562	350,118	-25,548	324,570		324,570	194.1 8
194.1 9	07963	FOUNDATION	60,842	13,567	74,409	-8,915	65,494		65,494	194.1 9
194.2 0	07964	RETAIL PHARMACY	200,528	873,691	1,074,219	-842,005	232,214		232,214	194.2 0
200		TOTAL (sum of lines 118-199)	38,869,080	55,926,947	94,796,027		94,796,027	-5,208,328	89,587,699	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	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Medical Supplies Charged to P	71		2,362,279	1
2	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Impl. Dev. Charged to Patient	72		1,147,331	2
3	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					3
4	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					4
5	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					5
6	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					6
7	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					7
8	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					8
9	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					9
10	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					10
11	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					11
12	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					12
13	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					13
14	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					14
15	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					15
16	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					16
17	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					17
18	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					18
19	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					19
20	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					20
21	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					21
22	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					22
23	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					23
24	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					24
25	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					25
26	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					26
27	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					27
28	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					28
29	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					29
30	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					30
31	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					31
32	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					32
33	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					33
34	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					34
35	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					35
36	CHARGEABLE SUPPLIES AND IMPLANTS REC	A					36
500	Total reclassifications					3,509,610	500
	Code Letter - A						
1	CHARGEABLE DRUGS RECLASS	B	Drugs Charged to Patients	73		1,398,823	1
2	CHARGEABLE DRUGS RECLASS	B					2
3	CHARGEABLE DRUGS RECLASS	B					3
4	CHARGEABLE DRUGS RECLASS	B					4
5	CHARGEABLE DRUGS RECLASS	B					5
6	CHARGEABLE DRUGS RECLASS	B					6
7	CHARGEABLE DRUGS RECLASS	B					7
8	CHARGEABLE DRUGS RECLASS	B					8
500	Total reclassifications					1,398,823	500
	Code Letter - B						
1	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Laundry & Linen Service	8		314,362	1
2	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					2
3	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					3
4	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					4
5	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					5
6	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					6
7	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					7
8	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					8
9	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					9
10	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					10

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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	
11	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					11
12	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					12
13	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					13
14	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					14
15	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					15
16	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					16
17	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					17
18	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					18
19	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C					19
500	Total reclassifications					314,362	500
	Code Letter - C						
1	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Dietary	10		114,889	1
2	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					2
3	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					3
4	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					4
5	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					5
6	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					6
7	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					7
8	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					8
9	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					9
10	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					10
11	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					11
12	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					12
13	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					13
14	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					14
15	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					15
16	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					16
17	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					17
18	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					18
19	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					19
20	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					20
21	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					21
22	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					22
23	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					23
24	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					24

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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	
25	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					25
26	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					26
27	DIETARY EXPENSE ACCRUAL REVERSAL REC	D					27
500	Total reclassifications Code Letter - D					114,889	500
1	DIRECT ASSIGNED EMP BENE	E	Employee Benefits Department	4		5,070,670	1
2	DIRECT ASSIGNED EMP BENE	E					2
3	DIRECT ASSIGNED EMP BENE	E					3
4	DIRECT ASSIGNED EMP BENE	E					4
5	DIRECT ASSIGNED EMP BENE	E					5
6	DIRECT ASSIGNED EMP BENE	E					6
7	DIRECT ASSIGNED EMP BENE	E					7
8	DIRECT ASSIGNED EMP BENE	E					8
9	DIRECT ASSIGNED EMP BENE	E					9
10	DIRECT ASSIGNED EMP BENE	E					10
11	DIRECT ASSIGNED EMP BENE	E					11
12	DIRECT ASSIGNED EMP BENE	E					12
13	DIRECT ASSIGNED EMP BENE	E					13
14	DIRECT ASSIGNED EMP BENE	E					14
15	DIRECT ASSIGNED EMP BENE	E					15
16	DIRECT ASSIGNED EMP BENE	E					16
17	DIRECT ASSIGNED EMP BENE	E					17
18	DIRECT ASSIGNED EMP BENE	E					18
19	DIRECT ASSIGNED EMP BENE	E					19
20	DIRECT ASSIGNED EMP BENE	E					20
21	DIRECT ASSIGNED EMP BENE	E					21
22	DIRECT ASSIGNED EMP BENE	E					22
23	DIRECT ASSIGNED EMP BENE	E					23
24	DIRECT ASSIGNED EMP BENE	E					24
25	DIRECT ASSIGNED EMP BENE	E					25
26	DIRECT ASSIGNED EMP BENE	E					26
27	DIRECT ASSIGNED EMP BENE	E					27
28	DIRECT ASSIGNED EMP BENE	E					28
29	DIRECT ASSIGNED EMP BENE	E					29
30	DIRECT ASSIGNED EMP BENE	E					30
31	DIRECT ASSIGNED EMP BENE	E					31
32	DIRECT ASSIGNED EMP BENE	E					32
33	DIRECT ASSIGNED EMP BENE	E					33
34	DIRECT ASSIGNED EMP BENE	E					34
35	DIRECT ASSIGNED EMP BENE	E					35
36	DIRECT ASSIGNED EMP BENE	E					36
37	DIRECT ASSIGNED EMP BENE	E					37
38	DIRECT ASSIGNED EMP BENE	E					38
39	DIRECT ASSIGNED EMP BENE	E					39
40	DIRECT ASSIGNED EMP BENE	E					40
41	DIRECT ASSIGNED EMP BENE	E					41
42	DIRECT ASSIGNED EMP BENE	E					42
43	DIRECT ASSIGNED EMP BENE	E					43
44	DIRECT ASSIGNED EMP BENE	E					44
45	DIRECT ASSIGNED EMP BENE	E					45
46	DIRECT ASSIGNED EMP BENE	E					46
47	DIRECT ASSIGNED EMP BENE	E					47
48	DIRECT ASSIGNED EMP BENE	E					48
500	Total reclassifications Code Letter - E					5,070,670	500
1	BUILDING DEPRECIATION	F	CAP REL COSTS-1970	1.01		22,704	1
2	BUILDING DEPRECIATION	F	CAP REL BLUFF BLDG	1.02		3,884	2
3	BUILDING DEPRECIATION	F	CAP REL COSTS-RADIATION ONCOL	1.03		417	3
500	Total reclassifications Code Letter - F					27,005	500
1	RECLASS INTEREST EXPENSE	G	Cap Rel Costs-Bldg & Fixt	1		641,872	1
500	Total reclassifications Code Letter - G					641,872	500

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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	CHILDCARE RECLASS	H	Employee Benefits Department	4	172,288	1
2	CHILDCARE RECLASS	H	Employee Benefits Department	4		18,222
500	Total reclassifications				172,288	18,222
	Code Letter - H					500
1	MOVEABLE EQUIPMENT	I	Cap Rel Costs-Mvble Equip	2		3,121,699
2	MOVEABLE EQUIPMENT	I				2
3	MOVEABLE EQUIPMENT	I				3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
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23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36						36
37						37
38						38
500	Total reclassifications					3,121,699
	Code Letter - I					500
1	RECLASS EMPLOYEE WELLNESS	J	Employee Benefits Department	4		143,699
2	RECLASS EMPLOYEE WELLNESS	J	Nursing Administration	13		95,160
500	Total reclassifications					238,859
	Code Letter - J					500
1	HEMECARE TO HOSPICE RECLASS	K	Hospice	116	142,995	71,905
500	Total reclassifications				142,995	71,905
	Code Letter - K					500
1	RECLASS LTC EXPENSES	L	NRCC-MLC CENTER	194.16	13,719	16,456
500	Total reclassifications				13,719	16,456
	Code Letter - L					500
1	RECLASS CRNA'S	M	Nonphysician Anesthetists	19	578,291	30,211
500	Total reclassifications				578,291	30,211
	Code Letter - M					500
	GRAND TOTAL (Increases)				907,293	14,574,583

(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	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Employee Benefits Department	4		116	1	
2	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	A&G-PURCHASING, STORES	5.03		416	2	
3	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	A&G-ADMITTING, REGIST	5.04		3,469	3	
4	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	A&G-ALL OTHER	5.06		65	4	
5	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Maintenance & Repairs	6		26	5	
6	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Housekeeping	9		16,638	6	
7	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Dietary	10		1,883	7	
8	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Nursing Administration	13		122	8	
9	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Central Services & Supply	14		7,554	9	
10	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Pharmacy	15		78,074	10	
11	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Anesthesiology	53		6,619	11	
12	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Adults & Pediatrics	30		245,551	12	
13	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Intensive Care Unit	31		88,932	13	
14	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Nursery	43		12,103	14	
15	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Skilled Nursing Facility	44		64,389	15	
16	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Operating Room	50		1,416,229	16	
17	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Recovery Room	51		1,813	17	
18	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Delivery Room & Labor Room	52		28,207	18	
19	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Radiology-Diagnostic	54		63,970	19	
20	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	RADIATION ONCOLOGY	54.01		3,984	20	
21	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	MRI	58		350	21	
22	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Cardiac Catheterization	59		1,100,749	22	
23	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Laboratory	60		35,841	23	
24	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Respiratory Therapy	65		17,971	24	
25	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Physical Therapy	66		1,071	25	
26	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Electrocardiology	69		10,184	26	
27	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Electroencephalography	70		224	27	
28	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Clinic	90		128,078	28	
29	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Emergency	91		123,992	29	
30	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	PASSTHRU COSTS	194.01		61	30	
31	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	NRCC-MERCY SPEC CLIN ENT	194.04		5,098	31	
32	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	NRCC-MERCY SPEC CLIN GASTRO	194.05		11	32	
33	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	PHYSICIAN CLINICS	194.07		239	33	
34	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	NRCC-TENDER CARE(PRENATAL CLAS	194.13		118	34	

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10	
		1	6	7	8	9	10	
35	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	NRCC-MLC CENTER	194.16		45,043	35	
36	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	CHILD DAY CARE	194.17		420	36	
500	Total reclassifications					3,509,610	500	
	Code letter - A							
1	CHARGEABLE DRUGS RECLASS	B	Dietary	10		800	1	
2	CHARGEABLE DRUGS RECLASS	B	Pharmacy	15		370,542	2	
3	CHARGEABLE DRUGS RECLASS	B	Radiology-Diagnostic	54		49,477	3	
4	CHARGEABLE DRUGS RECLASS	B	Cardiac Catheterization	59		141,166	4	
5	CHARGEABLE DRUGS RECLASS	B	Clinic	90		13,001	5	
6	CHARGEABLE DRUGS RECLASS	B	NRCC-MERCY SPEC CLIN ENT	194.04		4,289	6	
7	CHARGEABLE DRUGS RECLASS	B	NRCC-MLC CENTER	194.16		734	7	
8	CHARGEABLE DRUGS RECLASS	B	RETAIL PHARMACY	194.20		818,814	8	
500	Total reclassifications					1,398,823	500	
	Code letter - B							
1	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Housekeeping	9		10,196	1	
2	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Central Services & Supply	14		1,322	2	
3	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Adults & Pediatrics	30		80,179	3	
4	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Intensive Care Unit	31		28,438	4	
5	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Nursery	43		984	5	
6	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Skilled Nursing Facility	44		53,290	6	
7	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Operating Room	50		22,980	7	
8	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Radiology-Diagnostic	54		13,438	8	
9	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	RADIATION ONCOLOGY	54.01		2,229	9	
10	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	MRI	58		912	10	
11	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Cardiac Catheterization	59		1,371	11	
12	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Laboratory	60		1,959	12	
13	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Physical Therapy	66		1,825	13	
14	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Electrocardiology	69		2,978	14	
15	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Renal Dialysis	74		6,184	15	
16	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Clinic	90		2,201	16	
17	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Emergency	91		32,953	17	
18	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Ambulance Services	95		9,894	18	
19	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	NRCC-MLC CENTER	194.16		41,029	19	
500	Total reclassifications					314,362	500	
	Code letter - C							
1	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Employee Benefits Department	4		4,547	1	
2	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	A&G-ADMITTING, REGIST	5.04		86	2	
3	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	A&G-ALL OTHER	5.06		19,745	3	
4	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Housekeeping	9		63	4	
5	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Nursing Administration	13		725	5	

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10	
		1	6	7	8	9	10	
6	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Pharmacy	15		16	6	
7	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Social Service	17		58	7	
8	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Adults & Pediatrics	30		39,611	8	
9	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Intensive Care Unit	31		4,444	9	
10	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Operating Room	50		1,325	10	
11	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Radiology-Diagnostic	54		394	11	
12	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	RADIATION ONCOLOGY	54.01		230	12	
13	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Cardiac Catheterization	59		433	13	
14	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Laboratory	60		21	14	
15	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Respiratory Therapy	65		21	15	
16	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Physical Therapy	66		13	16	
17	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Electrocardiology	69		291	17	
18	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Renal Dialysis	74		144	18	
19	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Clinic	90		90	19	
20	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Emergency	91		6,065	20	
21	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Home Health Agency	101		135	21	
22	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Hospice	116		72	22	
23	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	NRCC-MERCY SPEC CLIN ENT	194.04		8	23	
24	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	NRCC-TENDER CARE(PRENATAL CLAS	194.13		436	24	
25	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	NRCC-MLC CENTER	194.16		391	25	
26	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	CHILD DAY CARE	194.17		34,691	26	
27	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	MARKETING & ADVERTISING	194.18		834	27	
500	Total reclassifications					114,889	500	
	Code letter - D							
1	DIRECT ASSIGNED EMP BENE	E	A&G-INFO SERVICE	5.02		21,308	1	
2	DIRECT ASSIGNED EMP BENE	E	A&G-PURCHASING, STORES	5.03		66,663	2	
3	DIRECT ASSIGNED EMP BENE	E	A&G-ADMITTING, REGIST	5.04		115,572	3	
4	DIRECT ASSIGNED EMP BENE	E	A&G-ALL OTHER	5.06		186,902	4	
5	DIRECT ASSIGNED EMP BENE	E	Maintenance & Repairs	6		59,891	5	
6	DIRECT ASSIGNED EMP BENE	E	Laundry & Linen Service	8		16,716	6	
7	DIRECT ASSIGNED EMP BENE	E	Housekeeping	9		105,523	7	
8	DIRECT ASSIGNED EMP BENE	E	Dietary	10		154,855	8	
9	DIRECT ASSIGNED EMP BENE	E	Nursing Administration	13		181,547	9	
10	DIRECT ASSIGNED EMP BENE	E	Central Services & Supply	14		13,963	10	
11	DIRECT ASSIGNED EMP BENE	E	Pharmacy	15		162,733	11	
12	DIRECT ASSIGNED EMP BENE	E	Medical Records & Library	16		77,407	12	
13	DIRECT ASSIGNED EMP BENE	E	Social Service	17		20,400	13	
14	DIRECT ASSIGNED EMP BENE	E	Anesthesiology	53		79,861	14	
15	DIRECT ASSIGNED EMP BENE	E	Adults & Pediatrics	30		843,524	15	
16	DIRECT ASSIGNED EMP BENE	E	Intensive Care Unit	31		118,346	16	
17	DIRECT ASSIGNED EMP BENE	E	Nursery	43		31,439	17	
18	DIRECT ASSIGNED EMP BENE	E	Skilled Nursing Facility	44		493,758	18	
19	DIRECT ASSIGNED EMP BENE	E	Operating Room	50		181,318	19	
20	DIRECT ASSIGNED EMP BENE	E	Recovery Room	51		23,486	20	
21	DIRECT ASSIGNED EMP BENE	E	Delivery Room & Labor Room	52		27,247	21	
22	DIRECT ASSIGNED EMP BENE	E	Radiology-Diagnostic	54		160,554	22	

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10	
		1	6	7	8	9	10	
23	DIRECT ASSIGNED EMP BENE	E	RADIATION ONCOLOGY	54.01		33,488	23	
24	DIRECT ASSIGNED EMP BENE	E	MRI	58		8,835	24	
25	DIRECT ASSIGNED EMP BENE	E	Cardiac Catheterization	59		72,455	25	
26	DIRECT ASSIGNED EMP BENE	E	Laboratory	60		155,660	26	
27	DIRECT ASSIGNED EMP BENE	E	Respiratory Therapy	65		96,164	27	
28	DIRECT ASSIGNED EMP BENE	E	Physical Therapy	66		87,075	28	
29	DIRECT ASSIGNED EMP BENE	E	Occupational Therapy	67		36,884	29	
30	DIRECT ASSIGNED EMP BENE	E	Speech Pathology	68		27,602	30	
31	DIRECT ASSIGNED EMP BENE	E	Electrocardiology	69		54,010	31	
32	DIRECT ASSIGNED EMP BENE	E	Electroencephalography	70		1,659	32	
33	DIRECT ASSIGNED EMP BENE	E	Renal Dialysis	74		85,148	33	
34	DIRECT ASSIGNED EMP BENE	E	Clinic	90		33,856	34	
35	DIRECT ASSIGNED EMP BENE	E	Emergency	91		229,304	35	
36	DIRECT ASSIGNED EMP BENE	E	Home Health Agency	101		330,894	36	
37	DIRECT ASSIGNED EMP BENE	E	Hospice	116		38,871	37	
38	DIRECT ASSIGNED EMP BENE	E	PASSTHRU COSTS	194.01		9,579	38	
39	DIRECT ASSIGNED EMP BENE	E	NRCC-MERCY SPEC CLIN ENT	194.04		52,485	39	
40	DIRECT ASSIGNED EMP BENE	E	NRCC-MERCY SPEC CLIN GASTRO	194.05		62,825	40	
41	DIRECT ASSIGNED EMP BENE	E	PNO	194.06		1,283	41	
42	DIRECT ASSIGNED EMP BENE	E	PHYSICIAN CLINICS	194.07		6,470	42	
43	DIRECT ASSIGNED EMP BENE	E	NRCC-TENDERCARE(PRENATAL CLAS	194.13		3,744	43	
44	DIRECT ASSIGNED EMP BENE	E	NRCC-MLC CENTER	194.16		376,243	44	
45	DIRECT ASSIGNED EMP BENE	E	CHILD DAY CARE	194.17		74,189	45	
46	DIRECT ASSIGNED EMP BENE	E	MARKETING & ADVERTISING	194.18		16,828	46	
47	DIRECT ASSIGNED EMP BENE	E	FOUNDATION	194.19		8,915	47	
48	DIRECT ASSIGNED EMP BENE	E	RETAIL PHARMACY	194.20		23,191	48	
500	Total reclassifications					5,070,670	500	
	Code letter - E							
1	BUILDING DEPRECIATION	F	Cap Rel Costs-Bldg & Fixt	1		27,005	9 1	
2	BUILDING DEPRECIATION	F					9 2	
3	BUILDING DEPRECIATION	F					9 3	
500	Total reclassifications					27,005	500	
	Code letter - F							
1	RECLASS INTEREST EXPENSE	G	Interest Expense	113		641,872	11 1	
500	Total reclassifications					641,872	500	
	Code letter - G							
1	CHILDCARE RECLASS	H	CHILD DAY CARE	194.17	172,288		1	
2	CHILDCARE RECLASS	H	CHILD DAY CARE	194.17		18,222	2	
500	Total reclassifications				172,288	18,222	500	
	Code letter - H							
1	MOVEABLE EQUIPMENT	I	Cap Rel Costs-Bldg & Fixt	1		22,388	9 1	
2	MOVEABLE EQUIPMENT	I	Employee Benefits Department	4		555	2	
3	MOVEABLE EQUIPMENT	I	A&G-INFO SERVICE	5.02		60,967	3	
4			A&G-PURCHASING, STORES	5.03		9,775	4	
5			A&G-ADMITTING, REGIST	5.04		266	5	
6			A&G-ALL OTHER	5.06		33,896	6	
7			Maintenance & Repairs	6		23,312	7	
8			Housekeeping	9		3,670	8	
9			Dietary	10		52,230	9	
10			Nursing Administration	13		19,293	10	
11			Central Services & Supply	14		88,689	11	
12			Pharmacy	15		148,558	12	
13			Medical Records & Library	16		3,769	13	
14			Adults & Pediatrics	30		279,714	14	
15			Intensive Care Unit	31		49,576	15	
16			Nursery	43		11,251	16	
17			Skilled Nursing Facility	44		97,341	17	
18			Operating Room	50		488,139	18	
19			Recovery Room	51		18,189	19	
20			Delivery Room & Labor Room	52		5,788	20	
21			Anesthesiology	53		266	21	
22			Radiology-Diagnostic	54		593,309	22	
23			RADIATION ONCOLOGY	54.01		142,712	23	
24			Cardiac Catheterization	59		287,387	24	
25			Laboratory	60		233,659	25	

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RECLASSIFICATIONS

WORKSHEET A-6

DECREASES							
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10
		1	6	7	8	9	10
26			Respiratory Therapy	65		73,531	26
27			Physical Therapy	66		8,979	27
28			Electrocardiology	69		19,939	28
29			Electroencephalography	70		3,815	29
30			Renal Dialysis	74		42,384	30
31			Clinic	90		3,822	31
32			Emergency	91		121,285	32
33			Home Health Agency	101		91,406	33
34			Hospice	116		369	34
35			NRCC-MERCY SPEC CLIN ENT	194.04		36,463	35
36			NRCC-MERCY SPEC CLIN GASTRO	194.05		7,811	36
37			NRCC-MLC CENTER	194.16		29,310	37
38			MARKETING & ADVERTISING	194.18		7,886	38
500	Total reclassifications					3,121,699	500
	Code letter - I						
1	RECLASS EMPLOYEE WELLNESS	J	Employee Benefits Department	4	143,699		1
2	RECLASS EMPLOYEE WELLNESS	J	Nursing Administration	13	95,160		2
500	Total reclassifications				238,859		500
	Code letter - J						
1	HEMECARE TO HOSPICE RECLASS	K	Home Health Agency	101	142,995	71,905	1
500	Total reclassifications				142,995	71,905	500
	Code letter - K						
1	RECLASS LTC EXPENSES	L	Skilled Nursing Facility	44	13,719	16,456	1
500	Total reclassifications				13,719	16,456	500
	Code letter - L						
1	RECLASS CRNA'S	M	Anesthesiology	53	578,291	30,211	1
500	Total reclassifications				578,291	30,211	500
	Code letter - M						
	GRAND TOTAL (Decreases)				1,146,152	14,335,724	

(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	800,890	42,799		42,799		843,689		1
2	Land Improvements	2,923,528				525	2,923,003		2
3	Buildings and Fixtures	82,046,983	2,168,488		2,168,488	5,910	84,209,561		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	38,561,079	2,792,227		2,792,227	1,426,407	39,926,899		6
7	HIT-designated Assets	20,566,354	1,574,280		1,574,280		22,140,634		7
8	Subtotal (sum of lines 1-7)	144,898,834	6,577,794		6,577,794	1,432,842	150,043,786		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	144,898,834	6,577,794		6,577,794	1,432,842	150,043,786		10

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

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	2,456,084							2,456,084	1
1.01	CAP REL COSTS-1970									1.01
1.02	CAP REL BLUFF BLDG									1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY									1.03
2	Cap Rel Costs-Mvble Equip									2
3	Total (sum of lines 1-2)	2,456,084							2,456,084	3

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

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	2,406,691		-56,906	-33,830				2,315,955	1
1.01	CAP REL COSTS-1970	22,704							22,704	1.01
1.02	CAP REL BLUFF BLDG	3,884							3,884	1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY	417							417	1.03
2	Cap Rel Costs-Mvble Equip	3,892,992							3,892,992	2

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RECONCILIATION OF CAPITAL COST CENTERS

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

		SUMMARY OF CAPITAL							
	Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital- Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
3	Total (sum of lines 1-2)	6,326,688		-56,906	-33,830			6,235,952	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	2	3	4	5	
1	Investment income-buildings & fixtures (chapter 2)	A	-698,778	Cap Rel Costs-Bldg & Fixt	1	11	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2		2
3	Investment income-other (chapter 2)						3
4	Trade, quantity, and time discounts (chapter 8)						4
5	Refunds and rebates of expenses (chapter 8)						5
6	Rental of provider space by suppliers (chapter 8)						6
7	Telephone services (pay stations excl) (chapter 21)						7
8	Television and radio service (chapter 21)						8
9	Parking lot (chapter 21)						9
10	Provider-based physician adjustment	Wkst A-8-2	-1,936,434				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-135,794				12
13	Laundry and linen service						13
14	Cafeteria - employees and guests	B	-430,632	Dietary	10		14
15	Rental of quarters to employees & others						15
16	Sale of medical and surgical supplies to other than patients						16
17	Sale of drugs to other than patients						17
18	Sale of medical records and abstracts						18
19	Nursing school (tuition,fees,books,etc.)						19
20	Vending machines	B	-8,000	Dietary	10		20
21	Income from imposition of interest, finance or penalty charges (chapter 21)						21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments						22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65		23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66		24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114		25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1		26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2		27
28	Non-physician anesthetist	A	-608,502	Nonphysician Anesthetists	19		28
29	Physicians' assistant						29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67		30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68		31
32	CAH HIT Adj for Depreciation						32
33							33
33.01	CATERING REVENUE	B	-3,969	Dietary	10		33.01
33.02	OTHER OPERATING REVENUE	B	-35	Employee Benefits Department	4		33.02
33.03	OTHER OPERATING REVENUE	B	-6,412	A&G-ALL OTHER	5.06		33.03
33.04	OTHER OPERATING REVENUE	B	-135	Dietary	10		33.04
33.05	OTHER OPERATING REVENUE	B	-995	Nursing Administration	13		33.05
33.06	OTHER OPERATING REVENUE	B	-540	Medical Records & Library	16		33.06
33.07	OTHER OPERATING REVENUE	B	-4,170	Adults & Pediatrics	30		33.07
33.08	OTHER OPERATING REVENUE	B	-500	Skilled Nursing Facility	44		33.08
33.09	OTHER OPERATING REVENUE	B	-2,179	Radiology-Diagnostic	54		33.09
33.10	OTHER OPERATING REVENUE	B	-138	Laboratory	60		33.10
33.11	OTHER OPERATING REVENUE	B	-470	Physical Therapy	66		33.11
33.12	OTHER OPERATING REVENUE	B	-1,323	Renal Dialysis	74		33.12
33.13	OTHER OPERATING REVENUE	B	-2,441	Home Health Agency	101		33.13
33.14	NON PATIENT DRUG REVENUE	B	-5,591	Pharmacy	15		33.14
33.15	EXTERNAL PERSONNEL SRVC	B	-420	Employee Benefits Department	4		33.15
33.16	RENTAL SPACE REVENUE	B	-109,321	A&G-ALL OTHER	5.06		33.16
33.17	RENTAL SPACE REVENUE	B	-87,498	Maintenance & Repairs	6		33.17
33.18	OTHER REVENUE COPIES	B	-40	Medical Records & Library	16		33.18
33.19	DME OTHER INCOME	B	-14,548	Home Health Agency	101		33.19
33.20	RADIOLOGY REVENUE	B	-3,426	Radiology-Diagnostic	54		33.20
33.21	CLINICAL LAB REVENUE	B	-14,308	Laboratory	60		33.21
33.22	MGT REVENUE MRI	B	-24,901	Radiology-Diagnostic	54		33.22
33.23	CE AND CPR REVENUE	B	-73	A&G-ALL OTHER	5.06		33.23
33.24	CE AND CPR REVENUE	B	-1,690	Nursing Administration	13		33.24

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
				COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
33.25	IC OTHER REVENUE	B	-2,001	Radiology-Diagnostic	54	33.25
33.26	IC RENT REVENUE	B	-79,998	Radiology-Diagnostic	54	33.26
33.27	EMPLOYEE WELLNESS REVENUES	B	-3,938	Employee Benefits Department	4	33.27
33.28	WELLNESS REVENUE	B	-21,281	Employee Benefits Department	4	33.28
33.29	INCOME TAXES	B	8,400	A&G-ALL OTHER	5.06	33.29
33.34	PHYSICIAN RECRUITING EXPENSE	A	-79,605	Employee Benefits Department	4	33.34
33.35	PHYSICIAN RECRUITING EXPENSE	A	-48,218	A&G-ALL OTHER	5.06	33.35
33.36	PHYSICIAN RECRUITING EXPENSE	A	-72,000	Emergency	91	33.36
33.37	MEDICAID TAX EXPENSE	A	-579,642	A&G-ALL OTHER	5.06	33.37
33.38	MEDICAID TAX EXPENSE	A	-154,352	Skilled Nursing Facility	44	33.38
33.39	LOBBYING OFFSET	A	-9,704	A&G-ALL OTHER	5.06	33.39
33.40	OFFSET PATIENT TRANSPORTATION	A	-2,061	Skilled Nursing Facility	44	33.40
33.41	OFFSET PATIENT TRANSPORTATION	A	-12,125	Cardiac Catheterization	59	33.41
33.42	OFFSET PATIENT TRANSPORTATION	A	-2,929	Ambulance Services	95	33.42
33.43	OFFSET PATIENT TRANSPORTATION	A	-3,922	Hospice	116	33.43
33.44	PT TUITION EXPENSE	A	-4,541	Employee Benefits Department	4	33.44
33.45	DONATIONS EXPENSE	A	-30,030	A&G-ALL OTHER	5.06	33.45
33.46	ADVERTISING EXPENSE	A	-6,642	Employee Benefits Department	4	33.46
33.47	ADVERTISING EXPENSE	A	-216	A&G-ALL OTHER	5.06	33.47
33.48	ADVERTISING EXPENSE	A	-260	Hospice	116	33.48
34						34
35						35
36						36
37						37
38						38
39						39
40						40
41						41
42						42
43						43
44						44
45						45
46						46
47						47
48						48
49						49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-5,208,328			50

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

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

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

WORKSHEET A-8-1

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

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
1	2	3	4	5	6	7	
1	5.02	A&G-INFO SERVICE	TIS FEES	2,602,158	4,940,259	-2,338,101	1
2	2	Cap Rel Costs-Mvble Equip	TIS CAPITAL	64,446		64,446	9
3	5.02	A&G-INFO SERVICE	AMORTIZATION	1,347,232	1,347,232		3
3.01	5.06	A&G-ALL OTHER	TH HOME OFFICE	5,749,477	7,300,463	-1,550,986	3.01
3.02	2	Cap Rel Costs-Mvble Equip	TH CAPITAL	706,847		706,847	9
3.03	5.06	A&G-ALL OTHER	MALPRACTICE	58,528	262,426	-203,898	3.03
3.04	1	Cap Rel Costs-Bldg & Fixt	PROPERTY INSURANCE	58,042	91,872	-33,830	12
3.05	5.06	A&G-ALL OTHER	INTEGRATED RISK	941,293	257,904	683,389	3.05
3.06	4	Employee Benefits Department	WORKERS COMP	633,547	360,082	273,465	3.06
3.07	4	Employee Benefits Department	PENSION	2,152,053	-203,008	2,355,061	3.07
3.08	4	Employee Benefits Department	EMPLOYEE STOP LOSS		96,919	-96,919	3.08
3.09	4	Employee Benefits Department	IC TUITION	88,851	88,851		3.09
3.10	1	Cap Rel Costs-Bldg & Fixt	INTER-COMPANY LOAN	606,825	606,825		11
3.11	5.06	A&G-ALL OTHER	TELECOMMUNICATIONS	348,504	348,504		3.11
3.12	5.06	A&G-ALL OTHER	REVENUE EXCELLENCE	441,411	436,679	4,732	3.12
4							4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			15,799,214	15,935,008	-135,794	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	G		TRINITY HEALTH	100.00	HOME OFFICE	6
7	G		TRINITY INFORMATION SYSTEMS	100.00	HOME OFFICE - IT	7
8						8
9						9
10						10

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

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

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
	1	5.06 A&G-ALL OTHER AGGREGATE	16,369	8,769	7,600	211,500	76	7,728	386	1
	2	30 Adults & Pediatrics AGGREGATE	487,257	487,257		211,500				2
	3	44 Skilled Nursing Faci	11,977		11,977	211,500	120	12,202	610	3
	4	50 Operating Room AGGREGATE	192,538	192,538		246,400				4
	5	53 Anesthesiology AGGREGATE	403,156	390,544	12,612	239,400	60	6,906	345	5
	6	54.01 RADIATION ONCOLOGY AGGREGATE	291,019	153,012	138,007	211,500	563	57,247	2,862	6
	7	59 Cardiac Catheterizat AGGREGATE	182,500	182,500		211,500				7
	8	60 Laboratory AGGREGATE	245,000	132,708	112,292	211,500	596	60,603	3,030	8
	9	69 Electrocardiology	13,158		13,158	211,500	52	5,288	264	9
	10	74 Renal Dialysis	31,200		31,200	211,500	240	24,404	1,220	10
	11	90 Clinic AGGREGATE	250	250		211,500				11
	12	91 Emergency AGGREGATE	321,652	136,515	185,137	211,500	842	85,617	4,281	12
	13									13
	14									14
	15									15
	16									16
	17									17
	18									18
	19									19
	20									20
	200	TOTAL	2,196,076	1,684,093	511,983		2,549	259,995	12,998	200

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5.06	A&G-ALL OTHER AGGREGATE					7,728		8,769	1
2	30	Adults & Pediatrics AGGREGATE							487,257	2
3	44	Skilled Nursing Facility					12,202			3
4	50	Operating Room AGGREGATE							192,538	4
5	53	Anesthesiology AGGREGATE					6,906	5,706	396,250	5
6	54.01	RADIATION ONCOLOGY AGGREGATE					57,247	80,760	233,772	6
7	59	Cardiac Catheterization AGGREGATE							182,500	7
8	60	Laboratory AGGREGATE					60,603	51,689	184,397	8
9	69	Electrocardiology					5,288	7,870	7,870	9
10	74	Renal Dialysis					24,404	6,796	6,796	10
11	90	Clinic AGGREGATE							250	11
12	91	Emergency AGGREGATE					85,617	99,520	236,035	12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					259,995	252,341	1,936,434	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 REL 1970 BLDG	CAP REL BLUFF BUILDING	CAP REL RADIATION ONCOLOGY	CAP MOVABLE EQUIPMENT	
		0	1	1.01	1.02	1.03	2	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	2,315,955	2,315,955					1
1.01	CAP REL COSTS-1970	22,704		22,704				1.01
1.02	CAP REL BLUFF BLDG	3,884			3,884			1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY	417				417		1.03
2	Cap Rel Costs-Mvble Equip	3,892,992					3,892,992	2
4	Employee Benefits Department	8,993,896	28,348		6		697	4
5.02	A&G-INFO SERVICE	4,536,381	27,874		138		76,580	5.02
5.03	A&G-PURCHASING, STORES	437,230	60,752				12,278	5.03
5.04	A&G-ADMITTING, REGIST	1,274,807	18,467				334	5.04
5.06	A&G-ALL OTHER	6,773,706	143,395		111		42,576	5.06
6	Maintenance & Repairs	2,506,817	18,439		62		29,282	6
7	Operation of Plant							7
8	Laundry & Linen Service	412,475	12,024					8
9	Housekeeping	734,193	12,671		134		4,610	9
10	Dietary	1,048,942	105,051		442		65,605	10
11	Cafeteria							11
13	Nursing Administration	1,927,337	73,726		165		24,234	13
14	Central Services & Supply	95,794	39,840				111,401	14
15	Pharmacy	4,022,629	41,048				186,601	15
16	Medical Records & Library	733,655	56,466		54		4,734	16
17	Social Service	156,712	20,452		68			17
19	Nonphysician Anesthetists							19
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	7,740,318	680,057				351,344	30
31	Intensive Care Unit	1,144,748	65,772				62,272	31
43	Nursery	284,802	15,246				14,132	43
44	Skilled Nursing Facility	5,727,159		22,704			122,268	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	2,135,705	200,077				613,143	50
51	Recovery Room	230,088					22,847	51
52	Delivery Room & Labor Room	247,982	44,989				7,270	52
53	Anesthesiology	179,998					334	53
54	Radiology-Diagnostic	1,772,342	165,760				745,247	54
54.01	RADIATION ONCOLOGY	359,730				417	179,258	54.01
58	MRI	306,531	27,701					58
59	Cardiac Catheterization	1,083,027	96,206				360,982	59
60	Laboratory	2,046,780	74,301				293,495	60
65	Respiratory Therapy	933,267	25,141				92,361	65
66	Physical Therapy	755,510	8,989		494		11,278	66
67	Occupational Therapy	394,074						67
68	Speech Pathology	286,555						68
69	Electrocardiology	457,020	22,293				25,045	69
70	Electroencephalography	13,300	3,668				4,792	70
71	Medical Supplies Charged to Patients	2,362,279						71
72	Impl. Dev. Charged to Patients	1,147,331						72
73	Drugs Charged to Patients	1,398,823						73
74	Renal Dialysis	1,313,831	2,776		320		53,238	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	677,672	3,509		205		4,801	90
91	Emergency	4,437,131	85,174				152,344	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		45,435					95
101	Home Health Agency	3,698,298			1,000		114,813	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	1,202,941					463	116
118	SUBTOTALS (sum of lines 1-117)	82,227,768	2,225,647	22,704	3,199	417	3,790,659	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS	58,304						194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT	848,840	80,255				45,801	194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO	879,504			161		9,811	194.0
5								5

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP REL 1970 BLDG	CAP REL BLUFF BUILDING	CAP REL RADIATION ONCOLOGY	CAP MOVABLE EQUIPMENT	
		0	1	1.01	1.02	1.03	2	
194.06	PNO	20,719						194.06
194.07	PHYSICIAN CLINICS	183,958						194.07
194.09	NRCC-SENIOR SERVICES							194.09
194.11	GUEST MEALS							194.11
194.12	NRCC-FREE CLINIC							194.12
194.13	NRCC-TENDERCARE(PRENATAL CLASSES)	41,587						194.13
194.16	NRCC-MLC CENTER	4,523,886					36,816	194.16
194.17	CHILD DAY CARE	180,855			524			194.17
194.18	MARKETING & ADVERTISING	324,570	10,053				9,905	194.18
194.19	FOUNDATION	65,494						194.19
194.20	RETAIL PHARMACY	232,214						194.20
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	89,587,699	2,315,955	22,704	3,884	417	3,892,992	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	EMPLOYEE BENEFITS DEPARTMEN T	SUBTOTAL (cols.0-4)	A&G INFO SERV	A&G PURCHASING STORES	A&G ADMITTING REGISTER	SUBTOTAL (cols.0-4)	
		4	4A	5.02	5.03	5.04		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970							1.01
1.02	CAP REL BLUFF BLDG							1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department	9,022,947						4
5.02	A&G-INFO SERVICE	48,090	4,689,063	4,689,063				5.02
5.03	A&G-PURCHASING, STORES	101,411	611,671	33,783	645,454			5.03
5.04	A&G-ADMITTING, REGIST	160,468	1,454,076	80,310		1,534,386		5.04
5.06	A&G-ALL OTHER	353,928	7,313,716	403,944			7,717,660	5.06
6	Maintenance & Repairs	108,440	2,663,040	147,082			2,810,122	6
7	Operation of Plant							7
8	Laundry & Linen Service	19,633	444,132	24,530			468,662	8
9	Housekeeping	123,070	874,678	48,309			922,987	9
10	Dietary	220,844	1,440,884	79,581			1,520,465	10
11	Cafeteria							11
13	Nursing Administration	339,786	2,365,248	130,635			2,495,883	13
14	Central Services & Supply	18,441	265,476	14,663			280,139	14
15	Pharmacy	336,071	4,586,349	253,309			4,839,658	15
16	Medical Records & Library	129,476	924,385	51,055			975,440	16
17	Social Service	34,404	211,636	11,689			223,325	17
19	Nonphysician Anesthetists	137,633	137,633	7,602			145,235	19
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,548,232	10,319,951	570,008	71,224	169,314	11,130,497	30
31	Intensive Care Unit	240,308	1,513,100	83,570	13,411	31,880	1,641,961	31
43	Nursery	57,754	371,934	20,542	6,565	15,606	414,647	43
44	Skilled Nursing Facility	709,466	6,581,597	363,508	14,305	34,005	6,993,415	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	353,884	3,302,809	182,417	59,152	140,618	3,684,996	50
51	Recovery Room	50,461	303,396	16,757	11,118	26,429	357,700	51
52	Delivery Room & Labor Room	53,595	353,836	19,543	3,811	9,060	386,250	52
53	Anesthesiology	115,383	295,715	16,333	14,898	35,415	362,361	53
54	Radiology-Diagnostic	301,732	2,985,081	164,869	81,234	193,120	3,424,304	54
54.01	RADIATION ONCOLOGY	65,738	605,143	33,423	11,897	28,281	678,744	54.01
58	MRI	19,653	353,885	19,545	4,006	9,523	386,959	58
59	Cardiac Catheterization	154,772	1,694,987	93,616	43,532	103,486	1,935,621	59
60	Laboratory	267,832	2,682,408	148,152	66,619	158,368	3,055,547	60
65	Respiratory Therapy	181,087	1,231,856	68,037	7,694	18,289	1,325,876	65
66	Physical Therapy	144,444	920,715	50,852	6,641	15,786	993,994	66
67	Occupational Therapy	74,533	468,607	25,882	4,438	10,549	509,476	67
68	Speech Pathology	59,038	345,593	19,087	2,897	6,887	374,464	68
69	Electrocardiology	92,428	596,786	32,961	15,147	36,007	680,901	69
70	Electroencephalography	2,832	24,592	1,358	209	496	26,655	70
71	Medical Supplies Charged to Patients		2,362,279	130,471	5,120	12,171	2,510,041	71
72	Impl. Dev. Charged to Patients		1,147,331	63,368	7,149	16,995	1,234,843	72
73	Drugs Charged to Patients		1,398,823	77,258	63,175	150,180	1,689,436	73
74	Renal Dialysis	151,149	1,521,314	84,024	51,396	122,181	1,778,915	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	71,994	758,181	41,875	7,662	18,215	825,933	90
91	Emergency	442,047	5,116,696	282,600	51,475	122,366	5,573,137	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		45,435	2,509			47,944	95
101	Home Health Agency	540,862	4,354,973	240,530	14,559	34,611	4,644,673	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	108,037	1,311,441	72,432	6,120	14,548	1,404,541	116
118	SUBTOTALS (sum of lines 1-117)	7,938,956	80,950,451	4,212,019	645,454	1,534,386	80,473,407	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS	12,766	71,070	3,925			74,995	194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT	165,690	1,140,586	62,996			1,203,582	194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO	183,603	1,073,079	59,267			1,132,346	194.0
5								5

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	EMPLOYEE BENEFITS DEPARTMEN T	SUBTOTAL (cols.0-4)	A&G INFO SERV	A&G PURCHASING STORES	A&G ADMITTING REGISTER	SUBTOTAL (cols.0-4)	
		4	4A	5.02	5.03	5.04		
194.0 6	PNO	4,322	25,041	1,383			26,424	194.0 6
194.0 7	PHYSICIAN CLINICS	30,499	214,457	11,845			226,302	194.0 7
194.0 9	NRCC-SENIOR SERVICES							194.0 9
194.1 1	GUEST MEALS							194.1 1
194.1 2	NRCC-FREE CLINIC							194.1 2
194.1 3	NRCC-TENDERCARE(PRENATAL CLASSES)	8,235	49,822	2,752			52,574	194.1 3
194.1 6	NRCC-MLC CENTER	549,053	5,109,755	282,217			5,391,972	194.1 6
194.1 7	CHILD DAY CARE	38,926	220,305	12,168			232,473	194.1 7
194.1 8	MARKETING & ADVERTISING	28,692	373,220	20,613			393,833	194.1 8
194.1 9	FOUNDATION	14,480	79,974	4,417			84,391	194.1 9
194.2 0	RETAIL PHARMACY	47,725	279,939	15,461			295,400	194.2 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	9,022,947	89,587,699	4,689,063	645,454	1,534,386	89,587,699	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	A&G ALL OTHER	MAIN- TENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		5.06	6	8	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970							1.01
1.02	CAP REL BLUFF BLDG							1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.06	A&G-ALL OTHER	7,717,660						5.06
6	Maintenance & Repairs	264,902	3,075,024					6
7	Operation of Plant							7
8	Laundry & Linen Service	44,179	18,316	531,157				8
9	Housekeeping	87,007	19,302	11,872	1,041,168			9
10	Dietary	143,330	160,023		54,853	1,878,671		10
11	Cafeteria					953,736	953,736	11
13	Nursing Administration	235,279	112,305		38,496		46,208	13
14	Central Services & Supply	26,408	60,688	2,298	20,803		5,545	14
15	Pharmacy	456,220	62,528		21,433		35,118	15
16	Medical Records & Library	91,952	86,014		29,484		22,180	16
17	Social Service	21,052	31,154		10,679		5,545	17
19	Nonphysician Anesthetists	13,691						19
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,049,255	1,035,918	139,302	355,097	388,101	219,951	30
31	Intensive Care Unit	154,783	100,189	49,433	34,343	16,213	27,725	31
43	Nursery	39,088	23,223	1,709	7,961		7,393	43
44	Skilled Nursing Facility	659,248		92,637		520,621	293,885	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	347,374	304,775	39,947	104,471		44,360	50
51	Recovery Room	33,719					5,545	51
52	Delivery Room & Labor Room	36,411	68,531		23,491		5,545	52
53	Anesthesiology	34,159					7,393	53
54	Radiology-Diagnostic	322,799	252,500	23,362	86,552		40,663	54
54.01	RADIATION ONCOLOGY	63,983		3,875			7,393	54.01
58	MRI	36,477	42,197	1,586	14,464		1,848	58
59	Cardiac Catheterization	182,465	146,549	2,385	50,234		16,635	59
60	Laboratory	288,037	113,181	33	38,797		42,511	60
65	Respiratory Therapy	124,986	38,297		13,127		25,877	65
66	Physical Therapy	93,701	13,693	3,173	4,694			66
67	Occupational Therapy	48,027						67
68	Speech Pathology	35,300						68
69	Electrocardiology	64,186	33,959	5,176	11,640		9,242	69
70	Electroencephalography	2,513	5,587		1,915			70
71	Medical Supplies Charged to Patients	236,614						71
72	Impl. Dev. Charged to Patients	116,405						72
73	Drugs Charged to Patients	159,258						73
74	Renal Dialysis	167,693	4,228	4,737	1,449			74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	77,858	5,346	3,827	1,832		1,848	90
91	Emergency	525,363	129,745	57,283	44,474		57,298	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	4,520	69,210	17,199	23,724			95
101	Home Health Agency	437,839						101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	132,402						116
118	SUBTOTALS (sum of lines 1-117)	6,858,483	2,937,458	459,834	994,013	1,878,671	929,708	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS	7,070						194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT	113,458	122,252		41,906		5,545	194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO	106,743					7,393	194.0
5								5
194.0	PNO	2,491						194.0
6								6

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	A&G ALL OTHER	MAIN- TENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		5.06	6	8	9	10	11	
194.0 7	PHYSICIAN CLINICS	21,333						194.0 7
194.0 9	NRCC-SENIOR SERVICES							194.0 9
194.1 1	GUEST MEALS							194.1 1
194.1 2	NRCC-FREE CLINIC							194.1 2
194.1 3	NRCC-TENDERCARE(PRENATAL CLASSES)	4,956						194.1 3
194.1 6	NRCC-MLC CENTER	508,285		71,323				194.1 6
194.1 7	CHILD DAY CARE	21,915						194.1 7
194.1 8	MARKETING & ADVERTISING	37,125	15,314		5,249		3,697	194.1 8
194.1 9	FOUNDATION	7,955					1,848	194.1 9
194.2 0	RETAIL PHARMACY	27,846					5,545	194.2 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	7,717,660	3,075,024	531,157	1,041,168	1,878,671	953,736	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	NONPHYSIC. ANESTHET. 19	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970							1.01
1.02	CAP REL BLUFF BLDG							1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.06	A&G-ALL OTHER							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration	2,928,171						13
14	Central Services & Supply		395,881					14
15	Pharmacy			5,414,957				15
16	Medical Records & Library				1,205,070			16
17	Social Service					291,755		17
19	Nonphysician Anesthetists					92,423	251,349	19
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,048,538			132,983			30
31	Intensive Care Unit	158,737			25,039			31
43	Nursery	37,046			12,257			43
44	Skilled Nursing Facility	450,468			26,708			44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	137,692			110,444			50
51	Recovery Room	30,124			20,758			51
52	Delivery Room & Labor Room	35,294			7,116			52
53	Anesthesiology				27,816		251,349	53
54	Radiology-Diagnostic	285			151,609			54
54.01	RADIATION ONCOLOGY	9,112			22,212			54.01
58	MRI	5			7,479			58
59	Cardiac Catheterization	38,974			81,280			59
60	Laboratory				124,386			60
65	Respiratory Therapy				14,365			65
66	Physical Therapy				12,399			66
67	Occupational Therapy				8,286			67
68	Speech Pathology				5,409			68
69	Electrocardiology	20,727			28,281			69
70	Electroencephalography				390			70
71	Medical Supplies Charged to Patients		272,716		9,560			71
72	Impl. Dev. Charged to Patients		123,165		13,348			72
73	Drugs Charged to Patients			5,414,957	117,955			73
74	Renal Dialysis	51,925			95,964	45,278		74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	21,554			14,307			90
91	Emergency	255,939			96,109			91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
101	Home Health Agency	170,161			27,184	9,122		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	40,589			11,426	97,385		116
118	SUBTOTALS (sum of lines 1-117)	2,507,170	395,881	5,414,957	1,205,070	244,208	251,349	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS	8,296						194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT	9,638						194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO	23,235						194.0
5								5
194.0	PNO							194.0
6								6

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	
		13	14	15	16	17	19	
194.0 7	PHYSICIAN CLINICS	915						194.0 7
194.0 9	NRCC-SENIOR SERVICES							194.0 9
194.1 1	GUEST MEALS							194.1 1
194.1 2	NRCC-FREE CLINIC							194.1 2
194.1 3	NRCC-TENDERCARE(PRENATAL CLASSES)	3,817						194.1 3
194.1 6	NRCC-MLC CENTER	375,100				47,547		194.1 6
194.1 7	CHILD DAY CARE							194.1 7
194.1 8	MARKETING & ADVERTISING							194.1 8
194.1 9	FOUNDATION							194.1 9
194.2 0	RETAIL PHARMACY							194.2 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,928,171	395,881	5,414,957	1,205,070	291,755	251,349	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		24	25	26		
	GENERAL SERVICE COST CENTERS					
1	Cap Rel Costs-Bldg & Fixt					1
1.01	CAP REL COSTS-1970					1.01
1.02	CAP REL BLUFF BLDG					1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY					1.03
2	Cap Rel Costs-Mvble Equip					2
4	Employee Benefits Department					4
5.02	A&G-INFO SERVICE					5.02
5.03	A&G-PURCHASING, STORES					5.03
5.04	A&G-ADMITTING, REGIST					5.04
5.06	A&G-ALL OTHER					5.06
6	Maintenance & Repairs					6
7	Operation of Plant					7
8	Laundry & Linen Service					8
9	Housekeeping					9
10	Dietary					10
11	Cafeteria					11
13	Nursing Administration					13
14	Central Services & Supply					14
15	Pharmacy					15
16	Medical Records & Library					16
17	Social Service					17
19	Nonphysician Anesthetists					19
	INPATIENT ROUTINE SERV COST CENTERS					
30	Adults & Pediatrics	15,499,642		15,499,642		30
31	Intensive Care Unit	2,208,423		2,208,423		31
43	Nursery	543,324		543,324		43
44	Skilled Nursing Facility	9,036,982		9,036,982		44
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	4,774,059		4,774,059		50
51	Recovery Room	447,846		447,846		51
52	Delivery Room & Labor Room	562,638		562,638		52
53	Anesthesiology	683,078		683,078		53
54	Radiology-Diagnostic	4,302,074		4,302,074		54
54.01	RADIATION ONCOLOGY	785,319		785,319		54.01
58	MRI	491,015		491,015		58
59	Cardiac Catheterization	2,454,143		2,454,143		59
60	Laboratory	3,662,492		3,662,492		60
65	Respiratory Therapy	1,542,528		1,542,528		65
66	Physical Therapy	1,121,654		1,121,654		66
67	Occupational Therapy	565,789		565,789		67
68	Speech Pathology	415,173		415,173		68
69	Electrocardiology	854,112		854,112		69
70	Electroencephalography	37,060		37,060		70
71	Medical Supplies Charged to Patients	3,028,931		3,028,931		71
72	Impl. Dev. Charged to Patients	1,487,761		1,487,761		72
73	Drugs Charged to Patients	7,381,606		7,381,606		73
74	Renal Dialysis	2,150,189	-145,634	2,004,555		74
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic	952,505		952,505		90
91	Emergency	6,739,348		6,739,348		91
92	Observation Beds (Non-Distinct Part)					92
	OTHER REIMBURSABLE COST CENTERS					
95	Ambulance Services	162,597		162,597		95
101	Home Health Agency	5,288,979		5,288,979		101
	SPECIAL PURPOSE COST CENTERS					
113	Interest Expense					113
116	Hospice	1,686,343		1,686,343		116
118	SUBTOTALS (sum of lines 1-117)	78,865,610	-145,634	78,719,976		118
	NONREIMBURSABLE COST CENTERS					
194	OTHER NON-REIMB					194
194.0	PASSTHRU COSTS					194.0
1		90,361		90,361		1
194.0	NRCC-MERCY SPEC CLIN ENT					194.0
4		1,496,381		1,496,381		4
194.0	NRCC-MERCY SPEC CLIN GASTRO					194.0
5		1,269,717		1,269,717		5
194.0	PNO					194.0
6		28,915		28,915		6

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		24	25	26			
194.0 7	PHYSICIAN CLINICS	248,550		248,550			194.0 7
194.0 9	NRCC-SENIOR SERVICES						194.0 9
194.1 1	GUEST MEALS						194.1 1
194.1 2	NRCC-FREE CLINIC						194.1 2
194.1 3	NRCC-TENDERCARE(PRENATAL CLASSES)	61,347		61,347			194.1 3
194.1 6	NRCC-MLC CENTER	6,394,227		6,394,227			194.1 6
194.1 7	CHILD DAY CARE	254,388		254,388			194.1 7
194.1 8	MARKETING & ADVERTISING	455,218		455,218			194.1 8
194.1 9	FOUNDATION	94,194		94,194			194.1 9
194.2 0	RETAIL PHARMACY	328,791		328,791			194.2 0
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	89,587,699	-145,634	89,442,065			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 REL 1970 BLDG	CAP REL BLUFF BUILDING	CAP REL RADIATION ONCOLOGY	CAP MOVABLE EQUIPMENT	
		0	1	1.01	1.02	1.03	2	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970							1.01
1.02	CAP REL BLUFF BLDG							1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		28,348		6		697	4
5.02	A&G-INFO SERVICE		27,874		138		76,580	5.02
5.03	A&G-PURCHASING, STORES	558	60,752				12,278	5.03
5.04	A&G-ADMITTING, REGIST		18,467				334	5.04
5.06	A&G-ALL OTHER		143,395		111		42,576	5.06
6	Maintenance & Repairs		18,439		62		29,282	6
7	Operation of Plant							7
8	Laundry & Linen Service		12,024					8
9	Housekeeping		12,671		134		4,610	9
10	Dietary		105,051		442		65,605	10
11	Cafeteria							11
13	Nursing Administration		73,726		165		24,234	13
14	Central Services & Supply	2,633	39,840				111,401	14
15	Pharmacy	71,251	41,048				186,601	15
16	Medical Records & Library		56,466		54		4,734	16
17	Social Service		20,452		68			17
19	Nonphysician Anesthetists							19
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	9,546	680,057				351,344	30
31	Intensive Care Unit	2,683	65,772				62,272	31
43	Nursery		15,246				14,132	43
44	Skilled Nursing Facility	10,766		22,704			122,268	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	20,755	200,077				613,143	50
51	Recovery Room						22,847	51
52	Delivery Room & Labor Room		44,989				7,270	52
53	Anesthesiology						334	53
54	Radiology-Diagnostic		165,760				745,247	54
54.01	RADIATION ONCOLOGY					417	179,258	54.01
58	MRI		27,701					58
59	Cardiac Catheterization		96,206				360,982	59
60	Laboratory		74,301				293,495	60
65	Respiratory Therapy	13,940	25,141				92,361	65
66	Physical Therapy		8,989		494		11,278	66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology	720	22,293				25,045	69
70	Electroencephalography		3,668				4,792	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis		2,776		320		53,238	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		3,509		205		4,801	90
91	Emergency		85,174				152,344	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		45,435					95
101	Home Health Agency	3,470			1,000		114,813	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	28,097					463	116
118	SUBTOTALS (sum of lines 1-117)	164,419	2,225,647	22,704	3,199	417	3,790,659	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS							194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT	17,400	80,255				45,801	194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO				161		9,811	194.0
5								5
194.0	PNO							194.0
6								6

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP REL 1970 BLDG	CAP REL BLUFF BUILDING	CAP REL RADIATION ONCOLOGY	CAP MOVABLE EQUIPMENT	
		0	1	1.01	1.02	1.03	2	
194.0 7	PHYSICIAN CLINICS							194.0 7
194.0 9	NRCC-SENIOR SERVICES							194.0 9
194.1 1	GUEST MEALS							194.1 1
194.1 2	NRCC-FREE CLINIC							194.1 2
194.1 3	NRCC-TENDERCARE(PRENATAL CLASSES)							194.1 3
194.1 6	NRCC-MLC CENTER	1,181					36,816	194.1 6
194.1 7	CHILD DAY CARE				524			194.1 7
194.1 8	MARKETING & ADVERTISING		10,053				9,905	194.1 8
194.1 9	FOUNDATION							194.1 9
194.2 0	RETAIL PHARMACY							194.2 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	183,000	2,315,955	22,704	3,884	417	3,892,992	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	A&G INFO SERV	A&G PURCHASING STORES	A&G ADMITTING REGISTER	A&G ALL OTHER	
		2A	4	5.02	5.03	5.04	5.06	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970							1.01
1.02	CAP REL BLUFF BLDG							1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department	29,051	29,051					4
5.02	A&G-INFO SERVICE	104,592	155	104,747				5.02
5.03	A&G-PURCHASING, STORES	73,588	326	755	74,669			5.03
5.04	A&G-ADMITTING, REGIST	18,801	516	1,794		21,111		5.04
5.06	A&G-ALL OTHER	186,082	1,139	9,025			196,246	5.06
6	Maintenance & Repairs	47,783	349	3,286			6,736	6
7	Operation of Plant							7
8	Laundry & Linen Service	12,024	63	548			1,123	8
9	Housekeeping	17,415	396	1,079			2,212	9
10	Dietary	171,098	711	1,778			3,645	10
11	Cafeteria							11
13	Nursing Administration	98,125	1,094	2,919			5,983	13
14	Central Services & Supply	153,874	59	328			671	14
15	Pharmacy	298,900	1,082	5,660			11,601	15
16	Medical Records & Library	61,254	417	1,141			2,338	16
17	Social Service	20,520	111	261			535	17
19	Nonphysician Anesthetists		443	170			348	19
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,040,947	4,995	12,717	8,227	2,330	26,682	30
31	Intensive Care Unit	130,727	773	1,867	1,549	439	3,936	31
43	Nursery	29,378	186	459	758	215	994	43
44	Skilled Nursing Facility	155,738	2,283	8,122	1,652	468	16,763	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	833,975	1,139	4,076	6,833	1,935	8,833	50
51	Recovery Room	22,847	162	374	1,284	364	857	51
52	Delivery Room & Labor Room	52,259	172	437	440	125	926	52
53	Anesthesiology	334	371	365	1,721	487	869	53
54	Radiology-Diagnostic	911,007	971	3,684	9,496	2,653	8,208	54
54.01	RADIATION ONCOLOGY	179,675	212	747	1,374	389	1,627	54.01
58	MRI	27,701	63	437	463	131	928	58
59	Cardiac Catheterization	457,188	498	2,092	5,028	1,424	4,640	59
60	Laboratory	367,796	862	3,310	7,695	2,179	7,324	60
65	Respiratory Therapy	131,442	583	1,520	889	252	3,178	65
66	Physical Therapy	20,761	465	1,136	767	217	2,383	66
67	Occupational Therapy		240	578	513	145	1,221	67
68	Speech Pathology		190	426	335	95	898	68
69	Electrocardiology	48,058	297	736	1,750	496	1,632	69
70	Electroencephalography	8,460	9	30	24	7	64	70
71	Medical Supplies Charged to Patients			2,915	591	167	6,017	71
72	Impl. Dev. Charged to Patients			1,416	826	234	2,960	72
73	Drugs Charged to Patients			1,726	7,297	2,067	4,050	73
74	Renal Dialysis	56,334	486	1,877	5,937	1,681	4,264	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	8,515	232	936	885	251	1,980	90
91	Emergency	237,518	1,423	6,314	5,946	1,684	13,359	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	45,435		56			115	95
101	Home Health Agency	119,283	1,741	5,374	1,682	476	11,133	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	28,560	348	1,618	707	200	3,367	116
118	SUBTOTALS (sum of lines 1-117)	6,207,045	25,562	94,089	74,669	21,111	174,400	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS		41	88			180	194.0
194.0	NRCC-MERCY SPEC CLIN ENT	143,456	533	1,407			2,885	194.0
194.0	NRCC-MERCY SPEC CLIN GASTRO	9,972	591	1,324			2,714	194.0

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	A&G INFO SERV	A&G PURCHASING STORES	A&G ADMITTING REGISTER	A&G ALL OTHER	
		2A	4	5.02	5.03	5.04	5.06	
194.0 6	PNO		14	31			63	194.0 6
194.0 7	PHYSICIAN CLINICS		98	265			542	194.0 7
194.0 9	NRCC-SENIOR SERVICES							194.0 9
194.1 1	GUEST MEALS							194.1 1
194.1 2	NRCC-FREE CLINIC							194.1 2
194.1 3	NRCC-TENDERCARE(PRENATAL CLASSES)		27	61			126	194.1 3
194.1 6	NRCC-MLC CENTER	37,997	1,767	6,305			12,925	194.1 6
194.1 7	CHILD DAY CARE	524	125	272			557	194.1 7
194.1 8	MARKETING & ADVERTISING	19,958	92	461			944	194.1 8
194.1 9	FOUNDATION		47	99			202	194.1 9
194.2 0	RETAIL PHARMACY		154	345			708	194.2 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	6,418,952	29,051	104,747	74,669	21,111	196,246	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		6	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970							1.01
1.02	CAP REL BLUFF BLDG							1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.06	A&G-ALL OTHER							5.06
6	Maintenance & Repairs	58,154						6
7	Operation of Plant							7
8	Laundry & Linen Service	346	14,104					8
9	Housekeeping	365	315	21,782				9
10	Dietary	3,026		1,148	181,406			10
11	Cafeteria				92,093	92,093		11
13	Nursing Administration	2,124		805		4,462	115,512	13
14	Central Services & Supply	1,148	61	435		535		14
15	Pharmacy	1,183		448		3,391		15
16	Medical Records & Library	1,627		617		2,142		16
17	Social Service	589		223		535		17
19	Nonphysician Anesthetists							19
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	19,591	3,699	7,429	37,475	21,239	41,366	30
31	Intensive Care Unit	1,895	1,313	718	1,566	2,677	6,262	31
43	Nursery	439	45	167		714	1,461	43
44	Skilled Nursing Facility		2,460		50,272	28,381	17,770	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	5,764	1,061	2,186		4,283	5,432	50
51	Recovery Room					535	1,188	51
52	Delivery Room & Labor Room	1,296		491		535	1,392	52
53	Anesthesiology					714		53
54	Radiology-Diagnostic	4,775	620	1,811		3,926	11	54
54.01	RADIATION ONCOLOGY		103			714	359	54.01
58	MRI	798	42	303		178		58
59	Cardiac Catheterization	2,771	63	1,051		1,606	1,537	59
60	Laboratory	2,140	1	812		4,105		60
65	Respiratory Therapy	724		275		2,499		65
66	Physical Therapy	259	84	98				66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology	642	137	244		892	818	69
70	Electroencephalography	106		40				70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	80	126	30			2,048	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	101	102	38		178	850	90
91	Emergency	2,454	1,521	930		5,533	10,096	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	1,309	457	496				95
101	Home Health Agency						6,713	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice						1,601	116
118	SUBTOTALS (sum of lines 1-117)	55,552	12,210	20,795	181,406	89,774	98,904	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS							194.0
1							327	1
194.0	NRCC-MERCY SPEC CLIN ENT	2,312		877		535	380	194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO					714	917	194.0
5								5
194.0	PNO							194.0
6								6

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PART II**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS 6	LAUNDRY & LINEN SERVICE 8	HOUSE-KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINISTRATION 13	
194.07	PHYSICIAN CLINICS						36	194.07
194.09	NRCC-SENIOR SERVICES							194.09
194.11	GUEST MEALS							194.11
194.12	NRCC-FREE CLINIC							194.12
194.13	NRCC-TENDERCARE(PRENATAL CLASSES)						151	194.13
194.16	NRCC-MLC CENTER		1,894				14,797	194.16
194.17	CHILD DAY CARE							194.17
194.18	MARKETING & ADVERTISING	290		110		357		194.18
194.19	FOUNDATION					178		194.19
194.20	RETAIL PHARMACY					535		194.20
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	58,154	14,104	21,782	181,406	92,093	115,512	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	SUBTOTAL	
		14	15	16	17	19	24	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970							1.01
1.02	CAP REL BLUFF BLDG							1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.06	A&G-ALL OTHER							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply	157,111						14
15	Pharmacy		322,265					15
16	Medical Records & Library			69,536				16
17	Social Service				22,774			17
19	Nonphysician Anesthetists					8,175		19
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics			7,680			1,234,377	30
31	Intensive Care Unit			1,446			155,168	31
43	Nursery			708			35,524	43
44	Skilled Nursing Facility			1,543			285,452	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			6,379			881,896	50
51	Recovery Room			1,199			28,810	51
52	Delivery Room & Labor Room			411			58,484	52
53	Anesthesiology			1,606			6,467	53
54	Radiology-Diagnostic			8,694			955,856	54
54.01	RADIATION ONCOLOGY			1,283			186,483	54.01
58	MRI			432			31,476	58
59	Cardiac Catheterization			4,694			482,592	59
60	Laboratory			7,184			403,408	60
65	Respiratory Therapy			830			142,192	65
66	Physical Therapy			716			26,886	66
67	Occupational Therapy			479			3,176	67
68	Speech Pathology			312			2,256	68
69	Electrocardiology			1,633			57,335	69
70	Electroencephalography			23			8,763	70
71	Medical Supplies Charged to Patients	108,231		552			118,473	71
72	Impl. Dev. Charged to Patients	48,880		771			55,087	72
73	Drugs Charged to Patients		322,265	6,812			344,217	73
74	Renal Dialysis			5,542	3,534		81,939	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			826			14,894	90
91	Emergency			5,551			292,329	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services						47,868	95
101	Home Health Agency			1,570	712		148,684	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice			660	7,603		44,664	116
118	SUBTOTALS (sum of lines 1-117)	157,111	322,265	69,536	19,063		6,134,756	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS						636	194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT						152,385	194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO						16,232	194.0
5								5
194.0	PNO						108	194.0
6								6

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PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	SUBTOTAL	
		14	15	16	17	19	24	
194.07	PHYSICIAN CLINICS						941	194.07
194.09	NRCC-SENIOR SERVICES							194.09
194.11	GUEST MEALS							194.11
194.12	NRCC-FREE CLINIC							194.12
194.13	NRCC-TENDERCARE(PRENATAL CLASSES)						365	194.13
194.16	NRCC-MLC CENTER				3,711		79,396	194.16
194.17	CHILD DAY CARE						1,478	194.17
194.18	MARKETING & ADVERTISING						22,212	194.18
194.19	FOUNDATION						526	194.19
194.20	RETAIL PHARMACY						1,742	194.20
200	Cross Foot Adjustments					8,175	8,175	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	157,111	322,265	69,536	22,774	8,175	6,418,952	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		25	26			
	GENERAL SERVICE COST CENTERS					
1	Cap Rel Costs-Bldg & Fixt					1
1.01	CAP REL COSTS-1970					1.01
1.02	CAP REL BLUFF BLDG					1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY					1.03
2	Cap Rel Costs-Mvble Equip					2
4	Employee Benefits Department					4
5.02	A&G-INFO SERVICE					5.02
5.03	A&G-PURCHASING, STORES					5.03
5.04	A&G-ADMITTING, REGIST					5.04
5.06	A&G-ALL OTHER					5.06
6	Maintenance & Repairs					6
7	Operation of Plant					7
8	Laundry & Linen Service					8
9	Housekeeping					9
10	Dietary					10
11	Cafeteria					11
13	Nursing Administration					13
14	Central Services & Supply					14
15	Pharmacy					15
16	Medical Records & Library					16
17	Social Service					17
19	Nonphysician Anesthetists					19
	INPATIENT ROUTINE SERV COST CENTERS					
30	Adults & Pediatrics		1,234,377			30
31	Intensive Care Unit		155,168			31
43	Nursery		35,524			43
44	Skilled Nursing Facility		285,452			44
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room		881,896			50
51	Recovery Room		28,810			51
52	Delivery Room & Labor Room		58,484			52
53	Anesthesiology		6,467			53
54	Radiology-Diagnostic		955,856			54
54.01	RADIATION ONCOLOGY		186,483			54.01
58	MRI		31,476			58
59	Cardiac Catheterization		482,592			59
60	Laboratory		403,408			60
65	Respiratory Therapy		142,192			65
66	Physical Therapy		26,886			66
67	Occupational Therapy		3,176			67
68	Speech Pathology		2,256			68
69	Electrocardiology		57,335			69
70	Electroencephalography		8,763			70
71	Medical Supplies Charged to Patients		118,473			71
72	Impl. Dev. Charged to Patients		55,087			72
73	Drugs Charged to Patients		344,217			73
74	Renal Dialysis		81,939			74
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic		14,894			90
91	Emergency		292,329			91
92	Observation Beds (Non-Distinct Part)					92
	OTHER REIMBURSABLE COST CENTERS					
95	Ambulance Services		47,868			95
101	Home Health Agency		148,684			101
	SPECIAL PURPOSE COST CENTERS					
113	Interest Expense					113
116	Hospice		44,664			116
118	SUBTOTALS (sum of lines 1-117)		6,134,756			118
	NONREIMBURSABLE COST CENTERS					
194	OTHER NON-REIMB					194
194.0	PASSTHRU COSTS		636			194.0
1						1
194.0	NRCC-MERCY SPEC CLIN ENT		152,385			194.0
4						4
194.0	NRCC-MERCY SPEC CLIN GASTRO		16,232			194.0
5						5
194.0	PNO		108			194.0
6						6

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
194.0 7	PHYSICIAN CLINICS		941				194.0 7
194.0 9	NRCC-SENIOR SERVICES						194.0 9
194.1 1	GUEST MEALS						194.1 1
194.1 2	NRCC-FREE CLINIC						194.1 2
194.1 3	NRCC-TENDERCARE(PRENATAL CLASSES)		365				194.1 3
194.1 6	NRCC-MLC CENTER		79,396				194.1 6
194.1 7	CHILD DAY CARE		1,478				194.1 7
194.1 8	MARKETING & ADVERTISING		22,212				194.1 8
194.1 9	FOUNDATION		526				194.1 9
194.2 0	RETAIL PHARMACY		1,742				194.2 0
200	Cross Foot Adjustments		8,175				200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)		6,418,952				202

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL 1970 BLDG SQUARE FEET	CAP REL BLUFF BUILDING SQUARE FEET	CAP REL RADIATION ONCOLOGY SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	
		1	1.01	1.02	1.03	2	4	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	161,024						1
1.01	CAP REL COSTS-1970		52,141					1.01
1.02	CAP REL BLUFF BLDG			59,842				1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY				9,780			1.03
2	Cap Rel Costs-Mvble Equip					3,099,314		2
4	Employee Benefits Department	1,971		88		555	37,911,661	4
5.02	A&G-INFO SERVICE	1,938		2,132		60,967	202,059	5.02
5.03	A&G-PURCHASING, STORES	4,224				9,775	426,097	5.03
5.04	A&G-ADMITTING, REGIST	1,284				266	674,238	5.04
5.06	A&G-ALL OTHER	9,970		1,708		33,896	1,487,100	5.06
6	Maintenance & Repairs	1,282		952		23,312	455,631	6
7	Operation of Plant							7
8	Laundry & Linen Service	836					82,494	8
9	Housekeeping	881		2,059		3,670	517,101	9
10	Dietary	7,304		6,815		52,230	927,918	10
11	Cafeteria							11
13	Nursing Administration	5,126		2,543		19,293	1,427,680	13
14	Central Services & Supply	2,770				88,689	77,485	14
15	Pharmacy	2,854				148,558	1,412,069	15
16	Medical Records & Library	3,926		829		3,769	544,020	16
17	Social Service	1,422		1,053			144,554	17
19	Nonphysician Anesthetists						578,291	19
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	47,283				279,714	6,505,158	30
31	Intensive Care Unit	4,573				49,576	1,009,701	31
43	Nursery	1,060				11,251	242,665	43
44	Skilled Nursing Facility		52,141			97,341	2,980,961	44
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	13,911				488,139	1,486,912	50
51	Recovery Room					18,189	212,022	51
52	Delivery Room & Labor Room	3,128				5,788	225,190	52
53	Anesthesiology					266	484,806	53
54	Radiology-Diagnostic	11,525				593,312	1,267,786	54
54.01	RADIATION ONCOLOGY				9,780	142,712	276,211	54.01
58	MRI	1,926					82,576	58
59	Cardiac Catheterization	6,689				287,387	650,307	59
60	Laboratory	5,166				233,659	1,125,349	60
65	Respiratory Therapy	1,748				73,531	760,872	65
66	Physical Therapy	625		7,607		8,979	606,910	66
67	Occupational Therapy						313,166	67
68	Speech Pathology						248,059	68
69	Electrocardiology	1,550				19,939	388,353	69
70	Electroencephalography	255				3,815	11,899	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	193		4,925		42,384	635,081	74
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	244		3,164		3,822	302,499	90
91	Emergency	5,922				121,285	1,857,350	91
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	3,159						95
101	Home Health Agency			15,426		91,406	2,272,538	101
SPECIAL PURPOSE COST CENTERS								
116	Hospice					369	453,939	116
118	SUBTOTALS (sum of lines 1-117)	154,745	52,141	49,301	9,780	3,017,844	33,357,047	118
NONREIMBURSABLE COST CENTERS								
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS						53,640	194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT	5,580				36,463	696,181	194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO			2,475		7,811	771,446	194.0
5								5

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL 1970 BLDG SQUARE FEET	CAP REL BLUFF BUILDING SQUARE FEET	CAP REL RADIATION ONCOLOGY SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	
		1	1.01	1.02	1.03	2	4	
194.06	PNO						18,160	194.06
194.07	PHYSICIAN CLINICS						128,147	194.07
194.09	NRCC-SENIOR SERVICES							194.09
194.11	GUEST MEALS							194.11
194.12	NRCC-FREE CLINIC							194.12
194.13	NRCC-TENDERCARE(PRENATAL CLASSES)						34,602	194.13
194.16	NRCC-MLC CENTER					29,310	2,306,956	194.16
194.17	CHILD DAY CARE			8,066			163,556	194.17
194.18	MARKETING & ADVERTISING	699				7,886	120,556	194.18
194.19	FOUNDATION						60,842	194.19
194.20	RETAIL PHARMACY						200,528	194.20
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	2,315,955	22,704	3,884	417	3,892,992	9,022,947	202
203	Unit Cost Multiplier (Wkst. B, Part I)	14.382670	0.435435	0.064904	0.042638	1.256082	0.237999	203
204	Cost to be allocated (Per Wkst. B, Part II)						29,051	204
205	Unit Cost Multiplier (Wkst. B, Part II)						0.000766	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	RECON- CILIATION	A&G INFO SERV ACCUM COST	A&G PURCHASING STORES GROSS REVENUE	A&G ADMITTING REGISTER GROSS REVENUE	RECON- CILIATION	A&G ALL OTHER ACCUM COST	
		5A.02	5.02	5.03	5.04		5.06	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970							1.01
1.02	CAP REL BLUFF BLDG							1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE	-4,689,063	84,898,636					5.02
5.03	A&G-PURCHASING, STORES		611,671	260,695,773				5.03
5.04	A&G-ADMITTING, REGIST		1,454,076		260,695,773			5.04
5.06	A&G-ALL OTHER		7,313,716			-7,717,660	81,870,039	5.06
6	Maintenance & Repairs		2,663,040				2,810,122	6
7	Operation of Plant							7
8	Laundry & Linen Service		444,132				468,662	8
9	Housekeeping		874,678				922,987	9
10	Dietary		1,440,884				1,520,465	10
11	Cafeteria							11
13	Nursing Administration		2,365,248				2,495,883	13
14	Central Services & Supply		265,476				280,139	14
15	Pharmacy		4,586,349				4,839,658	15
16	Medical Records & Library		924,385				975,440	16
17	Social Service		211,636				223,325	17
19	Nonphysician Anesthetists		137,633				145,235	19
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		10,319,951	28,765,583	28,765,583		11,130,497	30
31	Intensive Care Unit		1,513,100	5,416,218	5,416,218		1,641,961	31
43	Nursery		371,934	2,651,335	2,651,335		414,647	43
44	Skilled Nursing Facility		6,581,597	5,777,302	5,777,302		6,993,415	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		3,302,809	23,890,173	23,890,173		3,684,996	50
51	Recovery Room		303,396	4,490,172	4,490,172		357,700	51
52	Delivery Room & Labor Room		353,836	1,539,167	1,539,167		386,250	52
53	Anesthesiology		295,715	6,016,821	6,016,821		362,361	53
54	Radiology-Diagnostic		2,985,081	32,821,903	32,821,903		3,424,304	54
54.01	RADIATION ONCOLOGY		605,143	4,804,741	4,804,741		678,744	54.01
58	MRI		353,885	1,617,856	1,617,856		386,959	58
59	Cardiac Catheterization		1,694,987	17,581,658	17,581,658		1,935,621	59
60	Laboratory		2,682,408	26,905,887	26,905,887		3,055,547	60
65	Respiratory Therapy		1,231,856	3,107,249	3,107,249		1,325,876	65
66	Physical Therapy		920,715	2,682,008	2,682,008		993,994	66
67	Occupational Therapy		468,607	1,792,250	1,792,250		509,476	67
68	Speech Pathology		345,593	1,170,069	1,170,069		374,464	68
69	Electrocardiology		596,786	6,117,455	6,117,455		680,901	69
70	Electroencephalography		24,592	84,274	84,274		26,655	70
71	Medical Supplies Charged to Patients		2,362,279	2,067,858	2,067,858		2,510,041	71
72	Impl. Dev. Charged to Patients		1,147,331	2,887,300	2,887,300		1,234,843	72
73	Drugs Charged to Patients		1,398,823	25,514,758	25,514,758		1,689,436	73
74	Renal Dialysis		1,521,314	20,757,843	20,757,843		1,778,915	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		758,181	3,094,702	3,094,702		825,933	90
91	Emergency		5,116,696	20,789,381	20,789,381		5,573,137	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		45,435				47,944	95
101	Home Health Agency		4,354,973	5,880,171	5,880,171		4,644,673	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice		1,311,441	2,471,639	2,471,639		1,404,541	116
118	SUBTOTALS (sum of lines 1-117)	-4,689,063	76,261,388	260,695,773	260,695,773	-7,717,660	72,755,747	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS		71,070				74,995	194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT		1,140,586				1,203,582	194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO		1,073,079				1,132,346	194.0
5								5
194.0	PNO		25,041				26,424	194.0
6								6

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	RECON- CILIATION	A&G INFO SERV ACCUM COST	A&G PURCHASING STORES GROSS REVENUE	A&G ADMITTING REGISTER GROSS REVENUE	RECON- CILIATION	A&G ALL OTHER ACCUM COST	
		5A.02	5.02	5.03	5.04		5.06	
194.0 7	PHYSICIAN CLINICS		214,457				226,302	194.0 7
194.0 9	NRCC-SENIOR SERVICES							194.0 9
194.1 1	GUEST MEALS							194.1 1
194.1 2	NRCC-FREE CLINIC							194.1 2
194.1 3	NRCC-TENDERCARE(PRENATAL CLASSES)		49,822				52,574	194.1 3
194.1 6	NRCC-MLC CENTER		5,109,755				5,391,972	194.1 6
194.1 7	CHILD DAY CARE		220,305				232,473	194.1 7
194.1 8	MARKETING & ADVERTISING		373,220				393,833	194.1 8
194.1 9	FOUNDATION		79,974				84,391	194.1 9
194.2 0	RETAIL PHARMACY		279,939				295,400	194.2 0
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)		4,689,063	645,454	1,534,386		7,717,660	202
203	Unit Cost Multiplier (Wkst. B, Part I)		0.055231	0.002476	0.005886		0.094267	203
204	Cost to be allocated (Per Wkst. B, Part II)		104,747	74,669	21,111		196,246	204
205	Unit Cost Multiplier (Wkst. B, Part II)		0.001234	0.000286	0.000081		0.002397	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTE'S	
		6	7	8	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970							1.01
1.02	CAP REL BLUFF BLDG							1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.06	A&G-ALL OTHER							5.06
6	Maintenance & Repairs	140,355						6
7	Operation of Plant		140,355					7
8	Laundry & Linen Service	836	836	829,646				8
9	Housekeeping	881	881	18,543	138,638			9
10	Dietary	7,304	7,304		7,304	303,123		10
11	Cafeteria					153,885	516	11
13	Nursing Administration	5,126	5,126		5,126		25	13
14	Central Services & Supply	2,770	2,770	3,590	2,770		3	14
15	Pharmacy	2,854	2,854		2,854		19	15
16	Medical Records & Library	3,926	3,926		3,926		12	16
17	Social Service	1,422	1,422		1,422		3	17
19	Nonphysician Anesthetists							19
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	47,283	47,283	217,584	47,283	62,620	119	30
31	Intensive Care Unit	4,573	4,573	77,213	4,573	2,616	15	31
43	Nursery	1,060	1,060	2,670	1,060		4	43
44	Skilled Nursing Facility			144,696		84,002	159	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	13,911	13,911	62,395	13,911		24	50
51	Recovery Room						3	51
52	Delivery Room & Labor Room	3,128	3,128		3,128		3	52
53	Anesthesiology						4	53
54	Radiology-Diagnostic	11,525	11,525	36,490	11,525		22	54
54.01	RADIATION ONCOLOGY			6,053			4	54.01
58	MRI	1,926	1,926	2,477	1,926		1	58
59	Cardiac Catheterization	6,689	6,689	3,726	6,689		9	59
60	Laboratory	5,166	5,166	51	5,166		23	60
65	Respiratory Therapy	1,748	1,748		1,748		14	65
66	Physical Therapy	625	625	4,956	625			66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology	1,550	1,550	8,084	1,550		5	69
70	Electroencephalography	255	255		255			70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	193	193	7,399	193			74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	244	244	5,977	244		1	90
91	Emergency	5,922	5,922	89,474	5,922		31	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	3,159	3,159	26,864	3,159			95
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	134,076	134,076	718,242	132,359	303,123	503	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS							194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT	5,580	5,580		5,580		3	194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO						4	194.0
5								5
194.0	PNO							194.0
6								6

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTE'S	
		6	7	8	9	10	11	
194.07	PHYSICIAN CLINICS							194.07
194.09	NRCC-SENIOR SERVICES							194.09
194.11	GUEST MEALS							194.11
194.12	NRCC-FREE CLINIC							194.12
194.13	NRCC-TENDERCARE(PRENATAL CLASSES)							194.13
194.16	NRCC-MLC CENTER			111,404				194.16
194.17	CHILD DAY CARE							194.17
194.18	MARKETING & ADVERTISING	699	699		699		2	194.18
194.19	FOUNDATION						1	194.19
194.20	RETAIL PHARMACY						3	194.20
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,075,024		531,157	1,041,168	1,878,671	953,736	202
203	Unit Cost Multiplier (Wkst. B, Part I)	21.908902		0.640221	7.509976	6.197718	1,848.325581	203
204	Cost to be allocated (Per Wkst. B, Part II)	58,154		14,104	21,782	181,406	92,093	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.414335		0.017000	0.157114	0.598457	178.474806	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION DIRECT NRNGING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	
		13	14	15	16	17	19	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970							1.01
1.02	CAP REL BLUFF BLDG							1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.06	A&G-ALL OTHER							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration	534,713						13
14	Central Services & Supply		3,687,795					14
15	Pharmacy			1,705,724				15
16	Medical Records & Library				260,695,773			16
17	Social Service					12,346		17
19	Nonphysician Anesthetists					3,911	100	19
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	191,473			28,765,583			30
31	Intensive Care Unit	28,987			5,416,218			31
43	Nursery	6,765			2,651,335			43
44	Skilled Nursing Facility	82,260			5,777,302			44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	25,144			23,890,173			50
51	Recovery Room	5,501			4,490,172			51
52	Delivery Room & Labor Room	6,445			1,539,167			52
53	Anesthesiology				6,016,821		100	53
54	Radiology-Diagnostic	52			32,821,903			54
54.01	RADIATION ONCOLOGY	1,664			4,804,741			54.01
58	MRI	1			1,617,856			58
59	Cardiac Catheterization	7,117			17,581,658			59
60	Laboratory				26,905,887			60
65	Respiratory Therapy				3,107,249			65
66	Physical Therapy				2,682,008			66
67	Occupational Therapy				1,792,250			67
68	Speech Pathology				1,170,069			68
69	Electrocardiology	3,785			6,117,455			69
70	Electroencephalography				84,274			70
71	Medical Supplies Charged to Patients		2,540,464		2,067,858			71
72	Impl. Dev. Charged to Patients		1,147,331		2,887,300			72
73	Drugs Charged to Patients			1,705,724	25,514,758			73
74	Renal Dialysis	9,482			20,757,843	1,916		74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	3,936			3,094,702			90
91	Emergency	46,737			20,789,381			91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
101	Home Health Agency	31,073			5,880,171	386		101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	7,412			2,471,639	4,121		116
118	SUBTOTALS (sum of lines 1-117)	457,834	3,687,795	1,705,724	260,695,773	10,334	100	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS	1,515						194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT	1,760						194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO	4,243						194.0
5								5
194.0	PNO							194.0
6								6

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	
		13	14	15	16	17	19	
194.07	PHYSICIAN CLINICS	167						194.07
194.09	NRCC-SENIOR SERVICES							194.09
194.11	GUEST MEALS							194.11
194.12	NRCC-FREE CLINIC							194.12
194.13	NRCC-TENDERCARE(PRENATAL CLASSES)	697						194.13
194.16	NRCC-MLC CENTER	68,497				2,012		194.16
194.17	CHILD DAY CARE							194.17
194.18	MARKETING & ADVERTISING							194.18
194.19	FOUNDATION							194.19
194.20	RETAIL PHARMACY							194.20
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	2,928,171	395,881	5,414,957	1,205,070	291,755	251,349	202
203	Unit Cost Multiplier (Wkst. B, Part I)	5.476154	0.107349	3.174580	0.004623	23.631541	2.513.490000	203
204	Cost to be allocated (Per Wkst. B, Part II)	115,512	157,111	322,265	69,536	22,774	8,175	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.216026	0.042603	0.188932	0.000267	1.844646	81.750000	205

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS							
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	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970							1.01
1.02	CAP REL BLUFF BLDG							1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.06	A&G-ALL OTHER							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
43	Nursery							43
44	Skilled Nursing Facility							44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIATION ONCOLOGY							54.01
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIMB							194
194.0	PASSTHRU COSTS							194.0
1								1
194.0	NRCC-MERCY SPEC CLIN ENT							194.0
4								4
194.0	NRCC-MERCY SPEC CLIN GASTRO							194.0
5								5

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS						
194.0 6	PNO						194.0 6
194.0 7	PHYSICIAN CLINICS						194.0 7
194.0 9	NRCC-SENIOR SERVICES						194.0 9
194.1 1	GUEST MEALS						194.1 1
194.1 2	NRCC-FREE CLINIC						194.1 2
194.1 3	NRCC-TENDERCARE(PRENATAL CLASSES)						194.1 3
194.1 6	NRCC-MLC CENTER						194.1 6
194.1 7	CHILD DAY CARE						194.1 7
194.1 8	MARKETING & ADVERTISING						194.1 8
194.1 9	FOUNDATION						194.1 9
194.2 0	RETAIL PHARMACY						194.2 0
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)						202
203	Unit Cost Multiplier (Wkst. B, Part I)						203
204	Cost to be allocated (Per Wkst. B, Part II)						204
205	Unit Cost Multiplier (Wkst. B, Part II)						205

KPMG LLP Compu-Max 2552-10

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET			
		PART	LINE NO.	AMOUNT	
	1	2	3	4	
1					1
2					2
3					3
4					4
5	ADJ FOR ESA COSTS IN RENAL DIALYSIS	1	74	-145,634	5

KPMG LLP Compu-Max 2552-10

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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	15,499,642		15,499,642		15,499,642	30
31	Intensive Care Unit	2,208,423		2,208,423		2,208,423	31
43	Nursery	543,324		543,324		543,324	43
44	Skilled Nursing Facility	9,036,982		9,036,982		9,036,982	44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,774,059		4,774,059		4,774,059	50
51	Recovery Room	447,846		447,846		447,846	51
52	Delivery Room & Labor Room	562,638		562,638		562,638	52
53	Anesthesiology	683,078		683,078	5,706	688,784	53
54	Radiology-Diagnostic	4,302,074		4,302,074		4,302,074	54
54.01	RADIATION ONCOLOGY	785,319		785,319	80,760	866,079	54.01
58	MRI	491,015		491,015		491,015	58
59	Cardiac Catheterization	2,454,143		2,454,143		2,454,143	59
60	Laboratory	3,662,492		3,662,492	51,689	3,714,181	60
65	Respiratory Therapy	1,542,528		1,542,528		1,542,528	65
66	Physical Therapy	1,121,654		1,121,654		1,121,654	66
67	Occupational Therapy	565,789		565,789		565,789	67
68	Speech Pathology	415,173		415,173		415,173	68
69	Electrocardiology	854,112		854,112	7,870	861,982	69
70	Electroencephalography	37,060		37,060		37,060	70
71	Medical Supplies Charged to Patients	3,028,931		3,028,931		3,028,931	71
72	Impl. Dev. Charged to Patients	1,487,761		1,487,761		1,487,761	72
73	Drugs Charged to Patients	7,381,606		7,381,606		7,381,606	73
74	Renal Dialysis	2,004,555		2,004,555	6,796	2,011,351	74
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	952,505		952,505		952,505	90
91	Emergency	6,739,348		6,739,348	99,520	6,838,868	91
92	Observation Beds (Non-Distinct Part)	1,356,189		1,356,189		1,356,189	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	162,597		162,597		162,597	95
101	Home Health Agency	5,288,979		5,288,979		5,288,979	101
113	Interest Expense						113
116	Hospice	1,686,343		1,686,343		1,686,343	116
200	Subtotal (sum of lines 30 thru 199)	80,076,165		80,076,165	252,341	80,328,506	200
201	Less Observation Beds	1,356,189		1,356,189		1,356,189	201
202	Total (line 200 minus line 201)	78,719,976		78,719,976		78,972,317	202

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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	26,708,991		26,708,991				30
31	Intensive Care Unit	5,416,218		5,416,218				31
43	Nursery	2,651,335		2,651,335				43
44	Skilled Nursing Facility	5,777,302		5,777,302				44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	7,020,702	16,869,471	23,890,173	0.199834	0.199834	0.199834	50
51	Recovery Room	1,232,391	3,257,781	4,490,172	0.099739	0.099739	0.099739	51
52	Delivery Room & Labor Room	1,314,268	224,899	1,539,167	0.365547	0.365547	0.365547	52
53	Anesthesiology	2,115,456	3,901,365	6,016,821	0.113528	0.113528	0.114476	53
54	Radiology-Diagnostic	11,627,921	21,193,982	32,821,903	0.131073	0.131073	0.131073	54
54.01	RADIATION ONCOLOGY	145,031	4,659,710	4,804,741	0.163447	0.163447	0.180255	54.01
58	MRI	214,083	1,403,773	1,617,856	0.303497	0.303497	0.303497	58
59	Cardiac Catheterization	6,309,156	11,272,502	17,581,658	0.139585	0.139585	0.139585	59
60	Laboratory	13,055,472	13,850,415	26,905,887	0.136122	0.136122	0.138043	60
65	Respiratory Therapy	2,583,723	523,526	3,107,249	0.496429	0.496429	0.496429	65
66	Physical Therapy	1,850,775	831,233	2,682,008	0.418214	0.418214	0.418214	66
67	Occupational Therapy	1,606,040	186,210	1,792,250	0.315686	0.315686	0.315686	67
68	Speech Pathology	1,024,435	145,634	1,170,069	0.354828	0.354828	0.354828	68
69	Electrocardiology	1,785,506	4,331,949	6,117,455	0.139619	0.139619	0.140905	69
70	Electroencephalography	37,418	46,856	84,274	0.439756	0.439756	0.439756	70
71	Medical Supplies Charged to Patients	962,241	1,105,617	2,067,858	1.464767	1.464767	1.464767	71
72	Impl. Dev. Charged to Patients	1,449,175	1,438,125	2,887,300	0.515278	0.515278	0.515278	72
73	Drugs Charged to Patients	12,209,371	13,305,387	25,514,758	0.289307	0.289307	0.289307	73
74	Renal Dialysis	360,480	20,397,363	20,757,843	0.096569	0.096569	0.096896	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	47,422	3,047,280	3,094,702	0.307786	0.307786	0.307786	90
91	Emergency	4,453,433	16,335,948	20,789,381	0.324173	0.324173	0.328960	91
92	Observation Beds (Non-Distinct Part)	161,011	1,895,581	2,056,592	0.659435	0.659435	0.659435	92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
101	Home Health Agency		5,880,171	5,880,171				101
113	Interest Expense							113
116	Hospice		2,471,639	2,471,639				116
200	Subtotal (sum of lines 30 thru 199)	112,119,356	148,576,417	260,695,773				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	112,119,356	148,576,417	260,695,773				202

KPMG LLP Compu-Max 2552-10

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	1,234,377		1,234,377	14,046	87.88	7,543	662,879	30
31	Intensive Care Unit	155,168		155,168	1,320	117.55	757	88,985	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	35,524		35,524	858	41.40			43
44	Skilled Nursing Facility	285,452		285,452	24,787	11.52	3,769	43,419	44
45	Nursing Facility								45
200	Total (lines 30-199)	1,710,521		1,710,521	41,011		12,069	795,283	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 16-0080

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	881,896	23,890,173	0.036915	4,410,728	162,822	50
51	Recovery Room	28,810	4,490,172	0.006416	488,255	3,133	51
52	Delivery Room & Labor Room	58,484	1,539,167	0.037997	4,184	159	52
53	Anesthesiology	6,467	6,016,821	0.001075	821,717	883	53
54	Radiology-Diagnostic	955,856	32,821,903	0.029123	5,762,655	167,826	54
54.01	RADIATION ONCOLOGY	186,483	4,804,741	0.038812	115,512	4,483	54.01
58	MRI	31,476	1,617,856	0.019455	120,990	2,354	58
59	Cardiac Catheterization	482,592	17,581,658	0.027449	3,550,715	97,464	59
60	Laboratory	403,408	26,905,887	0.014993	7,782,293	116,680	60
65	Respiratory Therapy	142,192	3,107,249	0.045761	1,148,397	52,552	65
66	Physical Therapy	26,886	2,682,008	0.010025	580,190	5,816	66
67	Occupational Therapy	3,176	1,792,250	0.001772	475,114	842	67
68	Speech Pathology	2,256	1,170,069	0.001928	229,561	443	68
69	Electrocardiology	57,335	6,117,455	0.009372	1,664,646	15,601	69
70	Electroencephalography	8,763	84,274	0.103982	22,517	2,341	70
71	Medical Supplies Charged to Pat	118,473	2,067,858	0.057293	543,067	31,114	71
72	Impl. Dev. Charged to Patients	55,087	2,887,300	0.019079	763,925	14,575	72
73	Drugs Charged to Patients	344,217	25,514,758	0.013491	6,048,660	81,602	73
74	Renal Dialysis	81,939	20,757,843	0.003947	217,920	860	74
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	14,894	3,094,702	0.004813	46,148	222	90
91	Emergency	292,329	20,789,381	0.014061	2,402,513	33,782	91
92	Observation Beds (Non-Distinct	108,006	2,056,592	0.052517	18,381	965	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	4,291,025	211,790,117		37,218,088	796,519	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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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	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)
		1	2	3	4	5
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics General Routine Care)					30
31	Intensive Care Unit					31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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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)	14,046		7,543	30
31	Intensive Care Unit	1,320		757	31
32	Coronary Care Unit				32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit				34
35	Other Special Care (specify)				35
40	Subprovider - IPF				40
41	Subprovider - IRF				41
42	Subprovider I				42
43	Nursery	858			43
44	Skilled Nursing Facility	24,787		3,769	44
45	Nursing Facility				45
200	Total (lines 30-199)	41,011		12,069	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 16-0080

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIATION ONCOLOGY							54.01
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 16-0080

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	23,890,173			4,410,728		6,462,166		50
51	Recovery Room	4,490,172			488,255		966,837		51
52	Delivery Room & Labor Room	1,539,167			4,184		3,654		52
53	Anesthesiology	6,016,821			821,717		1,129,476		53
54	Radiology-Diagnostic	32,821,903			5,762,655		6,975,111		54
54.01	RADIATION ONCOLOGY	4,804,741			115,512		2,902,381		54.01
58	MRI	1,617,856			120,990		446,189		58
59	Cardiac Catheterization	17,581,658			3,550,715		6,099,666		59
60	Laboratory	26,905,887			7,782,293		3,922,809		60
65	Respiratory Therapy	3,107,249			1,148,397		116,862		65
66	Physical Therapy	2,682,008			580,190		40,281		66
67	Occupational Therapy	1,792,250			475,114		33,186		67
68	Speech Pathology	1,170,069			229,561		6,956		68
69	Electrocardiology	6,117,455			1,664,646		1,878,487		69
70	Electroencephalography	84,274			22,517		18,168		70
71	Medical Supplies Charged to Pat	2,067,858			543,067		649,910		71
72	Impl. Dev. Charged to Patients	2,887,300			763,925		845,525		72
73	Drugs Charged to Patients	25,514,758			6,048,660		4,125,789		73
74	Renal Dialysis	20,757,843			217,920		44,611		74
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	3,094,702			46,148		1,435,753		90
91	Emergency	20,789,381			2,402,513		4,588,611		91
92	Observation Beds (Non-Distinct	2,056,592			18,381		549,862		92
OTHER REIMBURSABLE COST CENTERS									
95	Ambulance Services								95
200	Total (sum of lines 50-199)	211,790,117			37,218,088		43,242,290		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 16-0080

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	0.199834	6,462,166			1,291,360		50	
51	Recovery Room	0.099739	966,837			96,431		51	
52	Delivery Room & Labor Room	0.365547	3,654			1,336		52	
53	Anesthesiology	0.113528	1,129,476			128,227		53	
54	Radiology-Diagnostic	0.131073	6,975,111			914,249		54	
54.01	RADIATION ONCOLOGY	0.163447	2,902,381			474,385		54.01	
58	MRI	0.303497	446,189			135,417		58	
59	Cardiac Catheterization	0.139585	6,099,666			851,422		59	
60	Laboratory	0.136122	3,922,809			533,981		60	
65	Respiratory Therapy	0.496429	116,862			58,014		65	
66	Physical Therapy	0.418214	40,281			16,846		66	
67	Occupational Therapy	0.315686	33,186			10,476		67	
68	Speech Pathology	0.354828	6,956			2,468		68	
69	Electrocardiology	0.139619	1,878,487			262,272		69	
70	Electroencephalography	0.439756	18,168			7,989		70	
71	Medical Supplies Charged to Pat	1.464767	649,910			951,967		71	
72	Impl. Dev. Charged to Patients	0.515278	845,525			435,680		72	
73	Drugs Charged to Patients	0.289307	4,125,789		84,482	1,193,620		24,441	
74	Renal Dialysis	0.096569	44,611			4,308		74	
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	0.307786	1,435,753			441,905		90	
91	Emergency	0.324173	4,588,611		252	1,487,504		82	
92	Observation Beds (Non-Distinct	0.659435	549,862			362,598		92	
OTHER REIMBURSABLE COST CENTERS									
95	Ambulance Services							95	
200	Subtotal (see instructions)		43,242,290		84,734	9,662,455		24,523	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)		43,242,290		84,734	9,662,455		24,523	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 16-5119

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIATION ONCOLOGY							54.01
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 16-5119

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	23,890,173							50
51	Recovery Room	4,490,172							51
52	Delivery Room & Labor Room	1,539,167							52
53	Anesthesiology	6,016,821							53
54	Radiology-Diagnostic	32,821,903			51,603				54
54.01	RADIATION ONCOLOGY	4,804,741							54.01
58	MRI	1,617,856							58
59	Cardiac Catheterization	17,581,658							59
60	Laboratory	26,905,887			168,582				60
65	Respiratory Therapy	3,107,249							65
66	Physical Therapy	2,682,008			672,681				66
67	Occupational Therapy	1,792,250			627,955				67
68	Speech Pathology	1,170,069			477,933				68
69	Electrocardiology	6,117,455							69
70	Electroencephalography	84,274							70
71	Medical Supplies Charged to Pat	2,067,858							71
72	Impl. Dev. Charged to Patients	2,887,300							72
73	Drugs Charged to Patients	25,514,758			429,256				73
74	Renal Dialysis	20,757,843							74
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	3,094,702							90
91	Emergency	20,789,381							91
92	Observation Beds (Non-Distinct)	2,056,592							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	211,790,117			2,428,010				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 16-5119

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.199834							50
51	Recovery Room	0.099739							51
52	Delivery Room & Labor Room	0.365547							52
53	Anesthesiology	0.113528							53
54	Radiology-Diagnostic	0.131073							54
54.01	RADIATION ONCOLOGY	0.163447							54.01
58	MRI	0.303497							58
59	Cardiac Catheterization	0.139585							59
60	Laboratory	0.136122							60
65	Respiratory Therapy	0.496429							65
66	Physical Therapy	0.418214							66
67	Occupational Therapy	0.315686							67
68	Speech Pathology	0.354828							68
69	Electrocardiology	0.139619							69
70	Electroencephalography	0.439756							70
71	Medical Supplies Charged to Pat	1.464767							71
72	Impl. Dev. Charged to Patients	0.515278							72
73	Drugs Charged to Patients	0.289307		6,293			1,821		73
74	Renal Dialysis	0.096569							74
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.307786							90
91	Emergency	0.324173							91
92	Observation Beds (Non-Distinct)	0.659435							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Subtotal (see instructions)			6,293			1,821		200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)			6,293			1,821		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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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)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	1,234,377		1,234,377	14,046	87.88	597	52,464	30
31	Intensive Care Unit	155,168		155,168	1,320	117.55	250	29,388	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	35,524		35,524	858	41.40	640	26,496	43
44	Skilled Nursing Facility	285,452		285,452	24,787	11.52	15,657	180,369	44
45	Nursing Facility								45
200	Total (lines 30-199)	1,710,521		1,710,521	41,011		17,144	288,717	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 16-0080

**WORKSHEET D
PART II**

Check Title v Hospital SUB (Other)
 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	881,896	23,890,173	0.036915			50
51	Recovery Room	28,810	4,490,172	0.006416			51
52	Delivery Room & Labor Room	58,484	1,539,167	0.037997			52
53	Anesthesiology	6,467	6,016,821	0.001075			53
54	Radiology-Diagnostic	955,856	32,821,903	0.029123			54
54.01	RADIATION ONCOLOGY	186,483	4,804,741	0.038812			54.01
58	MRI	31,476	1,617,856	0.019455			58
59	Cardiac Catheterization	482,592	17,581,658	0.027449			59
60	Laboratory	403,408	26,905,887	0.014993			60
65	Respiratory Therapy	142,192	3,107,249	0.045761			65
66	Physical Therapy	26,886	2,682,008	0.010025			66
67	Occupational Therapy	3,176	1,792,250	0.001772			67
68	Speech Pathology	2,256	1,170,069	0.001928			68
69	Electrocardiology	57,335	6,117,455	0.009372			69
70	Electroencephalography	8,763	84,274	0.103982			70
71	Medical Supplies Charged to Pat	118,473	2,067,858	0.057293			71
72	Impl. Dev. Charged to Patients	55,087	2,887,300	0.019079			72
73	Drugs Charged to Patients	344,217	25,514,758	0.013491			73
74	Renal Dialysis	81,939	20,757,843	0.003947			74
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	14,894	3,094,702	0.004813			90
91	Emergency	292,329	20,789,381	0.014061			91
92	Observation Beds (Non-Distinct	108,006	2,056,592	0.052517			92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	4,291,025	211,790,117				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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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	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)
		1	2	3	4	5
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics General Routine Care)					30
31	Intensive Care Unit					31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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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)
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics (General Routine Care)	14,046		597	30
31	Intensive Care Unit	1,320		250	31
32	Coronary Care Unit				32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit				34
35	Other Special Care (specify)				35
40	Subprovider - IPF				40
41	Subprovider - IRF				41
42	Subprovider I				42
43	Nursery	858		640	43
44	Skilled Nursing Facility	24,787		15,657	44
45	Nursing Facility				45
200	Total (lines 30-199)	41,011		17,144	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 16-0080

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIATION ONCOLOGY							54.01
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 16-0080

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	23,890,173							50
51	Recovery Room	4,490,172							51
52	Delivery Room & Labor Room	1,539,167							52
53	Anesthesiology	6,016,821							53
54	Radiology-Diagnostic	32,821,903							54
54.01	RADIATION ONCOLOGY	4,804,741							54.01
58	MRI	1,617,856							58
59	Cardiac Catheterization	17,581,658							59
60	Laboratory	26,905,887							60
65	Respiratory Therapy	3,107,249							65
66	Physical Therapy	2,682,008							66
67	Occupational Therapy	1,792,250							67
68	Speech Pathology	1,170,069							68
69	Electrocardiology	6,117,455							69
70	Electroencephalography	84,274							70
71	Medical Supplies Charged to Pat	2,067,858							71
72	Impl. Dev. Charged to Patients	2,887,300							72
73	Drugs Charged to Patients	25,514,758							73
74	Renal Dialysis	20,757,843							74
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	3,094,702							90
91	Emergency	20,789,381							91
92	Observation Beds (Non-Distinct	2,056,592							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	211,790,117							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 16-0080

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.199834							50
51	Recovery Room	0.099739							51
52	Delivery Room & Labor Room	0.365547							52
53	Anesthesiology	0.113528							53
54	Radiology-Diagnostic	0.131073							54
54.01	RADIATION ONCOLOGY	0.163447							54.01
58	MRI	0.303497							58
59	Cardiac Catheterization	0.139585							59
60	Laboratory	0.136122							60
65	Respiratory Therapy	0.496429							65
66	Physical Therapy	0.418214							66
67	Occupational Therapy	0.315686							67
68	Speech Pathology	0.354828							68
69	Electrocardiology	0.139619							69
70	Electroencephalography	0.439756							70
71	Medical Supplies Charged to Pat	1.464767							71
72	Impl. Dev. Charged to Patients	0.515278							72
73	Drugs Charged to Patients	0.289307							73
74	Renal Dialysis	0.096569							74
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.307786							90
91	Emergency	0.324173							91
92	Observation Beds (Non-Distinct)	0.659435							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-0080

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	14,046	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	14,046	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)	12,817	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	7,543	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)	15,499,642	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)	15,499,642	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)	15,499,642	37

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-0080

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)					1,103.49	38
39	Program general inpatient routine service cost (line 9 x line 38)					8,323.625	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)					8,323.625	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (Titles V and XIX only)						42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	2,208,423	1,320	1,673.05	757	1,266,499	43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47

1

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					8,473.931	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					18,064.055	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					751,864	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					796,519	51
52	Total Program excludable cost (sum of lines 50 and 51)					1,548,383	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					16,515,672	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-0080

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					1,229	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,103.49	88
89	Observation bed cost (line 87 x line 88) (see instructions)					1,356,189	89
		Cost	Routine Cost (from line 21)	col. 1=col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	1,234,377	15,499,642	0.079639	1,356,189	108,006	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-5119

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	24,787	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	24,787	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)	24,787	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	3,769	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)	9,036,982	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)	9,036,982	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)	9,036,982	37

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-5119

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

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

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

70	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	9,036,982	70
71	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	364.59	71
72	Program routine service cost (line 9 x line 71)	1,374,140	72
73	Medically necessary private room cost applicable to Program (line 14 x line 35)		73
74	Total Program general inpatient routine service costs (line 72 + line 73)	1,374,140	74
75	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26)		75
76	Per diem capital-related costs (line 75 ÷ line 2)		76
77	Program capital-related costs (line 9 x line 76)		77
78	Inpatient routine service cost (line 74 minus line 77)		78
79	Aggregate charges to beneficiaries for excess costs (from provider records)		79
80	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80
81	Inpatient routine service cost per diem limitation		81
82	Inpatient routine service cost limitation (line 9 x line 81)		82
83	Reasonable inpatient routine service costs (see instructions)	1,374,140	83
84	Program inpatient ancillary services (see instructions)	803,045	84
85	Utilization review - physician compensation (see instructions)		85
86	Total Program inpatient operating costs (sum of lines 83 through 85)	2,177,185	86

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-0080

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	14,046	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	14,046	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)	12,817	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)	597	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)	858	15
16	Nursery days (title V or XIX only)	640	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)	15,499,642	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)	15,499,642	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)	15,499,642	37

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-0080

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						1,103.49	38
39	Program general inpatient routine service cost (line 9 x line 38)						658,784	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)						658,784	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)	543,324	858	633.24	640	405,274		42
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	2,208,423	1,320	1,673.05	250	418,263		43
44	Coronary Care Unit							44
45	Burn Intensive Care Unit							45
46	Surgical Intensive Care Unit							46
47	Other Special Care (specify)							47

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						1,482,321	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						108,348	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)						108,348	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

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-0080

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					1,229	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

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 16-0080

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		1,408,835		30
31	Intensive Care Unit		2,841,919		31
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.199834	4,410,728	881,413	50
51	Recovery Room	0.099739	488,255	48,698	51
52	Delivery Room & Labor Room	0.365547	4,184	1,529	52
53	Anesthesiology	0.114476	821,717	94,067	53
54	Radiology-Diagnostic	0.131073	5,762,655	755,328	54
54.01	RADIATION ONCOLOGY	0.180255	115,512	20,822	54.01
58	MRI	0.303497	120,990	36,720	58
59	Cardiac Catheterization	0.139585	3,550,715	495,627	59
60	Laboratory	0.138043	7,782,293	1,074,291	60
65	Respiratory Therapy	0.496429	1,148,397	570,098	65
66	Physical Therapy	0.418214	580,190	242,644	66
67	Occupational Therapy	0.315686	475,114	149,987	67
68	Speech Pathology	0.354828	229,561	81,455	68
69	Electrocardiology	0.140905	1,664,646	234,557	69
70	Electroencephalography	0.439756	22,517	9,902	70
71	Medical Supplies Charged to Patients	1.464767	543,067	795,467	71
72	Impl. Dev. Charged to Patients	0.515278	763,925	393,634	72
73	Drugs Charged to Patients	0.289307	6,048,660	1,749,920	73
74	Renal Dialysis	0.096896	217,920	21,116	74
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.307786	46,148	14,204	90
91	Emergency	0.328960	2,402,513	790,331	91
92	Observation Beds (Non-Distinct Part)	0.659435	18,381	12,121	92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		37,218,088	8,473,931	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		37,218,088		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 16-5119

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.199834			50
51	Recovery Room	0.099739			51
52	Delivery Room & Labor Room	0.365547			52
53	Anesthesiology	0.113528			53
54	Radiology-Diagnostic	0.131073	51,603	6,764	54
54.01	RADIATION ONCOLOGY	0.163447			54.01
58	MRI	0.303497			58
59	Cardiac Catheterization	0.139585			59
60	Laboratory	0.136122	168,582	22,948	60
65	Respiratory Therapy	0.496429			65
66	Physical Therapy	0.418214	672,681	281,325	66
67	Occupational Therapy	0.315686	627,955	198,237	67
68	Speech Pathology	0.354828	477,933	169,584	68
69	Electrocardiology	0.139619			69
70	Electroencephalography	0.439756			70
71	Medical Supplies Charged to Patients	1.464767			71
72	Impl. Dev. Charged to Patients	0.515278			72
73	Drugs Charged to Patients	0.289307	429,256	124,187	73
74	Renal Dialysis	0.096569			74
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.307786			90
91	Emergency	0.324173			91
92	Observation Beds (Non-Distinct Part)	0.659435			92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		2,428,010	803,045	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		2,428,010		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 16-0080

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.199834			50
51	Recovery Room	0.099739			51
52	Delivery Room & Labor Room	0.365547			52
53	Anesthesiology	0.113528			53
54	Radiology-Diagnostic	0.131073			54
54.01	RADIATION ONCOLOGY	0.163447			54.01
58	MRI	0.303497			58
59	Cardiac Catheterization	0.139585			59
60	Laboratory	0.136122			60
65	Respiratory Therapy	0.496429			65
66	Physical Therapy	0.418214			66
67	Occupational Therapy	0.315686			67
68	Speech Pathology	0.354828			68
69	Electrocardiology	0.139619			69
70	Electroencephalography	0.439756			70
71	Medical Supplies Charged to Patients	1.464767			71
72	Impl. Dev. Charged to Patients	0.515278			72
73	Drugs Charged to Patients	0.289307			73
74	Renal Dialysis	0.096569			74
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.307786			90
91	Emergency	0.324173			91
92	Observation Beds (Non-Distinct Part)	0.659435			92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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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)	3,212,853			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	9,572,087			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)	120,560			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	2,794,657			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	107.50			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)				5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)				9
10	FTE count for allopathic and osteopathic programs in the current year from your records				10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)				12
13	Total allowable FTE count for the prior year				13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero				14
15	Sum of lines 12 through 14 divided by 3				15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count				18
19	Current year resident to bed ratio (line 18 divided by line 4)				19
20	Prior year resident to bed ratio (see instructions)				20
21	Enter the lesser of lines 19 or 20 (see instructions)				21
22	IME payment adjustment (see instructions)				22
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)				24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)				29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0666			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2489			31
32	Sum of lines 30 and 31	0.3155			32
33	Allowable disproportionate share percentage (see instructions)	0.1524			33
34	Disproportionate share adjustment (see instructions)	487,107			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)	6,406,145,534		5,977,483,147	35
35.01	Factor 3 (see instructions)	0.000094897		0.000105062	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	607,924		628,006	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	152,811		469,714	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	622,525			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	14,015,132			47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)	17,107,477			48
49	Total payment for inpatient operating costs (see instructions)	17,107,477			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	1,038,871			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)				52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies	1,036			54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)				58
59	Total (sum of amounts on lines 49 through 58)	18,147,384			59
60	Primary payer payments	14,089			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	18,133,295			61
62	Deductibles billed to program beneficiaries	1,778,672			62
63	Coinsurance billed to program beneficiaries	10,311			63
64	Allowable bad debts (see instructions)	82,194			64
65	Adjusted reimbursable bad debts (see instructions)	53,426			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)				66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	16,397,738			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)	-2,846			70.93
70.94	HRR adjustment amount (see instructions)	-210,188			70.94
71	Amount due provider (see instructions)	16,184,704			71
71.01	Sequestration adjustment (see instructions)	323,694			71.01
72	Interim payments	15,968,223			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	-107,213			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2				75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

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

HSP Bonus Payment Amount

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

HVBP Adjustment for HSP Bonus Payment

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

HRR Adjustment for HSP Bonus Payment

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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 16-0080

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	24,523			1
2	Medical and other services reimbursed under OPPS (see instructions)	9,662,455			2
3	PPS payments	9,052,677			3
4	Outlier payment (see instructions)	27,798			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)	24,523			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	84,734			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	84,734			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)	84,734			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions))	60,211			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)	24,523			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	9,080,475			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	1,822,810			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	7,282,188			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	7,282,188			30
31	Primary payer payments	10,472			31
32	Subtotal (line 30 minus line 31)	7,271,716			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)	51,917			34
35	Adjusted reimbursable bad debts (see instructions)	33,746			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)	7,305,462			37
38	MSP-LCC reconciliation amount from PS&R	-63			38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	7,305,525			40
40.01	Sequestration adjustment (see instructions)	146,111			40.01
41	Interim payments	7,113,141			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	46,273			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 16-5119

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

	1	1.01	1.02	
1	Medical and other services (see instructions)	1,821		1
2	Medical and other services reimbursed under OPSS (see instructions)			2
3	PPS payments			3
4	Outlier payment (see instructions)			4
5	Enter the hospital specific payment to cost ratio (see instructions)			5
6	Line 2 times line 5			6
7	Sum of line 3 and line 4 divided by line 6			7
8	Transitional corridor payment (see instructions)			8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			9
10	Organ acquisition			10
11	Total cost (sum of lines 1 and 10) (see instructions)	1,821		11
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
12	Ancillary service charges	6,293		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)	6,293		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)	6,293		18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions))	4,472		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)	1,821		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)	1,821		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)	1,821		30
31	Primary payer payments			31
32	Subtotal (line 30 minus line 31)	1,821		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)	1,821		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)	1,821		40
40.01	Sequestration adjustment (see instructions)	36		40.01
41	Interim payments	1,233		41
42	Tentative settlement (for contractors use only)			42
43	Balance due provider/program (see instructions)	552		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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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 16-0080

**WORKSHEET E-1
PART I**

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		15,934,623		7,113,141	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	01/06/2017	33,600		3.01
		.02				3.02
		Program				3.03
		to				3.04
		Provider				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
		Provider				3.52
		to				3.53
		Program				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		33,600		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)			15,968,223		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				5.03
		to				5.04
		Provider				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
		Provider				5.52
		to				5.53
		Program				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01				6.01
		.02				6.02
7	Total Medicare program liability (see instructions)					7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	8

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 16-5119

**WORKSHEET E-1
PART I**

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		1,495,634		1,233
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)		1,495,634		1,233
TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01			6.01
		.02			6.02
7	Total Medicare program liability (see instructions)				7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)	
					8

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check Hospital CAH
applicable box:

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	5,198	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	8,300	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	1,560	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	14,137	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	260,695,773	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	2,767,024	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)		8
9	Sequestration adjustment amount (see instructions)		9
10	Calculation of the HIT incentive payment after sequestration (see instructions)		10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

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

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E-3
PART VI**

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

PROSPECTIVE PAYMENT AMOUNT (see instructions)		
1	Resource Utilization Group (RUGS) payment	1,686,367
2	Routine service other pass through costs	
3	Ancillary service other pass through costs	
4	Subtotal (sum of lines 1-3)	1,686,367
COMPUTATION OF NET COST OF COVERED SERVICES		
5	Medical and other services. Do not use this line. (see instructions)	
6	Deductibles	
7	Coinsurance	160,209
8	Allowable bad debts (see instructions)	79,818
9	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	
10	Adjusted reimbursable bad debts (see instructions)	51,882
11	Utilization review	
12	Subtotal (sum of lines 4 and 5, minus lines 6 and 7, plus lines 10 and 11) (see instructions)	1,578,040
13	Inpatient primary payer payments	
14	Other adjustments (specify) (see instructions)	
14.50	Pioneer ACO demonstration payment adjustment (see instructions)	
15	Subtotal (see instructions)	1,578,040
15.01	Sequestration adjustment (see instructions)	31,561
16	Interim payments	1,495,634
17	Tentative settlement (for contractor use only)	
18	Balance due provider/program (line 15 minus lines 15.01, 16 and 17)	50,845
19	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 16-0080

**WORKSHEET E-3
PART VII**

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

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	1,482,321		1
2			2
3			3
4	1,482,321		4
5			5
6			6
7	1,482,321		7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18	1,482,321		18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	1,482,321		30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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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	2,049,095				1
2	Temporary investments	24,300,108				2
3	Notes receivable	200,924				3
4	Accounts receivable	16,262,592				4
5	Other receivables	-1,732,954				5
6	Allowances for uncollectible notes and accounts receivable	-2,601,370				6
7	Inventory	2,317,554				7
8	Prepaid expenses	150,460				8
9	Other current assets					9
10	Due from other funds	631,278				10
11	Total current assets (sum of lines 1-10)	41,577,687				11
FIXED ASSETS						
12	Land	843,689				12
13	Land improvements	2,923,003				13
14	Accumulated depreciation					14
15	Buildings	76,459,008				15
16	Accumulated depreciation	-64,730,007				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	47,677,453				23
24	Accumulated depreciation	-29,501,326				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)	33,671,820				30
OTHER ASSETS						
31	Investments	4,934,574				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	62,244,488				34
35	Total other assets (sum of lines 31-34)	67,179,062				35
36	Total assets (sum of lines 11, 30 and 35)	142,428,569				36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	7,056,513				37
38	Salaries, wages and fees payable	1,238,216				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	560,926				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	2,417,384				44
45	Total current liabilities (sum of lines 37 thru 44)	11,273,039				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable	17,125,496				47
48	Unsecured loans					48
49	Other long term liabilities	1,722,709				49
50	Total long term liabilities (sum of lines 46 thru 49)	18,848,205				50
51	Total liabilities (sum of lines 45 and 50)	30,121,244				51
CAPITAL ACCOUNTS						
52	General fund balance	112,307,325				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

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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Assets					
	(Omit Cents)	1	2	3	4	
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	112,307,325				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	142,428,569				60

KPMG LLP Compu-Max 2552-10

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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		110,718,706		1
2	Net income (loss) (from Worksheet G-3, line 29)		4,747,843		2
3	Total (sum of line 1 and line 2)		115,466,549		3
4	Additions (credit adjustments) (specify)				4
5	NET ASSETS/CAP ACQ - CATH LAB	63,944			5
6					6
7					7
8					8
9					9
10	Total additions (sum of lines 4-9)		63,944		10
11	Subtotal (line 3 plus line 10)		115,530,493		11
12	Deductions (debit adjustments) (specify)				12
13	IC TRANSFERS	3,223,168			13
14					14
15					15
16					16
17					17
18	Total deductions (sum of lines 12-17)		3,223,168		18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		112,307,325		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	NET ASSETS/CAP ACQ - CATH LAB				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	IC TRANSFERS				13
14					14
15					15
16					16
17					17
18	Total deductions (sum of lines 12-17)				18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)				19

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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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	36,470,176		36,470,176	1
2	Subprovider IPF				2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility	5,748,252		5,748,252	7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	42,218,428		42,218,428	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit				11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)				16
17	Total inpatient routine care services (sum of lines 10 and 16)	42,218,428		42,218,428	17
18	Ancillary services	73,360,063	123,988,394	197,348,457	18
19	Outpatient services		17,579,820	17,579,820	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		5,880,171	5,880,171	22
23	Ambulance				23
25	ASC				25
26	Hospice		2,471,639	2,471,639	26
27	Other (specify)				27
27.01	PHYSICIAN SERVICES	1,100,301	5,057,568	6,157,869	27.01
27.02	MLC - NORTH	5,185,294		5,185,294	27.02
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	121,864,086	154,977,592	276,841,678	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		94,796,027	29
30	Add (specify)			30
31				31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		94,796,027	43

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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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)	276,841,678	1
2	Less contractual allowances and discounts on patients' accounts	189,850,140	2
3	Net patient revenues (line 1 minus line 2)	86,991,538	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	94,796,027	4
5	Net income from service to patients (line 3 minus line 4)	-7,804,489	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to other than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hospital space		22
23	Governmental appropriations		23
24	Other (OTHER OP/NON OP REV)	2,782,534	24
25	Total other income (sum of lines 6-24)	2,782,534	25
26	Total (line 5 plus line 25)	-5,021,955	26
27	Other expenses (INVESTMENT EXP)	-9,769,798	27
28	Total other expenses (sum of line 27 and subscripts)	-9,769,798	28
29	Net income (or loss) for the period (line 26 minus line 28)	4,747,843	29

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 16-7154

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	340,194	96,697	14,775	191,439		5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	904,998	181,111	51,317	114,782	74,910	6
7	Physical Therapy	240,324	48,095	11,727	4,966	20,139	7
8	Occupational Therapy	75,358	15,081	2,627		9,242	8
9	Speech Pathology	21,643	4,331	410		990	9
10	Medical Social Services	2,496	500	348		664	10
11	Home Health Aide	97,750	19,562	9,930	10,293	20,465	11
12	Supplies (see instructions)					52,666	12
13	Drugs						13
14	DME	525,764	119,542	621	56,628	764,433	14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing	64,011	18,403	7,856	2,624	9,913	17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	2,272,538	503,322	99,611	380,732	953,422	24

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 16-7154

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENT S	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	643,105	-494,338	148,767	-16,989	131,778	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	1,327,118		1,327,118		1,327,118	6
7	Physical Therapy	325,251		325,251		325,251	7
8	Occupational Therapy	102,308		102,308		102,308	8
9	Speech Pathology	27,374		27,374		27,374	9
10	Medical Social Services	4,008		4,008		4,008	10
11	Home Health Aide	158,000		158,000		158,000	11
12	Supplies (see instructions)	52,666		52,666		52,666	12
13	Drugs						13
14	DME	1,466,988		1,466,988		1,466,988	14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing	102,807		102,807		102,807	17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	4,209,625	-494,338	3,715,287	-16,989	3,698,298	24

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 16-7154

**WORKSHEET H-1
PART I**

		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	CAPITAL RELATED COSTS			
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANC E	
		0	1	2	3	
	GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General	131,778				5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care	1,327,118				6
7	Physical Therapy	325,251				7
8	Occupational Therapy	102,308				8
9	Speech Pathology	27,374				9
10	Medical Social Services	4,008				10
11	Home Health Aide	158,000				11
12	Supplies (see instructions)	52,666				12
13	Drugs					13
14	DME	1,466,988				14
	HHA NONREIMBURSABLE SERVICES					
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing	102,807				17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)	3,698,298				24

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 16-7154

**WORKSHEET H-1
PART I**

		TRANSPORTATION	SUBTOTAL (cols. 0-4)	ADMINISTRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General		131,778	131,778		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		1,327,118	49,036	1,376,154	6
7	Physical Therapy		325,251	12,018	337,269	7
8	Occupational Therapy		102,308	3,780	106,088	8
9	Speech Pathology		27,374	1,011	28,385	9
10	Medical Social Services		4,008	148	4,156	10
11	Home Health Aide		158,000	5,838	163,838	11
12	Supplies (see instructions)		52,666	1,946	54,612	12
13	Drugs					13
14	DME		1,466,988	54,202	1,521,190	14
	HHA NONREIMBURSABLE SERVICES					
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing		102,807	3,799	106,606	17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)		3,698,298		3,698,298	24

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 16-7154

**WORKSHEET H-1
PART II**

		CAPITAL RELATED COSTS						
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
		1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS								
1	Capital Related-Bldgs. and Fixtures	15,426						1
2	Capital Related-Movable Equipment		91,406					2
3	Plant Operation & Maintenance			15,426				3
4	Transportation (see instructions)				90,210			4
5	Administrative and General					-131,778	3,566,520	5
HHA REIMBURSABLE SERVICES								
6	Skilled Nursing Care	6,942		6,942	47,083		1,327,118	6
7	Physical Therapy						325,251	7
8	Occupational Therapy						102,308	8
9	Speech Pathology						27,374	9
10	Medical Social Services				164		4,008	10
11	Home Health Aide				8,732		158,000	11
12	Supplies (see instructions)						52,666	12
13	Drugs							13
14	DME	7,909		7,909			1,466,988	14
HHA NONREIMBURSABLE SERVICES								
15	Home Dialysis Aide Services							15
16	Respiratory Therapy							16
17	Private Duty Nursing	575		575	7,699		102,807	17
18	Clinic							18
19	Health Promotion Activities							19
20	Day Care Program							20
21	Home Delivered Means Program							21
22	Homemaker Service							22
23	All Others		91,406		26,532			23
23.50	Telemedicine							23.50
24	Totals (sum of lines 1-23)	15,426	91,406	15,426	90,210	-131,778	3,566,520	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						131,778	25
26	Unit Cost Multiplier						0.036949	26

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 16-7154

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP REL 1970 BLDG	CAP REL BLUFF BUILDING	CAP REL RADIATION ONCOLOGY	CAP MOVABLE EQUIPMENT	
		0	1	1.01	1.02	1.03	2	
1	Administrative and General							1
2	Skilled Nursing Care	1,376,154			450			2
3	Physical Therapy	337,269						3
4	Occupational Therapy	106,088						4
5	Speech Pathology	28,385						5
6	Medical Social Services	4,156						6
7	Home Health Aide	163,838						7
8	Supplies	54,612						8
9	Drugs							9
10	DME	1,521,190			513			10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing	106,606			37			13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others						114,813	19
20	Totals (sum of lines 1-19)(2)	3,698,298			1,000		114,813	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 16-7154

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	A&G INFO SERV	A&G PURCHASING STORES	A&G ADMITTING REGISTER	SUBTOTAL (cols.0-4)	
		4	4A	5.02	5.03	5.04		
1	Administrative and General	80,966	80,966	4,472			85,438	1
2	Skilled Nursing Care	215,389	1,591,993	87,927	3,924	9,328	1,693,172	2
3	Physical Therapy	57,197	394,466	21,787	1,542	3,665	421,460	3
4	Occupational Therapy	17,935	124,023	6,850	736	1,750	133,359	4
5	Speech Pathology	5,151	33,536	1,852	116	276	35,780	5
6	Medical Social Services	594	4,750	262	55	130	5,197	6
7	Home Health Aide	23,264	187,102	10,334	146	346	197,928	7
8	Supplies		54,612	3,016	90	213	57,931	8
9	Drugs							9
10	DME	125,131	1,646,834	90,958	7,705	18,320	1,763,817	10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing	15,235	121,878	6,731	245	583	129,437	13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others		114,813	6,341			121,154	19
20	Totals (sum of lines 1-19)(2)	540,862	4,354,973	240,530	14,559	34,611	4,644,673	20

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

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 16-7154

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	A&G ALL OTHER	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
		5.06	6	7	8	9	10	
1	Administrative and General	8,054						1
2	Skilled Nursing Care	159,610						2
3	Physical Therapy	39,730						3
4	Occupational Therapy	12,571						4
5	Speech Pathology	3,373						5
6	Medical Social Services	490						6
7	Home Health Aide	18,658						7
8	Supplies	5,461						8
9	Drugs							9
10	DME	166,269						10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing	12,202						13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others	11,421						19
20	Totals (sum of lines 1-19)(2)	437,839						20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 16-7154

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11	13	14	15	16	17	
1	Administrative and General							1
2	Skilled Nursing Care		170,161			7,326	9,122	2
3	Physical Therapy					2,879		3
4	Occupational Therapy					1,375		4
5	Speech Pathology					217		5
6	Medical Social Services					102		6
7	Home Health Aide					272		7
8	Supplies					167		8
9	Drugs							9
10	DME					14,388		10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing					458		13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)		170,161			27,184	9,122	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 16-7154

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	NONPHYSIC. ANESTHET.	SUBTOTAL (sum of col.4A-23)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (cols 23 +/- 24)	ALLOCATED HHA A&G (see PtII)	TOTAL HHA COSTS	
		19	24	25	26	27	28	
1	Administrative and General		93,492		93,492			1
2	Skilled Nursing Care		2,039,391		2,039,391	36,698	2,076,089	2
3	Physical Therapy		464,069		464,069	8,351	472,420	3
4	Occupational Therapy		147,305		147,305	2,651	149,956	4
5	Speech Pathology		39,370		39,370	708	40,078	5
6	Medical Social Services		5,789		5,789	104	5,893	6
7	Home Health Aide		216,858		216,858	3,902	220,760	7
8	Supplies		63,559		63,559	1,144	64,703	8
9	Drugs							9
10	DME		1,944,474		1,944,474	34,991	1,979,465	10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing		142,097		142,097	2,557	144,654	13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others		132,575		132,575	2,386	134,961	19
20	Totals (sum of lines 1-19)(2)		5,288,979		5,288,979	93,492	5,288,979	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.017995		21

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

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

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

**WORKSHEET H-2
PART II**

	HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL 1970 BLDG SQUARE FEET	CAP REL BLUFF BUILDING SQUARE FEET	CAP REL RADIATION ONCOLOGY SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	
		1	1.01	1.02	1.03	2	4	
1	Administrative and General						340,194	1
2	Skilled Nursing Care			6,942			904,998	2
3	Physical Therapy						240,324	3
4	Occupational Therapy						75,358	4
5	Speech Pathology						21,643	5
6	Medical Social Services						2,496	6
7	Home Health Aide						97,750	7
8	Supplies							8
9	Drugs							9
10	DME			7,909			525,764	10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing			575			64,011	13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others					91,406		19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)			15,426		91,406	2,272,538	20
21	Total cost to be allocated			1,000		114,813	540,862	21
22	Unit Cost Multiplier			0.064826		1.256077		22
22	Unit Cost Multiplier						0.237999	22

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

**WORKSHEET H-2
PART II**

	HHA COST CENTER	RECON- CILIATION	A&G INFO SERV ACCUM COST	A&G PURCHASING STORES GROSS REVENUE	A&G ADMITTING REGISTER GROSS REVENUE	RECON- CILIATION	A&G ALL OTHER ACCUM COST	
		4A.02	5.02	5.03	5.04		5.06	
1	Administrative and General		80,966				85,438	1
2	Skilled Nursing Care		1,591,993	1,584,720	1,584,720		1,693,172	2
3	Physical Therapy		394,466	622,665	622,665		421,460	3
4	Occupational Therapy		124,023	297,346	297,346		133,359	4
5	Speech Pathology		33,536	46,900	46,900		35,780	5
6	Medical Social Services		4,750	22,072	22,072		5,197	6
7	Home Health Aide		187,102	58,852	58,852		197,928	7
8	Supplies		54,612	36,192	36,192		57,931	8
9	Drugs							9
10	DME		1,646,834	3,112,351	3,112,351		1,763,817	10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing		121,878	99,073	99,073		129,437	13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others		114,813				121,154	19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)		4,354,973	5,880,171	5,880,171		4,644,673	20
21	Total cost to be allocated		240,530	14,559	34,611		437,839	21
22	Unit Cost Multiplier			0.002476				22
22	Unit Cost Multiplier		0.055231		0.005886		0.094267	22

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

**WORKSHEET H-2
PART II**

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

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

**WORKSHEET H-2
PART II**

	HHA COST CENTER	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	
		13	14	15	16	17	19	
1	Administrative and General							1
2	Skilled Nursing Care	31,073			1,584,720	386		2
3	Physical Therapy				622,665			3
4	Occupational Therapy				297,346			4
5	Speech Pathology				46,900			5
6	Medical Social Services				22,072			6
7	Home Health Aide				58,852			7
8	Supplies				36,192			8
9	Drugs							9
10	DME				3,112,351			10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing				99,073			13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	31,073			5,880,171	386		20
21	Total cost to be allocated	170,161			27,184	9,122		21
22	Unit Cost Multiplier	5.476169				23.632124		22
22	Unit Cost Multiplier				0.004623			22

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

WORKSHEET H-2
PART II

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

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 16-7154

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

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation								
	Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA COSTS (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
			1	2	3	4	5	
1	Skilled Nursing Care	2	2,076,089		2,076,089	11,955	173.66	1
2	Physical Therapy	3	472,420		472,420	3,214	146.99	2
3	Occupational Therapy	4	149,956		149,956	1,475	101.67	3
4	Speech Pathology	5	40,078		40,078	158	253.66	4
5	Medical Social Services	6	5,893		5,893	106	55.59	5
6	Home Health Aide	7	220,760		220,760	3,266	67.59	6
7	Total (sum of lines 1-6)		2,965,196		2,965,196	20,174		7

Limitation Cost Computation						
			Program Visits			
			PART B			
	Patient Services	CBSA No.	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1	2	3	4	
8	Skilled Nursing Care	99914		6,191		8
8.01	Skilled Nursing Care	99916				8.01
9	Physical Therapy	99914		2,286		9
9.01	Physical Therapy	99916				9.01
10	Occupational Therapy	99914		1,097		10
10.01	Occupational Therapy	99916				10.01
11	Speech Pathology	99914		162		11
11.01	Speech Pathology	99916				11.01
12	Medical Social Services	99914		69		12
12.01	Medical Social Services	99916				12.01
13	Home Health Aide	99914		534		13
13.01	Home Health Aide	99916				13.01
14	Total (sum of lines 8-13)			10,339		14

Supplies and Drugs Cost Computations								
	Other Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA COSTS (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
			1	2	3	4	5	
15	Cost of Medical Supplies	8	64,703		64,703	36,192	1.787771	15
16	Cost of Drugs	9						16

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

		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charges (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
			1	2	3	4	
1	Physical Therapy	66	0.418214			col. 2, line 2	1
2	Occupational Therapy	67	0.315686			col. 2, line 3	2
3	Speech Pathology	68	0.354828			col. 2, line 4	3
4	Medical Supplies Charged to Pat	71	1.464767			col. 2, line 15	4
5	Drugs Charged to Patients	73	0.289307			col. 2, line 16	5

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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 16-7154

WORKSHEET H-3
PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation		Program Visits			Cost of Services				
		Part B			Part B				
	Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Total Program Cost (sum of cols 9-10)	
		6	7	8	9	10	11	12	
1	Skilled Nursing Care		6,191			1,075,129		1,075,129	1
2	Physical Therapy		2,286			336,019		336,019	2
3	Occupational Therapy		1,097			111,532		111,532	3
4	Speech Pathology		162			41,093		41,093	4
5	Medical Social Services		69			3,836		3,836	5
6	Home Health Aide		534			36,093		36,093	6
7	Total (sum of lines 1-6)		10,339			1,603,702		1,603,702	7

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

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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 16-7154

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

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

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

	Description	Part A 1	Part B		
			Not Subject to Deductibles & Coinsurance 2	Subject to Deductibles & Coinsurance 3	
	Reasonable Cost of Part A & Part B Services				
1	Reasonable cost of services (see instructions)				1
2	Total charges	1,853,646			2
	Customary Charges				
3	Amount actually collected from patients liable for payment for services on a charge basis (from your records)				3
4	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	1,633,799			4
5	Ratio of line 3 to line 4 (not to exceed 1.000000)				5
6	Total customary charges (see instructions)	1,853,646			6
7	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	1,853,646			7
8	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)				8
9	Primary payer amounts				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	Description	Part A Services	Part B Services	
		1	2	
10	Total reasonable cost (see instructions)			10
11	Total PPS Reimbursement - Full Episodes without Outliers		1,704,146	11
12	Total PPS Reimbursement - Full Episodes with Outliers		16,570	12
13	Total PPS Reimbursement - LUPA Episodes		32,510	13
14	Total PPS Reimbursement - PEP Episodes		21,027	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers		9,907	15
16	Total PPS Outlier Reimbursement - PSP Episodes		1,246	16
17	Total Other Payments		35	17
18	DME Payments			18
19	Oxygen Payments			19
20	Prosthetic and Orthotic Payments			20
21	Part B deductibles billed to Medicare patients (exclude coinsurance)			21
22	Subtotal (sum of lines 10 thru 20 minus line 21)		1,785,441	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		1,785,441	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		1,785,441	26
27	Reimbursable bad debts (from your records)			27
28	Reimbursable bad debts for dual eligible (see instructions)			28
29	Total costs - current cost reporting period (line 26 plus line 27)		1,785,441	29
30	Other adjustments (see instructions) (specify)		-1,164	30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		1,784,277	31
31.01	Sequestration adjustment (see instructions)		35,684	31.01
32	Interim payments (see instructions)		1,748,593	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

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

HHA CCN: 16-7154

WORKSHEET H-5

	DESCRIPTION	Part A		Part B	
		mm/dd/yyyy 1	Amount 2	mm/dd/yyyy 3	Amount 4
1	Total interim payments paid to provider				1,748,593
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.				1
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			3.01
		.02			3.02
	Program	.03			3.03
	To	.04			3.04
	Provider	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
	Provider	.52			3.52
	To	.53			3.53
	Program	.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)				1,748,593
	TO BE COMPLETED BY CONTRACTOR				
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			5.01
		.02			5.02
	Program	.03			5.03
	To	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	To	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determine net settlement amount (balance due) based on the cost report (see instructions)	.01			6.01
		.02			6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)				7
8	Name of Contractor	Contractor Number		NPR Date: Month, Day, Year	
					8

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

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ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

WORKSHEET I-1

Check applicable box: Renal Dialysis Department Home Program Dialysis

		TOTAL COSTS	BASIS	STATISTICS	FTEs per 2080 Hours	
		1	2	3	4	
1	Registered Nurses	327,284	Hours of Service	12,755.00	6.13	1
2	Licensed Practical Nurses	845	Hours of Service	66.00	0.03	2
3	Nurses Aides		Hours of Service			3
4	Technicians	154,622	Hours of Service	12,862.00	6.18	4
5	Social Workers	56,783	Hours of Service	2,034.00	0.98	5
6	Dieticians		Hours of Service			6
7	Physicians		Accumulated Cost			7
8	Non-patient Care Salary	95,548	Accumulated Cost			8
9	Subtotal (sum of lines 1-8)	635,082				9
10	Employee Benefits	47,149	Salary			10
11	Capital Related Costs-Bldgs. & Fixtures		Square Feet			11
12	Capital Related Costs-Mov. Equip.	-42,384	Percentage of Time			12
13	Machine Costs & Repairs	45,467	Percentage of Time			13
14	Supplies	180,522	Requisitions			14
15	Drugs	350,933	Requisitions			15
16	Other	97,062	Accumulated Cost			16
17	Subtotal (sum of lines 9-16)*	1,313,831				17
18	Capital Related Costs-Bldgs. & Fixtures	3,096	Square Feet			18
19	Capital Related Costs-Mov. Equip.	53,238	Percentage of Time			19
20	Employee Benefits Department	151,149	Salary			20
21	Administrative and General	425,294	Accumulated Cost			21
22	Maint./Repairs-Operation-Housekeeping	5,677	Square Feet			22
23	Medical Educatino Program Costs					23
24	Central Services & Supplies		Requisitions			24
25	Pharmacy		Requisitions			25
26	Other Allocated Costs	197,904	Accumulated Cost			26
27	Subtotal (sum of lines 17-26)*	2,150,189				27
28	Laboratory		Charges			28
29	Respiratory Therapy		Charges			29
30	Other Ancillary (specify)		Charges			30
31	Total costs (sum of lines 27-30)	2,150,189				31

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

WORKSHEET I-2

Check applicable box: Renal Dialysis Department Home Program Dialysis

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT	DRUGS	
		BUILDING	EQUIPMENT	RNs	OTHER			
		1	2	3	4	5	6	
1	Total Renal Department Costs	8,773	56,321	327,284	212,250	198,298	205,299	1
	MAINTENANCE							
2	Hemodialysis	8,773	56,321	327,284	212,250	198,298	205,299	2
3	Intermittent Peritoneal							3
	TRAINING							
4	Hemodialysis							4
5	Intermittent Peritoneal							5
6	CAPD							6
7	CCPD							7
	HOME							
8	Hemodialysis							8
9	Intermittent Peritoneal							9
10	CAPD							10
11	CCPD							11
	OTHER BILLABLE SERVICES							
12	Inpatient Dialysis							12
13	Method II Home Patient							13
14	All ESAs (incl. in renal department)						145,634	14
15	N/A for FYB on/after 10/1/2015							15
16	Other							16
17	Total (sum of lines 2 through 16)	8,773	56,321	327,284	212,250	198,298	205,299	17
18	Medical Educational Program Costs							18
19	Total Renal Costs (line 17 + line 18)							19

KPMG LLP Compu-Max 2552-10

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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

WORKSHEET I-2

Check applicable box: Renal Dialysis Department Home Program Dialysis

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (sum of cols. 1-8)	OVERHEAD	TOTAL (col. 9 + col. 10)	
		7	8	9	10	11	
1	Total Renal Department Costs	180,522		1,188,747	815,808	2,004,555	1
	MAINTENANCE						
2	Hemodialysis	180,522		1,188,747	815,808	2,004,555	2
3	Intermittent Peritoneal TRAINING						3
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD						6
7	CCPD						7
	HOME						
8	Hemodialysis						8
9	Intermittent Peritoneal						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis						12
13	Method II Home Patient						13
14	All ESAs (incl. in renal department)						14
15	N/A for FYB on/after 10/1/2015						15
16	Other						16
17	Total (sum of lines 2 through 16)	180,522		1,188,747	815,808	2,004,555	17
18	Medical Educational Program Costs						18
19	Total Renal Costs (line 17 + line 18)					2,004,555	19

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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

WORKSHEET I-3

Check applicable box: Renal Dialysis Department Home Program Dialysis

	COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT (Salary)	
		BUILDING (Square Feet)	EQUIPMENT (% of Time)	RNs (Hours)	OTHERS (Hours)		
		1	2	3	4	5	
1	Total Renal Department Costs	8,773	56,321	327,284	212,250	198,298	1
	MAINTENANCE						
2	Hemodialysis	5,034	45,467.00	12,755.00	14,962.00	635,081	2
3	Intermittent Peritoneal						3
	TRAINING						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD						6
7	CCPD						7
	HOME						
8	Hemodialysis						8
9	Intermittent Peritoneal						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis Treatments						12
13	Method II Home Patient						13
14	N/A for FYB on/after 10/1/2015						14
15	N/A for FYB on/after 10/1/2015						15
16	Other						16
17	Total Statistical Basis	5,034	45,467.00	12,755.00	14,962.00	635,081	17
18	Unit Cost Multiplier (line 1 ÷ line 17)	1.742749	1.238723	25.659271	14.185938	0.312240	18

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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

WORKSHEET I-3

Check applicable box: Renal Dialysis Department Home Program Dialysis

	COMPOSITE PAYMENT SERVICES	DRUGS (Requist.)	MEDICAL SUPPLIES (Requist.)	ROUTINE ANCILLARY SERVICES (Charges)	SUBTOTAL	OVERHEAD (Accum. Cost)	
		6	7	8	9	10	
1	Total Renal Department Costs	205,299	180,522				1
	MAINTENANCE						
2	Hemodialysis	350,933	180,522				2
3	Intermittent Peritoneal						3
	TRAINING						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD						6
7	CCPD						7
	HOME						
8	Hemodialysis						8
9	Intermittent Peritoneal						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis Treatments						12
13	Method II Home Patient						13
14	N/A for FYB on/after 10/1/2015						14
15	N/A for FYB on/after 10/1/2015						15
16	Other						16
17	Total Statistical Basis	350,933	180,522			1,188,747	17
18	Unit Cost Multiplier (line 1 ÷ line 17)	0.585009	1.000000			0.686276	18

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

WORKSHEET I-4

Check applicable box: Renal Dialysis Department Home Program Dialysis

		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Number of Program Treatments	Number of Program Treatments	Total Program Expenses (see instructions)	
		1	2	3	4	4.01	4.02	5	
1	Maintenance - Hemodialysis	9,616	2,004,555	208.46	7,150			1,490,489	1
2	Maintenance - Peritoneal Dialysis								2
3	Training - Hemodialysis								3
4	Training - Peritoneal Dialysis								4
5	Training - Continuous Ambulatory Peritoneal Dialysis								5
6	Training - Continuous Cycling Peritoneal Dialysis								6
7	Home Program - Hemodialysis								7
8	Home Program - Peritoneal Dialysis								8
		Patient Weeks			Patient Weeks	Patient Weeks	Patient Weeks		
9	Home Program - Continuous Ambulatory Peritoneal Dialysis								9
10	Home Program - COntinuous Cycling Peritoneal Dialysis								10
11	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6) (see instructions)	9,616	2,004,555		7,150			1,490,489	11
12	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instructions)	9,616							12

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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

WORKSHEET I-4

Check applicable box: Renal Dialysis Department Home Program Dialysis

		Total Program Payment	Total Program Payment	Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	Average Payment Rate (col. 6.01 ÷ col. 4.01)	Average Payment Rate (col. 6.02 ÷ col. 4.02)	
		6	6.01	6.02	7	7.01	7.02	
1	Maintenance - Hemodialysis	1,358,837			190.05			1
2	Maintenance - Peritoneal Dialysis							2
3	Training - Hemodialysis							3
4	Training - Peritoneal Dialysis							4
5	Training - Continuous Ambulatory Peritoneal Dialysis							5
6	Training - Continuous Cycling Peritoneal Dialysis							6
7	Home Program - Hemodialysis							7
8	Home Program - Peritoneal Dialysis							8
9	Home Program - Continuous Ambulatory Peritoneal Dialysis							9
10	Home Program - COntinuous Cycling Peritoneal Dialysis							10
11	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6) (see instructions)	1,358,837						11
12	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instructions)							12

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CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

WORKSHEET I-5

DESCRIPTION				
1	Total expenses related to care of program beneficiaries (see instructions)		1,490,489	1
		1	2	
2	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	1,358,837	1,266,802	2
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	1,358,837	1,266,802	2.03
2.04	Outlier payments	292		2.04
3	Deductibles billed to Medicare (Part B) patients (see instructions)	1,772	1,652	3
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	1,772	1,652	3.03
4	Coinsurance billed to Medicare (Part B) patients (see instructions)	347,536	323,997	4
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	347,536	323,997	4.03
5	Bad debts for deductibles and coinsurance, net of bad debt recoveries			5
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014			5.04
5.05	Total bad debts (sum of line 5 through line 5.04)			5.05
6	Allowable bad debts (see instructions)			6
7	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			7
8	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)		325,649	8
9	Program payment (see instructions)		1,012,120	9
10	Unrecovered from Medicare (Part B) patients (see instructions)			10
11	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)			11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12	Total allowable expenses (see instructions)		2,150,189	12
13	Total composite costs (from Wkst. I-4, col. 2, line 11)		2,004,555	13
14	Facility specific composite cost percentage (line 13 divided by line 12)		0.932269	14

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 16-0080

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	1,025,853	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	13,018	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)	39.45	3
4	Number of interns & residents (see instructions)		4
5	Indirect medical education percentage (see instructions)		5
6	Indirect medical education adjustment (see instructions)		6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)		7
8	Percentage of Medicaid patient days to total days (see instructions)		8
9	Sum of lines 7 and 8		9
10	Allowable disproportionate share percentage (see instructions)		10
11	Disproportionate share adjustment (see instructions)		11
12	Total prospective capital payments (see instructions)	1,038,871	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
1.01	CAP REL COSTS-1970						1.01
1.02	CAP REL BLUFF BLDG						1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY						1.03
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.02	A&G-INFO SERVICE						5.02
5.03	A&G-PURCHASING, STORES						5.03
5.04	A&G-ADMITTING, REGIST						5.04
5.06	A&G-ALL OTHER						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
43	Nursery						43
44	Skilled Nursing Facility						44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	RADIATION ONCOLOGY						54.01
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
70	Electroencephalography						70
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
101	Home Health Agency						101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice						116
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						
194	OTHER NON-REIMB						194
194.0	PASSTHRU COSTS						194.0
1							1
194.0	NRCC-MERCY SPEC CLIN ENT						194.0
4							4
194.0	NRCC-MERCY SPEC CLIN GASTRO						194.0
5							5

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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) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26		
194.0 6	PNO	0	2A	24	25	26		194.0 6
194.0 7	PHYSICIAN CLINICS							194.0 7
194.0 9	NRCC-SENIOR SERVICES							194.0 9
194.1 1	GUEST MEALS							194.1 1
194.1 2	NRCC-FREE CLINIC							194.1 2
194.1 3	NRCC-TENDERCARE(PRENATAL CLASSES)							194.1 3
194.1 6	NRCC-MLC CENTER							194.1 6
194.1 7	CHILD DAY CARE							194.1 7
194.1 8	MARKETING & ADVERTISING							194.1 8
194.1 9	FOUNDATION							194.1 9
194.2 0	RETAIL PHARMACY							194.2 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202

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ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

HOSPICE CCN: 16-1527

WORKSHEET O

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip		28,466	28,466	28,466		28,466	2
3	Employee Benefits Department	8,899	61,660	70,559	70,559		70,559	3
4	Administrative & General	181,845	22,531	204,376	32,593	236,969	-4,182	232,787
5	Plant Operation & Maintenance							5
6	Laundry & Linen Service							6
7	Housekeeping							7
8	Dietary							8
9	Nursing Administration							9
10	Routine Medical Supplies		19,229	19,229		19,229		19,229
11	Medical Records							11
12	Staff Transportation		18,205	18,205		18,205		18,205
13	Volunteer Service Coordination							13
14	Pharmacy		108,729	108,729		108,729		108,729
15	Physician Administrative Services							15
16	Other General Service							16
17	Patient/Residential Care Services							17
DIRECT PATIENT CARE SERVICE COST CENTERS								
25	Inpatient Care - Contracted		420,227	420,227		420,227		420,227
26	Physician Services		24,070	24,070		24,070		24,070
27	Nurse Practitioner							27
28	Registered Nurse	165,859		165,859		165,859		165,859
29	LPN/LVN	69,106		69,106		69,106		69,106
30	Physical Therapy							30
31	Occupational Therapy							31
32	Speech/Language Pathology							32
33	Medical Social Services							33
34	Spiritual Counseling	3,163	12,606	15,769		15,769		15,769
35	Dietary Counseling		72	72		72		72
36	Counseling - Other							36
37	Hospice Aide and Homemaker Services	25,068		25,068		25,068		25,068
38	Durable Medical Equipment - Oxygen							38
39	Patient Transportation		3,922	3,922		3,922		3,922
40	Imaging Services		24	24		24		24
41	Labs and Diagnostics		837	837		837		837
42	Medical Supplies - Non-routine		12	12		12		12
43	Outpatient Services							43
44	Palliative Radiation Therapy							44
45	Palliative Chemotherapy							45
46	Other Patient Care Services							46
NONREIMBURSABLE COST CENTERS								
60	Bereavement Program							60
61	Volunteer Program							61
62	Fundraising							62
63	Hospice/Palliative Medicine Fellows							63
64	Palliative care Program							64
65	Other Physician Services							65
66	Residential Care							66
67	Advertising							67
68	Telehealth / Telemonitoring							68
69	Thrift Store							69
70	Nursing Facility Room & Board							70
71	Other Nonreimbursable							71
100	TOTAL	453,940	720,590	1,174,530	32,593	1,207,123	-4,182	1,202,941

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**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE CONTINUOUS HOME CARE**

HOSPICE CCN: 16-1527

WORKSHEET O-1

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25	Inpatient Care - Contracted								25
26	Physician Services								26
27	Nurse Practitioner								27
28	Registered Nurse								28
29	LPN/LVN								29
30	Physical Therapy								30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services								33
34	Spiritual Counseling								34
35	Dietary Counseling								35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services								37
38	Durable Medical Equipment - Oxygen								38
39	Patient Transportation								39
40	Imaging Services								40
41	Labs and Diagnostics								41
42	Medical Supplies - Non-routine								42
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services								46
100	TOTAL								100

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE ROUTINE HOME CARE**

HOSPICE CCN: 16-1527

WORKSHEET O-2

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25	Inpatient Care - Contracted								25
26	Physician Services		23,383	23,383		23,383		23,383	26
27	Nurse Practitioner								27
28	Registered Nurse	161,123		161,123		161,123		161,123	28
29	LPN/LVN	67,133		67,133		67,133		67,133	29
30	Physical Therapy								30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services								33
34	Spiritual Counseling	3,073	12,246	15,319		15,319		15,319	34
35	Dietary Counseling		70	70		70		70	35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services	25,068		25,068		25,068		25,068	37
38	Durable Medical Equipment - Oxygen								38
39	Patient Transportation		3,810	3,810		3,810		3,810	39
40	Imaging Services								40
41	Labs and Diagnostics		837	837		837		837	41
42	Medical Supplies - Non-routine		12	12		12		12	42
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services								46
100	TOTAL	256,397	40,358	296,755		296,755		296,755	100

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE INPATIENT RESPITE CARE**

HOSPICE CCN: 16-1527

WORKSHEET O-3

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25	Inpatient Care - Contracted		5,529	5,529		5,529		5,529	25
26	Physician Services		9	9		9		9	26
27	Nurse Practitioner								27
28	Registered Nurse	62		62		62		62	28
29	LPN/LVN	26		26		26		26	29
30	Physical Therapy								30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services								33
34	Spiritual Counseling	1	5	6		6		6	34
35	Dietary Counseling								35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services								37
38	Durable Medical Equipment - Oxygen								38
39	Patient Transportation		1	1		1		1	39
40	Imaging Services								40
41	Labs and Diagnostics								41
42	Medical Supplies - Non-routine								42
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services								46
100	TOTAL	89	5,544	5,633		5,633		5,633	100

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE GENERAL INPATIENT CARE**

HOSPICE CCN: 16-1527

WORKSHEET O-4

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25	Inpatient Care - Contracted		414,698	414,698		414,698		414,698	25
26	Physician Services		678	678		678		678	26
27	Nurse Practitioner								27
28	Registered Nurse	4,674		4,674		4,674		4,674	28
29	LPN/LVN	1,947		1,947		1,947		1,947	29
30	Physical Therapy								30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services								33
34	Spiritual Counseling	89	355	444		444		444	34
35	Dietary Counseling		2	2		2		2	35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services								37
38	Durable Medical Equipment - Oxygen								38
39	Patient Transportation		111	111		111		111	39
40	Imaging Services		24	24		24		24	40
41	Labs and Diagnostics								41
42	Medical Supplies - Non-routine								42
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services								46
100	TOTAL	6,710	415,868	422,578		422,578		422,578	100

KPMG LLP Compu-Max 2552-10

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**COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE
NET EXPENSES FOR ALLOCATION**

HOSPICE CCN: 16-1527

WORKSHEET O-5

	Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols 1+2)	
		1	2	3	
	GENERAL SERVICE COST CENTERS				
1	Cap Rel Costs-Bldg & Fixt				1
2	Cap Rel Costs-Mvble Equip	28,466	463	28,929	2
3	Employee Benefits Department	70,559	108,037	178,596	3
4	Administrative & General	232,787	225,502	458,289	4
5	Plant Operation & Maintenance				5
6	Laundry & Linen Service				6
7	Housekeeping				7
8	Dietary				8
9	Nursing Administration		40,589	40,589	9
10	Routine Medical Supplies	19,229		19,229	10
11	Medical Records		11,426	11,426	11
12	Staff Transportation	18,205		18,205	12
13	Volunteer Service Coordination				13
14	Pharmacy	108,729		108,729	14
15	Physician Administrative Services				15
16	Other General Service				16
17	Patient/Residential Care Services		97,385	97,385	17
	LEVEL OF CARE				
50	Hospice Continuous Home Care				50
51	Hospice Routine Home Care	296,755		296,755	51
52	Hospice Inpatient Respite Care	5,633		5,633	52
53	Hospice General Inpatient Care	422,578		422,578	53
	NONREIMBURSABLE COST CENTERS				
60	Bereavement Program				60
61	Volunteer Program				61
62	Fundraising				62
63	Hospice/Palliative Medicine Fellows				63
64	Palliative care Program				64
65	Other Physician Services				65
66	Residential Care				66
67	Advertising				67
68	Telehealth / Telemonitoring				68
69	Thrift Store				69
70	Nursing Facility Room & Board				70
71	Other Nonreimbursable				71
99	Negative Cost Center				99
100	TOTAL	1,202,941	483,402	1,686,343	100

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

HOSPICE CCN: 16-1527

**WORKSHEET O-6
PART I**

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	ADMINISTRATIVE & GENERAL	PLANT OP & MAINT	
		0	1	2	3	3A	4	5	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip	28,929		28,929					2
3	Employee Benefits Department	178,596			178,596				3
4	Administrative & General	458,289				458,289	458,289		4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping								7
8	Dietary								8
9	Nursing Administration	40,589				40,589	15,147		9
10	Routine Medical Supplies	19,229				19,229	7,176		10
11	Medical Records	11,426				11,426	4,264		11
12	Staff Transportation	18,205				18,205	6,794		12
13	Volunteer Service Coordination								13
14	Pharmacy	108,729				108,729	40,576		14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services	97,385				97,385	36,342		17
	LEVEL OF CARE								
50	Hospice Continuous Home Care								50
51	Hospice Routine Home Care	296,755			173,496	470,251	175,490		51
52	Hospice Inpatient Respite Care	5,633		381	67	6,081	2,269		52
53	Hospice General Inpatient Care	422,578		28,548	5,033	456,159	170,231		53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	TOTAL	1,686,343		28,929	178,596	1,686,343	458,289		100

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

HOSPICE CCN: 16-1527

**WORKSHEET O-6
PART I**

	Descriptions	LAUNDRY & LINEN 6	HOUSE-KEEPING 7	DIETARY 8	NURSING ADMINIS-TRATION 9	ROUTINE MEDICAL SUPPLIES 10	MEDICAL RECORDS 11	STAFF TRANS-PORTATION 12	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department								3
4	Administrative & General								4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping								7
8	Dietary								8
9	Nursing Administration				55,736				9
10	Routine Medical Supplies					26,405			10
11	Medical Records						15,690		11
12	Staff Transportation							24,999	12
13	Volunteer Service Coordination								13
14	Pharmacy								14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care								50
51	Hospice Routine Home Care				54,154	25,651	15,242	24,286	51
52	Hospice Inpatient Respite Care				14	10	6	9	52
53	Hospice General Inpatient Care				1,568	744	442	704	53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	TOTAL				55,736	26,405	15,690	24,999	100

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

HOSPICE CCN: 16-1527

**WORKSHEET O-6
PART I**

	Descriptions	VOLUNTEER SVC COOR- DINATION	PHARMACY	PHYSICIAN ADMIN SERVICES	OTHER GENERAL SERVICE	PATIENT/ RES CARE SVCS	TOTAL	
		13	14	15	16	17	18	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
3	Employee Benefits Department							3
4	Administrative & General							4
5	Plant Operation & Maintenance							5
6	Laundry & Linen Service							6
7	Housekeeping							7
8	Dietary							8
9	Nursing Administration							9
10	Routine Medical Supplies							10
11	Medical Records							11
12	Staff Transportation							12
13	Volunteer Service Coordination							13
14	Pharmacy		149,305					14
15	Physician Administrative Services							15
16	Other General Service							16
17	Patient/Residential Care Services					133,727		17
	LEVEL OF CARE							
50	Hospice Continuous Home Care							50
51	Hospice Routine Home Care		145,040				910,114	51
52	Hospice Inpatient Respite Care		57				8,446	52
53	Hospice General Inpatient Care		4,208				634,056	53
	NONREIMBURSABLE COST CENTERS							
60	Bereavement Program							60
61	Volunteer Program							61
62	Fundraising							62
63	Hospice/Palliative Medicine Fellows							63
64	Palliative care Program							64
65	Other Physician Services							65
66	Residential Care					133,727	133,727	66
67	Advertising							67
68	Telehealth / Telemonitoring							68
69	Thrift Store							69
70	Nursing Facility Room & Board							70
71	Other Nonreimbursable							71
99	Negative Cost Center							99
100	TOTAL		149,305			133,727	1,686,343	100

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS

HOSPICE CCN: 16-1527

**WORKSHEET O-6
PART II**

	Descriptions	CAP REL BLDG & FIX SQUARE FEET	CAP REL MVBLE EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPART- MENT GROSS SALARIES	RECONCIL- IATION	ADMINIS- TRATIVE & GENERAL ACCUM. COST	PLANT OP & MAINT SQUARE FEET	LAUNDRY & LINEN IN-FACIL- ITY DAYS	
		1	2	3	4A	4	5	6	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip		28,929						2
3	Employee Benefits Department			453,942					3
4	Administrative & General				-458,289	1,228,054			4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping								7
8	Dietary								8
9	Nursing Administration					40,589			9
10	Routine Medical Supplies					19,229			10
11	Medical Records					11,426			11
12	Staff Transportation					18,205			12
13	Volunteer Service Coordination								13
14	Pharmacy					108,729			14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services					97,385			17
	LEVEL OF CARE								
50	Hospice Continuous Home Care								50
51	Hospice Routine Home Care			440,979		470,251			51
52	Hospice Inpatient Respite Care		381	171		6,081			52
53	Hospice General Inpatient Care		28,548	12,792		456,159			53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	Cost to be allocated (per O-6 Pt I)		28,929	178,596		458,289			100
101	Unit cost multiplier		1.000000	0.393434		0.373183			101

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS

HOSPICE CCN: 16-1527

**WORKSHEET O-6
PART II**

	Descriptions	HOUSE-KEEPING SQUARE FEET	DIETARY IN-FACILITY DAYS	NURSING ADMINISTRATION DIRECT NURS. HRS.	ROUTINE MEDICAL SUPPLIES PATIENT DAYS	MEDICAL RECORDS PATIENT DAYS	STAFF TRANSPORTATION MILEAGE	VOLUNTEER SVC COORDINATION HOURS OF SERVICE	
		7	8	9	10	11	12	13	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department								3
4	Administrative & General								4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping								7
8	Dietary								8
9	Nursing Administration			3,980					9
10	Routine Medical Supplies				10,646				10
11	Medical Records					10,646			11
12	Staff Transportation						18,665		12
13	Volunteer Service Coordination								13
14	Pharmacy								14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care								50
51	Hospice Routine Home Care			3,867	10,342	10,342	18,132		51
52	Hospice Inpatient Respite Care			1	4	4	7		52
53	Hospice General Inpatient Care			112	300	300	526		53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	Cost to be allocated (per O-6 Pt I)			55,736	26,405	15,690	24,999		100
101	Unit cost multiplier			14.004020	2.480274	1.473793	1.339352		101

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS

HOSPICE CCN: 16-1527

**WORKSHEET O-6
PART II**

	Descriptions	PHARMACY CHARGES	PHYSICIAN ADMIN SERVICES PATIENT DAYS	OTHER GENERAL SERVICE SPECIFY BASIS	PATIENT/ RESIDENT CARE SVCS IN-FACIL- ITY DAYS	
		14	15	16	17	
	GENERAL SERVICE COST CENTERS					
1	Cap Rel Costs-Bldg & Fixt					1
2	Cap Rel Costs-Mvble Equip					2
3	Employee Benefits Department					3
4	Administrative & General					4
5	Plant Operation & Maintenance					5
6	Laundry & Linen Service					6
7	Housekeeping					7
8	Dietary					8
9	Nursing Administration					9
10	Routine Medical Supplies					10
11	Medical Records					11
12	Staff Transportation					12
13	Volunteer Service Coordination					13
14	Pharmacy	92,432				14
15	Physician Administrative Services					15
16	Other General Service					16
17	Patient/Residential Care Services				100	17
	LEVEL OF CARE					
50	Hospice Continuous Home Care					50
51	Hospice Routine Home Care	89,792				51
52	Hospice Inpatient Respite Care	35				52
53	Hospice General Inpatient Care	2,605				53
	NONREIMBURSABLE COST CENTERS					
60	Bereavement Program					60
61	Volunteer Program					61
62	Fundraising					62
63	Hospice/Palliative Medicine Fellows					63
64	Palliative care Program					64
65	Other Physician Services					65
66	Residential Care				100	66
67	Advertising					67
68	Telehealth / Telemonitoring					68
69	Thrift Store					69
70	Nursing Facility Room & Board					70
71	Other Nonreimbursable					71
99	Negative Cost Center					99
100	Cost to be allocated (per O-6 Pt I)	149,305			133,727	100
101	Unit cost multiplier	1.615296			1,337.270000	101

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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**APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED
SERVICE COSTS BY LEVEL OF CARE**

HOSPICE CCN: 16-1527

WORKSHEET O-7

		Charges by LOC (from Provider Records)					
	Wkst C Pt 1, col. 9, line	Cost to Charge Ratio	HCHC	HRHC	HIRC	HGIP	
Cost Center Descriptions	0	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS							
1 Physical Therapy	66	0.418214					1
2 Occupational Therapy	67	0.315686					2
3 Speech Language Pathology	68	0.354828					3
4 Drugs, Biological & Infusion Therapy	73	0.289307					4
5 Durable Medical Equipment/Oxygen	96						5
6 Labs and Diagnostics	60	0.136122					6
7 Medical Supplies	71	1.464767					7
8 Outpatient Services (incl E/R)	93						8
9 Radiation Therapy	55						9
10 Other	76						10
11 Totals (sum of lines 1-10)							11

		Shared Service Costs by LOC				
	HCHC (col 1 x col 2)	HRHC (col 1 x col 3)	HIRC (col 1 x col 4)	HGIP (col 1 x col 5)		
Cost Center Descriptions	6	7	8	9		
ANCILLARY SERVICE COST CENTERS						
1 Physical Therapy					1	
2 Occupational Therapy					2	
3 Speech Language Pathology					3	
4 Drugs, Biological & Infusion Therapy					4	
5 Durable Medical Equipment/Oxygen					5	
6 Labs and Diagnostics					6	
7 Medical Supplies					7	
8 Outpatient Services (incl E/R)					8	
9 Radiation Therapy					9	
10 Other					10	
11 Totals (sum of lines 1-10)					11	

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/22/2017 Run Time: 11:33 Version: 2017.10 (11/19/2017)
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CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

HOSPICE CCN: 16-1527

WORKSHEET O-8

		TITLE XVIII MEDICARE 1	TITLE XIX MEDICAID 2	TOTAL 3	
	HOSPICE CONTINUOUS HOME CARE				
1	Total cost				1
2	Total unduplicated days				2
3	Total average cost per diem				3
4	Unduplicated program days				4
5	Program cost				5
	HOSPICE ROUTINE HOME CARE				
6	Total cost			910,114	6
7	Total unduplicated days			10,342	7
8	Total average cost per diem			88.00	8
9	Unduplicated program days	9,513			9
10	Program cost	837,144			10
	HOSPICE INPATIENT RESPITE CARE				
11	Total cost			8,446	11
12	Total unduplicated days			4	12
13	Total average cost per diem			2,111.50	13
14	Unduplicated program days	4			14
15	Program cost	8,446			15
	HOSPICE GENERAL INPATIENT CARE				
16	Total cost			634,056	16
17	Total unduplicated days			300	17
18	Total average cost per diem			2,113.52	18
19	Unduplicated program days		300		19
20	Program cost		634,056		20
	TOTAL HOSPICE CARE				
21	Total cost			1,552,616	21
22	Total unduplicated days			10,646	22
23	Average cost per diem			145.84	23