



HEALTHCARE SYSTEM

800 N.E. Glen Oak Avenue, Peoria, Illinois 61603-3200 Phone (309) 655-2850

February 28, 2014

Mr. Don O'Neal
Wisconsin Physician Service
Medicare Audit & Reimbursement
3333 Farnam St. Suite 700
Omaha, NE 68131

RE: St. Mary Medical Center
Galesburg, Illinois
Provider No: 14-0064
FYE 9/30/13

Dear Mr. O'Neal:

The following are enclosed:

1. One original signature page for the HCFA-2552-10
2. One electronic disk containing the following files:
 - a. 2552-10 ECR & Print Image files
 - b. Working Trial Balance
 - c. A-6 and A-8 adjustments
 - d. PSR Crosswalk
 - e. Medicare Bad Debt Logs
 - f. Audited financial statements for year ended 9/30/13
 - g. W/S A & C grouping work papers and supporting documentation
 - h. W/S S-3 Pt II work papers
3. Our check in the amount of **\$155,875** for settlement payment (please note: check does not include HIT settlement).

Protested Items:

1. **Understated IPPS Standardized Amount** – Section 1861(v)(1)(A) of the Social Security Act requires the Secretary to take into account costs such that “the necessary costs of efficiently delivering covered services to individuals covered by [Medicare] will not be borne by individuals not so covered, and the costs with respect to individuals not so covered will not be borne by [Medicare].” We contend that the Secretary’s failure to distinguish between patient discharges and transfers during the implementation of the inpatient prospective payment system resulted in an understatement of the Federal DRG Prospective Payment amounts paid to this hospital in the current and prior fiscal years and results in the costs of the Medicare program being borne by those not enrolled in the program, in direct violation of one of the principal tenants of Medicare reimbursement as set forth in the Social Security Act. In order to protect our appeal rights on this issue, we are filing the reimbursement impact as a Protested Item in our Medicare Cost Report. The reimbursement impact during our cost reporting period October 01, 2012 through September 30, 2013 is **\$126,231** and is set forth in the attached worksheet.

Please note: For this Medicare Dependent Hospital, this effect may not be less if MDH reimbursement is higher than Federal DRG reimbursement at final settlement.

OSF Saint Anthony Medical Center - Rockford, IL
OSF St. Joseph Medical Center - Bloomington, IL
OSF Saint Francis Medical Center - Peoria, IL

OSF Saint James-John W. Albrecht Medical Center - Pontiac, IL
OSF Saint Elizabeth Medical Center - Ottawa, IL
OSF St. Mary Medical Center - Galesburg, IL
OSF Medical Group
OSF Home Care

OSF St. Francis Hospital & Medical Group - Escanaba, MI
OSF Holy Family Medical Center - Monmouth, IL
OSF Saint Clare Home - Peoria Heights, IL

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2. **DSH Impact of the Understated IPPS Standardized Amount** - Section 1886(d)(5)(F) of the Social Security Act provides for the additional payments to subsection (d) hospitals that serve a disproportionate share of low income patients. The calculation of this additional payment uses the DRG payment amount times the DSH percentage. We contend that the understatement of the federal DRG Prospective Payment Amounts as described in item #1 above resulted in an underpayment of DSH payments to this hospital for cost reporting period October 1, 2012 through September 30, 2013. The reimbursement impact during our cost reporting period October 01, 2012 through September 30, 2013 is **\$4,481** and is set forth in the attached worksheet.

1. **SSI Percentage:** The Provider believes that CMS's computation of the SSI percentage is substantially understated to the extent that CMS has not corrected systemic flaws in the data and matching process used by CMS in determining the SSI fraction. The systemic flaws in the data and matching process used to calculate the numerator and the denominator of the SSI fraction includes, but is not limited to, the following items:
 - Omission of forced pay cases from the underlying SSI data.
 - Omission of cases from the underlying SSI data whose benefits were on hold, in suspense or retroactively granted.
 - Improper inclusion of days in the calculation that are not attributable to patients who were entitled to benefits under Medicare Part A, including:
 - Medicare Advantage patient days
 - Other patient days for which Medicare Part A did not make payment (such as Part A exhausted benefit days and Medicare Secondary Payer days).
 - Omission of Medicare Part A days from the calculation.
 - Using a quick cutoff timeframe by SSA to generate the SSI data file.
 - Incomplete matching of SSI data with Medicare data.
 - Not using the "best available data" when calculating the SSI percentages as concluded by the PRRB and the Federal District Court in *Baystate Medical Center v. Leavitt*.

On March 16, 2012, CMS posted to its website revised SSI ratios for federal fiscal year 2006 and 2007 and initial SSI ratios for 2008 and 2009. On September 11, 2012, CMS posted to its website the SSI ratios for 2010. On December 31, 2012, CMS posted to its website the SSI ratios for 2011. These ratios purport to include both corrections to the systemic data errors noted above as well as improvements to the matching process. In addition, the ratios purport to include Medicare+Choice/Medicare Advantage days in the denominator, and to the extent any of those Medicare+Choice/Medicare Advantage patients qualified for SSI, the associated SSI days would be added to the numerator.

The Provider contends that CMS has failed to meet its statutory duty under section 951 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 ("MMA") by not making information available to the Provider to perform its own calculation of the Medicare/SSI fraction. In addition, CMS has violated section 951 by failing to publish any of the underlying patient level detail support for any of the data changes or any other information concerning revisions to the SSI ratio calculations. Because of those statutory violations, the Provider is not able to determine whether or not the errors in the computation of the SSI

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percentage have been corrected or whether the "corrections" have been done properly. In addition, the SSI ratio applicable to the current cost report year has not yet been published by CMS, so the appropriate SSI % cannot be included in the current year as filed cost report.

The provider further believes that CMS' calculation of the denominator of the SSI fraction is invalid to the extent that it includes days attributable to patients who were not entitled to have payment made for such days under the Medicare Part A prospective payment system, including days for patients who had exhausted their Part A benefits, for whom Medicare is a secondary payer, or who were enrolled in a Medicare Advantage plan under Part C of Medicare. The Provider contends that CMS' current policy violates the plain language of the statute. CMS' current policy violates the mandatory presumption that different terms used in a single piece of legislation ("eligible" and "entitled") are intended to carry different meanings. Additionally, CMS' current policy was not adopted in accordance with the rulemaking requirements prescribed by the Administrative Procedure Act and the Medicare Act and violated provisions of the Regulatory Flexibility Act. Further, CMS' interpretation of the statute is not reasonable, and is arbitrary and capricious because the agency has provided no explanation for its 180-degree shift in interpretation of the statutory term "entitled to benefits under Part A".

Because the underlying supporting data for an accurate SSI calculation is not available to the Provider at the time of filing the current year cost report, the Provider is protesting CMS's determination of the SSI calculation for both operating and capital DSH in order to preserve its right to appeal on this issue.

Based on previous SSI data review experience provided us by our consultant, we believe the Hospital's SSI % could be understated by approximately 11.3%. Therefore, we have calculated an adjusted DSH percentage by adjusting the published SSI% by 11.3%. The estimated reimbursement impact of including the 11.3% change in SSI % in the DSH calculation in the current year's cost report is **\$20,617**. A work paper reflecting the calculation of the estimated impact is attached. Until CMS releases the data necessary for the Provider to calculate the estimated impact, the Provider can only estimate the magnitude of errors and omissions in CMS's published SSI%.

The SSI percentage shown for this facility corresponds to the 2011 Federal Fiscal Year. At the time this package was submitted, the 2013 SSI percentage had not been published. The Provider requests that the updated 2013 SSI percentage be used when the audit for this fiscal year is completed.

- 3. Medicaid Provider Tax:** We have removed our Medicaid tax assessment cost through an adjustment on A-8; however we believe this to be a valid cost that should not be excluded.
- 4. HIT Payment:** The Health Information Technology payment amount is probably understated due to the understatement of Medicare Part C days on the PS&R report. Often the hospital does not have adequate information (such as the Medicare HIC number) associated with Part C patients. As a result the patient days associated with the Part C patients are not reflected in the PS&R report. Estimated impact is **\$19,189**.

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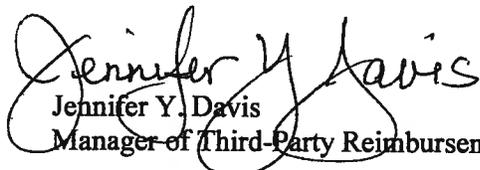
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5. **Outlier Payments:** CMS is required by statute to project payment of between 5% and 6% of total IPPS payments as outlier payments. Providers are unable to determine if CMS is in
6. compliance with this requirement at the time of filing the cost report. Estimated impact is **\$7,754.**
7. **Documentation & Coding:** The Provider believes that the Secretary of the U.S. Department of Health and Human Services violated the Social Security Act and Administrative Procedures Act by applying MS-DRG Documentation and Coding Adjustments to the hospital-specific rates used to determining payments to hospitals with Sole Community and Medicare Dependent Hospital status. The estimated impact is **\$877,359.**

Please note: Regarding our Medicaid secondary days count as reported on S-3, Part I, col. 5 – Due to the fact that our final count for our Medicaid secondary days is not available to us at the time we file the cost report, we have included only verified days in our count of total Medicaid days. Our final numbers will not be available to us until all claims have been processed by Medicaid. We anticipate those numbers will be available to us before final audit of our 9/30/13 Medicare cost report and we will report them along with documentation during our final audit.

If you have any questions or need further information, please contact me at (309) 655-4096.

Sincerely,


Jennifer Y. Davis
Manager of Third-Party Reimbursement

Enclosures
cc: Curt Lipe

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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. ELECTRONICALLY FILED COST REPORT DATE: 02/27/2014 TIME: 18:49
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

CONTRACTOR USE ONLY 5. COST REPORT STATUS 6. DATE RECEIVED: _____ 10. NPR DATE: _____
 1 - AS SUBMITTED 7. CONTRACTOR NO: _____ 11. CONTRACTOR'S VENDOR CODE: _____
 2 - SETTLED WITHOUT AUDIT 8. INITIAL REPORT FOR THIS PROVIDER CCN 12. IF LINE 5, COLUMN 1 IS 4: ENTER
 3 - SETTLED WITH AUDIT 9. FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.
 4 - REOPENED
 5 - AMENDED

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 WHERE 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 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 ST. MARY MEDICAL CENTER (14-0064) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2012 AND ENDING 09/30/2013, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT 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.

ECR Encryption: 02/27/2014 18:49
 uPgtdhntnOUtx76lRNPJdcX91tP2UO
 .gBo80ZVBqQPDHES:aOtNmG3gzVbpX
 Ne6b1SvAng0.qDIX

(SIGNED)

Medell Flores
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)
 Director Debt Management & Revenue Cycle
 TITLE
 2/28/2014
 DATE

PI Encryption: 02/27/2014 18:49
 3vgRXC3rKHcIfvOjaFCyMS08n:v.O
 WLEef0EvdG5nTAJWR:mqOqPDE49ppqL
 6vuv0puPqP0HRgiL
 PART III - SETTLEMENT SUMMARY

	TITLE XVIII				TITLE XIX
	TITLE V	PART A	PART B	HIT	
	1	2	3	4	5
1 HOSPITAL		33,973	-189,848	-7,335	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					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		33,973	-189,848	-7,335	200

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER
PERIOD FROM 10/01/2012 TO 09/30/2013

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2013.11
02/27/2014 18:49

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

WORKSHEET S
PARTS I, II & III

PART I - COST REPORT STATUS

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3 - SETTLED WITH AUDIT 9. FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.
4 - REOPENED
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(SIGNED)

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART III - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		HIT	TITLE XIX	
	1	PART A	PART B	4	5	
1	HOSPITAL					1
2	SUBPROVIDER - IPF	33,973	-189,848	-7,335		2
3	SUBPROVIDER - IRF					3
4	SUBPROVIDER (OTHER)					4
5	SWING BED - SNF					5
6	SWING BED - NF					6
7	SKILLED NURSING FACILITY					7
8	NURSING FACILITY					8
9	HOME HEALTH AGENCY					9
10	HEALTH CLINIC - RHC					10
11	HEALTH CLINIC - FQHC					11
12	OUTPATIENT REHABILITATION PROVIDER					12
200	TOTAL	33,973	-189,848	-7,335		200

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

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 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2013.11
 02/27/2014 18:49

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 3333 N SEMINARY
 2 CITY: GALESBURG

STATE: IL

P.O.BOX:
 ZIP CODE: 61401

COUNTY: KNOX

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

0	COMPONENT NAME	CCN NUMBER	CBSA NUMBER	PROV TYPE	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O, OR N)			
						V	XVIII	XIX	
3	4	5	6	7	8	9	10	11	
3	HOSPITAL ST. MARY MEDICAL CENTER	14-0064	37900	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								9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTC								11
12	HOSPITAL-BASED HHA								12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS								18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 10/01/2012			TO: 09/30/2013				20
21	TYPE OF CONTROL								21

INPATIENT PPS INFORMATION

22	23	24
22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND '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
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

24	25	26	27	35	36	37	38	MEDICAID ELIGIBLE UNPAID DAYS					
								IN-STATE MEDICAID PAID DAYS	IN-STATE MEDICAID ELIGIBLE UNPAID DAYS	OUT-OF-STATE MEDICAID PAID DAYS	OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS	OTHER MEDICAID PAID DAYS	OTHER MEDICAID ELIGIBLE UNPAID DAYS
1	2	3	4	5	6	7	8	9	10	11	12	13	14
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	1,439	208						82				24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.												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.												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.												27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.												35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:							36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.												37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING: 10/01/2012		ENDING: 09/30/2013							38

39	40
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)

45	46	47	48
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?		
46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.		
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.		
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.		

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

	1	2	3	56
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		
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 WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N	57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N		58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART 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 AND GENERAL SURGERY) ADDED AS A RESULT OF SECTION 5503. (SEE INSTRUCTIONS)			61.02
61.03	ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS)			61.03
61.04	ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)			61.04
61.05	ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE 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.		UNWEIGHTED IME FTE COUNT	UNWEIGHTED DIRECT GME FTE COUNT
	PROGRAM NAME 1	PROGRAM CODE 2	3	4
				61.10
	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.			61.20
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 NON-PROVIDER SETTINGS				
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N		63

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER 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 NON-PROVIDER 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)

		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))	
	PROGRAM NAME 1	PROGRAM CODE 2			
					5

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER 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 NON-PROVIDER 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)

		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))	
	PROGRAM NAME 1	PROGRAM CODE 2			
					5

INPATIENT PSYCHIATRIC FACILITY PPS

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, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			71

INPATIENT REHABILITATION FACILITY PPS

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, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			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

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.	N		86

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TITLE V AND XIX INPATIENT 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/MR 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				
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.			106
107	COLUMN 1: 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. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.	N		108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- SICAL ATIONAL N	RESPI- RATORY 109
MISCELLANEOUS COST REPORTING INFORMATION				
115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 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 15-1§ 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:			118.01
	PREMIUMS: PAID LOSSES: SELF INSURANCE: 529,812			
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	Y	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121
TRANSPLANT CENTER INFORMATION				
125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	N		125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			134

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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. 1 2
 Y 149006 140

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND
 ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141 NAME: OSF HEALTHCARE SYSTEM CONTRACTOR'S NAME: WISCONSIN PHYSICIAN SERVICE CONTRACTOR'S NUMBER: 52280 141
 142 STREET: 800 NE GLEN OAK AVE P.O. BOX: 142
 143 CITY: PEORIA STATE: IL ZIP CODE: 61603 143
 144 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y 144
 145 IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT
 SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO. N 145
 146 HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y'
 FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 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	TITLE
	PART A	PART B	V	XIX
	1	2	3	4
155 HOSPITAL	N	N		N 155
156 SUBPROVIDER - IPF	N	N		156
157 SUBPROVIDER - IRF	N	N		157
158 SUBPROVIDER - (OTHER)	N	N		158
159 SNF	N	N		159
160 HHA	N	N		160
161 CMHC		N		161
161.10 CORF				161.10

MULTICAMPUS

165 IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs?
 ENTER 'Y' FOR YES OR 'N' FOR NO. N 165

166 IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN
 COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.

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 A MEANINGFUL USER (LINE 167 IS 'Y'),
 ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS. 168
 169 IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH
 (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR. 0.50 169
 170 IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE
 FOR THE REPORTING PERIOD, RESPECTIVELY. (mmddyyyy) (SEE INSTRUCTIONS) 10/01/2012 09/30/2013 170

HOSPITAL AND 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

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE			
1		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		
FINANCIAL DATA AND REPORTS		Y/N	DATE	V/I		
2		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)	N		3		
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE		
4		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 ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5		
APPROVED EDUCATIONAL ACTIVITIES		Y/N	Y/N			
6		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 INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9		
10	WAS AN INTERN-RESIDENT 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		
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y/N		
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			Y 12 N 13		
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14		
BED COMPLEMENT						
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15		
PS&R REPORT DATA		PART A		PART B		
16		Y/N	DATE	Y/N	DATE	
1		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		16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	12/19/2013	Y	12/19/2013	17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N		18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N		19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N		20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N		21

HOSPITAL AND 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 RELIEFED 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 DEBRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	26
27	HAS THE PROVIDER'S CAPITALIZED 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	
36	1	2	36
37			37
38	N		38
39			39
40			40

COST REPORT PREPARER CONTACT INFORMATION

41	FIRST NAME: JENNIFER	LAST NAME: DAVIS	TITLE: MGR THIRD PARTY REIM	41
42	EMPLOYER: OSF HEALTHCARE SYSTEM			42
43	PHONE NUMBER: 309-655-4096	E-MAIL ADDRESS: JENNIFER.Y.DAVIS@OSFHEALTHCARE		43

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	200	29,111,213	385,233	29,496,446	1,014,101.00	29.09	1
2							2
3		1,508,618		1,508,618	15,495.00	97.36	3
4		360,277		360,277	1,466.00	245.76	4
4.01							5
5		1,682,793		1,682,793	6,125.00	274.74	5
6							6
7	21						7
7.01							7.01
8							8
9	44						9
10		3,655,064	144,603	3,799,667	66,602.00	57.05	10
OTHER WAGES & RELATED COSTS							
11		311,785		311,785	4,933.00	63.20	11
12							12
13		48,619		48,619	209.00	232.63	13
14		4,672,497		4,672,497	92,359.00	50.59	14
15							15
16							16
WAGE-RELATED COSTS							
17		8,263,737		8,263,737			17
18							18
19		1,224,776		1,224,776			19
20							20
21		308,892		308,892			21
22		30,993		30,993			22
22.01							22.01
23		141,018		141,018			23
24							24
25							25
INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)							
26		-480,584	480,584				26
27		3,249,741	-133,573	3,116,168	98,370.00	31.68	27
28		121,126		121,126	783.00	154.69	28
29		511,046	437	511,483	25,320.00	20.20	29
30		62,346	-841	61,505	3,811.00	16.14	30
31							31
32		574,184	-4,589	569,595	53,759.00	10.60	32
33							33
34		570,342	-407,319	163,023	11,079.00	14.71	34
35							35
36			401,905	401,905	31,812.00	12.63	36
37							37
38		679,559	1,221	680,780	18,441.00	36.92	38
39		115,384	1,030	116,414	8,262.00	14.09	39
40							40
41		693,873	-1,179	692,694	40,479.00	17.11	41
42		89,867	-1,147	88,720	4,240.00	20.92	42
43							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	26,040,928	385,233	26,426,161	993,264.00	26.61	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	3,655,064	144,603	3,799,667	66,602.00	57.05	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	22,385,864	240,630	22,626,494	926,662.00	24.42	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	5,032,901		5,032,901	97,501.00	51.62	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	8,294,730		8,294,730		36.66%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	35,713,495	240,630	35,954,125	1,024,163.00	35.11	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	6,186,884	336,529	6,523,413	296,356.00	22.01	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

		AMOUNT REPORTED	
RETIREMENT COST			
1	401K EMPLOYER CONTRIBUTIONS	2,522,962	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4	QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)			
5	401K/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST			
8	HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	4,943,712	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN		10
11	LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	27,698	11
12	ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13	DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	93,800	13
14	LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15	WORKERS' COMPENSATION INSURANCE	57,251	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	2,158,006	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	1,363	19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER			
21	EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22	DAY CARE COSTS AND ALLOWANCES		22
23	TUITION REIMBURSEMENT	164,624	23
24	TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	9,969,416	24
PART B - OTHER THAN CORE RELATED COST			
25	OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER
PERIOD FROM 10/01/2012 TO 09/30/2013

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

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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	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	6,703,073	1
2	HOSPITAL	6,703,073	2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER
PERIOD FROM 10/01/2012 TO 09/30/2013

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2013.11
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HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1 COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8) 0.180573 1

MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)

2 NET REVENUE FROM MEDICAID 6,699,751 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 33,962,131 6
7 MEDICAID COST (LINE 1 TIMES LINE 6) 6,132,644 7
8 DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)
IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO. 8

STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) (SEE INSTRUCTIONS FOR EACH LINE)

9 NET REVENUE FROM STAND-ALONE SCHIP 9
10 STAND-ALONE SCHIP CHARGES 10
11 STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10) 11
12 DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)
IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO. 12

OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)

13 NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9) 13
14 CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10) 14
15 STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14) 15
16 DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)
IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO. 16

UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)

17 PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE 17
18 GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS 18
19 TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8,
12 AND 16) 19

UNINSURED PATIENTS 1 INSURED PATIENTS 2 TOTAL 3

20 TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY 24,859,096 7,265,688 32,124,784 20
21 COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20) 4,488,882 1,311,987 5,800,869 21
22 PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE 202,163 130,111 332,274 22
23 COST OF CHARITY CARE 4,286,719 1,181,876 5,468,595 23
24 DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM N 24
25 IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS) 25
26 TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) 6,199,486 26
27 MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) 355,819 27
WORKSHEET E-3, PART V
28 NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27) 5,843,667 28
29 COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28) 1,055,208 29
30 COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29) 6,523,803 30
31 TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30) 6,523,803 31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS 4	
			3		
GENERAL SERVICE COST CENTERS					
1 00100		1,089,949	1,089,949	25,696	1
2 00200		1,386,661	1,386,661	37,190	2
3 00300					3
4 00400	-480,584	8,167,903	7,687,319	1,777,647	4
5 00500	3,249,741	11,494,958	14,744,699	-174,273	5
6 00600	511,046	675,047	1,186,093	437	6
7 00700	62,346	884,894	947,240	-841	7
8 00800		243,663	243,663		8
9 00900	574,184	205,240	779,424	-4,589	9
10 01000	570,342	547,441	1,117,783	-789,891	10
11 01100				787,672	11
12 01200					12
13 01300	679,559	49,858	729,417	1,488	13
14 01400	115,384	210,260	325,644	1,030	14
15 01500					15
16 01600	693,873	77,345	771,218	-1,179	16
17 01700	89,867	674	90,541	-1,147	17
19 01900					19
20 02000					20
21 02100					21
22 02200					22
23 02300					23
INPATIENT ROUTINE SERV COST CENTERS					
30 03000	3,979,522	413,404	4,392,926	6,450	30
31 03100	1,051,024	365,041	1,416,065	2,466	31
43 04300	229,731	22,450	252,181	849	43
ANCILLARY SERVICE COST CENTERS					
50 05000	1,391,939	4,780,227	6,172,166	-3,632,042	50
51 05100	960,555	111,351	1,071,906	1,820	51
52 05200	477,222	213,294	690,516	1,078	52
53 05300	1,563,672	284,682	1,848,354	10,978	53
54 05400	1,091,722	445,022	1,536,744	34	54
56 05600	171,162	277,905	449,067	554	56
57 05700	336,481	852,310	1,188,791	1,218	57
58 05800	218,524	540,041	758,565	652	58
59 05900	2,055	94,554	96,609	-20,284	59
60 06000	1,147,434	471,853	1,619,287	726	60
62.30 06250					62.30
63 06300		454,320	454,320		63
65 06500	503,098	102,829	605,927	-591,785	65
65.10 06501	295,186	119,719	414,905	1,175	65.10
65.20 06502	239,179	8,871	248,050	-125,470	65.20
66 06600	736,921	39,703	776,624	-58,907	66
67 06700	209,657	-16,831	192,826	34,581	67
68 06800	151,093	1,972	153,065	27,762	68
69 06900	25,240	2,723	27,963	225	69
70 07000	73,081	12,611	85,692	55,009	70
71 07100				2,069,269	71
72 07200				2,128,637	72
73 07300	753,700	3,522,894	4,276,594	2,183	73
74 07400					74
76.97 07697					76.97
76.98 07698					76.98
76.99 07699					76.99
OUTPATIENT SERVICE COST CENTERS					
91 09100	3,782,193	749,825	4,532,018	15,248	91
92 09200					92
OTHER REIMBURSABLE COST CENTERS					
94 09400					94
HOME PROGRAM DIALYSIS					
SPECIAL PURPOSE COST CENTERS					
118	25,456,149	38,904,663	64,360,812	1,591,666	118
SUBTOTALS (SUM OF LINES 1-117)					
NONREIMBURSABLE COST CENTERS					
190 19000	44,151	66,344	110,495	340	190
192 19200	3,011,181	6,645,844	9,657,025	-1,725,739	192
193 19300		7,574	7,574	4,533	193
194 07950					194
194.10 07951		3,766	3,766		194.10
194.20 07952	91,219	64,400	155,619	-467	194.20
194.30 07953	43,265	466,349	509,614	387	194.30
194.40 07954	465,248	171,003	636,251	2,974	194.40
194.50 07955		34,900	34,900		194.50
194.70 07956				126,306	194.70
200	29,111,213	46,364,843	75,476,056		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	1,115,645		1,115,645	1
2	00200	CAP REL COSTS-MVBLE EQUIP	1,423,851		1,423,851	2
3	00300	OTHER CAP REL COSTS				3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	9,464,966	-263,446	9,201,520	4
5	00500	ADMINISTRATIVE & GENERAL	14,570,426	-3,883,589	10,686,837	5
6	00600	MAINTENANCE & REPAIRS	1,186,530	-1,000	1,185,530	6
7	00700	OPERATION OF PLANT	946,399	-21,293	925,106	7
8	00800	LAUNDRY & LINEN SERVICE	243,663		243,663	8
9	00900	HOUSEKEEPING	774,835		774,835	9
10	01000	DIETARY	327,892		327,892	10
11	01100	CAFETERIA	787,672		787,672	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	730,905		730,905	13
14	01400	CENTRAL SERVICES & SUPPLY	326,674		326,674	14
15	01500	PHARMACY				15
16	01600	MEDICAL RECORDS & LIBRARY	770,039	-35,385	734,654	16
17	01700	SOCIAL SERVICE	89,394		89,394	17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	4,399,376		4,399,376	30
31	03100	INTENSIVE CARE UNIT	1,418,531		1,418,531	31
43	04300	NURSERY	253,030	-240	252,790	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	2,540,124	-2,891	2,537,233	50
51	05100	RECOVERY ROOM	1,073,726		1,073,726	51
52	05200	DELIVERY ROOM & LABOR ROOM	691,594		691,594	52
53	05300	ANESTHESIOLOGY	1,859,332	-1,508,619	350,713	53
54	05400	RADIOLOGY-DIAGNOSTIC	1,536,778	-88,804	1,447,974	54
56	05600	RADIOISOTOPE	449,621	-15,415	434,206	56
57	05700	CT SCAN	1,190,009	-11,084	1,178,925	57
58	05800	MRI	759,217	-24,584	734,633	58
59	05900	CARDIAC CATHETERIZATION	76,325	-17,620	58,705	59
60	06000	LABORATORY	1,620,013	-500	1,619,513	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.	454,320		454,320	63
65	06500	RESPIRATORY THERAPY	14,142	85	14,227	65
65.10	06501	CARDIAC STRESS LAB	416,080		416,080	65.10
65.20	06502	CARDIAC REHAB	122,580		122,580	65.20
66	06600	PHYSICAL THERAPY	717,717	-7,010	710,707	66
67	06700	OCCUPATIONAL THERAPY	227,407		227,407	67
68	06800	SPEECH PATHOLOGY	180,827		180,827	68
69	06900	ELECTROCARDIOLOGY	28,188		28,188	69
70	07000	ELECTROENCEPHALOGRAPHY	140,701		140,701	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,069,269		2,069,269	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS	2,128,637		2,128,637	72
73	07300	DRUGS CHARGED TO PATIENTS	4,278,777	-25,855	4,252,922	73
74	07400	RENAL DIALYSIS				74
76.97	07697	CARDIAC REHABILITATION				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	EMERGENCY	4,547,266	-2,170,820	2,376,446	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92
OTHER REIMBURSABLE COST CENTERS						
94	09400	HOME PROGRAM DIALYSIS				94
SPECIAL PURPOSE COST CENTERS						
118		SUBTOTALS (SUM OF LINES 1-117)	65,952,478	-8,078,070	57,874,408	118
NONREIMBURSABLE COST CENTERS						
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	110,835		110,835	190
192	19200	PHYSICIANS' PRIVATE OFFICES	7,931,286		7,931,286	192
193	19300	NONPAID WORKERS	12,107		12,107	193
194	07950	OTHER NONREIMBURSABLE				194
194.10	07951	MEDICAL TRANSPORTATION	3,766		3,766	194.10
194.20	07952	FUND DEVELOPMENT	155,152		155,152	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	510,001		510,001	194.30
194.40	07954	INDUSTRIAL MEDICINE	639,225		639,225	194.40
194.50	07955	FOUNDATION	34,900		34,900	194.50
194.70	07956	FITNESS CENTER	126,306		126,306	194.70
200		TOTAL (SUM OF LINES 118-199)	75,476,056	-8,078,070	67,397,986	200

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 1 2	LINE # 3	SALARY 4	OTHER 5
1 CONVENT DEPRECIATION RECLASS 500 TOTAL RECLASSIFICATIONS CODE LETTER - A	A	NONPAID WORKERS	193		4,533 1 4,533 500
1 PHYSICIANS PRIVATE PRACTICE 500 TOTAL RECLASSIFICATIONS CODE LETTER - B	B				1 500
1 DEPREC RECLASS 2 DEPREC RECLASS 3 DEPREC RECLASS 500 TOTAL RECLASSIFICATIONS CODE LETTER - C	C	GIFT, FLOWER, COFFEE SHOP & C INDUSTRIAL MEDICINE FUND DEVELOPMENT	190 194.40 194.20		920 1 1,645 2 18 3 2,583 500
1 PROPERTY INSURANCE RECLASS 2 PROPERTY INSURANCE RECLASS 500 TOTAL RECLASSIFICATIONS CODE LETTER - D	D	CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP	1 2		31,149 1 38,853 2 70,002 500
1 PHYSICIAN BENEFIT RECLASS 500 TOTAL RECLASSIFICATIONS CODE LETTER - E	E	EMPLOYEE BENEFITS DEPARTMENT	4		1,747,860 1 1,747,860 500
1 DIETARY ALLOWANCE 500 TOTAL RECLASSIFICATIONS CODE LETTER - F	F	CAFETERIA	11	401,905	385,767 1 401,905 385,767 500
1 EKG SALARY RECLASS 500 TOTAL RECLASSIFICATIONS CODE LETTER - G	G	ELECTROENCEPHALOGRAPHY	70	55,006	1 55,006 500
1 CARDIO PULMONARY REHAB 500 TOTAL RECLASSIFICATIONS CODE LETTER - H	H	FITNESS CENTER	194.70	121,831	4,475 1 121,831 4,475 500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 VACATION RECLASS	I	ADMINISTRATIVE & GENERAL	5	29,029	1
2		MAINTENANCE & REPAIRS	6	4,565	2
3		OPERATION OF PLANT	7	557	3
4		HOUSEKEEPING	9	5,129	4
5		DIETARY	10	5,094	5
6		NURSING ADMINISTRATION	13	6,070	6
7		CENTRAL SERVICES & SUPPLY	14	1,030	7
8		MEDICAL RECORDS & LIBRARY	16	6,198	8
9		SOCIAL SERVICE	17	803	9
10		ADULTS & PEDIATRICS	30	35,547	10
11		INTENSIVE CARE UNIT	31	9,388	11
12		NURSERY	43	2,052	12
13		OPERATING ROOM	50	12,434	13
14		RECOVERY ROOM	51	8,580	14
15		DELIVERY ROOM & LABOR ROOM	52	4,263	15
16		ANESTHESIOLOGY	53	13,968	16
17		RADIOLOGY-DIAGNOSTIC	54	9,752	17
18		RADIOISOTOPE	56	1,529	18
19		CT SCAN	57	3,006	19
20		MRI	58	1,952	20
21		CARDIAC CATHETERIZATION	59	18	21
22		LABORATORY	60	10,249	22
23		RESPIRATORY THERAPY	65	4,494	23
24		CARDIAC STRESS LAB	65.10	2,637	24
25		CARDIAC REHAB	65.20	2,136	25
26		PHYSICAL THERAPY	66	6,583	26
27		OCCUPATIONAL THERAPY	67	1,873	27
28		SPEECH PATHOLOGY	68	1,350	28
29		ELECTROCARDIOLOGY	69	225	29
30		ELECTROENCEPHALOGRAPHY	70	653	30
31		DRUGS CHARGED TO PATIENTS	73	6,733	31
32		EMERGENCY	91	33,785	32
33		GIFT, FLOWER, COFFEE SHOP & C	190	395	33
34		PHYSICIANS' PRIVATE OFFICES	192	26,898	34
35		FUND DEVELOPMENT	194.20	815	35
36		PUBLIC RELATIONS/MARKETING	194.30	387	36
37		INDUSTRIAL MEDICINE	194.40	4,156	37
500 TOTAL RECLASSIFICATIONS				264,333	500

CODE LETTER - I

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1 TEAM AWARD RECLASS PY & CY	J	EMPLOYEE BENEFITS DEPARTMENT	4	294,120	1
2 TEAM AWARD RECLASS PY & CY	J				2
3 TEAM AWARD RECLASS PY & CY	J				3
4 TEAM AWARD RECLASS PY & CY	J				4
5 TEAM AWARD RECLASS PY & CY	J				5
6 TEAM AWARD RECLASS PY & CY	J				6
7 TEAM AWARD RECLASS PY & CY	J				7
8 TEAM AWARD RECLASS PY & CY	J				8
9 TEAM AWARD RECLASS PY & CY	J				9
10 TEAM AWARD RECLASS PY & CY	J				10
11 TEAM AWARD RECLASS PY & CY	J				11
12 TEAM AWARD RECLASS PY & CY	J				12
13 TEAM AWARD RECLASS PY & CY	J				13
14 TEAM AWARD RECLASS PY & CY	J				14
15 TEAM AWARD RECLASS PY & CY	J				15
16 TEAM AWARD RECLASS PY & CY	J				16
17 TEAM AWARD RECLASS PY & CY	J				17
18 TEAM AWARD RECLASS PY & CY	J				18
19 TEAM AWARD RECLASS PY & CY	J				19
20 TEAM AWARD RECLASS PY & CY	J				20
21 TEAM AWARD RECLASS PY & CY	J				21
22 TEAM AWARD RECLASS PY & CY	J				22
23 TEAM AWARD RECLASS PY & CY	J				23
24 TEAM AWARD RECLASS PY & CY	J				24
25 TEAM AWARD RECLASS PY & CY	J				25
26 TEAM AWARD RECLASS PY & CY	J				26
27 TEAM AWARD RECLASS PY & CY	J				27
28 TEAM AWARD RECLASS PY & CY	J				28
29 TEAM AWARD RECLASS PY & CY	J				29
30 TEAM AWARD RECLASS PY & CY	J				30
31 TEAM AWARD RECLASS PY & CY	J				31
32 TEAM AWARD RECLASS PY & CY	J				32
33 TEAM AWARD RECLASS PY & CY	J				33
34 TEAM AWARD RECLASS PY & CY	J				34
35 TEAM AWARD RECLASS PY & CY	J				35
36 TEAM AWARD RECLASS PY & CY	J				36
37 TEAM AWARD RECLASS PY & CY	J				37
38 TEAM AWARD RECLASS PY & CY	J				38
500 TOTAL RECLASSIFICATIONS CODE LETTER - J				294,120	500
1 TEAM AWARD A-8 ADJ RECLASS	K	EMPLOYEE BENEFITS DEPARTMENT	4	186,464	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - K				186,464	500
1 NON PATIENT DIETARY REV RECLASS	L				1
2 NON PATIENT DIETARY REV RECLASS	L				2
500 TOTAL RECLASSIFICATIONS CODE LETTER - L					500
1 PHONES SALARIES	M	ADMINISTRATIVE & GENERAL	5		29,302 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - M					29,302 500
1 REHAB ADMIN RECLASS	N	PHYSICAL THERAPY	66	100,090	6,411 1
2 REHAB ADMIN RECLASS	N	OCCUPATIONAL THERAPY	67	31,655	2,028 2
3 REHAB ADMIN RECLASS	N	SPEECH PATHOLOGY	68	25,127	1,610 3
500 TOTAL RECLASSIFICATIONS CODE LETTER - N				156,872	10,049 500
1 IMPLANTABLE MEDICAL DEVICE RECLASS	O	IMPL. DEV. CHARGED TO PATIENT	72		2,128,637 1
2 IMPLANTABLE MEDICAL DEVICE RECLASS	O				2
500 TOTAL RECLASSIFICATIONS CODE LETTER - O					2,128,637 500

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1 MED/SURG SUP RECLASS	P	MEDICAL SUPPLIES CHARGED TO P	71		
2 MED/SURG SUP RECLASS	P				2,069,269
3 MED/SURG SUP RECLASS	P				
4					
500 TOTAL RECLASSIFICATIONS					2,069,269
CODE LETTER - P					500
1 GALESBURG CLINIC ADMIN VACATION REC	Q				
500 TOTAL RECLASSIFICATIONS					1
CODE LETTER - Q					500
1 DISABILITY RECLASS	R	DIETARY	10		3,195
2		NURSING ADMINISTRATION	13		267
3		ADULTS & PEDIATRICS	30		23,500
4		INTENSIVE CARE UNIT	31		610
5		OPERATING ROOM	50		3,604
6		DELIVERY ROOM & LABOR ROOM	52		422
7		RESPIRATORY THERAPY	65		1,843
8		SPEECH PATHOLOGY	68		2,025
9		EMERGENCY	91		796
500 TOTAL RECLASSIFICATIONS					36,262
CODE LETTER - R					500
GRAND TOTAL (INCREASES)				1,480,531	6,488,739

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7	
			LINE #	SALARY	OTHER	REF.	
	1	6	7	8	9	10	
1 CONVENT DEPRECIATION RECLASS	A	CAP REL COSTS-BLDG & FIXT	1		4,533		9 1
500 TOTAL RECLASSIFICATIONS					4,533		500
CODE LETTER - A							
1 PHYSICIANS PRIVATE PRACTICE	B						1
500 TOTAL RECLASSIFICATIONS							500
CODE LETTER - B							
1 DEPREC RECLASS	C	CAP REL COSTS-BLDG & FIXT	1		920		9 1
2 DEPREC RECLASS	C	CAP REL COSTS-MVBLE EQUIP	2		1,645		9 2
3 DEPREC RECLASS	C	CAP REL COSTS-MVBLE EQUIP	2		18		9 3
500 TOTAL RECLASSIFICATIONS					2,583		500
CODE LETTER - C							
1 PROPERTY INSURANCE RECLASS	D	ADMINISTRATIVE & GENERAL	5		31,149		9 1
2 PROPERTY INSURANCE RECLASS	D	ADMINISTRATIVE & GENERAL	5		38,853		9 2
500 TOTAL RECLASSIFICATIONS					70,002		500
CODE LETTER - D							
1 PHYSICIAN BENEFIT RECLASS	E	PHYSICIANS' PRIVATE OFFICES	192		1,747,860		1
500 TOTAL RECLASSIFICATIONS					1,747,860		500
CODE LETTER - E							
1 DIETARY ALLOWANCE	F	DIETARY	10	401,905	385,767		1
500 TOTAL RECLASSIFICATIONS				401,905	385,767		500
CODE LETTER - F							
1 EKG SALARY RECLASS	G	RESPIRATORY THERAPY	65	55,006			1
500 TOTAL RECLASSIFICATIONS				55,006			500
CODE LETTER - G							
1 CARDIO PULMONARY REHAB	H	CARDIAC REHAB	65.20	121,831	4,475		1
500 TOTAL RECLASSIFICATIONS				121,831	4,475		500
CODE LETTER - H							

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 VACATION RECLASS	I	EMPLOYEE BENEFITS DEPARTMENT	4		264,333	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36						36
37						37
500 TOTAL RECLASSIFICATIONS					264,333	500
CODE LETTER - I						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
1		6	7	8	9	10
1 TEAM AWARD RECLASS PY & CY	J	ADMINISTRATIVE & GENERAL	5	133,300		1
2 TEAM AWARD RECLASS PY & CY	J	MAINTENANCE & REPAIRS	6	4,128		2
3 TEAM AWARD RECLASS PY & CY	J	OPERATION OF PLANT	7	1,398		3
4 TEAM AWARD RECLASS PY & CY	J	HOUSEKEEPING	9	9,718		4
5 TEAM AWARD RECLASS PY & CY	J	DIETARY	10	7,313		5
6 TEAM AWARD RECLASS PY & CY	J	NURSING ADMINISTRATION	13	4,582		6
7 TEAM AWARD RECLASS PY & CY	J					7
8 TEAM AWARD RECLASS PY & CY	J	MEDICAL RECORDS & LIBRARY	16	7,377		8
9 TEAM AWARD RECLASS PY & CY	J	SOCIAL SERVICE	17	1,950		9
10 TEAM AWARD RECLASS PY & CY	J	ADULTS & PEDIATRICS	30	29,097		10
11 TEAM AWARD RECLASS PY & CY	J	INTENSIVE CARE UNIT	31	6,922		11
12 TEAM AWARD RECLASS PY & CY	J	NURSERY	43	1,203		12
13 TEAM AWARD RECLASS PY & CY	J	OPERATING ROOM	50	10,205		13
14 TEAM AWARD RECLASS PY & CY	J	RECOVERY ROOM	51	6,760		14
15 TEAM AWARD RECLASS PY & CY	J	DELIVERY ROOM & LABOR ROOM	52	3,185		15
16 TEAM AWARD RECLASS PY & CY	J	ANESTHESIOLOGY	53	2,990		16
17 TEAM AWARD RECLASS PY & CY	J	RADIOLOGY-DIAGNOSTIC	54	9,718		17
18 TEAM AWARD RECLASS PY & CY	J	RADIOISOTOPE	56	975		18
19 TEAM AWARD RECLASS PY & CY	J	CT SCAN	57	1,788		19
20 TEAM AWARD RECLASS PY & CY	J	MRI	58	1,300		20
21 TEAM AWARD RECLASS PY & CY	J					21
22 TEAM AWARD RECLASS PY & CY	J	LABORATORY	60	9,523		22
23 TEAM AWARD RECLASS PY & CY	J	RESPIRATORY THERAPY	65	4,290		23
24 TEAM AWARD RECLASS PY & CY	J	CARDIAC STRESS LAB	65.10	1,462		24
25 TEAM AWARD RECLASS PY & CY	J	CARDIAC REHAB	65.20	1,300		25
26 TEAM AWARD RECLASS PY & CY	J	PHYSICAL THERAPY	66	5,070		26
27 TEAM AWARD RECLASS PY & CY	J	OCCUPATIONAL THERAPY	67	975		27
28 TEAM AWARD RECLASS PY & CY	J	SPEECH PATHOLOGY	68	325		28
29 TEAM AWARD RECLASS PY & CY	J	ELECTROENCEPHALOGRAPHY	70	650		29
30 TEAM AWARD RECLASS PY & CY	J	DRUGS CHARGED TO PATIENTS	73	4,550		30
31 TEAM AWARD RECLASS PY & CY	J	EMERGENCY	91	12,187		31
32 TEAM AWARD RECLASS PY & CY	J	GIFT, FLOWER, COFFEE SHOP & C	190	975		32
33 TEAM AWARD RECLASS PY & CY	J	PHYSICIANS' PRIVATE OFFICES	192	4,777		33
34 TEAM AWARD RECLASS PY & CY	J	FUND DEVELOPMENT	194.20	1,300		34
35 TEAM AWARD RECLASS PY & CY	J					35
36 TEAM AWARD RECLASS PY & CY	J	INDUSTRIAL MEDICINE	194.40	2,827		36
37 TEAM AWARD RECLASS PY & CY	J					37
38 TEAM AWARD RECLASS PY & CY	J					38
500 TOTAL RECLASSIFICATIONS				294,120		500
CODE LETTER - J						
1 TEAM AWARD A-8 ADJ RECLASS	K	EMPLOYEE BENEFITS DEPARTMENT	4		186,464	1
500 TOTAL RECLASSIFICATIONS					186,464	500
CODE LETTER - K						
1 NON PATIENT DIETARY REV RECLASS	L					1
2 NON PATIENT DIETARY REV RECLASS	L					2
500 TOTAL RECLASSIFICATIONS						500
CODE LETTER - L						
1 PHONES SALARIES	M	ADMINISTRATIVE & GENERAL	5	29,302		1
500 TOTAL RECLASSIFICATIONS				29,302		500
CODE LETTER - M						
1 REHAB ADMIN RECLASS	N	PHYSICAL THERAPY	66	156,872	10,049	1
2 REHAB ADMIN RECLASS	N					2
3 REHAB ADMIN RECLASS	N					3
500 TOTAL RECLASSIFICATIONS				156,872	10,049	500
CODE LETTER - N						
1 IMPLANTABLE MEDICAL DEVICE RECLASS	O	OPERATING ROOM	50		2,122,457	1
2 IMPLANTABLE MEDICAL DEVICE RECLASS	O	CARDIAC CATHETERIZATION	59		6,180	2
500 TOTAL RECLASSIFICATIONS					2,128,637	500
CODE LETTER - O						

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 MED/SURG SUP RECLASS	P	OPERATING ROOM	50		1,511,814	1
2 MED/SURG SUP RECLASS	P	CARDIAC CATHETERIZATION	59		14,122	2
3 MED/SURG SUP RECLASS	P	RESPIRATORY THERAPY	65		536,983	3
4		EMERGENCY	91		6,350	4
500 TOTAL RECLASSIFICATIONS CODE LETTER - P					2,069,269	500
1 GALESBURG CLINIC ADMIN VACATION REC	Q					1
500 TOTAL RECLASSIFICATIONS CODE LETTER - Q						500
1 DISABILITY RECLASS	R	DIETARY	10	3,195		1
2		NURSING ADMINISTRATION	13	267		2
3		ADULTS & PEDIATRICS	30	23,500		3
4		INTENSIVE CARE UNIT	31	610		4
5		OPERATING ROOM	50	3,604		5
6		DELIVERY ROOM & LABOR ROOM	52	422		6
7		RESPIRATORY THERAPY	65	1,843		7
8		SPEECH PATHOLOGY	68	2,025		8
9		EMERGENCY	91	796		9
500 TOTAL RECLASSIFICATIONS CODE LETTER - R GRAND TOTAL (DECREASES)				36,262	1,095,298	6,873,972

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	314,848					314,848	1
2 LAND IMPROVEMENTS	925,068					925,068	2
3 BUILDINGS AND FIXTURES	33,901,787	302,384		302,384		34,204,171	3
4 BUILDING IMPROVEMENTS	38,298					38,298	4
5 FIXED EQUIPMENT	147,855					147,855	5
6 MOVABLE EQUIPMENT	38,276,691	1,172,628		1,172,628	12,656,729	26,792,590	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	73,604,547	1,475,012		1,475,012	12,656,729	62,422,830	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	73,604,547	1,475,012		1,475,012	12,656,729	62,422,830	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1) (SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	1,089,949						1,089,949 1
2 CAP REL COSTS-MVBLE EQUIP	1,386,661						1,386,661 2
3 TOTAL (SUM OF LINES 1-2)	2,476,610						2,476,610 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3		RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL (SUM OF COLS. 5-7) 8
1 CAP REL COSTS-BLDG & FIXT	26,940,445		26,940,445	0.431580					1
2 CAP REL COSTS-MVBLE EQUIP	35,482,385		35,482,385	0.568420					2
3 TOTAL (SUM OF LINES 1-2)	62,422,830		62,422,830	1.000000					3

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2) (SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	1,115,645						1,115,645 1
2 CAP REL COSTS-MVBLE EQUIP	1,423,851						1,423,851 2
3 TOTAL	2,539,496						2,539,496 3

ADJUSTMENTS TO EXPENSES

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WORKSHEET A-8
			COST CENTER	LINE NO.	WKST A-7 REF
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-50,177	ADMINISTRATIVE & GENERAL	5	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-2,171,590			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST				
	A-8-1	-129,439			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS					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	B	-25,855	DRUGS CHARGED TO PATIENTS	73	17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-24,176	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				
	A-8-3		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				
	A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)					
			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				
	A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				
	A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33					33
34					34
35					35
36					36
37					37
37.01 OTHER OPERATING REVENUE	B	-2,891	OPERATING ROOM	50	37.01
37.02 TRANSCRIPTION	B	-11,209	MEDICAL RECORDS & LIBRARY	16	37.02
37.04 NEWBORN	B	-240	NURSERY	43	37.04
37.06 RADIOLOGY	B	-317	RADIOLOGY-DIAGNOSTIC	54	37.06
37.09 PLANT MAINTAINANCE	B	-1,000	MAINTENANCE & REPAIRS	6	37.09
37.10 DPA PROVIDER TAX	A	-3,419,152	ADMINISTRATIVE & GENERAL	5	37.10
37.13 COMMUNITY HEALTH EDUCATION	B	-19,625	ADMINISTRATIVE & GENERAL	5	37.13
37.14 PROPERTY TAX	A	-116,626	ADMINISTRATIVE & GENERAL	5	37.14
37.15 CRNA SALARIES	A	-1,508,619	ANESTHESIOLOGY	53	37.15
37.17 ER & CRNA EMPLOYEE BENEFITS	A	-449,910	EMPLOYEE BENEFITS DEPARTMENT	4	37.17
37.18 UNEMPLOYMENT CLAIMS	A	1,363	ADMINISTRATIVE & GENERAL	5	37.18
37.19 PHYSICIAN RECRUITMENT	A	-15,331	ADMINISTRATIVE & GENERAL	5	37.19
37.20 IHA, AHA, CHA DUES	A	-26,391	ADMINISTRATIVE & GENERAL	5	37.20
37.21 CLINICAL LABORATORY SVCS	A	-500	LABORATORY	60	37.21
37.22 PHYSICAL THERAPY	B	-7,010	PHYSICAL THERAPY	66	37.22
37.23 CHAPLAINCY SVCS	B	-1,022	ADMINISTRATIVE & GENERAL	5	37.23
37.30 TEAM ACCRUAL PRIOR YEAR	A	186,464	EMPLOYEE BENEFITS DEPARTMENT	4	37.30
37.31 FINANCE CHG ON PT ACCTS	B	-252,013	ADMINISTRATIVE & GENERAL	5	37.31
38					38
39					39
40					40
41 DISASTER PREPAREDNESS	B	-32,804	ADMINISTRATIVE & GENERAL	5	41
42					42
43					43

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ADJUSTMENTS TO EXPENSES

EXPENSE CLASSIFICATION ON WORKSHEET A TO/
FROM WHICH THE AMOUNT IS TO BE ADJUSTED WKST A-7
COST CENTER LINE NO. REF

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	COST CENTER 3	LINE NO. 4	REF 5
44					44
45					45
46					46
47					47
48					48
49					49
50					50
TOTAL (SUM OF LINES 1 THRU 49)		-8,078,070			
TRANSFER TO WKST A, COL. 6, LINE 200)					

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 THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJUSTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1						
2	5	ADMINISTRATIVE & GENERAL				
		SISTERS SERVICES	37,304	37,304		1
3	5	ADMINISTRATIVE & GENERAL				
		CORPORATE OFFICE CHARGES	5,451,629	5,403,440	48,189	2
4	7	OPERATION OF PLANT				
		CORPORATE OFFICE CHARGES	168,607	189,900	-21,293	3
4.04	54	RADIOLOGY-DIAGNOSTIC				
		SFI PURCHASED MAINT	143,205	231,692	-88,487	4
4.05	56	RADIOISOTOPE				
		SFI PURCHASED MAINT	24,947	40,362	-15,415	4.04
4.06	57	CT SCAN				
		SFI PURCHASED MAINT	80,750	130,645	-49,895	4.05
4.07	58	MRI				
		SFI PURCHASED MAINT	39,990	64,700	-24,710	4.06
4.08	59	CARDIAC CATHETERIZATION				
		SFI PURCHASED MAINT	28,517	46,137	-17,620	4.07
4.09	57	CT SCAN				
		SFI PURCHASED SERVICES	288,344	249,533	38,811	4.08
4.10	58	MRI				
		SFI PURCHASED SERVICES	941	815	126	4.09
4.11	65	RESPIRATORY THERAPY				
		SFI PURCHASED SERVICES	631	546	85	4.10
4.12	91	EMERGENCY				
		SFI PURCHASED SERVICES	5,716	4,946	770	4.11
4.13	60	LABORATORY				
		SYSTEMS LAB	789,001	789,001		4.12
5		TOTALS (SUM OF LINES 1-4)	7,059,582	7,189,021	-129,439	4.13
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				5

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

THE SECRETARY, BY VIRTUE OF 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.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES 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	PERCENT OF OWNERSHIP		RELATED ORGANIZATION(S) AND/OR HOME OFFICE	
		3	4	5	6
6	B OSF HEALTHCARE SYSTEMS				
7					
8					
9					
10					

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
 - B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
 - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
 - D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2	3	4	5	6	7	8	9	
1	59 CARDIAC CATHETERIZATION								1
2	65 RESPIRATORY THERAPY								2
3	91 EMERGENCY								3
4	5 ADMINISTRATIVE & GENERAL	2,300,198	1,891,301	408,897	159,800	1,674	128,608	6,430	4
5	91 EMERGENCY	10,582		10,582	159,800	141	10,833	542	5
6	13 NURSING ADMINISTRATION								6
200	TOTAL	2,310,780	1,891,301	419,479		1,815	139,441	6,972	200

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
10	11	12	13	14	15	16	17	18	
1	59	CARDIAC CATHETERIZATION							1
2	65	RESPIRATORY THERAPY							2
3	91	EMERGENCY							3
4	5	ADMINISTRATIVE & GENERAL	AGGREGATE			128,608	280,289	2,171,590	4
5	91	EMERGENCY				10,833			5
6	13	NURSING ADMINISTRATION							6
200		TOTAL				139,441	280,289	2,171,590	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	1,115,645	1,115,645				1
2 CAP REL COSTS-MVBLE EQUIP	1,423,851		1,423,851			2
4 EMPLOYEE BENEFITS DEPARTMENT	9,201,520			9,201,520		4
5 ADMINISTRATIVE & GENERAL	10,686,837	230,946	417,071	1,087,427	12,422,281	5
6 MAINTENANCE & REPAIRS	1,185,530	143,777	1,805	178,489	1,509,601	6
7 OPERATION OF PLANT	925,106	67,753	188,961	21,463	1,203,283	7
8 LAUNDRY & LINEN SERVICE	243,663	4,967			248,630	8
9 HOUSEKEEPING	774,835	4,972	4,261	198,768	982,836	9
10 DIETARY	327,892	21,420	19,665	56,889	425,866	10
11 CAFETERIA	787,672	14,238		140,250	942,160	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	730,905	3,115	22,421	237,567	994,008	13
14 CENTRAL SERVICES & SUPPLY	326,674	14,676	43,545	40,624	425,519	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	734,654	5,330	741	241,725	982,450	16
17 SOCIAL SERVICE	89,394	1,179		30,960	121,533	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	4,399,376	155,079	36,009	1,382,765	5,973,229	30
31 INTENSIVE CARE UNIT	1,418,531	13,119	3,342	367,416	1,802,408	31
43 NURSERY	252,790	5,161	1,217	80,464	339,632	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,537,233	61,278	178,158	485,255	3,261,924	50
51 RECOVERY ROOM	1,073,726	25,670		335,833	1,435,229	51
52 DELIVERY ROOM & LABOR ROOM	691,594	21,470	27,431	166,762	907,257	52
53 ANESTHESIOLOGY	350,713	319	69,155	3,831	424,018	53
54 RADIOLOGY-DIAGNOSTIC	1,447,974	58,685	175,151	380,982	2,062,792	54
56 RADIOISOTOPE	434,206	2,742		59,923	496,871	56
57 CT SCAN	1,178,925	10,302		117,844	1,307,071	57
58 MRI	734,633	5,325	11,177	76,484	827,619	58
59 CARDIAC CATHETERIZATION	58,705	5,216	30,519	723	95,163	59
60 LABORATORY	1,619,513	20,111	25,888	400,665	2,066,177	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	454,320				454,320	63
65 RESPIRATORY THERAPY	14,227	5,972	36,271	155,796	212,266	65
65.10 CARDIAC STRESS LAB	416,080	8,978	16,440	103,419	544,917	65.10
65.20 CARDIAC REHAB	122,580	965	6	41,242	164,793	65.20
66 PHYSICAL THERAPY	710,707	46,069	3,124	237,871	997,771	66
67 OCCUPATIONAL THERAPY	227,407	13,377	1,685	84,522	326,991	67
68 SPEECH PATHOLOGY	180,827	12,492	3,365	61,145	257,829	68
69 ELECTROCARDIOLOGY	28,188	557		8,886	37,631	69
70 ELECTROENCEPHALOGRAPHY	140,701	4,673	21,067	44,699	211,140	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,069,269				2,069,269	71
72 IMPL. DEV. CHARGED TO PATIENTS	2,128,637				2,128,637	72
73 DRUGS CHARGED TO PATIENTS	4,252,922	8,356	38,543	263,775	4,563,596	73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	2,376,446	45,154	39,786	781,112	3,242,498	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	57,874,408	1,043,443	1,416,804	7,875,576	56,469,215	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	110,835			15,205	126,040	190
192 PHYSICIANS' PRIVATE OFFICES	7,931,286	26,904	5,294	1,058,510	9,021,994	192
193 NONPAID WORKERS	12,107	21,624			33,731	193
194 OTHER NONREIMBURSABLE						194
194.10 MEDICAL TRANSPORTATION	3,766				3,766	194.10
194.20 FUND DEVELOPMENT	155,152	722		31,663	187,537	194.20
194.30 PUBLIC RELATIONS/MARKETING	510,001	453		15,233	525,687	194.30
194.40 INDUSTRIAL MEDICINE	639,225	13,397	1,689	162,818	817,129	194.40
194.50 FOUNDATION	34,900				34,900	194.50
194.70 FITNESS CENTER	126,306	9,102	64	42,515	177,987	194.70
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	67,397,986	1,115,645	1,423,851	9,201,520	67,397,986	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL	12,422,281					5
6 MAINTENANCE & REPAIRS	341,108	1,850,709				6
7 OPERATION OF PLANT	271,893	169,236	1,644,412			7
8 LAUNDRY & LINEN SERVICE	56,180	12,406	12,133	329,349		8
9 HOUSEKEEPING	222,081	12,419	12,145		1,229,481	9
10 DIETARY	96,228	53,503	52,324		39,707	10
11 CAFETERIA	212,890	35,565	34,781		26,395	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	224,605	7,782	7,610		5,775	13
14 CENTRAL SERVICES & SUPPLY	96,150	36,659	35,851		27,207	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	221,993	13,314	13,020		9,881	16
17 SOCIAL SERVICE	27,461	2,946	2,881		2,186	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,349,705	387,363	378,827	159,665	287,482	30
31 INTENSIVE CARE UNIT	407,270	32,768	32,046	34,053	24,319	31
43 NURSERY	76,743	12,891	12,607		9,567	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	737,061	153,063	149,690	30,498	113,596	50
51 RECOVERY ROOM	324,303	64,119	62,706	27,371	47,586	51
52 DELIVERY ROOM & LABOR ROOM	205,003	53,628	52,446	24,175	39,800	52
53 ANESTHESIOLOGY	95,811	796	778		590	53
54 RADIOLOGY-DIAGNOSTIC	466,106	146,587	143,356	13,371	108,789	54
56 RADIOISOTOPE	112,272	6,850	6,699		5,083	56
57 CT SCAN	295,344	25,732	25,165		19,097	57
58 MRI	187,008	13,301	13,008		9,871	58
59 CARDIAC CATHETERIZATION	21,503	13,028	12,741		9,669	59
60 LABORATORY	466,871	50,234	49,127		37,281	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	102,658					63
65 RESPIRATORY THERAPY	47,963	14,917	14,588		11,071	65
65.10 CARDIAC STRESS LAB	123,129	22,426	21,931		16,643	65.10
65.20 CARDIAC REHAB	37,236	2,412	2,358		1,790	65.20
66 PHYSICAL THERAPY	225,455	115,074	112,538	10,507	85,402	66
67 OCCUPATIONAL THERAPY	73,887	33,415	32,678		24,799	67
68 SPEECH PATHOLOGY	58,259	31,202	30,514		23,156	68
69 ELECTROCARDIOLOGY	8,503	1,392	1,362		1,033	69
70 ELECTROENCEPHALOGRAPHY	47,709	11,673	11,415		8,663	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	467,570					71
72 IMPL. DEV. CHARGED TO PATIENTS	480,985					72
73 DRUGS CHARGED TO PATIENTS	1,031,186	20,872	20,412		15,490	73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	732,672	112,787	110,301	29,709	83,705	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	9,952,801	1,670,360	1,468,038	329,349	1,095,633	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,480					190
192 PHYSICIANS' PRIVATE OFFICES	2,038,625	67,202	65,721		49,874	192
193 NONPAID WORKERS	7,622	54,013	52,822		40,086	193
194 OTHER NONREIMBURSABLE						194
194.10 MEDICAL TRANSPORTATION	851					194.10
194.20 FUND DEVELOPMENT	42,376	1,803	1,763		1,338	194.20
194.30 PUBLIC RELATIONS/MARKETING	118,784	1,131	1,106		840	194.30
194.40 INDUSTRIAL MEDICINE	184,638	33,464	32,727		24,836	194.40
194.50 FOUNDATION	7,886					194.50
194.70 FITNESS CENTER	40,218	22,736	22,235		16,874	194.70
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	12,422,281	1,850,709	1,644,412	329,349	1,229,481	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING	CENTRAL	MEDICAL	
	10	11	ADMINIS- TRATION 13	SERVICES & SUPPLY 14	RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	667,628					10
11 CAFETERIA		1,251,791				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		30,569	1,270,349			13
14 CENTRAL SERVICES & SUPPLY		13,766		635,152		14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		68,324		1,142	1,310,124	16
17 SOCIAL SERVICE		7,153		136		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	556,094	287,394	558,424	98,501	72,725	30
31 INTENSIVE CARE UNIT	89,011	69,336	136,794	24,823	17,752	31
43 NURSERY		13,260	26,161	3,200	5,587	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		90,963	179,462	294,428	117,056	50
51 RECOVERY ROOM		56,447	111,365	21,320	40,619	51
52 DELIVERY ROOM & LABOR ROOM		24,462	48,260	14,327	7,865	52
53 ANESTHESIOLOGY		29,084		27,047	36,004	53
54 RADIOLOGY-DIAGNOSTIC		79,121		13,113	78,549	54
56 RADIOISOTOPE		8,941		957	24,340	56
57 CT SCAN		23,922		13,512	132,018	57
58 MRI		12,653		539	54,788	58
59 CARDIAC CATHETERIZATION		135		486	1,099	59
60 LABORATORY		93,899		19,506	227,222	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					7,410	63
65 RESPIRATORY THERAPY		36,338		6,741	32,803	65
65.10 CARDIAC STRESS LAB		16,263		2,388	29,433	65.10
65.20 CARDIAC REHAB		1,451		65	3,122	65.20
66 PHYSICAL THERAPY		38,734		1,527	26,894	66
67 OCCUPATIONAL THERAPY		10,190		208	8,059	67
68 SPEECH PATHOLOGY		12,855		125	4,213	68
69 ELECTROCARDIOLOGY		1,147		201	9,043	69
70 ELECTROENCEPHALOGRAPHY		5,196		71	6,402	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					88,792	71
72 IMPL. DEV. CHARGED TO PATIENTS					51,992	72
73 DRUGS CHARGED TO PATIENTS		42,850		2,858	147,373	73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		120,486	209,883	69,975	78,964	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	645,105	1,194,939	1,270,349	617,196	1,310,124	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		2,868		29		190
192 PHYSICIANS' PRIVATE OFFICES		2,227		15,855		192
193 NONPAID WORKERS	22,523			33		193
194 OTHER NONREIMBURSABLE						194
194.10 MEDICAL TRANSPORTATION						194.10
194.20 FUND DEVELOPMENT		6,141		3		194.20
194.30 PUBLIC RELATIONS/MARKETING		3,475		58		194.30
194.40 INDUSTRIAL MEDICINE		28,274		1,355		194.40
194.50 FOUNDATION						194.50
194.70 FITNESS CENTER		13,867		623		194.70
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	667,628	1,251,791	1,270,349	635,152	1,310,124	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE	164,296				17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	136,406	10,245,815		10,245,815	30
31 INTENSIVE CARE UNIT	20,976	2,691,556		2,691,556	31
43 NURSERY	6,914	506,562		506,562	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		5,127,741		5,127,741	50
51 RECOVERY ROOM		2,191,065		2,191,065	51
52 DELIVERY ROOM & LABOR ROOM		1,377,223		1,377,223	52
53 ANESTHESIOLOGY		614,128		614,128	53
54 RADIOLOGY-DIAGNOSTIC		3,111,784		3,111,784	54
56 RADIOISOTOPE		662,013		662,013	56
57 CT SCAN		1,841,861		1,841,861	57
58 MRI		1,118,787		1,118,787	58
59 CARDIAC CATHETERIZATION		153,824		153,824	59
60 LABORATORY		3,010,317		3,010,317	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		564,388		564,388	63
65 RESPIRATORY THERAPY		376,687		376,687	65
65.10 CARDIAC STRESS LAB		777,130		777,130	65.10
65.20 CARDIAC REHAB		213,227		213,227	65.20
66 PHYSICAL THERAPY		1,613,902		1,613,902	66
67 OCCUPATIONAL THERAPY		510,227		510,227	67
68 SPEECH PATHOLOGY		418,153		418,153	68
69 ELECTROCARDIOLOGY		60,312		60,312	69
70 ELECTROENCEPHALOGRAPHY		302,269		302,269	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,625,631		2,625,631	71
72 IMPL. DEV. CHARGED TO PATIENTS		2,661,614		2,661,614	72
73 DRUGS CHARGED TO PATIENTS		5,844,637		5,844,637	73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY		4,790,980		4,790,980	91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	164,296	53,411,833		53,411,833	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		157,417		157,417	190
192 PHYSICIANS' PRIVATE OFFICES		11,261,498		11,261,498	192
193 NONPAID WORKERS		210,830		210,830	193
194 OTHER NONREIMBURSABLE					194
194.10 MEDICAL TRANSPORTATION		4,617		4,617	194.10
194.20 FUND DEVELOPMENT		240,961		240,961	194.20
194.30 PUBLIC RELATIONS/MARKETING		651,081		651,081	194.30
194.40 INDUSTRIAL MEDICINE		1,122,423		1,122,423	194.40
194.50 FOUNDATION		42,786		42,786	194.50
194.70 FITNESS CENTER		294,540		294,540	194.70
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	164,296	67,397,986		67,397,986	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	ADMINIS- TRATIVE & GENERAL 5	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5	ADMINISTRATIVE & GENERAL	1,884,460	230,946	417,071	2,532,477	2,532,477	5
6	MAINTENANCE & REPAIRS	9,274	143,777	1,805	154,856	69,540	6
7	OPERATION OF PLANT	122	67,753	188,961	256,836	55,429	7
8	LAUNDRY & LINEN SERVICE		4,967		4,967	11,453	8
9	HOUSEKEEPING		4,972	4,261	9,233	45,274	9
10	DIETARY		21,420	19,665	41,085	19,618	10
11	CAFETERIA		14,238		14,238	43,401	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION		3,115	22,421	25,536	45,789	13
14	CENTRAL SERVICES & SUPPLY	2,076	14,676	43,545	60,297	19,602	14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY	4,668	5,330	741	10,739	45,257	16
17	SOCIAL SERVICE		1,179		1,179	5,598	17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	8,197	155,079	36,009	199,285	275,157	30
31	INTENSIVE CARE UNIT	6,779	13,119	3,342	23,240	83,028	31
43	NURSERY		5,161	1,217	6,378	15,645	43
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	114,280	61,278	178,158	353,716	150,261	50
51	RECOVERY ROOM	815	25,670		26,485	66,114	51
52	DELIVERY ROOM & LABOR ROOM		21,470	27,431	48,901	41,793	52
53	ANESTHESIOLOGY		319	69,155	69,474	19,532	53
54	RADIOLOGY-DIAGNOSTIC	203,429	58,685	175,151	437,265	95,023	54
56	RADIOISOTOPE		2,742		2,742	22,888	56
57	CT SCAN		10,302		10,302	60,210	57
58	MRI	392,556	5,325	11,177	409,058	38,124	58
59	CARDIAC CATHETERIZATION		5,216	30,519	35,735	4,384	59
60	LABORATORY		20,111	25,888	45,999	95,178	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.					20,928	63
65	RESPIRATORY THERAPY	993	5,972	36,271	43,236	9,778	65
65.10	CARDIAC STRESS LAB		8,978	16,440	25,418	25,102	65.10
65.20	CARDIAC REHAB		965	6	971	7,591	65.20
66	PHYSICAL THERAPY	9,345	46,069	3,124	58,538	45,962	66
67	OCCUPATIONAL THERAPY		13,377	1,685	15,062	15,063	67
68	SPEECH PATHOLOGY		12,492	3,365	15,857	11,877	68
69	ELECTROCARDIOLOGY		557		557	1,733	69
70	ELECTROENCEPHALOGRAPHY	1,320	4,673	21,067	27,060	9,726	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS					95,321	71
72	IMPL. DEV. CHARGED TO PATIENTS					98,056	72
73	DRUGS CHARGED TO PATIENTS		8,356	38,543	46,899	210,222	73
74	RENAL DIALYSIS						74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	2,076	45,154	39,786	87,016	149,366	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
94	OTHER REIMBURSABLE COST CENTERS						94
94	HOME PROGRAM DIALYSIS						94
118	SPECIAL PURPOSE COST CENTERS						118
118	SUBTOTALS (SUM OF LINES 1-117)	2,640,390	1,043,443	1,416,804	5,100,637	2,029,023	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN					5,806	190
192	PHYSICIANS' PRIVATE OFFICES	234,778	26,904	5,294	266,976	415,618	192
193	NONPAID WORKERS		21,624		21,624	1,554	193
194	OTHER NONREIMBURSABLE						194
194.10	MEDICAL TRANSPORTATION					173	194.10
194.20	FUND DEVELOPMENT		722		722	8,639	194.20
194.30	PUBLIC RELATIONS/MARKETING		453		453	24,216	194.30
194.40	INDUSTRIAL MEDICINE	6,228	13,397	1,689	21,314	37,641	194.40
194.50	FOUNDATION					1,608	194.50
194.70	FITNESS CENTER		9,102	64	9,166	8,199	194.70
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	2,881,396	1,115,645	1,423,851	5,420,892	2,532,477	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS	224,396					6
7	OPERATION OF PLANT	20,520	332,785				7
8	LAUNDRY & LINEN SERVICE	1,504	2,455	20,379			8
9	HOUSEKEEPING	1,506	2,458		58,471		9
10	DIETARY	6,487	10,589		1,888	79,667	10
11	CAFETERIA	4,312	7,039		1,255		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	944	1,540		275		13
14	CENTRAL SERVICES & SUPPLY	4,445	7,255		1,294		14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY	1,614	2,635		470		16
17	SOCIAL SERVICE	357	583		104		17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	46,968	76,666	9,880	13,671	66,358	30
31	INTENSIVE CARE UNIT	3,973	6,485	2,107	1,157	10,621	31
43	NURSERY	1,563	2,551		455		43
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	18,559	30,293	1,887	5,402		50
51	RECOVERY ROOM	7,774	12,690	1,694	2,263		51
52	DELIVERY ROOM & LABOR ROOM	6,502	10,614	1,496	1,893		52
53	ANESTHESIOLOGY	96	157		28		53
54	RADIOLOGY-DIAGNOSTIC	17,773	29,011	827	5,174		54
56	RADIOISOTOPE	830	1,356		242		56
57	CT SCAN	3,120	5,093		908		57
58	MRI	1,613	2,632		469		58
59	CARDIAC CATHETERIZATION	1,580	2,578		460		59
60	LABORATORY	6,091	9,942		1,773		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.						63
65	RESPIRATORY THERAPY	1,809	2,952		527		65
65.10	CARDIAC STRESS LAB	2,719	4,438		792		65.10
65.20	CARDIAC REHAB	292	477		85		65.20
66	PHYSICAL THERAPY	13,953	22,775	650	4,062		66
67	OCCUPATIONAL THERAPY	4,051	6,613		1,179		67
68	SPEECH PATHOLOGY	3,783	6,175		1,101		68
69	ELECTROCARDIOLOGY	169	276		49		69
70	ELECTROENCEPHALOGRAPHY	1,415	2,310		412		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS	2,531	4,131		737		73
74	RENAL DIALYSIS						74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	13,675	22,322	1,838	3,981		91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (SUM OF LINES 1-117)	202,528	297,091	20,379	52,106	76,979	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192	PHYSICIANS' PRIVATE OFFICES	8,148	13,300		2,372		192
193	NONPAID WORKERS	6,549	10,690		1,906	2,688	193
194	OTHER NONREIMBURSABLE						194
194.10	MEDICAL TRANSPORTATION						194.10
194.20	FUND DEVELOPMENT	219	357		64		194.20
194.30	PUBLIC RELATIONS/MARKETING	137	224		40		194.30
194.40	INDUSTRIAL MEDICINE	4,058	6,623		1,181		194.40
194.50	FOUNDATION						194.50
194.70	FITNESS CENTER	2,757	4,500		802		194.70
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	224,396	332,785	20,379	58,471	79,667	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	70,245					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,715	75,799				13
14 CENTRAL SERVICES & SUPPLY	772		93,665			14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	3,834		168	64,717		16
17 SOCIAL SERVICE	401		20			17
19 NONPHYSICIAN ANESTHETISTS					8,242	19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	16,127	33,320	14,526	3,596	6,843	30
31 INTENSIVE CARE UNIT	3,891	8,162	3,661	878	1,052	31
43 NURSERY	744	1,561	472	276	347	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,104	10,708	43,417	5,788		50
51 RECOVERY ROOM	3,168	6,645	3,144	2,008		51
52 DELIVERY ROOM & LABOR ROOM	1,373	2,880	2,113	389		52
53 ANESTHESIOLOGY	1,632		3,989	1,780		53
54 RADIOLOGY-DIAGNOSTIC	4,440		1,934	3,884		54
56 RADIOISOTOPE	502		141	1,204		56
57 CT SCAN	1,342		1,993	6,528		57
58 MRI	710		79	2,709		58
59 CARDIAC CATHETERIZATION	8		72	54		59
60 LABORATORY	5,269		2,877	11,172		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				366		62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY	2,039		994	1,622		65
65.10 CARDIAC STRESS LAB	913		352	1,455		65.10
65.20 CARDIAC REHAB	81		10	154		65.20
66 PHYSICAL THERAPY	2,174		225	1,330		66
67 OCCUPATIONAL THERAPY	572		31	399		67
68 SPEECH PATHOLOGY	721		18	208		68
69 ELECTROCARDIOLOGY	64		30	447		69
70 ELECTROENCEPHALOGRAPHY	292		11	317		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				4,390		71
72 IMPL. DEV. CHARGED TO PATIENTS				2,571		72
73 DRUGS CHARGED TO PATIENTS	2,405		421	7,287		73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	6,761	12,523	10,319	3,905		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	67,054	75,799	91,017	64,717	8,242	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	161			4		190
192 PHYSICIANS' PRIVATE OFFICES	125			2,338		192
193 NONPAID WORKERS				5		193
194 OTHER NONREIMBURSABLE						194
194.10 MEDICAL TRANSPORTATION						194.10
194.20 FUND DEVELOPMENT	345					194.20
194.30 PUBLIC RELATIONS/MARKETING	195			9		194.30
194.40 INDUSTRIAL MEDICINE	1,587			200		194.40
194.50 FOUNDATION						194.50
194.70 FITNESS CENTER	778			92		194.70
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	70,245	75,799	93,665	64,717	8,242	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS DEPARTMENT				4
5 ADMINISTRATIVE & GENERAL				5
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SERVICES-SALARY & FRINGES APPRVD				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	762,397		762,397	30
31 INTENSIVE CARE UNIT	148,255		148,255	31
43 NURSERY	29,992		29,992	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	625,135		625,135	50
51 RECOVERY ROOM	131,985		131,985	51
52 DELIVERY ROOM & LABOR ROOM	117,954		117,954	52
53 ANESTHESIOLOGY	96,688		96,688	53
54 RADIOLOGY-DIAGNOSTIC	595,331		595,331	54
56 RADIOISOTOPE	29,905		29,905	56
57 CT SCAN	89,496		89,496	57
58 MRI	455,394		455,394	58
59 CARDIAC CATHETERIZATION	44,871		44,871	59
60 LABORATORY	178,301		178,301	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRANS.	21,294		21,294	63
65 RESPIRATORY THERAPY	62,957		62,957	65
65.10 CARDIAC STRESS LAB	61,189		61,189	65.10
65.20 CARDIAC REHAB	9,661		9,661	65.20
66 PHYSICAL THERAPY	149,669		149,669	66
67 OCCUPATIONAL THERAPY	42,970		42,970	67
68 SPEECH PATHOLOGY	39,740		39,740	68
69 ELECTROCARDIOLOGY	3,325		3,325	69
70 ELECTROENCEPHALOGRAPHY	41,543		41,543	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	99,711		99,711	71
72 IMPL. DEV. CHARGED TO PATIENTS	100,627		100,627	72
73 DRUGS CHARGED TO PATIENTS	274,633		274,633	73
74 RENAL DIALYSIS				74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	311,706		311,706	91
92 OBSERVATION BEDS (NON-DISTINCT PART)				92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	4,524,729		4,524,729	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,971		5,971	190
192 PHYSICIANS' PRIVATE OFFICES	708,877		708,877	192
193 NONPAID WORKERS	45,016		45,016	193
194 OTHER NONREIMBURSABLE				194
194.10 MEDICAL TRANSPORTATION	173		173	194.10
194.20 FUND DEVELOPMENT	10,346		10,346	194.20
194.30 PUBLIC RELATIONS/MARKETING	25,274		25,274	194.30
194.40 INDUSTRIAL MEDICINE	72,604		72,604	194.40
194.50 FOUNDATION	1,608		1,608	194.50
194.70 FITNESS CENTER	26,294		26,294	194.70
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	5,420,892		5,420,892	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON-CILIATION	ADMINIS-TRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	224,173					1
2 CAP REL COSTS-MVBLE EQUIP		1,386,663				2
4 EMPLOYEE BENEFITS DEPARTMENT			26,368,160			4
5 ADMINISTRATIVE & GENERAL	46,405	406,176	3,116,168	-12,422,281	54,975,705	5
6 MAINTENANCE & REPAIRS	28,890	1,758	511,483		1,509,601	6
7 OPERATION OF PLANT	13,614	184,026	61,505		1,203,283	7
8 LAUNDRY & LINEN SERVICE	998				248,630	8
9 HOUSEKEEPING	999	4,150	569,595		982,836	9
10 DIETARY	4,304	19,151	163,023		425,866	10
11 CAFETERIA	2,861		401,905		942,160	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	626	21,835	680,780		994,008	13
14 CENTRAL SERVICES & SUPPLY	2,949	42,408	116,414		425,519	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	1,071	722	692,694		982,450	16
17 SOCIAL SERVICE	237		88,720		121,533	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	31,161	35,069	3,962,472		5,973,229	30
31 INTENSIVE CARE UNIT	2,636	3,255	1,052,880		1,802,408	31
43 NURSERY	1,037	1,185	230,580		339,632	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,313	173,505	1,390,564		3,261,924	50
51 RECOVERY ROOM	5,158		962,375		1,435,229	51
52 DELIVERY ROOM & LABOR ROOM	4,314	26,715	477,878		907,257	52
53 ANESTHESIOLOGY	64	67,349	10,978		424,018	53
54 RADIOLOGY-DIAGNOSTIC	11,792	170,576	1,091,756		2,062,792	54
56 RADIOISOTOPE	551		171,716		496,871	56
57 CT SCAN	2,070		337,699		1,307,071	57
58 MRI	1,070	10,885	219,176		827,619	58
59 CARDIAC CATHETERIZATION	1,048	29,722	2,073		95,163	59
60 LABORATORY	4,041	25,212	1,148,160		2,066,177	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					454,320	63
65 RESPIRATORY THERAPY	1,200	35,324	446,453		212,266	65
65.10 CARDIAC STRESS LAB	1,804	16,011	296,361		544,917	65.10
65.20 CARDIAC REHAB	194	6	118,184		164,793	65.20
66 PHYSICAL THERAPY	9,257	3,042	681,652		997,771	66
67 OCCUPATIONAL THERAPY	2,688	1,641	242,210		326,991	67
68 SPEECH PATHOLOGY	2,510	3,277	175,220		257,829	68
69 ELECTROCARDIOLOGY	112		25,465		37,631	69
70 ELECTROENCEPHALOGRAPHY	939	20,517	128,090		211,140	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					2,069,269	71
72 IMPL. DEV. CHARGED TO PATIENTS					2,128,637	72
73 DRUGS CHARGED TO PATIENTS	1,679	37,536	755,883		4,563,596	73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	9,073	38,747	2,238,381		3,242,498	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	209,665	1,379,800	22,568,493	-12,422,281	44,046,934	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			43,571		126,040	190
192 PHYSICIANS' PRIVATE OFFICES	5,406	5,156	3,033,302		9,021,994	192
193 NONPAID WORKERS	4,345				33,731	193
194 OTHER NONREIMBURSABLE						194
194.10 MEDICAL TRANSPORTATION					3,766	194.10
194.20 FUND DEVELOPMENT	145		90,734		187,537	194.20
194.30 PUBLIC RELATIONS/MARKETING	91		43,652		525,687	194.30
194.40 INDUSTRIAL MEDICINE	2,692	1,645	466,577		817,129	194.40
194.50 FOUNDATION					34,900	194.50
194.70 FITNESS CENTER	1,829	62	121,831		177,987	194.70

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER
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KPMG LLP COMPU-MAX MICRO SYSTEM
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,115,645	1,423,851	9,201,520		12,422,281	202
203	UNIT COST MULT-WS B PT I	4.976714	1.026818	0.348963		0.225959	203
204	COST TO BE ALLOC PER B PT II					2,532,477	204
205	UNIT COST MULT-WS B PT II					0.046065	205

COST ALLOCATION - STATISTICAL BASIS .

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	
	6	7	8	9	10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS	148,878					6
7 OPERATION OF PLANT	13,614	135,264				7
8 LAUNDRY & LINEN SERVICE	998	998	430,312			8
9 HOUSEKEEPING	999	999		133,267		9
10 DIETARY	4,304	4,304		4,304	61,182	10
11 CAFETERIA	2,861	2,861		2,861		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	626	626		626		13
14 CENTRAL SERVICES & SUPPLY	2,949	2,949		2,949		14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	1,071	1,071		1,071		16
17 SOCIAL SERVICE	237	237		237		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	31,161	31,161	208,612	31,161	50,961	30
31 INTENSIVE CARE UNIT	2,636	2,636	44,492	2,636	8,157	31
43 NURSERY	1,037	1,037		1,037		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,313	12,313	39,847	12,313		50
51 RECOVERY ROOM	5,158	5,158	35,761	5,158		51
52 DELIVERY ROOM & LABOR ROOM	4,314	4,314	31,586	4,314		52
53 ANESTHESIOLOGY	64	64		64		53
54 RADIOLOGY-DIAGNOSTIC	11,792	11,792	17,470	11,792		54
56 RADIOISOTOPE	551	551		551		56
57 CT SCAN	2,070	2,070		2,070		57
58 MRI	1,070	1,070		1,070		58
59 CARDIAC CATHETERIZATION	1,048	1,048		1,048		59
60 LABORATORY	4,041	4,041		4,041		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY	1,200	1,200		1,200		65
65.10 CARDIAC STRESS LAB	1,804	1,804		1,804		65.10
65.20 CARDIAC REHAB	194	194		194		65.20
66 PHYSICAL THERAPY	9,257	9,257	13,728	9,257		66
67 OCCUPATIONAL THERAPY	2,688	2,688		2,688		67
68 SPEECH PATHOLOGY	2,510	2,510		2,510		68
69 ELECTROCARDIOLOGY	112	112		112		69
70 ELECTROENCEPHALOGRAPHY	939	939		939		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS	1,679	1,679		1,679		73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	9,073	9,073	38,816	9,073		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	134,370	120,756	430,312	118,759	59,118	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	5,406	5,406		5,406		192
193 NONPAID WORKERS	4,345	4,345		4,345	2,064	193
194 OTHER NONREIMBURSABLE						194
194.10 MEDICAL TRANSPORTATION						194.10
194.20 FUND DEVELOPMENT	145	145		145		194.20
194.30 PUBLIC RELATIONS/MARKETING	91	91		91		194.30
194.40 INDUSTRIAL MEDICINE	2,692	2,692		2,692		194.40
194.50 FOUNDATION						194.50
194.70 FITNESS CENTER	1,829	1,829		1,829		194.70

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,850,709	1,644,412	329,349	1,229,481	667,628	202
203	UNIT COST MULT-WS B PT I	12.431044	12.157056	0.765373	9.225697	10.912164	203
204	COST TO BE ALLOC PER B PT II	224,396	332,785	20,379	58,471	79,667	204
205	UNIT COST MULT-WS B PT II	1.507248	2.460263	0.047359	0.438751	1.302131	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA FTE'S 11	NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE PATIENT DAYS 17	
1 GENERAL SERVICE COST CENTERS						
2 CAP REL COSTS-BLDG & FIXT						1
4 EMPLOYEE BENEFITS DEPARTMENT						2
5 ADMINISTRATIVE & GENERAL						4
6 MAINTENANCE & REPAIRS						5
7 OPERATION OF PLANT						6
8 LAUNDRY & LINEN SERVICE						7
9 HOUSEKEEPING						8
10 DIETARY						9
11 CAFETERIA	37,101					10
12 MAINTENANCE OF PERSONNEL						11
13 NURSING ADMINISTRATION	906	19,084				12
14 CENTRAL SERVICES & SUPPLY	408		2,080,370			13
15 PHARMACY						14
16 MEDICAL RECORDS & LIBRARY	2,025		3,740	295,790,154		15
17 SOCIAL SERVICE	212		447		12,618	16
19 NONPHYSICIAN ANESTHETISTS						17
20 NURSING SCHOOL						19
21 I&R SERVICES-SALARY & FRINGES APPRVD						20
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						21
23 PARAMED ED PRGM-(SPECIFY)						22
30 INPATIENT ROUTINE SERV COST CENTERS						23
31 ADULTS & PEDIATRICS	8,518	8,389	322,630	16,420,114	10,476	30
43 INTENSIVE CARE UNIT	2,055	2,055	81,306	4,008,052	1,611	31
ANCILLARY SERVICE COST CENTERS						
50 NURSERY	393	393	10,480	1,261,405	531	43
51 OPERATING ROOM	2,696	2,696	964,358	26,429,513		50
52 RECOVERY ROOM	1,673	1,673	69,830	9,171,079		51
53 DELIVERY ROOM & LABOR ROOM	725	725	46,926	1,775,852		52
54 ANESTHESIOLOGY	862		88,591	8,129,076		53
55 RADIOLOGY-DIAGNOSTIC	2,345		42,951	17,735,132		54
56 RADIOISOTOPE	265		3,133	5,495,591		55
57 CT SCAN	709		44,258	29,807,523		56
58 MRI	375		1,765	12,370,354		57
59 CARDIAC CATHETERIZATION	4		1,593	248,076		58
60 LABORATORY	2,783		63,891	51,287,773		59
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						60
63 BLOOD STORING, PROCESSING & TRANS.				1,673,145		62.30
65 RESPIRATORY THERAPY	1,077		22,081	7,406,398		63
65.10 CARDIAC STRESS LAB	482		7,822	6,645,538		65
65.20 CARDIAC REHAB	43		214	704,804		65.10
66 PHYSICAL THERAPY	1,148		5,003	6,072,358		65.20
67 OCCUPATIONAL THERAPY	302		682	1,819,657		66
68 SPEECH PATHOLOGY	381		408	951,178		67
69 ELECTROCARDIOLOGY	34		657	2,041,755		68
70 ELECTROENCEPHALOGRAPHY	154		234	1,445,519		69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				20,047,904		70
72 IMPL. DEV. CHARGED TO PATIENTS				11,738,924		71
73 DRUGS CHARGED TO PATIENTS	1,270		9,361	33,274,654		72
74 RENAL DIALYSIS						73
76.97 CARDIAC REHABILITATION						74
76.98 HYPERBARIC OXYGEN THERAPY						76.97
76.99 LITHOTRIPSY						76.98
OUTPATIENT SERVICE COST CENTERS						76.99
91 EMERGENCY	3,571	3,153	229,194	17,828,780		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
118 SPECIAL PURPOSE COST CENTERS						
SUBTOTALS (SUM OF LINES 1-117)	35,416	19,084	2,021,555	295,790,154	12,618	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	85		95			190
192 PHYSICIANS' PRIVATE OFFICES	66		51,931			192
193 NONPAID WORKERS			107			193
194 OTHER NONREIMBURSABLE						194
194.10 MEDICAL TRANSPORTATION						194.10
194.20 FUND DEVELOPMENT	182		11			194.20
194.30 PUBLIC RELATIONS/MARKETING	103		191			194.30
194.40 INDUSTRIAL MEDICINE	838		4,439			194.40
194.50 FOUNDATION						194.50
194.70 FITNESS CENTER	411		2,041			194.70

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE PATIENT DAYS	
		FTE'S					
		11	13	14	16	17	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,251,791	1,270,349	635,152	1,310,124	164,296	202
203	UNIT COST MULT-WS B PT I	33.740088	66.566181	0.305307	0.004429	13.020764	203
204	COST TO BE ALLOC PER B PT II	70,245	75,799	93,665	64,717	8,242	204
205	UNIT COST MULT-WS B PT II	1.893345	3.971861	0.045023	0.000219	0.653194	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

	GENERAL SERVICE COST CENTERS	
1	CAP REL COSTS-BLDG & FIXT	1
2	CAP REL COSTS-MVBLE EQUIP	2
4	EMPLOYEE BENEFITS DEPARTMENT	4
5	ADMINISTRATIVE & GENERAL	5
6	MAINTENANCE & REPAIRS	6
7	OPERATION OF PLANT	7
8	LAUNDRY & LINEN SERVICE	8
9	HOUSEKEEPING	9
10	DIETARY	10
11	CAFETERIA	11
12	MAINTENANCE OF PERSONNEL	12
13	NURSING ADMINISTRATION	13
14	CENTRAL SERVICES & SUPPLY	14
15	PHARMACY	15
16	MEDICAL RECORDS & LIBRARY	16
17	SOCIAL SERVICE	17
19	NONPHYSICIAN ANESTHETISTS	19
20	NURSING SCHOOL	20
21	I&R SERVICES-SALARY & FRINGES APPRVD	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	22
23	PARAMED ED PRGM-(SPECIFY)	23
	INPATIENT ROUTINE SERV COST CENTERS	
30	ADULTS & PEDIATRICS	30
31	INTENSIVE CARE UNIT	31
43	NURSERY	43
	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
56	RADIOISOTOPE	56
57	CT SCAN	57
58	MRI	58
59	CARDIAC CATHETERIZATION	59
60	LABORATORY	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
63	BLOOD STORING, PROCESSING & TRANS.	63
65	RESPIRATORY THERAPY	65
65.10	CARDIAC STRESS LAB	65.10
65.20	CARDIAC REHAB	65.20
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
76.97	CARDIAC REHABILITATION	76.97
76.98	HYPERBARIC OXYGEN THERAPY	76.98
76.99	LITHOTRIPSY	76.99
	OUTPATIENT SERVICE COST CENTERS	
91	EMERGENCY	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	92
	OTHER REIMBURSABLE COST CENTERS	
94	HOME PROGRAM DIALYSIS	94
	SPECIAL PURPOSE COST CENTERS	
118	SUBTOTALS (SUM OF LINES 1-117)	118
	NONREIMBURSABLE COST CENTERS	
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190
192	PHYSICIANS' PRIVATE OFFICES	192
193	NONPAID WORKERS	193
194	OTHER NONREIMBURSABLE	194
194.10	MEDICAL TRANSPORTATION	194.10
194.20	FUND DEVELOPMENT	194.20
194.30	PUBLIC RELATIONS/MARKETING	194.30
194.40	INDUSTRIAL MEDICINE	194.40
194.50	FOUNDATION	194.50
194.70	FITNESS CENTER	194.70

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

200	CROSS FOOT ADJUSTMENTS	200
201	NEGATIVE COST CENTER	201
202	COST TO BE ALLOC PER B PT I	202
203	UNIT COST MULT-WS B PT I	203
204	COST TO BE ALLOC PER B PT II	204
205	UNIT COST MULT-WS B PT II	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	10,245,815		10,245,815		10,245,815	30
31 INTENSIVE CARE UNIT	2,691,556		2,691,556		2,691,556	31
43 NURSERY	506,562		506,562		506,562	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,127,741		5,127,741		5,127,741	50
51 RECOVERY ROOM	2,191,065		2,191,065		2,191,065	51
52 DELIVERY ROOM & LABOR ROOM	1,377,223		1,377,223		1,377,223	52
53 ANESTHESIOLOGY	614,128		614,128		614,128	53
54 RADIOLOGY-DIAGNOSTIC	3,111,784		3,111,784		3,111,784	54
56 RADIOISOTOPE	662,013		662,013		662,013	56
57 CT SCAN	1,841,861		1,841,861		1,841,861	57
58 MRI	1,118,787		1,118,787		1,118,787	58
59 CARDIAC CATHETERIZATION	153,824		153,824		153,824	59
60 LABORATORY	3,010,317		3,010,317		3,010,317	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	564,388		564,388		564,388	63
65 RESPIRATORY THERAPY	376,687		376,687		376,687	65
65.10 CARDIAC STRESS LAB	777,130		777,130		777,130	65.10
65.20 CARDIAC REHAB	213,227		213,227		213,227	65.20
66 PHYSICAL THERAPY	1,613,902		1,613,902		1,613,902	66
67 OCCUPATIONAL THERAPY	510,227		510,227		510,227	67
68 SPEECH PATHOLOGY	418,153		418,153		418,153	68
69 ELECTROCARDIOLOGY	60,312		60,312		60,312	69
70 ELECTROENCEPHALOGRAPHY	302,269		302,269		302,269	70
71 MEDICAL SUPPLIES CHARGED TO	2,625,631		2,625,631		2,625,631	71
72 IMPL. DEV. CHARGED TO PATIE	2,661,614		2,661,614		2,661,614	72
73 DRUGS CHARGED TO PATIENTS	5,844,637		5,844,637		5,844,637	73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	4,790,980		4,790,980	280,289	5,071,269	91
92 OBSERVATION BEDS (NON-DISTI OTHER REIMBURSABLE COST CENTERS	948,689		948,689		948,689	92
94 HOME PROGRAM DIALYSIS						94
200 SUBTOTAL (SEE INSTRUCTIONS)	54,360,522		54,360,522	280,289	54,640,811	200
201 LESS OBSERVATION BEDS	948,689		948,689		948,689	201
202 TOTAL (SEE INSTRUCTIONS)	53,411,833		53,411,833		53,692,122	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	15,075,140		15,075,140			30
31 INTENSIVE CARE UNIT	4,008,052		4,008,052			31
43 NURSERY	1,261,405		1,261,405			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,125,331	18,304,182	26,429,513	0.194016	0.194016	0.194016 50
51 RECOVERY ROOM	1,287,402	7,883,677	9,171,079	0.238910	0.238910	0.238910 51
52 DELIVERY ROOM & LABOR ROOM	1,395,797	380,055	1,775,852	0.775528	0.775528	0.775528 52
53 ANESTHESIOLOGY	6,378,471	1,750,605	8,129,076	0.075547	0.075547	0.075547 53
54 RADIOLOGY-DIAGNOSTIC	2,468,620	15,266,512	17,735,132	0.175459	0.175459	0.175459 54
56 RADIOISOTOPE	327,410	5,168,181	5,495,591	0.120463	0.120463	0.120463 56
57 CT SCAN	4,155,820	25,651,703	29,807,523	0.061792	0.061792	0.061792 57
58 MRI	556,456	11,813,898	12,370,354	0.090441	0.090441	0.090441 58
59 CARDIAC CATHETERIZATION	84,470	163,606	248,076	0.620068	0.620068	0.620068 59
60 LABORATORY	12,045,594	39,242,179	51,287,773	0.058695	0.058695	0.058695 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	1,140,075	533,070	1,673,145	0.337322	0.337322	0.337322 63
65 RESPIRATORY THERAPY	6,559,743	846,655	7,406,398	0.050860	0.050860	0.050860 65
65.10 CARDIAC STRESS LAB	1,418,701	5,226,837	6,645,538	0.116940	0.116940	0.116940 65.10
65.20 CARDIAC REHAB		704,804	704,804	0.302534	0.302534	0.302534 65.20
66 PHYSICAL THERAPY	1,449,711	4,622,647	6,072,358	0.265778	0.265778	0.265778 66
67 OCCUPATIONAL THERAPY	474,749	1,344,908	1,819,657	0.280397	0.280397	0.280397 67
68 SPEECH PATHOLOGY	292,314	658,864	951,178	0.439616	0.439616	0.439616 68
69 ELECTROCARDIOLOGY	646,890	1,394,865	2,041,755	0.029539	0.029539	0.029539 69
70 ELECTROENCEPHALOGRAPHY	15,668	1,429,851	1,445,519	0.209108	0.209108	0.209108 70
71 MEDICAL SUPPLIES CHARGED TO	10,235,068	9,812,836	20,047,904	0.130968	0.130968	0.130968 71
72 IMPL. DEV. CHARGED TO PATIE	8,097,143	3,641,781	11,738,924	0.226734	0.226734	0.226734 72
73 DRUGS CHARGED TO PATIENTS	15,258,199	18,016,455	33,274,654	0.175648	0.175648	0.175648 73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	4,061,418	13,767,362	17,828,780	0.268722	0.268722	0.268722 91
92 OBSERVATION BEDS (NON-DISTI		1,344,974	1,344,974	0.705359	0.705359	0.705359 92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 SUBTOTAL (SEE INSTRUCTIONS)	106,819,647	188,970,507	295,790,154			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	106,819,647	188,970,507	295,790,154			202

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED	TOTAL PATIENT DAYS	PER	INPAT PGM DAYS	INPAT PGM
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)		DIEM (COL.3 ÷ COL.4)		CAP COST (COL.5 x COL.6)
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	762,397		762,397	11,448	66.60	5,631	375,025 30
31 INTENSIVE CARE UNIT	148,255		148,255	1,611	92.03	969	89,177 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	29,992		29,992	531	56.48		43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	940,644		940,644	13,590		6,600	464,202 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0064) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	625,135	26,429,513	0.023653	3,546,000	83,874	50
51 RECOVERY ROOM	131,985	9,171,079	0.014391	616,530	8,872	51
52 DELIVERY ROOM & LABOR ROOM	117,954	1,775,852	0.066421	42,442	2,819	52
53 ANESTHESIOLOGY	96,688	8,129,076	0.011894	1,166,176	13,870	53
54 RADIOLOGY-DIAGNOSTIC	595,331	17,735,132	0.033568	1,334,051	44,781	54
56 RADIOISOTOPE	29,905	5,495,591	0.005442	211,290	1,150	56
57 CT SCAN	89,496	29,807,523	0.003002	1,879,279	5,642	57
58 MRI	455,394	12,370,354	0.036813	279,437	10,287	58
59 CARDIAC CATHETERIZATION	44,871	248,076	0.180876	23,246	4,205	59
60 LABORATORY	178,301	51,287,773	0.003476	6,524,778	22,680	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	21,294	1,673,145	0.012727	715,231	9,103	63
65 RESPIRATORY THERAPY	62,957	7,406,398	0.008500	4,011,820	34,100	65
65.10 CARDIAC STRESS LAB	61,189	6,645,538	0.009208	845,710	7,787	65.10
65.20 CARDIAC REHAB	9,661	704,804	0.013707			65.20
66 PHYSICAL THERAPY	149,669	6,072,358	0.024648	875,288	21,574	66
67 OCCUPATIONAL THERAPY	42,970	1,819,657	0.023614	318,262	7,515	67
68 SPEECH PATHOLOGY	39,740	951,178	0.041780	206,104	8,611	68
69 ELECTROCARDIOLOGY	3,325	2,041,755	0.001629	355,855	580	69
70 ELECTROENCEPHALOGRAPHY	41,543	1,445,519	0.028739	10,195	293	70
71 MEDICAL SUPPLIES CHARGED TO P	99,711	20,047,904	0.004974	5,201,971	25,875	71
72 IMPL. DEV. CHARGED TO PATIENT	100,627	11,738,924	0.008572	3,782,915	32,427	72
73 DRUGS CHARGED TO PATIENTS	274,633	33,274,654	0.008254	8,190,706	67,606	73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	311,706	17,828,780	0.017483	1,628,169	28,465	91
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	70,593	1,344,974	0.052487			92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)	3,654,678	275,445,557		41,765,455	442,116	200

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

	COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
	INPAT ROUTINE SERV COST CTRS					
30	ADULTS & PEDIATRICS					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 (SUM OF LINES 30-199)					200

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	11,448		5,631		30
31 INTENSIVE CARE UNIT	1,611		969		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	531				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	13,590		6,600		200

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0064) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
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
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
65.10 CARDIAC STRESS LAB						65.10
65.20 CARDIAC REHAB						65.20
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0064) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] PPS [] TEFRA		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. 1, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	26,429,513		3,546,000		6,488,298	50
51	RECOVERY ROOM	9,171,079		616,530		2,755,634	51
52	DELIVERY ROOM & LABOR ROOM	1,775,852		42,442		6,431	52
53	ANESTHESIOLOGY	8,129,076		1,166,176		1,750,605	53
54	RADIOLOGY-DIAGNOSTIC	17,735,132		1,334,051		4,238,409	54
56	RADIOISOTOPE	5,495,591		211,290		2,087,859	56
57	CT SCAN	29,807,523		1,879,279		8,606,992	57
58	MRI	12,370,354		279,437		3,494,030	58
59	CARDIAC CATHETERIZATION	248,076		23,246		67,060	59
60	LABORATORY	51,287,773		6,524,778		1,003,593	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	1,673,145		715,231		247,826	63
65	RESPIRATORY THERAPY	7,406,398		4,011,820		309,083	65
65.10	CARDIAC STRESS LAB	6,645,538		845,710		2,487,420	65.10
65.20	CARDIAC REHAB	704,804				367,510	65.20
66	PHYSICAL THERAPY	6,072,358		875,288		342	66
67	OCCUPATIONAL THERAPY	1,819,657		318,262			67
68	SPEECH PATHOLOGY	951,178		206,104			68
69	ELECTROCARDIOLOGY	2,041,755		355,855		514,932	69
70	ELECTROENCEPHALOGRAPHY	1,445,519		10,195		443,947	70
71	MEDICAL SUPPLIES CHARGED TO	20,047,904		5,201,971		3,307,190	71
72	IMPL. DEV. CHARGED TO PATIEN	11,738,924		3,782,915		1,603,899	72
73	DRUGS CHARGED TO PATIENTS	33,274,654		8,190,706		6,792,083	73
74	RENAL DIALYSIS						74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	17,828,780		1,628,169		3,228,509	91
92	OBSERVATION BEDS (NON-DISTIN	1,344,974				531,895	92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	275,445,557		41,765,455		50,333,547	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0064) [] SUB (OTHER)
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES -----				PROGRAM COSTS -----			
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES SUBJECT TO DED & COINS 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.194016	6,488,298			1,258,834				50
51 RECOVERY ROOM	0.238910	2,755,634			658,349				51
52 DELIVERY ROOM & LABOR ROOM	0.775528	6,431			4,987				52
53 ANESTHESIOLOGY	0.075547	1,750,605			132,253				53
54 RADIOLOGY-DIAGNOSTIC	0.175459	4,238,409			743,667				54
56 RADIOISOTOPE	0.120463	2,087,859			251,510				56
57 CT SCAN	0.061792	8,606,992			531,843				57
58 MRI	0.090441	3,494,030			316,004				58
59 CARDIAC CATHETERIZATION	0.620068	67,060			41,582				59
60 LABORATORY	0.058695	1,003,593			58,906				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63 BLOOD STORING, PROCESSING & TRA	0.337322	247,826			83,597				63
65 RESPIRATORY THERAPY	0.050860	309,083			15,720				65
65.10 CARDIAC STRESS LAB	0.116940	2,487,420			290,879				65.10
65.20 CARDIAC REHAB	0.302534	367,510			111,184				65.20
66 PHYSICAL THERAPY	0.265778	342			91				66
67 OCCUPATIONAL THERAPY	0.280397								67
68 SPEECH PATHOLOGY	0.439616								68
69 ELECTROCARDIOLOGY	0.029539	514,932			15,211				69
70 ELECTROENCEPHALOGRAPHY	0.209108	443,947			92,833				70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.130968	3,307,190			433,136				71
72 IMPL. DEV. CHARGED TO PATIENTS	0.226734	1,603,899			363,658				72
73 DRUGS CHARGED TO PATIENTS	0.175648	6,792,083		22,821	1,193,016			4,008	73
74 RENAL DIALYSIS									74
76.97 CARDIAC REHABILITATION									76.97
76.98 HYPERBARIC OXYGEN THERAPY									76.98
76.99 LITHOTRIPSY									76.99
OUTPATIENT SERVICE COST CENTERS									
91 EMERGENCY	0.268722	3,228,509			867,571				91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.705359	531,895			375,177				92
94 HOME PROGRAM DIALYSIS									94
200 SUBTOTAL (SEE INSTRUCTIONS)		50,333,547		22,821	7,840,008			4,008	200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)		50,333,547		22,821	7,840,008			4,008	202

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED	TOTAL PATIENT DAYS	PER	INPAT PGM DAYS	INPAT PGM
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)		DIEM (COL.3 + COL.4)		CAP COST (COL.5 x COL.6)
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	762,397		762,397	11,448	66.60	986	65,668 30
31 INTENSIVE CARE UNIT	148,255		148,255	1,611	92.03	131	12,056 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	29,992		29,992	531	56.48	256	14,459 43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	940,644		940,644	13,590		1,373	92,183 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0064) [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII-PT A [] IPF
 BOXES [XX] TITLE XIX [] IRF

[] PPS
 [] TEFRA
 [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	625,135	26,429,513	0.023653		50
51 RECOVERY ROOM	131,985	9,171,079	0.014391		51
52 DELIVERY ROOM & LABOR ROOM	117,954	1,775,852	0.066421		52
53 ANESTHESIOLOGY	96,688	8,129,076	0.011894		53
54 RADIOLOGY-DIAGNOSTIC	595,331	17,735,132	0.033568		54
56 RADIOISOTOPE	29,905	5,495,591	0.005442		56
57 CT SCAN	89,496	29,807,523	0.003002		57
58 MRI	455,394	12,370,354	0.036813		58
59 CARDIAC CATHETERIZATION	44,871	248,076	0.180876		59
60 LABORATORY	178,301	51,287,773	0.003476		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T	21,294	1,673,145	0.012727		63
65 RESPIRATORY THERAPY	62,957	7,406,398	0.008500		65
65.10 CARDIAC STRESS LAB	61,189	6,645,538	0.009208		65.10
65.20 CARDIAC REHAB	9,661	704,804	0.013707		65.20
66 PHYSICAL THERAPY	149,669	6,072,358	0.024648		66
67 OCCUPATIONAL THERAPY	42,970	1,819,657	0.023614		67
68 SPEECH PATHOLOGY	39,740	951,178	0.041780		68
69 ELECTROCARDIOLOGY	3,325	2,041,755	0.001629		69
70 ELECTROENCEPHALOGRAPHY	41,543	1,445,519	0.028739		70
71 MEDICAL SUPPLIES CHARGED TO P	99,711	20,047,904	0.004974		71
72 IMPL. DEV. CHARGED TO PATIENT	100,627	11,738,924	0.008572		72
73 DRUGS CHARGED TO PATIENTS	274,633	33,274,654	0.008254		73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	311,706	17,828,780	0.017483		91
92 OBSERVATION BEDS (NON-DISTINC	70,593	1,344,974	0.052487		92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-199)	3,654,678	275,445,557			200

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

	COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
	INPAT ROUTINE SERV COST CTRS					
30	ADULTS & PEDIATRICS					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 (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 + COL.6 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	11,448		986		30
31 INTENSIVE CARE UNIT	1,611		131		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	531		256		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	13,590		1,373		200

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER
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 IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK TITLE V HOSPITAL (14-0064) SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII-PT A IPF SNF TEFRA
 BOXES TITLE XIX IRF NF OTHER

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
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
56 RADIOISOTOPE						56
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
65.10 CARDIAC STRESS LAB						65.10
65.20 CARDIAC REHAB						65.20
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2012 TO 09/30/2013

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0064)	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEERA		
BOXES	[XX] TITLE XIX	[] IRF	[] NF		[XX] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	26,429,513					50
51	RECOVERY ROOM	9,171,079					51
52	DELIVERY ROOM & LABOR ROOM	1,775,852					52
53	ANESTHESIOLOGY	8,129,076					53
54	RADIOLOGY-DIAGNOSTIC	17,735,132					54
56	RADIOISOTOPE	5,495,591					56
57	CT SCAN	29,807,523					57
58	MRI	12,370,354					58
59	CARDIAC CATHETERIZATION	248,076					59
60	LABORATORY	51,287,773					60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	1,673,145					63
65	RESPIRATORY THERAPY	7,406,398					65
65.10	CARDIAC STRESS LAB	6,645,538					65.10
65.20	CARDIAC REHAB	704,804					65.20
66	PHYSICAL THERAPY	6,072,358					66
67	OCCUPATIONAL THERAPY	1,819,657					67
68	SPEECH PATHOLOGY	951,178					68
69	ELECTROCARDIOLOGY	2,041,755					69
70	ELECTROENCEPHALOGRAPHY	1,445,519					70
71	MEDICAL SUPPLIES CHARGED TO	20,047,904					71
72	IMPL. DEV. CHARGED TO PATIEN	11,738,924					72
73	DRUGS CHARGED TO PATIENTS	33,274,654					73
74	RENAL DIALYSIS						74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	17,828,780					91
92	OBSERVATION BEDS (NON-DISTIN	1,344,974					92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	275,445,557					200

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0064) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS		
		PPS REIMBURSED SERVICES 2	COST REIMB. SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SUBJECT TO DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7	
50 ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.194016						50	
51 RECOVERY ROOM	0.238910						51	
52 DELIVERY ROOM & LABOR ROOM	0.775528						52	
53 ANESTHESIOLOGY	0.075547						53	
54 RADIOLOGY-DIAGNOSTIC	0.175459						54	
56 RADIOISOTOPE	0.120463						56	
57 CT SCAN	0.061792						57	
58 MRI	0.090441						58	
59 CARDIAC CATHETERIZATION	0.620068						59	
60 LABORATORY	0.058695						60	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63 BLOOD STORING, PROCESSING & TRA	0.337322						63	
65 RESPIRATORY THERAPY	0.050860						65	
65.10 CARDIAC STRESS LAB	0.116940						65.10	
65.20 CARDIAC REHAB	0.302534						65.20	
66 PHYSICAL THERAPY	0.265778						66	
67 OCCUPATIONAL THERAPY	0.280397						67	
68 SPEECH PATHOLOGY	0.439616						68	
69 ELECTROCARDIOLOGY	0.029539						69	
70 ELECTROENCEPHALOGRAPHY	0.209108						70	
71 MEDICAL SUPPLIES CHARGED TO PAT	0.130968						71	
72 IMPL. DEV. CHARGED TO PATIENTS	0.226734						72	
73 DRUGS CHARGED TO PATIENTS	0.175648						73	
74 RENAL DIALYSIS							74	
76.97 CARDIAC REHABILITATION							76.97	
76.98 HYPERBARIC OXYGEN THERAPY							76.98	
76.99 LITHOTRIPSY							76.99	
91 OUTPATIENT SERVICE COST CENTERS							91	
91 EMERGENCY	0.268722						91	
92 OBSERVATION BEDS (NON-DISTINCT	0.705359						92	
92 OTHER REIMBURSABLE COST CENTERS							92	
94 HOME PROGRAM DIALYSIS							94	
200 SUBTOTAL (SEE INSTRUCTIONS)							200	
201 LESS PBP CLINIC LAB SERVICES							201	
202 NET CHARGES (LINE 200 - LINE 201)							202	

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

CHECK	[]	TITLE V-INPT	[XX]	HOSPITAL (14-0064)	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[]	SNF	[]		[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[]	IRF	[]	NF	[]		[]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	11,448	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	11,448	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,388	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 (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7							
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8							
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	5,631	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 TITLE XIX ONLY)		15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16							
SWING-BED ADJUSTMENT										
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17							
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18							
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19							
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20							
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	10,245,815	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	10,245,815	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-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 - LINE 36)	10,245,815	37							

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0064) [] SUB (OTHER)
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF
 BOXES [] TITLE XIX-INPT [] IRF

[XX] PPS
 [] TEFRA
 [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 894.99 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 5,039,689 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 5,039,689 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	2,691,556	1,611	1,670.74	969	1,618,947	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					6,164,732	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					12,823,368	49
PASS-THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					464,202	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					442,116	51
52 TOTAL PROGRAM EXCLUDABLE COST					906,318	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					11,917,050	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						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 (LINES 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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 1,060 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 894.99 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 948,689 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST					
90 CAPITAL-RELATED COST	762,397	10,245,815	0.074411	948,689	70,593 90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0064) [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII-PT A [] IPF
 BOXES [XX] TITLE XIX-INPT [] IRF

[] PPS
 [] TEFRA
 [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 894.99 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 882,460 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) 882,460 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5
42 NURSERY (TITLES V AND XIX ONLY)	506,562	531	953.98	256	244,219 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	2,691,556	1,611	1,670.74	131	218,867 43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					1,345,546 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 92,183 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)
 52 TOTAL PROGRAM EXCLUDABLE COST 92,183 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 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 (LINES 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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 1,060 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 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST					
90 CAPITAL-RELATED COST					90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2012 TO 09/30/2013

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2013.11
 02/27/2014 18:49

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK TITLE V HOSPITAL (14-0064) SUB (OTHER) S/B SNF PPS
 APPLICABLE TITLE XVIII-PT A IPF SNF S/B NF TEFRA
 BOXES TITLE XIX IRF NF ICF/MR OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		7,233,436		30
31 INTENSIVE CARE UNIT		2,333,718		31
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.194016	3,546,000	687,981	50
51 RECOVERY ROOM	0.238910	616,530	147,295	51
52 DELIVERY ROOM & LABOR ROOM	0.775528	42,442	32,915	52
53 ANESTHESIOLOGY	0.075547	1,166,176	88,101	53
54 RADIOLOGY-DIAGNOSTIC	0.175459	1,334,051	234,071	54
56 RADIOISOTOPE	0.120463	211,290	25,453	56
57 CT SCAN	0.061792	1,879,279	116,124	57
58 MRI	0.090441	279,437	25,273	58
59 CARDIAC CATHETERIZATION	0.620068	23,246	14,414	59
60 LABORATORY	0.058695	6,524,778	382,972	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.337322	715,231	241,263	63
65 RESPIRATORY THERAPY	0.050860	4,011,820	204,041	65
65.10 CARDIAC STRESS LAB	0.116940	845,710	98,897	65.10
65.20 CARDIAC REHAB	0.302534			65.20
66 PHYSICAL THERAPY	0.265778	875,288	232,632	66
67 OCCUPATIONAL THERAPY	0.280397	318,262	89,240	67
68 SPEECH PATHOLOGY	0.439616	206,104	90,607	68
69 ELECTROCARDIOLOGY	0.029539	355,855	10,512	69
70 ELECTROENCEPHALOGRAPHY	0.209108	10,195	2,132	70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.130968	5,201,971	681,292	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.226734	3,782,915	857,715	72
73 DRUGS CHARGED TO PATIENTS	0.175648	8,190,706	1,438,681	73
74 RENAL DIALYSIS				74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.284443	1,628,169	463,121	91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.705359			92
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		41,765,455	6,164,732	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		41,765,455		202

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER
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VERSION: 2013.11
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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK TITLE V HOSPITAL (14-0064) SUB (OTHER) S/B SNF PPS
 APPLICABLE TITLE XVIII-PT A IPF SNF S/B NF TEFRA
 BOXES TITLE XIX IRF NF ICF/MR OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS	
			(COL.1 x	COL.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	0.194016			50
51 RECOVERY ROOM	0.238910			51
52 DELIVERY ROOM & LABOR ROOM	0.775528			52
53 ANESTHESIOLOGY	0.075547			53
54 RADIOLOGY-DIAGNOSTIC	0.175459			54
56 RADIOISOTOPE	0.120463			56
57 CT SCAN	0.061792			57
58 MRI	0.090441			58
59 CARDIAC CATHETERIZATION	0.620068			59
60 LABORATORY	0.058695			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.337322			63
65 RESPIRATORY THERAPY	0.050860			65
65.10 CARDIAC STRESS LAB	0.116940			65.10
65.20 CARDIAC REHAB	0.302534			65.20
66 PHYSICAL THERAPY	0.265778			66
67 OCCUPATIONAL THERAPY	0.280397			67
68 SPEECH PATHOLOGY	0.439616			68
69 ELECTROCARDIOLOGY	0.029539			69
70 ELECTROENCEPHALOGRAPHY	0.209108			70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.130968			71
72 IMPL. DEV. CHARGED TO PATIENTS	0.226734			72
73 DRUGS CHARGED TO PATIENTS	0.175648			73
74 RENAL DIALYSIS				74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.268722			91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.705359			92
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0064)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	9,817,727	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	193,889	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	96.10	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) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 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 LINES (8, 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 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
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
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 (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0292	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.1370	31
32	SUM OF LINES 30 AND 31	0.1662	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0355	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	348,529	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
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 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)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	10,360,145	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)	15,994,895	48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	14,586,208	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	785,252	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER
PERIOD FROM 10/01/2012 TO 09/30/2013

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0064)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

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		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	15,371,460	59
60	PRIMARY PAYER PAYMENTS		60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	15,371,460	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,311,220	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	9,593	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	269,725	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	175,321	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	229,105	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	14,225,968	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	14,225,968	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	142,260	71.01
72	INTERIM PAYMENTS	14,049,735	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	33,973	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	1,055,631	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART 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

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2012 TO 09/30/2013

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2013.11
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0064) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		14,049,735		5,694,259	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.		NONE		NONE	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.					
PROGRAM .01		NONE		NONE	3.01
TO .02					3.02
PROVIDER .03					3.03
TO .04					3.04
PROVIDER .05					3.05
.06					3.06
.07					3.07
.08					3.08
.09					3.09
.50		NONE		NONE	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
.99					3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		14,049,735		5,694,259	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.					
PROGRAM .01		NONE		NONE	5.01
TO .02					5.02
PROVIDER .03					5.03
.04					5.04
.05					5.05
.06					5.06
.07					5.07
.08					5.08
.09					5.09
PROVIDER .50		NONE		NONE	5.50
TO .51					5.51
PROGRAM .52					5.52
.53					5.53
.54					5.54
.55					5.55
.56					5.56
.57					5.57
.58					5.58
.59					5.59
.99					5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT					
PROGRAM TO .01		176,233			6.01
PROVIDER TO .02				-134,248	6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		14,225,968		5,560,011	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0064) [] 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 FROM WKST S-3, PART I, COLUMN 15, LINE 14 3,108 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12 6,600 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2 1,772 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12 11,999 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200 295,790,154 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20 32,124,784 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168 7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS) 936,031 8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS) 18,721 9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS) 917,310 10
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH	
30	INITIAL/INTERIM HIT PAYMENT(S) 924,645 30
31	OTHER ADJUSTMENTS (SPECIFY) 31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS) -7,335 32

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0064) [] SNF [] PPS
APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
BOXES: [] IRF [] ICF/MR [XX] OTHER
[] SUB (OTHER)

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES	1,345,546	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	1,345,546	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	1,345,546	7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES		
8 ROUTINE SERVICE CHARGES		8
9 ANCILLARY SERVICE CHARGES		9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)		12
CUSTOMARY CHARGES		
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))		17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	1,345,546	18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)		21
PROSPECTIVE PAYMENT AMOUNT		
22 OTHER THAN OUTLIER PAYMENTS		22
23 OUTLIER PAYMENTS		23
24 PROGRAM CAPITAL PAYMENTS		24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)		27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29 SUM OF LINES 27 AND 21		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30 EXCESS OF REASONABLE COST (FROM LINE 18)		30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)		31
32 DEDUCTIBLES		32
33 COINSURANCE		33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35 UTILIZATION REVIEW		35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)		36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)		38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)		39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)		40
41 INTERIM PAYMENTS		41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)		42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	877,937			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	42,012,775			4
5	OTHER RECEIVABLES	1,764,878			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-30,293,234			6
7	INVENTORY	1,253,266			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	525,449			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	16,141,071			11
FIXED ASSETS					
12	LAND	314,848			12
13	LAND IMPROVEMENTS	925,068			13
14	ACCUMULATED DEPRECIATION	-902,214			14
15	BUILDINGS	34,204,171			15
16	ACCUMULATED DEPRECIATION	-22,374,929			16
17	LEASEHOLD IMPROVEMENTS	38,298			17
18	ACCUMULATED AMORTIZATION	-38,298			18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	26,792,590			23
24	ACCUMULATED DEPRECIATION	-20,963,781			24
25	MINOR EQUIPMENT DEPRECIABLE	147,855			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)	18,143,608			30
OTHER ASSETS					
31	INVESTMENTS	93,188,041			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	8,490,689			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	101,678,730			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	135,963,409			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	2,934,262			37
38	SALARIES, WAGES & FEES PAYABLE	5,515,275			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	3,499,270			43
44	OTHER CURRENT LIABILITIES	7,224			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	11,956,031			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	170,671			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	170,671			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	12,126,702			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	123,836,707			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	123,836,707			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	135,963,409			60

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER
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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		105,722,580							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		17,545,264							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		123,267,844							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		123,267,844							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 CHANGE IN RESTRICTED ASSETS		-568,863							13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		-568,863							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		123,836,707							19

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	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	13,964,184		13,964,184	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	13,964,184		13,964,184	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	3,542,841		3,542,841	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	3,542,841		3,542,841	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	17,507,025		17,507,025	17
18 ANCILLARY SERVICES	88,002,761	210,509,907	298,512,668	18
19 OUTPATIENT SERVICES		13,590,877	13,590,877	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	105,509,786	224,100,784	329,610,570	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		75,476,056	29
30 ADD (SPECIFY)			30
31 BAD DEBTS	2,908,000		31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		2,908,000	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 WKST G-3, LINE 4)		78,384,056	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	329,610,570	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	241,963,995	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	87,646,575	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	78,384,056	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	9,262,519	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	670,416	6
7	INCOME FROM INVESTMENTS	4,939,709	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	216,425	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP 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, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER REVENUE)	2,379,260	24
24.01	OTHER (ASSETS RELEASED FOR OPERATIONS)	28,910	24.01
24.02	OTHER (ASSETS RELEASED-CAPITAL)	48,025	24.02
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	8,282,745	25
26	TOTAL (LINE 5 PLUS LINE 25)	17,545,264	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	17,545,264	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-006) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT		
2	CAPITAL DRG OTHER THAN OUTLIER	775,384	1
3	CAPITAL DRG OUTLIER PAYMENTS	9,868	2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	32.87	3
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		6
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)		7
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)		8
10	SUM OF LINES 7 AND 8		9
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		10
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)		11
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	785,252	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 FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (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 FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST 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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES					21
22 I&R SERVICES-OTHER PRGM COSTS					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
43 NURSERY					43
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
56 RADIOISOTOPE					56
57 CT SCAN					57
58 MRI					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
63 BLOOD STORING, PROCESSING & TR					63
65 RESPIRATORY THERAPY					65
65.10 CARDIAC STRESS LAB					65.10
65.20 CARDIAC REHAB					65.20
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHARGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY					91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					92
94 HOME PROGRAM DIALYSIS					94
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS					118
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
193 NONPAID WORKERS					193
194 OTHER NONREIMBURSABLE					194
194.10 MEDICAL TRANSPORTATION					194.10
194.20 FUND DEVELOPMENT					194.20
194.30 PUBLIC RELATIONS/MARKETING					194.30
194.40 INDUSTRIAL MEDICINE					194.40
194.50 FOUNDATION					194.50
194.70 FITNESS CENTER					194.70

PROVIDER CCN: 14-0064 ST. MARY MEDICAL CENTER
PERIOD FROM 10/01/2012 TO 09/30/2013

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2013.11
02/27/2014 18:49

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204

WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3 Part IV, Line 4)

EXHIBIT 3

STEP 1: Determine the 3-Year Averaging Period		
1	Wage index fiscal year ending date	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	5
STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)		
6	Effective date of pension plan	6
7	First day of the provider cost reporting period containing the pension plan effective date	7
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)	8
If this date occurs after the period shown on line 2, stop here and see instructions.		
STEP 3: Average Pension Contributions During the Averaging Period		
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	9
10	Ending date of averaging period from Line 5	10
11	Enter provider contributions made during averaging period on Lines 9 & 10	11
11.01		11.01
12	Total calendar months included in averaging period (36 unless Step 2 completed)	12
13	Total contributions made during averaging period	13
14	Average monthly contribution (Line 13 divided by Line 12)	14
15	Number of months in provider cost reporting period on Line 2	15
16	Average pension contributions (Line 14 times Line 15)	16
STEP 4: Total Pension Cost for Wage Index		
17	Annual prefunding installment (SEE INSTRUCTIONS)	17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)	18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	19