



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

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

WORKSHEET S
PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY	1. <input checked="" type="checkbox"/> ELECTRONICALLY FILED COST REPORT	DATE: 02/25/2015	TIME: 16:33
	2. <input type="checkbox"/> MANUALLY SUBMITTED COST REPORT		
	3. <input type="checkbox"/> IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THE COST REPORT		
	4. <input checked="" type="checkbox"/> MEDICARE UTILIZATION. ENTER 'F' FOR FULL OR 'L' FOR LOW.		
CONTRACTOR USE ONLY	5. <input type="checkbox"/> COST REPORT STATUS	6. DATE RECEIVED: _____	10. NPR DATE: _____
	1 -AS SUBMITTED	7. CONTRACTOR NO: _____	11. CONTRACTOR'S VENDOR CODE: _____
	2 -SETTLED WITHOUT AUDIT	8. <input type="checkbox"/> INITIAL REPORT FOR THIS PROVIDER CCN	12. <input type="checkbox"/> IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED = 0-9.
	3 -SETTLED WITH AUDIT	9. <input type="checkbox"/> FINAL REPORT FOR THIS PROVIDER CCN	
	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 WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE 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 10/01/2013 AND ENDING 09/30/2014, 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: 02/25/2015 16:33
JxAaAz2y0poCjLn6GfaZ6f2asnm40
fKU6NON:8ipc2X.oVZTCpWwUwaVaE6
.i621k2MJaoUrmQT

PI Encryption: 02/25/2015 16:33
BOt8braxtoEOiyjeXi3PfqU03lss30
OnJVz0Pg2WBehYAPRfcWnVLTqOhCxu
L41P0TN50T0.IIpt

(SIGNED) *Jed R*
OFFICER OR ADMINISTRATOR OF PROVIDER(S)
CF0
TITLE
2/26/15
DATE

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL						1
2	SUBPROVIDER - IPF		74,664	-50,495	-43,476		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 - FOHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		74,664	-50,495	-43,476		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.



ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Hospital and Hospital Health Care Complex Address:										
1	Street: 3333 N SEMINARY	P.O. Box:								1
2	City: GALESBURG	State: IL	ZIP Code: 61401	County: KNOX						2
Hospital and Hospital-Based Component Identification:										
								Payment System (P, T, O, or N)		
	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
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 / 2013	To: 09 / 30 / 2014							20
21	Type of control (see instructions)	1								21
Inpatient PPS Information										
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.							Y	N	22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							N	N	22.01
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.							3	N	23
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1	2	3	4	5	6			
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in 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.	735	549			704	59			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 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.			2						26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.			2						27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.									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.			1						37
38	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			Beginning: 10 / 01 / 2013		Ending: 09 / 30 / 2014				38
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)						N	N		39



ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Prospective Payment System (PPS)-Capital		V	XVIII	XIX	
		I	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	N	N	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts 1 through III.	N	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N	48
Teaching Hospitals		I	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	N			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Worksheet E-4. If column 2 is 'N', complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, 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, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06
Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.					
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1	2	3	4	
Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.					
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				62
62.01	Enter the number of FTE residents that rotated from a teaching health center (THC) into your hospital in this cost reporting period of HRSA THC program. (see instructions)				62.01
Teaching Hospitals that Claim Residents in 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



ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings-This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
65					65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings-Effective for cost reporting periods beginning on or after July 1, 2010		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
67					67
Inpatient Psychiatric Facility PPS		1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.	N			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, 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 5th or subsequent academic years of the new teaching program in existence, enter 5.				71
Inpatient Rehabilitation Facility PPS		1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.	N			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, 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 5th or 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.				86



ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Title V and XIX Services		V	XIX	
		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/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		1	2	
105	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106
107	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 25 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.	Physical	Occupational Speech Respiratory	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'	N		115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	Y		116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	Y		117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118
		Premiums	Paid Losses Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:		422,211	118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N	Y	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y		121
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



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

All Providers		1	2			
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	Y	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: 05901		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				
		Part A	Part B	Title V		
			1	2		
				3		
155	Hospital	N	N	N	155	
156	Subprovider - IPF	N	N	N	156	
157	Subprovider - IRF	N	N		157	
158	Subprovider - Other				158	
159	SNF	N	N		159	
160	HHA	N	N		160	
161	CMHC		N		161	
161.10	CORF				161.10	
Multicampus						
165	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs? Enter 'Y' for yes or 'N' for no.	N			165	
166	If line 165 is yes, for each campus, enter the name in column 0, county in column 1, state in column 2, ZIP in column 3, CBSA in column 4, FTE/campus in column 5.				166	
	Name	County	State	ZIP Code	CBSA	FTE/Campus
	0	1	2	3	4	5
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y			167	
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168	
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. (see instructions)	0.25			169	
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		07/01/2014	09/30/2014	170	



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION					
		1	2		
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (see instructions)	N			1
		Y/N	DATE	V/I	
		1	2	3	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N			2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (e.g., chain home offices, drug or medical supply companies) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (see instructions)	N			3
		Y/N	TYPE	DATE	
FINANCIAL DATA AND REPORTS		1	2	3	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (see instructions). IF NO, SEE INSTRUCTIONS.	Y	A		4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N			5
		Y/N	Y/N		
APPROVED EDUCATIONAL ACTIVITIES		1	2		
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N			6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N			7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N			8
9	ARE COSTS CLAIMED FOR 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
				Y/N	
BAD DEBTS				Y	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			N	12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N	13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N	14
				N	
BED COMPLEMENT				N	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.				15
		PART A		PART B	
PS&R REPORT DATA		Y/N	DATE	Y/N	DATE
		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (see instructions)	N		N	
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (see instructions)	Y	12/15/2014	Y	12/15/2014
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

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

CAPITAL RELATED COSTS			
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	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?	1	2
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
38	IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE.		
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.		
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
COST REORT PREPARER INFORMATION			
41	FIRST NAME: CAROLE	LAST NAME: WAHL	TITLE: GOVERNMENT REPORTING SENIO
42	EMPLOYER: OSF HEALTHCARE SYSTEM		
43	PHONE NUMBER: 309-655-2855	E-MAIL ADDRESS: CAROLE.M.WAHL@OSFHEALTHCARE.ORG	



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	WKST A LINE NO.	NO. OF BEDS	BED DAYS AVAILABLE	CAH HOURS	INPATIENT DAYS/OUTPATIENT VISITS/TRIPS				
						TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		1	2	3	4	5	6	7	8	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	81	29,565			4,883	1,056	9,221	1
2	HMO AND OTHER (see instructions)						1,497	549		2
3	HMO IPF SUBPROVIDER									3
4	HMO IRF SUBPROVIDER									4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF									5
6	HOSPITAL ADULTS & PEDS. SWING BED NF									6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)		81	29,565			4,883	1,056	9,221	7
8	INTENSIVE CARE UNIT	31	9	3,285			657	35	1,168	8
9	CORONARY CARE UNIT	32								9
10	BURN INTENSIVE CARE UNIT	33								10
11	SURGICAL INTENSIVE CARE UNIT	34								11
12	OTHER SPECIAL CARE (SPECIFY)	35								12
13	NURSERY	43						348	665	13
14	TOTAL (see instructions)		90	32,850			5,540	1,439	11,054	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40								16
17	SUBPROVIDER - IRF	41								17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44								19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101								22
23	ASC (Distinct Part)	115								23
24	HOSPICE (Distinct Part)	116								24
24.10	HOSPICE (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	TOTAL (sum of lines 14-26)		90							27
28	OBSERVATION BED DAYS							43	907	28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (see instructions)									30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (see instructions)							59	93	32
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)									32.01
33	LTCH NON-COVERED DAYS									33



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	FULL TIME EQUIVALENTS			DISCHARGES				
		TOTAL INTERNS & RESIDENTS 9	EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	TITLE XVIII 13	TITLE XIX 14		TOTAL ALL PATIENTS 15
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					1,461	486	3,021	1
2	HMO AND OTHER (see instructions)								2
3	HMO IPF SUBPROVIDER								3
4	HMO IRF SUBPROVIDER								4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF								5
6	HOSPITAL ADULTS & PEDS. SWING BED NF								6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)								7
8	INTENSIVE CARE UNIT								8
9	CORONARY CARE UNIT								9
10	BURN INTENSIVE CARE UNIT								10
11	SURGICAL INTENSIVE CARE UNIT								11
12	OTHER SPECIAL CARE (SPECIFY)								12
13	NURSERY								13
14	TOTAL (see instructions)		490.78			1,461	486	3,021	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF								16
17	SUBPROVIDER - IRF								17
18	SUBPROVIDER I								18
19	SKILLED NURSING FACILITY								19
20	NURSING FACILITY								20
21	OTHER LONG TERM CARE								21
22	HOME HEALTH AGENCY								22
23	ASC (Distinct Part)								23
24	HOSPICE (Distinct Part)								24
24.10	HOSPICE (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	TOTAL (sum of lines 14-26)		490.78						27
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)								32



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

PART II - WAGE DATA

	WKST A LINE NO.	AMOUNT REPORTED	RECLASSIF- ICATION OF SALARIES (from Worksheet A-6)	ADJUSTED SALARIES (column 2 ± column 3)	PAID HOURS RELATED TO SALARIES IN COLUMN 4	AVERAGE HOURLY WAGE (column 4 ± column 5)	
	1	2	3	4	5	6	
SALARIES							
1	200	27,730,475	-110,024	27,620,451	921,500.00	29.97	1
2							2
3		1,540,722		1,540,722	15,786.00	97.60	3
4		46,351		46,351	371.00	124.94	4
4.01							4.01
5		14,262		14,262	115.00	124.02	5
6							6
7	21						7
7.01							7.01
8							8
9	44						9
10		3,578,829	99,521	3,678,350	51,377.00	71.60	10
OTHER WAGES & RELATED COSTS							
11		127,647		127,647	2,280.00	55.99	11
12							12
13							13
14		4,980,070		4,980,070	90,825.00	54.83	14
15							15
16							16
WAGE-RELATED COSTS							
17		8,420,312		8,420,312			17
18							18
19		911,603		911,603			19
20							20
21		351,319		351,319			21
22		10,016		10,016			22
22.01							22.01
23		3,085		3,085			23
24							24
25							25
OVERHEAD COSTS - DIRECT SALARIES							
26		330,236	-330,236				26
27		2,597,529	81,709	2,679,238	93,310.00	28.71	27
28		68,494		68,494	477.00	143.59	28
29		500,978	863	501,841	24,516.00	20.47	29
30		22,632	39	22,671	1,993.00	11.38	30
31							31
32		554,587	6,508	561,095	49,271.00	11.39	32
33							33
34		521,911	-362,968	158,943	9,325.00	17.04	34
35							35
36			371,032	371,032	27,865.00	13.32	36
37							37
38		632,447	1,515	633,962	18,005.00	35.21	38
39		111,494	1,892	113,386	8,025.00	14.13	39
40							40
41		521,979	9,675	531,654	32,510.00	16.35	41
42		88,946	1,003	89,949	4,004.00	22.46	42
43							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)	26,243,985	-110,024	26,133,961	906,076.00	28.84	1
2	EXCLUDED AREA SALARIES (see instructions)	3,578,829	99,521	3,678,350	51,377.00	71.60	2
3	SUBTOTAL SALARIES (line 1 minus line 2)	22,665,156	-209,545	22,455,611	854,699.00	26.27	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)	5,107,717		5,107,717	93,105.00	54.86	4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)	8,430,328		8,430,328		37.54%	5
6	TOTAL (sum of lines 3 through 5)	36,203,201	-209,545	35,993,656	947,804.00	37.98	6
7	TOTAL OVERHEAD COST (see instructions)	5,951,233	-218,968	5,732,265	269,301.00	21.29	7



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART IV - WAGE RELATED COST

PART A - CORE LIST

		AMOUNT REPORTED	
	RETIREMENT COST		
1	401K EMPLOYER CONTRIBUTIONS	2,340,773	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (see instructions)	394,086	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)	4,630,868	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN		10
11	LIFE INSURANCE (If employee is owner or beneficiary)	27,582	11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)	98,145	13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)		14
15	WORKERS' COMPENSATION INSURANCE	74,784	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	2,029,455	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	20,183	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	80,458	23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	9,696,334	24

PART B - OTHER THAN CORE RELATED COST

25	OTHER WAGE RELATED (OTHER WAGE REL		25
----	------------------------------------	--	----



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	Supporting Exhibit for Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--	--	---

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

EXHIBIT 3

STEP 2: 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	DEPOSIT DATE(S)	CONTRIBUTION(S)
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



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

	COMPONENT	CONTRACT LABOR	BENEFIT COST	
	0	1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	6,446,915		1
2	HOSPITAL	6,446,915		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



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)	0.165929	1
---	--	----------	---

MEDICAID (see instructions for each line)

2	NET REVENUE FROM MEDICAID	9,745,457	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	53,590,871	6
7	MEDICAID COST (line 1 times line 6)	8,892,280	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 AND INDIGENT CARE COST COMPUTATION

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	INSURED PATIENTS	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (at full charges excluding non-reimbursable cost centers) FOR THE ENTIRE FACILITY	14,348,563	1,375,539	15,724,102	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (line 1 times line 20)	2,380,843	228,242	2,609,085	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	141,799	100,006	241,805	22
23	COST OF CHARITY CARE (line 21 minus line 22)	2,239,044	128,236	2,367,280	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)	6,126,511	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)	270,710	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 26 minus line 27)	5,855,801	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 1 times line 28)	971,647	29
30	COST OF UNCOMPENSATED CARE (line 23, column 3 plus line 29)	3,338,927	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (line 19 plus line 30)	3,338,927	31



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
GENERAL SERVICE COST CENTERS										
1	00100	CAP REL COSTS-BLDG & FIXT		1,150,017	1,150,017	23,240	1,173,257		1,173,257	1
2	00200	CAP REL COSTS-MVBLE EQUIP		1,227,878	1,227,878	36,697	1,264,575		1,264,575	2
3	00300	OTHER CAP REL COSTS							-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	330,236	7,991,797	8,322,033	1,284,954	9,606,987	-405,911	9,201,076	4
5	00500	ADMINISTRATIVE & GENERAL	2,597,529	11,696,472	14,294,001	36,166	14,330,167	-3,445,682	10,884,485	5
6	00600	MAINTENANCE & REPAIRS	500,978	785,856	1,286,834	863	1,287,697	-4,000	1,283,697	6
7	00700	OPERATION OF PLANT	22,632	996,939	1,019,571	39	1,019,610	1,281	1,020,891	7
8	00800	LAUNDRY & LINEN SERVICE		224,227	224,227		224,227		224,227	8
9	00900	HOUSEKEEPING	554,587	223,182	777,769	10,816	788,585		788,585	9
10	01000	DIETARY	521,911	480,229	1,002,140	-699,286	302,854	-6,557	296,297	10
11	01100	CAFETERIA				707,630	707,630	-191,925	515,705	11
12	01200	MAINTENANCE OF PERSONNEL								12
13	01300	NURSING ADMINISTRATION	632,447	40,689	673,136	1,515	674,651		674,651	13
14	01400	CENTRAL SERVICES & SUPPLY	111,494	179,749	291,243	1,892	293,135		293,135	14
15	01500	PHARMACY								15
16	01600	MEDICAL RECORDS & LIBRARY	521,979	53,553	575,532	9,675	585,207	-36,146	549,061	16
17	01700	SOCIAL SERVICE	88,946	542	89,488	1,003	90,491		90,491	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	3,633,813	340,785	3,974,598	32,247	4,006,845		4,006,845	30
31	03100	INTENSIVE CARE UNIT	936,611	285,854	1,222,465	8,414	1,230,879	-12,000	1,218,879	31
43	04300	NURSERY	180,626	23,677	204,303	311	204,614	-55	204,559	43
ANCILLARY SERVICE COST CENTERS										
50	05000	OPERATING ROOM	1,346,428	4,500,889	5,847,317	-3,357,729	2,489,588		2,489,588	50
51	05100	RECOVERY ROOM	852,933	92,005	944,938	8,908	953,846		953,846	51
52	05200	DELIVERY ROOM & LABOR ROOM	510,862	119,134	629,996	2,792	632,788		632,788	52
53	05300	ANESTHESIOLOGY	1,540,723	1,058,424	2,599,147	6,872	2,606,019	-2,376,292	229,727	53
54	05400	RADIOLOGY-DIAGNOSTIC	1,076,118	569,361	1,645,479	13,681	1,659,160	-6,312	1,652,848	54
56	05600	RADIOISOTOPE	169,159	296,965	466,124	1,566	467,690	-930	466,760	56
57	05700	CT SCAN	317,096	758,894	1,075,990	3,733	1,079,723	32,236	1,111,959	57
58	05800	MRI	216,443	340,784	557,227	2,073	559,300		559,300	58
59	05900	CARDIAC CATHETERIZATION								59
60	06000	LABORATORY	1,153,099	1,133,938	2,287,037	14,440	2,301,477	-250	2,301,227	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.		431,595	431,595		431,595		431,595	63
65	06500	RESPIRATORY THERAPY	466,385	109,724	576,109	-115,949	460,160	-12,000	448,160	65
65.10	06501	CARDIAC STRESS LAB	300,288	47,389	347,677	2,217	349,894	-52,000	297,894	65.10
65.20	06502	CARDIAC REHAB	237,121	8,320	245,441	-121,532	123,909	-14,488	109,421	65.20
66	06600	PHYSICAL THERAPY	727,886	26,581	754,467	-49,481	704,986	-8,240	696,746	66
67	06700	OCCUPATIONAL THERAPY	197,740	-49,318	148,422	28,905	177,327		177,327	67
68	06800	SPEECH PATHOLOGY	155,543	1,568	157,111	30,594	187,705		187,705	68
69	06900	ELECTROCARDIOLOGY		929	929		929		929	69
70	07000	ELECTROENCEPHALOGRAPHY	89,559	9,600	99,159	49,581	148,740		148,740	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				1,677,379	1,677,379		1,677,379	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS				1,784,083	1,784,083		1,784,083	72
73	07300	DRUGS CHARGED TO PATIENTS	770,176	2,703,381	3,473,557	6,852	3,480,409	-37,538	3,442,871	73
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	3,390,298	542,692	3,932,990	15,182	3,948,172	-1,590,615	2,357,557	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
OTHER REIMBURSABLE COST CENTERS										
SPECIAL PURPOSE COST CENTERS										
118		SUBTOTALS (sum of lines 1-117)	24,151,646	38,404,301	62,555,947	1,460,343	64,016,290	-8,167,424	55,848,866	118
NONREIMBURSABLE COST CENTERS										
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	47,221	101,748	148,969	1,980	150,949		150,949	190
192	19200	PHYSICIANS' PRIVATE OFFICES	2,976,728	6,149,654	9,126,382	-1,604,405	7,521,977		7,521,977	192
193	19300	NONPAID WORKERS		9,308	9,308	4,533	13,841		13,841	193
194	07950	OTHER NONREIMBURSABLE								194
194.10	07951	MEDICAL TRANSPORTATION		23,946	23,946		23,946		23,946	194.10
194.20	07952	FUND DEVELOPMENT	95,422	50,274	145,696	6,878	152,574		152,574	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	42,637	352,307	394,944	924	395,868		395,868	194.30
194.40	07954	INDUSTRIAL MEDICINE	416,821	226,567	643,388	5,809	649,197		649,197	194.40
194.50	07955	FOUNDATION		54,679	54,679		54,679		54,679	194.50
194.70	07956	FITNESS CENTER				123,938	123,938		123,938	194.70
200		TOTAL (sum of lines 118-199)	27,730,475	45,372,784	73,103,259		73,103,259	-8,167,424	64,935,835	200



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION(S)		CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
1			2	3	4	5	
1	DEPREC RECLASS	C	GIFT, FLOWER, COFFEE SHOP & C	190		920	1
2	DEPREC RECLASS	C	INDUSTRIAL MEDICINE	194.40		1,391	2
3	DEPREC RECLASS	C	FUND DEVELOPMENT	194.20		6,678	3
4	DEPREC RECLASS	C	NONPAID WORKERS	193		4,533	4
5	DEPREC RECLASS	C	FUND DEVELOPMENT	194.20		36	5
500	TOTAL RECLASSIFICATIONS					13,558	500
	CODE LETTER - C						
1	PROPERTY INSURANCE RECLASS	D	CAP REL COSTS-BLDG & FIXT	1		35,371	1
2	PROPERTY INSURANCE RECLASS	D	CAP REL COSTS-MVBLE EQUIP	2		38,124	2
500	TOTAL RECLASSIFICATIONS					73,495	500
	CODE LETTER - D						
1	PHYSICIAN BENEFIT RECLASS	E	EMPLOYEE BENEFITS DEPARTMENT	4		1,610,894	1
500	TOTAL RECLASSIFICATIONS					1,610,894	500
	CODE LETTER - E						
1	DIETARY ALLOWANCE	F	CAFETERIA	11	371,032	336,598	1
500	TOTAL RECLASSIFICATIONS				371,032	336,598	500
	CODE LETTER - F						
1	EKG SALARY RECLASS	G	ELECTROENCEPHALOGRAPHY	70	49,130		1
500	TOTAL RECLASSIFICATIONS				49,130		500
	CODE LETTER - G						
1	CARDIO PULMONARY REHAB	H	FITNESS CENTER	194.70	119,737	4,201	1
500	TOTAL RECLASSIFICATIONS				119,737	4,201	500
	CODE LETTER - H						
1	VACATION RECLASS	I	ADMINISTRATIVE & GENERAL	5	4,476		1
2			MAINTENANCE & REPAIRS	6	863		2
3			OPERATION OF PLANT	7	39		3
4			HOUSEKEEPING	9	956		4
5			DIETARY	10	899		5
6			NURSING ADMINISTRATION	13	1,090		6
7			CENTRAL SERVICES & SUPPLY	14	192		7
8			MEDICAL RECORDS & LIBRARY	16	899		8
9			SOCIAL SERVICE	17	153		9
10			ADULTS & PEDIATRICS	30	6,261		10
11			INTENSIVE CARE UNIT	31	1,614		11
12			NURSERY	43	311		12
13			OPERATING ROOM	50	2,320		13
14			RECOVERY ROOM	51	1,470		14
15			DELIVERY ROOM & LABOR ROOM	52	880		15
16			ANESTHESIOLOGY	53	2,655		16
17			RADIOLOGY-DIAGNOSTIC	54	1,854		17
18			RADIOISOTOPE	56	291		18
19			CT SCAN	57	546		19
20			MRI	58	373		20
21			LABORATORY	60	1,987		21
22			RESPIRATORY THERAPY	65	804		22
23			CARDIAC STRESS LAB	65.10	517		23
24			CARDIAC REHAB	65.20	409		24
25			PHYSICAL THERAPY	66	1,254		25
26			OCCUPATIONAL THERAPY	67	341		26
27			SPEECH PATHOLOGY	68	268		27
28			ELECTROENCEPHALOGRAPHY	70	154		28
29			DRUGS CHARGED TO PATIENTS	73	1,327		29
30			EMERGENCY	91	5,841		30
31			GIFT, FLOWER, COFFEE SHOP & C	190	82		31
32			PHYSICIANS' PRIVATE OFFICES	192	5,129		32
33			FUND DEVELOPMENT	194.20	164		33
34			PUBLIC RELATIONS/MARKETING	194.30	74		34
35			INDUSTRIAL MEDICINE	194.40	718		35
500	TOTAL RECLASSIFICATIONS				47,211		500
	CODE LETTER - I						
1	TEAM AWARD RECLASS PY & CY	J	ADMINISTRATIVE & GENERAL	5	105,185		1
2	TEAM AWARD RECLASS PY & CY	J	HOUSEKEEPING	9	9,860		2
3	TEAM AWARD RECLASS PY & CY	J	DIETARY	10	7,445		3
4	TEAM AWARD RECLASS PY & CY	J	NURSING ADMINISTRATION	13	425		4
5	TEAM AWARD RECLASS PY & CY	J	CENTRAL SERVICES & SUPPLY	14	1,700		5
6	TEAM AWARD RECLASS PY & CY	J	MEDICAL RECORDS & LIBRARY	16	8,776		6
7	TEAM AWARD RECLASS PY & CY	J	SOCIAL SERVICE	17	850		7
8	TEAM AWARD RECLASS PY & CY	J	ADULTS & PEDIATRICS	30	28,576		8
9	TEAM AWARD RECLASS PY & CY	J	INTENSIVE CARE UNIT	31	6,800		9



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
			2	3	4	5	
10	TEAM AWARD RECLASS PY & CY	J	OPERATING ROOM	50	11,900		10
11	TEAM AWARD RECLASS PY & CY	J	RECOVERY ROOM	51	7,438		11
12	TEAM AWARD RECLASS PY & CY	J	DELIVERY ROOM & LABOR ROOM	52	8,415		12
13	TEAM AWARD RECLASS PY & CY	J	ANESTHESIOLOGY	53	4,250		13
14	TEAM AWARD RECLASS PY & CY	J	RADIOLOGY-DIAGNOSTIC	54	11,827		14
15	TEAM AWARD RECLASS PY & CY	J	RADIOISOTOPE	56	1,275		15
16	TEAM AWARD RECLASS PY & CY	J	CT SCAN	57	3,187		16
17	TEAM AWARD RECLASS PY & CY	J	MRI	58	1,700		17
18	TEAM AWARD RECLASS PY & CY	J	LABORATORY	60	12,453		18
19	TEAM AWARD RECLASS PY & CY	J	RESPIRATORY THERAPY	65	5,100		19
20	TEAM AWARD RECLASS PY & CY	J	CARDIAC STRESS LAB	65.10	1,700		20
21	TEAM AWARD RECLASS PY & CY	J	CARDIAC REHAB	65.20	1,997		21
22	TEAM AWARD RECLASS PY & CY	J	PHYSICAL THERAPY	66	6,587		22
23	TEAM AWARD RECLASS PY & CY	J	OCCUPATIONAL THERAPY	67	850		23
24	TEAM AWARD RECLASS PY & CY	J	SPEECH PATHOLOGY	68	850		24
25	TEAM AWARD RECLASS PY & CY	J	ELECTROENCEPHALOGRAPHY	70	297		25
26	TEAM AWARD RECLASS PY & CY	J	DRUGS CHARGED TO PATIENTS	73	5,525		26
27	TEAM AWARD RECLASS PY & CY	J	EMERGENCY	91	16,873		27
28	TEAM AWARD RECLASS PY & CY	J	GIFT, FLOWER, COFFEE SHOP & C	190	978		28
29	TEAM AWARD RECLASS PY & CY	J	PHYSICIANS' PRIVATE OFFICES	192	1,360		29
30	TEAM AWARD RECLASS PY & CY	J	PUBLIC RELATIONS/MARKETING	194.30	850		30
31	TEAM AWARD RECLASS PY & CY	J	INDUSTRIAL MEDICINE	194.40	3,700		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				278,729		500
	CODE LETTER - J						
1	TEAM AWARD A-8 ADJ RECLASS	K	EMPLOYEE BENEFITS DEPARTMENT	4		51,507	1
500	TOTAL RECLASSIFICATIONS					51,507	500
	CODE LETTER - K						
1	PHONES SALARIES	M	ADMINISTRATIVE & GENERAL	5		27,952	1
500	TOTAL RECLASSIFICATIONS					27,952	500
	CODE LETTER - M						
1	REHAB ADMIN RECLASS	N	PHYSICAL THERAPY	66	104,942	5,189	1
2	REHAB ADMIN RECLASS	N	OCCUPATIONAL THERAPY	67	26,534	1,312	2
3	REHAB ADMIN RECLASS	N	SPEECH PATHOLOGY	68	28,087	1,389	3
500	TOTAL RECLASSIFICATIONS				159,563	7,890	500
	CODE LETTER - N						
1	IMPLANTABLE MEDICAL DEVICE RECLASS	O	IMPL. DEV. CHARGED TO PATIENT	72		1,784,083	1
500	TOTAL RECLASSIFICATIONS					1,784,083	500
	CODE LETTER - O						
1	MED/SURG SUP RECLASS	P	MEDICAL SUPPLIES CHARGED TO P	71		1,677,379	1
2	MED/SURG SUP RECLASS	P					2
3	MED/SURG SUP RECLASS	P					3
4							4
5							5
6							6
7							7
500	TOTAL RECLASSIFICATIONS					1,677,379	500
	CODE LETTER - P						
1	GALESBURG CLINIC ADMIN VACATION REC	Q	PHYSICIANS' PRIVATE OFFICES	192		32,965	1
500	TOTAL RECLASSIFICATIONS					32,965	500
	CODE LETTER - Q						
1	DISABILITY RECLASS	R	HOUSEKEEPING	9		4,308	1
2			DIETARY	10		280	2
3			ADULTS & PEDIATRICS	30		18,511	3
4			INTENSIVE CARE UNIT	31		707	4
5			OPERATING ROOM	50		10,458	5
6			DELIVERY ROOM & LABOR ROOM	52		259	6
7			LABORATORY	60		240	7
8			RESPIRATORY THERAPY	65		5,626	8
9			OCCUPATIONAL THERAPY	67		3,072	9
10			EMERGENCY	91		1,044	10
11			PHYSICIANS' PRIVATE OFFICES	192		306	11
500	TOTAL RECLASSIFICATIONS					44,811	500



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
CODE LETTER - R					
GRAND TOTAL (INCREASES)				1,025,402	5,665,333

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



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1	DEPREC RECLASS	C	CAP REL COSTS-BLDG & FIXT	1		920	9	
2	DEPREC RECLASS	C	CAP REL COSTS-MVBLE EQUIP	2		1,391	9	
3	DEPREC RECLASS	C	CAP REL COSTS-BLDG & FIXT	1		6,678	9	
4	DEPREC RECLASS	C	CAP REL COSTS-BLDG & FIXT	1		4,533	9	
5	DEPREC RECLASS	C	CAP REL COSTS-MVBLE EQUIP	2		36	9	
500	TOTAL RECLASSIFICATIONS CODE LETTER - C					13,558	500	
1	PROPERTY INSURANCE RECLASS	D	ADMINISTRATIVE & GENERAL	5		35,371	9	
2	PROPERTY INSURANCE RECLASS	D	ADMINISTRATIVE & GENERAL	5		38,124	9	
500	TOTAL RECLASSIFICATIONS CODE LETTER - D					73,495	500	
1	PHYSICIAN BENEFIT RECLASS	E	PHYSICIANS' PRIVATE OFFICES	192		1,610,894	1	
500	TOTAL RECLASSIFICATIONS CODE LETTER - E					1,610,894	500	
1	DIETARY ALLOWANCE	F	DIETARY	10	371,032	336,598	1	
500	TOTAL RECLASSIFICATIONS CODE LETTER - F				371,032	336,598	500	
1	EKG SALARY RECLASS	G	RESPIRATORY THERAPY	65	49,130		1	
500	TOTAL RECLASSIFICATIONS CODE LETTER - G				49,130		500	
1	CARDIO PULMONARY REHAB	H	CARDIAC REHAB	65.20	119,737	4,201	1	
500	TOTAL RECLASSIFICATIONS CODE LETTER - H				119,737	4,201	500	
1	VACATION RECLASS	I	EMPLOYEE BENEFITS DEPARTMENT	4		47,211	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	
500	TOTAL RECLASSIFICATIONS CODE LETTER - I					47,211	500	
1	TEAM AWARD RECLASS PY & CY	J	EMPLOYEE BENEFITS DEPARTMENT	4	278,729		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	



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	---------------------------------------	--	---

RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF. 10	
9	TEAM AWARD RECLASS PY & CY	J	6	7	8	9	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				278,729		500	
1	TEAM AWARD A-8 ADJ RECLASS	K	EMPLOYEE BENEFITS DEPARTMENT	4	51,507		1	
500	TOTAL RECLASSIFICATIONS CODE LETTER - K				51,507		500	
1	PHONES SALARIES	M	ADMINISTRATIVE & GENERAL	5	27,952		1	
500	TOTAL RECLASSIFICATIONS CODE LETTER - M				27,952		500	
1	REHAB ADMIN RECLASS	N	PHYSICAL THERAPY	66	159,563	7,890	1	
2	REHAB ADMIN RECLASS	N					2	
3	REHAB ADMIN RECLASS	N					3	
500	TOTAL RECLASSIFICATIONS CODE LETTER - N				159,563	7,890	500	
1	IMPLANTABLE MEDICAL DEVICE RECLASS	O	OPERATING ROOM	50		1,784,083	1	
500	TOTAL RECLASSIFICATIONS CODE LETTER - O					1,784,083	500	
1	MED/SURG SUP RECLASS	P	ADULTS & PEDIATRICS	30		2,590	1	
2	MED/SURG SUP RECLASS	P	OPERATING ROOM	50		1,587,866	2	
3	MED/SURG SUP RECLASS	P	DELIVERY ROOM & LABOR ROOM	52		6,503	3	
4			ANESTHESIOLOGY	53		33	4	
5			RESPIRATORY THERAPY	65		72,723	5	
6			OCCUPATIONAL THERAPY	67		132	6	
7			EMERGENCY	91		7,532	7	
500	TOTAL RECLASSIFICATIONS CODE LETTER - P					1,677,379	500	
1	GALESBURG CLINIC ADMIN VACATION REC	Q	PHYSICIANS' PRIVATE OFFICES	192	32,965		1	
500	TOTAL RECLASSIFICATIONS CODE LETTER - Q				32,965		500	
1	DISABILITY RECLASS	R	HOUSEKEEPING	9	4,308		1	
2			DIETARY	10	280		2	
3			ADULTS & PEDIATRICS	30	18,511		3	
4			INTENSIVE CARE UNIT	31	707		4	
5			OPERATING ROOM	50	10,458		5	
6			DELIVERY ROOM & LABOR ROOM	52	259		6	
7			LABORATORY	60	240		7	
8			RESPIRATORY THERAPY	65	5,626		8	
9			OCCUPATIONAL THERAPY	67	3,072		9	
10			EMERGENCY	91	1,044		10	



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
11			PHYSICIANS' PRIVATE OFFICES	192	306		11
500	TOTAL RECLASSIFICATIONS				44,811		500
	CODE LETTER - R						
	GRAND TOTAL (DECREASES)				1,135,426	5,555,309	

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



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS			DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
			PURCHASES	DONATION	TOTAL			
		1	2	3	4	5	6	7
1	LAND	314,848					314,848	1
2	LAND IMPROVEMENTS	925,068					925,068	2
3	BUILDINGS AND FIXTURES	34,204,171	3,477,189		3,477,189		37,681,360	3
4	BUILDING IMPROVEMENTS	38,298					38,298	4
5	FIXED EQUIPMENT	26,792,590	865,420		865,420	2,221,617	25,436,393	5
6	MOVABLE EQUIPMENT	147,855					147,855	6
7	HIT DESIGNATED ASSETS							7
8	SUBTOTAL (sum of lines 1-7)	62,422,830	4,342,609		4,342,609	2,221,617	64,543,822	8
9	RECONCILING ITEMS							9
10	TOTAL (line 7 minus line 9)	62,422,830	4,342,609		4,342,609	2,221,617	64,543,822	10

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

	DESCRIPTION	SUMMARY OF CAPITAL							
		DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)	TOTAL(1) (Sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	CAP REL COSTS-BLDG & FIXT	1,150,017						1,150,017	1
2	CAP REL COSTS-MVBLE EQUIP	1,227,878						1,227,878	2
3	TOTAL (sum of lines 1-2)	2,377,895						2,377,895	3

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO (col. 1 - col. 2)	RATIO (see instr.)	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL (sum of cols. 5 through 7)	
*		9	10	11	12	13	14	15	16	
1	CAP REL COSTS-BLDG & FI	25,584,248		25,584,248	0.396386					1
2	CAP REL COSTS-MVBLE EQU	38,959,574		38,959,574	0.603614					2
3	TOTAL (sum of lines 1-2)	64,543,822		64,543,822	1.000000					3

	DESCRIPTION	SUMMARY OF CAPITAL							
		DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)	TOTAL(2) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	CAP REL COSTS-BLDG & FIXT	1,173,257						1,173,257	1
2	CAP REL COSTS-MVBLE EQUIP	1,264,575						1,264,575	2
3	TOTAL (sum of lines 1-2)	2,437,832						2,437,832	3

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



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

1	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST A-7 REF. 5
				COST CENTER	LINE#		
		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	-45,045	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	-2,567,285				10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)						11
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1	68,014				12
13	LAUNDRY AND LINEN SERVICE						13
14	CAFETERIA - EMPLOYEES AND GUESTS	B	-191,925	CAFETERIA	11		14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						16
17	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-37,554	DRUGS CHARGED TO PATIENTS	73		17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-34,077	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 OVERPAYMENTS						22
23	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		RESPIRATORY THERAPY	65		23
24	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		PHYSICAL THERAPY	66		24
25	UTIL REVIEW-PHYSICIANS' COMPENSATION (chapter 21)			UTILIZATION REVIEW-SNF	114		25
26	DEPRECIATION-BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1		26
27	DEPRECIATION-MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2		27
28	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19		28
29	PHYSICIANS' ASSISTANT						29
30	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67		30
31	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		SPEECH PATHOLOGY	68		31
32	CAH HIT ADJ FOR DEPRECIATION AND						32
33							33
34							34
35							35
36							36
37							37
37.02	TRANSCRIPTION	B	-2,069	MEDICAL RECORDS & LIBRARY	16		37.02
37.04	NEWBORN	B	-55	NURSERY	43		37.04
37.06	RADIOLOGY	B	-310	RADIOLOGY-DIAGNOSTIC	54		37.06
37.09	PLANT MAINTAINANCE	B	-4,000	MAINTENANCE & REPAIRS	6		37.09
37.10	DPA PROVIDER TAX	A	-3,069,048	ADMINISTRATIVE & GENERAL	5		37.10
37.13	COMMUNITY HEALTH EDUCATION	B	-10,404	ADMINISTRATIVE & GENERAL	5		37.13
37.14	PROPERTY TAX	A	-104,869	ADMINISTRATIVE & GENERAL	5		37.14
37.15	CRNA SALARIES	A	-1,506,892	ANESTHESIOLOGY	53		37.15
37.17	ER & CRNA EMPLOYEE BENEFITS	A	-354,404	EMPLOYEE BENEFITS DEPARTMENT	4		37.17
37.18	UNEMPLOYMENT CLAIMS	A	20,183	ADMINISTRATIVE & GENERAL	5		37.18
37.19	PHYSICIAN RECRUITMENT	A	-22,180	ADMINISTRATIVE & GENERAL	5		37.19
37.20	IHA, AHA, CHA DUES	A	-30,485	ADMINISTRATIVE & GENERAL	5		37.20
37.21	CLINICAL LABORATORY SVCS	B	-250	LABORATORY	60		37.21
37.22	PHYSICAL THERAPY	B	-8,240	PHYSICAL THERAPY	66		37.22
37.23	CHAPLAINCY SVCS	B	-1,152	ADMINISTRATIVE & GENERAL	5		37.23
37.31	FINANCE CHG ON PT ACCTS	B	-183,284	ADMINISTRATIVE & GENERAL	5		37.31
37.32	TEAM ACCRUAL CURRENT YEAR	A	-51,507	EMPLOYEE BENEFITS DEPARTMENT	4		37.32
38	DIETARY	B	-6,557	DIETARY	10		38
39	EMERGENCY SERVICES	B	-840	EMERGENCY	91		39
40	PHARMACY	B	16	DRUGS CHARGED TO PATIENTS	73		40
41	DISASTER PREPAREDNESS	B	-8,581	ADMINISTRATIVE & GENERAL	5		41
42							42
43							43
44							44
45	CARDIAC REHAB	B	-14,488	CARDIAC REHAB	65.20		45
46	PERSONNEL	B	-110	ADMINISTRATIVE & GENERAL	5		46



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED				
	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	WKST A-7 REF.
		1	2	3	4	5
47	COMPUTED TOMOGRAPHIC SCANNER	B	-26	CT SCAN	57	47
48						48
49						49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-8,167,424			50

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

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



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT INCLUDED IN WKST. A COLUMN 5	NET ADJUSTMENTS (col. 4 minus col. 5)*	WKST. A-7 REF.	
1	2	3	4	5	6	7	
1						1	
2	5	ADMINISTRATIVE & GENERAL	SISTERS SERVICES	27,206	27,206	2	
3	5	ADMINISTRATIVE & GENERAL	CORPORATE OFFICE CHARGES	6,027,214	5,985,811	41,403	
4	7	OPERATION OF PLANT	CORPORATE OFFICE CHARGES	186,409	185,128	1,281	
4.04	54	RADIOLOGY-DIAGNOSTIC	SFI PURCHASED MAINT	137,765	143,951	-6,186	
4.05	56	RADIOISOTOPE	SFI PURCHASED MAINT	20,708	21,638	-930	
4.06	57	CT SCAN	SFI PURCHASED MAINT	94,855	99,113	-4,258	
4.09	54	RADIOLOGY-DIAGNOSTIC	SFI PURCHASED SERVICES	1,158	974	184	
4.10	57	CT SCAN	SFI PURCHASED SERVICES	229,826	193,306	36,520	
4.13	60	LABORATORY	SYSTEMS LAB	60,127	60,127		
5	TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12			6,785,268	6,717,254	68,014	5

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

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
B	OSF HEALTHCARE SYSTEMS				
6					6
7					7
8					8
9					9
10					10

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

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



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERATION	PROFESS- IONAL COMPO- NENT	PROVIDER COMPO- NENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPO- NENT HOURS	UNADJ- USTED RCE LIMIT	5 PERCENT OF UNADJ- USTED RCE LIMIT	
1	2	3	4	5	6	7	8	9	
1	31 INTENSIVE CARE UNIT VARIOUS	12,000	12,000		159,800				1
2	65 RESPIRATORY THERAPY VARIOUS	12,000	12,000		159,800				2
3	65.10 CARDIAC STRESS LAB VARIOUS	52,000	52,000		159,800				3
4	5 ADMINISTRATIVE & GEN DR. N	60,613	14,262	46,351	159,800	371	28,503	1,425	4
5	91 EMERGENCY VARIOUS	54,750	54,750		159,800				5
6	91 EMERGENCY VARIOUS	1,535,025	1,535,025		159,800				6
7	53 ANESTHESIOLOGY DR'S K	869,400	869,400		167,500				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
200	TOTAL	2,595,788	2,549,437	46,351		371	28,503	1,425	200



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBER- SHIPS & CONTIN- UING EDUCATION	PROVIDER COMPON- ENT SHARE OF COL. 12	PHYSICIAN COST OF MALPRACT- ICE INSURANCE	PROVIDER COMPON- ENT SHARE OF COL. 14	ADJUSTED RCE LIMIT	RCE DISALLOW- ANCE	ADJUST- MENT	
	10	11	12	13	14	15	16	17	18	
1	31	INTENSIVE CARE UNIT VARIOUS							12,000	1
2	65	RESPIRATORY THERAPY VARIOUS							12,000	2
3	65.10	CARDIAC STRESS LAB VARIOUS							52,000	3
4	5	ADMINISTRATIVE & GEN DR. N					28,503	17,848	32,110	4
5	91	EMERGENCY VARIOUS							54,750	5
6	91	EMERGENCY VARIOUS							1,535,025	6
7	53	ANESTHESIOLOGY DR'S K							869,400	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
200		TOTAL					28,503	17,848	2,567,285	200



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
GENERAL SERVICE COST CENTERS								
1	CAP REL COSTS-BLDG & FIXT	1,173,257	1,173,257					1
2	CAP REL COSTS-MVBLE EQUIP	1,264,575		1,264,575				2
4	EMPLOYEE BENEFITS DEPARTMENT	9,201,076			9,201,076			4
5	ADMINISTRATIVE & GENERAL	10,884,485	237,591	327,668	1,009,674	12,459,418	12,459,418	5
6	MAINTENANCE & REPAIRS	1,283,697	149,983	29,056	189,119	1,651,855	392,198	6
7	OPERATION OF PLANT	1,020,891	70,677	91,660	8,544	1,191,772	282,961	7
8	LAUNDRY & LINEN SERVICE	224,227	5,186			229,413	54,469	8
9	HOUSEKEEPING	788,585	5,186	8,548	211,449	1,013,768	240,698	9
10	DIETARY	296,297	22,349	18,465	59,898	397,009	94,261	10
11	CAFETERIA	515,705	14,848		139,824	670,377	159,167	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	674,651	3,250	33,694	238,909	950,504	225,677	13
14	CENTRAL SERVICES & SUPPLY	293,135	9,994	42,073	42,730	387,932	92,106	14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	549,061	5,560	703	200,354	755,678	179,420	16
17	SOCIAL SERVICE	90,491	1,230		33,897	125,618	29,825	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	4,006,845	161,773	49,375	1,375,558	5,593,551	1,328,071	30
31	INTENSIVE CARE UNIT	1,218,879	13,685	3,352	355,867	1,591,783	377,935	31
43	NURSERY	204,559	5,384	1,220	68,186	279,349	66,326	43
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	2,489,588	63,923	163,638	508,820	3,225,969	765,939	50
51	RECOVERY ROOM	953,846	26,778		324,786	1,305,410	309,942	51
52	DELIVERY ROOM & LABOR ROOM	632,788	22,396	31,817	195,924	882,925	209,632	52
53	ANESTHESIOLOGY	229,727	332	46,507	2,603	279,169	66,283	53
54	RADIOLOGY-DIAGNOSTIC	1,652,848	61,218	152,872	410,692	2,277,630	540,775	54
56	RADIOISOTOPE	466,760	2,861		64,338	533,959	126,777	56
57	CT SCAN	1,111,959	10,746		120,905	1,243,610	295,269	57
58	MRI	559,300	5,555	91,698	82,348	738,901	175,437	58
59	CARDIAC CATHETERIZATION		5,441	5,335		10,776	2,559	59
60	LABORATORY	2,301,227	24,244	23,343	439,898	2,788,712	662,121	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	431,595				431,595	102,473	63
65	RESPIRATORY THERAPY	448,160	6,230	42,517	157,348	654,255	155,339	65
65.10	CARDIAC STRESS LAB	297,894	9,365	13,971	113,999	435,229	103,336	65.10
65.20	CARDIAC REHAB	109,421	10,497		45,143	165,061	39,190	65.20
66	PHYSICAL THERAPY	696,746	48,058	9,720	256,675	1,011,199	240,088	66
67	OCCUPATIONAL THERAPY	177,327	13,955	518	83,809	275,609	65,438	67
68	SPEECH PATHOLOGY	187,705	13,031	1,761	69,622	272,119	64,609	68
69	ELECTROCARDIOLOGY	929	581			1,510	359	69
70	ELECTROENCEPHALOGRAPHY	148,740	4,875	15,934	52,435	221,984	52,705	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,677,379	5,332			1,682,711	399,524	71
72	IMPL. DEV. CHARGED TO PATIENTS	1,784,083				1,784,083	423,593	72
73	DRUGS CHARGED TO PATIENTS	3,442,871	8,717	38,658	292,824	3,783,070	898,211	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
91	EMERGENCY	2,357,557	47,103	19,002	658,708	3,082,370	731,844	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
OTHER REIMBURSABLE COST CENTERS								
SPECIAL PURPOSE COST CENTERS								
118	SUBTOTALS (sum of lines 1-117)	55,848,866	1,097,934	1,263,105	7,814,886	54,385,883	9,954,557	118
NONREIMBURSABLE COST CENTERS								
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	150,949			18,195	169,144	40,160	190
192	PHYSICIANS' PRIVATE OFFICES	7,521,977	28,065		1,111,690	8,661,732	2,056,543	192
193	NONPAID WORKERS	13,841	22,557			36,398	8,642	193
194	OTHER NONREIMBURSABLE							194
194.10	MEDICAL TRANSPORTATION	23,946				23,946	5,685	194.10
194.20	FUND DEVELOPMENT	152,574	753	37	36,022	189,386	44,966	194.20
194.30	PUBLIC RELATIONS/MARKETING	395,868	472		16,416	412,756	98,000	194.30
194.40	INDUSTRIAL MEDICINE	649,197	13,976	1,433	158,744	823,350	195,487	194.40
194.50	FOUNDATION	54,679				54,679	12,982	194.50
194.70	FITNESS CENTER	123,938	9,500		45,123	178,561	42,396	194.70
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	64,935,835	1,173,257	1,264,575	9,201,076	64,935,835	12,459,418	202



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
	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	2,044,053						6
7	OPERATION OF PLANT	183,876	1,658,609					7
8	LAUNDRY & LINEN SERVICE	13,493	12,031	309,406				8
9	HOUSEKEEPING	13,493	12,031		1,279,990			9
10	DIETARY	58,145	51,844		40,599	641,858		10
11	CAFETERIA	38,628	34,442		26,971		929,585	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	8,455	7,539		5,904		23,685	13
14	CENTRAL SERVICES & SUPPLY	26,000	23,182		18,154		10,670	14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	14,465	12,898		10,100		42,865	16
17	SOCIAL SERVICE	3,201	2,854		2,235		5,296	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	420,873	375,268	149,999	293,865	551,394	202,203	30
31	INTENSIVE CARE UNIT	35,603	31,745	31,994	24,859	68,868	45,209	31
43	NURSERY	14,006	12,488		9,779		8,115	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	166,304	148,283	28,651	116,118		73,294	50
51	RECOVERY ROOM	69,666	62,117	25,712	48,643		37,727	51
52	DELIVERY ROOM & LABOR ROOM	58,266	51,953	22,710	40,683		21,340	52
53	ANESTHESIOLOGY	864	771		604		22,104	53
54	RADIOLOGY-DIAGNOSTIC	159,267	142,009	12,561	111,205		58,936	54
56	RADIOISOTOPE	7,442	6,636		5,196		6,797	56
57	CT SCAN	27,958	24,929		19,521		15,887	57
58	MRI	14,452	12,886		10,091		9,695	58
59	CARDIAC CATHETERIZATION	14,155	12,621		9,883			59
60	LABORATORY	63,075	56,240		44,041		75,323	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY	16,208	14,451		11,317		25,397	65
65.10	CARDIAC STRESS LAB	24,365	21,725		17,013		12,646	65.10
65.20	CARDIAC REHAB	27,310	24,351		19,069		2,187	65.20
66	PHYSICAL THERAPY	125,028	111,480	9,871	87,299		29,217	66
67	OCCUPATIONAL THERAPY	36,305	32,371		25,349		7,904	67
68	SPEECH PATHOLOGY	33,901	30,227		23,671		8,562	68
69	ELECTROCARDIOLOGY	1,513	1,349		1,056			69
70	ELECTROENCEPHALOGRAPHY	12,682	11,308		8,855		4,637	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,871	12,368		9,685			71
72	IMPL DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS	22,677	20,220		15,834		31,694	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	122,543	109,264	27,908	85,563		95,240	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,848,090	1,483,881	309,406	1,143,162	620,262	876,630	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						2,529	190
192	PHYSICIANS' PRIVATE OFFICES	73,015	65,103		50,982		2,266	192
193	NONPAID WORKERS	58,685	52,326		40,976	21,596		193
194	OTHER NONREIMBURSABLE							194
194.10	MEDICAL TRANSPORTATION							194.10
194.20	FUND DEVELOPMENT	1,958	1,746		1,367		4,742	194.20
194.30	PUBLIC RELATIONS/MARKETING	1,229	1,096		858		2,661	194.30
194.40	INDUSTRIAL MEDICINE	36,359	32,419		25,387		20,049	194.40
194.50	FOUNDATION							194.50
194.70	FITNESS CENTER	24,717	22,038		17,258		20,708	194.70
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	2,044,053	1,658,609	309,406	1,279,990	641,858	929,585	202



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION 13	CENTRAL SERVICES & SUPPLY 14	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	
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	1,221,764						13
14	CENTRAL SERVICES & SUPPLY		558,044					14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY		754	1,016,180				16
17	SOCIAL SERVICE	13,480	128		182,637			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	507,536	82,175	51,459	152,604	9,708,998		30
31	INTENSIVE CARE UNIT	115,014	17,043	10,069	19,137	2,369,259		31
43	NURSERY	20,656	3,305	5,179	10,896	430,099		43
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	186,504	254,903	91,857		5,057,822		50
51	RECOVERY ROOM	96,035	18,805	31,779		2,005,836		51
52	DELIVERY ROOM & LABOR ROOM	53,785	17,578	7,680		1,366,552		52
53	ANESTHESIOLOGY		26,507	37,081		433,383		53
54	RADIOLOGY-DIAGNOSTIC		13,371	64,148		3,379,902		54
56	RADIOISOTOPE		1,496	19,335		707,638		56
57	CT SCAN		13,527	100,997		1,741,698		57
58	MRI		579	45,112		1,007,153		58
59	CARDIAC CATHETERIZATION		3			49,997		59
60	LABORATORY		17,507	172,856		3,879,875		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.			6,907		540,975		63
65	RESPIRATORY THERAPY		6,612	23,999		907,578		65
65.10	CARDIAC STRESS LAB		1,270	22,992		638,576		65.10
65.20	CARDIAC REHAB		677	2,764		280,609		65.20
66	PHYSICAL THERAPY		1,762	22,244		1,638,188		66
67	OCCUPATIONAL THERAPY		7	4,894		447,877		67
68	SPEECH PATHOLOGY		13	3,971		437,073		68
69	ELECTROCARDIOLOGY		220	6,763		12,770		69
70	ELECTROENCEPHALOGRAPHY		226	5,383		317,780		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			70,694		2,188,853		71
72	IMPL. DEV. CHARGED TO PATIENTS			36,415		2,244,091		72
73	DRUGS CHARGED TO PATIENTS		3,132	109,290		4,884,128		73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
91	EMERGENCY	228,754	60,810	62,312		4,606,608		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
OTHER REIMBURSABLE COST CENTERS								
SPECIAL PURPOSE COST CENTERS								
118	SUBTOTALS (sum of lines 1-117)	1,221,764	542,410	1,016,180	182,637	51,283,318		118
NONREIMBURSABLE COST CENTERS								
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		24			211,857		190
192	PHYSICIANS' PRIVATE OFFICES		14,320			10,923,961		192
193	NONPAID WORKERS		32			218,655		193
194	OTHER NONREIMBURSABLE							194
194.10	MEDICAL TRANSPORTATION					29,631		194.10
194.20	FUND DEVELOPMENT		4			244,169		194.20
194.30	PUBLIC RELATIONS/MARKETING		155			516,755		194.30
194.40	INDUSTRIAL MEDICINE		1,099			1,134,150		194.40
194.50	FOUNDATION					67,661		194.50
194.70	FITNESS CENTER					305,678		194.70
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,221,764	558,044	1,016,180	182,637	64,935,835		202



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTIONS		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	9,708,998				30
31	INTENSIVE CARE UNIT	2,369,259				31
43	NURSERY	430,099				43
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	5,057,822				50
51	RECOVERY ROOM	2,005,836				51
52	DELIVERY ROOM & LABOR ROOM	1,366,552				52
53	ANESTHESIOLOGY	433,383				53
54	RADIOLOGY-DIAGNOSTIC	3,379,902				54
56	RADIOISOTOPE	707,638				56
57	CT SCAN	1,741,698				57
58	MRI	1,007,153				58
59	CARDIAC CATHETERIZATION	49,997				59
60	LABORATORY	3,879,875				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	BLOOD STORING, PROCESSING & TRANS.	540,975				63
65	RESPIRATORY THERAPY	907,578				65
65.10	CARDIAC STRESS LAB	638,576				65.10
65.20	CARDIAC REHAB	280,609				65.20
66	PHYSICAL THERAPY	1,638,188				66
67	OCCUPATIONAL THERAPY	447,877				67
68	SPEECH PATHOLOGY	437,073				68
69	ELECTROCARDIOLOGY	12,770				69
70	ELECTROENCEPHALOGRAPHY	317,780				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,188,853				71
72	IMPL. DEV. CHARGED TO PATIENTS	2,244,091				72
73	DRUGS CHARGED TO PATIENTS	4,884,128				73
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY	4,606,608				91
92	OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	51,283,318				118
NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	211,857				190
192	PHYSICIANS' PRIVATE OFFICES	10,923,961				192
193	NONPAID WORKERS	218,655				193
194	OTHER NONREIMBURSABLE					194
194.10	MEDICAL TRANSPORTATION	29,631				194.10
194.20	FUND DEVELOPMENT	244,169				194.20
194.30	PUBLIC RELATIONS/MARKETING	516,755				194.30
194.40	INDUSTRIAL MEDICINE	1,134,150				194.40
194.50	FOUNDATION	67,661				194.50
194.70	FITNESS CENTER	305,678				194.70
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (sum of lines 118-201)	64,935,835				202



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	
		0	1	2	2A	5	6	
	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	1,962,312	237,591	327,668	2,527,571	2,527,571		5
6	MAINTENANCE & REPAIRS	122,100	149,983	29,056	301,139	79,563	380,702	6
7	OPERATION OF PLANT	128	70,677	91,660	162,465	57,403	34,247	7
8	LAUNDRY & LINEN SERVICE		5,186		5,186	11,050	2,513	8
9	HOUSEKEEPING	250	5,186	8,548	13,984	48,829	2,513	9
10	DIETARY		22,349	18,465	40,814	19,122	10,829	10
11	CAFETERIA		14,848		14,848	32,289	7,194	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		3,250	33,694	36,944	45,782	1,575	13
14	CENTRAL SERVICES & SUPPLY		9,994	42,073	52,067	18,685	4,842	14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	4,668	5,560	703	10,931	36,398	2,694	16
17	SOCIAL SERVICE		1,230		1,230	6,051	596	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	11,515	161,773	49,375	222,663	269,419	78,387	30
31	INTENSIVE CARE UNIT	6,041	13,685	3,352	23,078	76,670	6,631	31
43	NURSERY		5,384	1,220	6,604	13,455	2,609	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	75,710	63,923	163,638	303,271	155,382	30,974	50
51	RECOVERY ROOM	815	26,778		27,593	62,876	12,975	51
52	DELIVERY ROOM & LABOR ROOM		22,396	31,817	54,213	42,527	10,852	52
53	ANESTHESIOLOGY	762	332	46,507	47,601	13,446	161	53
54	RADIOLOGY-DIAGNOSTIC	71,989	61,218	152,872	286,079	109,704	29,663	54
56	RADIOISOTOPE		2,861		2,861	25,719	1,386	56
57	CT SCAN	234,332	10,746		245,078	59,900	5,207	57
58	MRI		5,555	91,698	97,253	35,590	2,692	58
59	CARDIAC CATHETERIZATION		5,441	5,335	10,776	519	2,636	59
60	LABORATORY		24,244	23,343	47,587	134,321	11,748	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.					20,788		63
65	RESPIRATORY THERAPY	1,629	6,230	42,517	50,376	31,513	3,019	65
65.10	CARDIAC STRESS LAB		9,365	13,971	23,336	20,963	4,538	65.10
65.20	CARDIAC REHAB		10,497		10,497	7,950	5,086	65.20
66	PHYSICAL THERAPY	5,157	48,058	9,720	62,935	48,705	23,286	66
67	OCCUPATIONAL THERAPY		13,955	518	14,473	13,275	6,762	67
68	SPEECH PATHOLOGY		13,031	1,761	14,792	13,107	6,314	68
69	ELECTROCARDIOLOGY		581		581	73	282	69
70	ELECTROENCEPHALOGRAPHY	1,523	4,875	15,934	22,332	10,692	2,362	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		5,332		5,332	81,049	2,583	71
72	IMPL. DEV. CHARGED TO PATIENTS					85,932		72
73	DRUGS CHARGED TO PATIENTS		8,717	38,658	47,375	182,215	4,224	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	1,903	47,103	19,002	68,008	148,465	22,824	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,500,834	1,097,934	1,263,105	4,861,873	2,019,427	344,204	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN					8,147		190
192	PHYSICIANS' PRIVATE OFFICES	69,793	28,065		97,858	417,196	13,599	192
193	NONPAID WORKERS		22,557		22,557	1,753	10,930	193
194	OTHER NONREIMBURSABLE							194
194.10	MEDICAL TRANSPORTATION					1,153		194.10
194.20	FUND DEVELOPMENT		753	37	790	9,122	365	194.20
194.30	PUBLIC RELATIONS/MARKETING		472		472	19,881	229	194.30
194.40	INDUSTRIAL MEDICINE	4,844	13,976	1,433	20,253	39,657	6,772	194.40
194.50	FOUNDATION					2,634		194.50
194.70	FITNESS CENTER		9,500		9,500	8,601	4,603	194.70
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	2,575,471	1,173,257	1,264,575	5,013,303	2,527,571	380,702	202



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	254,115						7
8	LAUNDRY & LINEN SERVICE	1,843	20,592					8
9	HOUSEKEEPING	1,843		67,169				9
10	DIETARY	7,943		2,130	80,838			10
11	CAFETERIA	5,277		1,415		61,023		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,155		310		1,555	87,321	13
14	CENTRAL SERVICES & SUPPLY	3,552		953		700		14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	1,976		530		2,814		16
17	SOCIAL SERVICE	437		117		348		17
19	NONPHYSICIAN ANESTHETISTS						963	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	57,493	9,984	15,420	69,445	13,273	36,275	30
31	INTENSIVE CARE UNIT	4,864	2,129	1,305	8,673	2,968	8,220	31
43	NURSERY	1,913		513		533	1,476	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	22,718	1,907	6,093		4,811	13,330	50
51	RECOVERY ROOM	9,517	1,711	2,553		2,477	6,864	51
52	DELIVERY ROOM & LABOR ROOM	7,960	1,511	2,135		1,401	3,844	52
53	ANESTHESIOLOGY	118		32		1,451		53
54	RADIOLOGY-DIAGNOSTIC	21,757	836	5,836		3,869		54
56	RADIOISOTOPE	1,017		273		446		56
57	CT SCAN	3,819		1,024		1,043		57
58	MRI	1,974		530		636		58
59	CARDIAC CATHETERIZATION	1,934		519				59
60	LABORATORY	8,617		2,311		4,945		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY	2,214		594		1,667		65
65.10	CARDIAC STRESS LAB	3,329		893		830		65.10
65.20	CARDIAC REHAB	3,731		1,001		144		65.20
66	PHYSICAL THERAPY	17,080	657	4,581		1,918		66
67	OCCUPATIONAL THERAPY	4,960		1,330		519		67
68	SPEECH PATHOLOGY	4,631		1,242		562		68
69	ELECTROCARDIOLOGY	207		55				69
70	ELECTROENCEPHALOGRAPHY	1,733		465		304		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,895		508				71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS	3,098		831		2,081		73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	16,740	1,857	4,490		6,252	16,349	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	227,345	20,592	59,989	78,118	57,547	87,321	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN					166		190
192	PHYSICIANS' PRIVATE OFFICES	9,974		2,675		149		192
193	NONPAID WORKERS	8,017		2,150	2,720			193
194	OTHER NONREIMBURSABLE							194
194.10	MEDICAL TRANSPORTATION							194.10
194.20	FUND DEVELOPMENT	268		72		311		194.20
194.30	PUBLIC RELATIONS/MARKETING	168		45		175		194.30
194.40	INDUSTRIAL MEDICINE	4,967		1,332		1,316		194.40
194.50	FOUNDATION							194.50
194.70	FITNESS CENTER	3,376		906		1,359		194.70
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	254,115	20,592	67,169	80,838	61,023	87,321	202



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		14	16	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	80,799						14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	109	55,452					16
17	SOCIAL SERVICE	19		9,761				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	11,898	2,801	8,156	795,214		795,214	30
31	INTENSIVE CARE UNIT	2,468	548	1,023	138,577		138,577	31
43	NURSERY	479	282	582	28,446		28,446	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	36,905	5,001		580,392		580,392	50
51	RECOVERY ROOM	2,723	1,730		131,019		131,019	51
52	DELIVERY ROOM & LABOR ROOM	2,545	418		127,406		127,406	52
53	ANESTHESIOLOGY	3,838	2,019		68,666		68,666	53
54	RADIOLOGY-DIAGNOSTIC	1,936	3,492		463,172		463,172	54
56	RADIOISOTOPE	217	1,053		32,972		32,972	56
57	CT SCAN	1,959	5,498		323,528		323,528	57
58	MRI	84	2,456		141,215		141,215	58
59	CARDIAC CATHETERIZATION				16,384		16,384	59
60	LABORATORY	2,535	9,542		221,606		221,606	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.		376		21,164		21,164	63
65	RESPIRATORY THERAPY	957	1,307		91,647		91,647	65
65.10	CARDIAC STRESS LAB	184	1,252		55,325		55,325	65.10
65.20	CARDIAC REHAB	98	150		28,657		28,657	65.20
66	PHYSICAL THERAPY	255	1,211		160,628		160,628	66
67	OCCUPATIONAL THERAPY	1	266		41,586		41,586	67
68	SPEECH PATHOLOGY	2	216		40,866		40,866	68
69	ELECTROCARDIOLOGY	32	368		1,598		1,598	69
70	ELECTROENCEPHALOGRAPHY	33	293		38,214		38,214	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,849		95,216		95,216	71
72	IMPL. DEV. CHARGED TO PATIENTS		1,982		87,914		87,914	72
73	DRUGS CHARGED TO PATIENTS	454	5,950		246,228		246,228	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	8,805	3,392		297,182		297,182	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	78,536	55,452	9,761	4,274,822		4,274,822	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3			8,316		8,316	190
192	PHYSICIANS' PRIVATE OFFICES	2,073			543,524		543,524	192
193	NONPAID WORKERS	5			48,132		48,132	193
194	OTHER NONREIMBURSABLE							194
194.10	MEDICAL TRANSPORTATION				1,153		1,153	194.10
194.20	FUND DEVELOPMENT	1			10,929		10,929	194.20
194.30	PUBLIC RELATIONS/MARKETING	22			20,992		20,992	194.30
194.40	INDUSTRIAL MEDICINE	159			74,456		74,456	194.40
194.50	FOUNDATION				2,634		2,634	194.50
194.70	FITNESS CENTER				28,345		28,345	194.70
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	80,799	55,452	9,761	5,013,303		5,013,303	202



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON-CILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
GENERAL SERVICE COST CENTERS								
1	CAP REL COSTS-BLDG & FIXT	225,995						1
2	CAP REL COSTS-MVBLE EQUIP		1,227,880					2
4	EMPLOYEE BENEFITS DEPARTMENT			24,415,689				4
5	ADMINISTRATIVE & GENERAL	45,765	318,159	2,679,238	-12,459,418	52,476,417		5
6	MAINTENANCE & REPAIRS	28,890	28,213	501,841		1,651,855	151,340	6
7	OPERATION OF PLANT	13,614	89,000	22,671		1,191,772	13,614	7
8	LAUNDRY & LINEN SERVICE	999				229,413	999	8
9	HOUSEKEEPING	999	8,300	561,095		1,013,768	999	9
10	DIETARY	4,305	17,929	158,943		397,009	4,305	10
11	CAFETERIA	2,860		371,032		670,377	2,860	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	626	32,716	633,962		950,504	626	13
14	CENTRAL SERVICES & SUPPLY	1,925	40,852	113,386		387,932	1,925	14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	1,071	683	531,654		755,678	1,071	16
17	SOCIAL SERVICE	237		89,949		125,618	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	47,942	3,650,139		5,593,551	31,161	30
31	INTENSIVE CARE UNIT	2,636	3,255	944,318		1,591,783	2,636	31
43	NURSERY	1,037	1,185	180,937		279,349	1,037	43
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	12,313	158,890	1,350,190		3,225,969	12,313	50
51	RECOVERY ROOM	5,158		861,841		1,305,410	5,158	51
52	DELIVERY ROOM & LABOR ROOM	4,314	30,894	519,898		882,925	4,314	52
53	ANESTHESIOLOGY	64	45,157	6,906		279,169	64	53
54	RADIOLOGY-DIAGNOSTIC	11,792	148,436	1,089,799		2,277,630	11,792	54
56	RADIOISOTOPE	551		170,725		533,959	551	56
57	CT SCAN	2,070		320,829		1,243,610	2,070	57
58	MRI	1,070	89,037	218,516		738,901	1,070	58
59	CARDIAC CATHETERIZATION	1,048	5,180			10,776	1,048	59
60	LABORATORY	4,670	22,666	1,167,299		2,788,712	4,670	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.					431,595		63
65	RESPIRATORY THERAPY	1,200	41,283	417,533		654,255	1,200	65
65.10	CARDIAC STRESS LAB	1,804	13,566	302,505		435,229	1,804	65.10
65.20	CARDIAC REHAB	2,022		119,790		165,061	2,022	65.20
66	PHYSICAL THERAPY	9,257	9,438	681,106		1,011,199	9,257	66
67	OCCUPATIONAL THERAPY	2,688	503	222,393		275,609	2,688	67
68	SPEECH PATHOLOGY	2,510	1,710	184,748		272,119	2,510	68
69	ELECTROCARDIOLOGY	112				1,510	112	69
70	ELECTROENCEPHALOGRAPHY	939	15,472	139,140		221,984	939	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,027				1,682,711	1,027	71
72	IMPL. DEV. CHARGED TO PATIENTS					1,784,083		72
73	DRUGS CHARGED TO PATIENTS	1,679	37,536	777,028		3,783,070	1,679	73
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	18,451	1,747,928		3,082,370	9,073	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
OTHER REIMBURSABLE COST CENTERS								
SPECIAL PURPOSE COST CENTERS								
118	SUBTOTALS (sum of lines 1-117)	211,486	1,226,453	20,737,339	-12,459,418	41,926,465	136,831	118
NONREIMBURSABLE COST CENTERS								
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN			48,281		169,144		190
192	PHYSICIANS' PRIVATE OFFICES	5,406		2,949,946		8,661,732	5,406	192
193	NONPAID WORKERS	4,345				36,398	4,345	193
194	OTHER NONREIMBURSABLE							194
194.10	MEDICAL TRANSPORTATION					23,946		194.10
194.20	FUND DEVELOPMENT	145	36	95,586		189,386	145	194.20
194.30	PUBLIC RELATIONS/MARKETING	91		43,561		412,756	91	194.30
194.40	INDUSTRIAL MEDICINE	2,692	1,391	421,239		823,350	2,692	194.40
194.50	FOUNDATION					54,679		194.50
194.70	FITNESS CENTER	1,830		119,737		178,561	1,830	194.70
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	1,173,257	1,264,575	9,201,076		12,459,418	2,044,053	202
203	UNIT COST MULT-WS B PT I	5.191518	1.029885	0.376851		0.237429	13.506363	203



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
204	COST TO BE ALLOC PER B PT II					2,527,571	380,702	204
205	UNIT COST MULT-WS B PT II					0.048166	2.515541	205



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		SQUARE FEET	POUNDS OF LAUNDRY	SQUARE FEET	MEALS SERVED	FTE'S	DIRECT NRSNG HRS	
		7	8	9	10	11	13	
GENERAL SERVICE COST CENTERS								
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	137,726						7
8	LAUNDRY & LINEN SERVICE	999	405,644					8
9	HOUSEKEEPING	999		135,728				9
10	DIETARY	4,305		4,305	59,919			10
11	CAFETERIA	2,860		2,860		35,284		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	626		626		899	18,218	13
14	CENTRAL SERVICES & SUPPLY	1,925		1,925		405		14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	1,071		1,071		1,627		16
17	SOCIAL SERVICE	237		237		201	201	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	196,653	31,161	51,474	7,675	7,568	30
31	INTENSIVE CARE UNIT	2,636	41,946	2,636	6,429	1,716	1,715	31
43	NURSERY	1,037		1,037		308	308	43
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	12,313	37,563	12,313		2,782	2,781	50
51	RECOVERY ROOM	5,158	33,710	5,158		1,432	1,432	51
52	DELIVERY ROOM & LABOR ROOM	4,314	29,774	4,314		810	802	52
53	ANESTHESIOLOGY	64		64		839		53
54	RADIOLOGY-DIAGNOSTIC	11,792	16,468	11,792		2,237		54
56	RADIOISOTOPE	551		551		258		56
57	CT SCAN	2,070		2,070		603		57
58	MRI	1,070		1,070		368		58
59	CARDIAC CATHETERIZATION	1,048		1,048				59
60	LABORATORY	4,670		4,670		2,859		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY	1,200		1,200		964		65
65.10	CARDIAC STRESS LAB	1,804		1,804		480		65.10
65.20	CARDIAC REHAB	2,022		2,022		83		65.20
66	PHYSICAL THERAPY	9,257	12,941	9,257		1,109		66
67	OCCUPATIONAL THERAPY	2,688		2,688		300		67
68	SPEECH PATHOLOGY	2,510		2,510		325		68
69	ELECTROCARDIOLOGY	112		112				69
70	ELECTROENCEPHALOGRAPHY	939		939		176		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,027		1,027				71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS	1,679		1,679		1,203		73
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	36,589	9,073		3,615	3,411	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
OTHER REIMBURSABLE COST CENTERS								
SPECIAL PURPOSE COST CENTERS								
118	SUBTOTALS (sum of lines 1-117)	123,217	405,644	121,219	57,903	33,274	18,218	118
NONREIMBURSABLE COST CENTERS								
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN					96		190
192	PHYSICIANS' PRIVATE OFFICES	5,406		5,406		86		192
193	NONPAID WORKERS	4,345		4,345	2,016			193
194	OTHER NONREIMBURSABLE							194
194.10	MEDICAL TRANSPORTATION							194.10
194.20	FUND DEVELOPMENT	145		145		180		194.20
194.30	PUBLIC RELATIONS/MARKETING	91		91		101		194.30
194.40	INDUSTRIAL MEDICINE	2,692		2,692		761		194.40
194.50	FOUNDATION							194.50
194.70	FITNESS CENTER	1,830		1,830		786		194.70
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT 1	1,658,609	309,406	1,279,990	641,858	929,585	1,221,764	202
203	UNIT COST MULT-WS B PT 1	12.042817	0.762753	9.430552	10.712095	26.345794	67.063564	203



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	CAFETERIA FTE'S 11	NURSING ADMINISTRATION DIRECT NRSING HRS 13	
204	COST TO BE ALLOC PER B PT II	254,115	20,592	67,169	80,838	61,023	87,321	204
205	UNIT COST MULT-WS B PT II	1.845076	0.050764	0.494879	1.349121	1.729481	4.793117	205



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE PATIENT DAYS 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						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY	1,915,932					14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY	2,587	309,066,970				16
17	SOCIAL SERVICE	439		11,147			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	282,133	15,650,469	9,314			30
31	INTENSIVE CARE UNIT	58,513	3,062,334	1,168			31
43	NURSERY	11,348	1,575,076	665			43
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	875,164	27,937,192				50
51	RECOVERY ROOM	64,562	9,665,286				51
52	DELIVERY ROOM & LABOR ROOM	60,349	2,335,685				52
53	ANESTHESIOLOGY	91,007	11,277,754				53
54	RADIOLOGY-DIAGNOSTIC	45,905	19,509,602				54
56	RADIOISOTOPE	5,136	5,880,383				56
57	CT SCAN	46,441	30,716,956				57
58	MRI	1,987	13,720,141				58
59	CARDIAC CATHETERIZATION	10					59
60	LABORATORY	60,108	52,581,760				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.		2,100,552				63
65	RESPIRATORY THERAPY	22,702	7,298,967				65
65.10	CARDIAC STRESS LAB	4,362	6,992,825				65.10
65.20	CARDIAC REHAB	2,325	840,665				65.20
66	PHYSICAL THERAPY	6,048	6,765,262				66
67	OCCUPATIONAL THERAPY	25	1,488,422				67
68	SPEECH PATHOLOGY	43	1,207,672				68
69	ELECTROCARDIOLOGY	754	2,056,826				69
70	ELECTROENCEPHALOGRAPHY	776	1,637,210				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		21,500,510				71
72	IMPL. DEV. CHARGED TO PATIENTS		11,075,138				72
73	DRUGS CHARGED TO PATIENTS	10,754	33,238,900				73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	208,778	18,951,383				91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS							
SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,862,256	309,066,970	11,147			118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	81					190
192	PHYSICIANS' PRIVATE OFFICES	49,166					192
193	NONPAID WORKERS	111					193
194	OTHER NONREIMBURSABLE						194
194.10	MEDICAL TRANSPORTATION						194.10
194.20	FUND DEVELOPMENT	14					194.20
194.30	PUBLIC RELATIONS/MARKETING	531					194.30
194.40	INDUSTRIAL MEDICINE	3,773					194.40
194.50	FOUNDATION						194.50
194.70	FITNESS CENTER						194.70
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	---------------------------------------	--	---

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE PATIENT DAYS 17			
202	COST TO BE ALLOC PER B PT I	558,044	1,016,180	182,637			202
203	UNIT COST MULT-WS B PT I	0.291265	0.003288	16.384408			203
204	COST TO BE ALLOC PER B PT II	80,799	55,452	9,761			204
205	UNIT COST MULT-WS B PT II	0.042172	0.000179	0.875662			205



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT
		PART	LINE NO.	
	1	2	3	4



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	TOTAL COST (from Wkst. B, Part I, col. 26)	THERAPY LIMIT ADJ.	COSTS		
				TOTAL COSTS	RCE DISALLOW- ANCE	
		1	2	3	4	5
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS	9,708,998		9,708,998		9,708,998 30
31	INTENSIVE CARE UNIT	2,369,259		2,369,259		2,369,259 31
43	NURSERY	430,099		430,099		430,099 43
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	5,057,822		5,057,822		5,057,822 50
51	RECOVERY ROOM	2,005,836		2,005,836		2,005,836 51
52	DELIVERY ROOM & LABOR ROOM	1,366,552		1,366,552		1,366,552 52
53	ANESTHESIOLOGY	433,383		433,383		433,383 53
54	RADIOLOGY-DIAGNOSTIC	3,379,902		3,379,902		3,379,902 54
56	RADIOISOTOPE	707,638		707,638		707,638 56
57	CT SCAN	1,741,698		1,741,698		1,741,698 57
58	MRI	1,007,153		1,007,153		1,007,153 58
59	CARDIAC CATHETERIZATION	49,997		49,997		49,997 59
60	LABORATORY	3,879,875		3,879,875		3,879,875 60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	BLOOD STORING, PROCESSING & TRANS.	540,975		540,975		540,975 63
65	RESPIRATORY THERAPY	907,578		907,578		907,578 65
65.10	CARDIAC STRESS LAB	638,576		638,576		638,576 65.10
65.20	CARDIAC REHAB	280,609		280,609		280,609 65.20
66	PHYSICAL THERAPY	1,638,188		1,638,188		1,638,188 66
67	OCCUPATIONAL THERAPY	447,877		447,877		447,877 67
68	SPEECH PATHOLOGY	437,073		437,073		437,073 68
69	ELECTROCARDIOLOGY	12,770		12,770		12,770 69
70	ELECTROENCEPHALOGRAPHY	317,780		317,780		317,780 70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,188,853		2,188,853		2,188,853 71
72	IMPL. DEV. CHARGED TO PATIENTS	2,244,091		2,244,091		2,244,091 72
73	DRUGS CHARGED TO PATIENTS	4,884,128		4,884,128		4,884,128 73
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
91	EMERGENCY	4,606,608		4,606,608		4,606,608 91
92	OBSERVATION BEDS (NON-DISTINCT PART)	869,477		869,477		869,477 92
	OTHER REIMBURSABLE COST CENTERS					
200	SUBTOTAL (SEE INSTRUCTIONS)	52,152,795		52,152,795		52,152,795 200
201	LESS OBSERVATION BEDS	869,477		869,477		869,477 201
202	TOTAL (SEE INSTRUCTIONS)	51,283,318		51,283,318		51,283,318 202



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO	
		INPATIENT	OUTPATIENT	TOTAL (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	14,347,576		14,347,576				30
31	INTENSIVE CARE UNIT	3,062,334		3,062,334				31
43	NURSERY	1,575,076		1,575,076				43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	7,825,469	20,111,723	27,937,192	0.181043	0.181043	0.181043	50
51	RECOVERY ROOM	1,233,922	8,431,364	9,665,286	0.207530	0.207530	0.207530	51
52	DELIVERY ROOM & LABOR ROOM	1,840,651	495,034	2,335,685	0.585075	0.585075	0.585075	52
53	ANESTHESIOLOGY	6,457,888	4,819,866	11,277,754	0.038428	0.038428	0.038428	53
54	RADIOLOGY-DIAGNOSTIC	2,356,888	17,152,714	19,509,602	0.173243	0.173243	0.173243	54
56	RADIOISOTOPE	268,619	5,611,764	5,880,383	0.120339	0.120339	0.120339	56
57	CT SCAN	3,909,336	26,807,620	30,716,956	0.056702	0.056702	0.056702	57
58	MRI	513,405	13,206,736	13,720,141	0.073407	0.073407	0.073407	58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY	11,204,169	41,377,591	52,581,760	0.073787	0.073787	0.073787	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	1,327,387	773,165	2,100,552	0.257539	0.257539	0.257539	63
65	RESPIRATORY THERAPY	6,310,177	988,790	7,298,967	0.124343	0.124343	0.124343	65
65.10	CARDIAC STRESS LAB	1,548,443	5,444,382	6,992,825	0.091319	0.091319	0.091319	65.10
65.20	CARDIAC REHAB	582	840,083	840,665	0.333794	0.333794	0.333794	65.20
66	PHYSICAL THERAPY	1,530,244	5,235,018	6,765,262	0.242147	0.242147	0.242147	66
67	OCCUPATIONAL THERAPY	538,254	950,168	1,488,422	0.300907	0.300907	0.300907	67
68	SPEECH PATHOLOGY	327,606	880,066	1,207,672	0.361914	0.361914	0.361914	68
69	ELECTROCARDIOLOGY	647,466	1,409,360	2,056,826	0.006209	0.006209	0.006209	69
70	ELECTROENCEPHALOGRAPHY	19,905	1,617,305	1,637,210	0.194098	0.194098	0.194098	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,693,553	11,806,957	21,500,510	0.101805	0.101805	0.101805	71
72	IMPL. DEV. CHARGED TO PATIENTS	7,275,429	3,799,709	11,075,138	0.202624	0.202624	0.202624	72
73	DRUGS CHARGED TO PATIENTS	16,199,112	17,039,788	33,238,900	0.146940	0.146940	0.146940	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	4,026,953	14,924,430	18,951,383	0.243075	0.243075	0.243075	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		1,302,893	1,302,893	0.667343	0.667343	0.667343	92
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (SEE INSTRUCTIONS)	104,040,444	205,026,526	309,066,970				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	104,040,444	205,026,526	309,066,970				202



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK [] TITLE V [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] TEFRA
 BOXES: [] TITLE XIX

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26))	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 + col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
1	2	3	4	5	6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	795,214		795,214	10,128	78.52	4,883	383,413	30
31	INTENSIVE CARE UNIT	138,577		138,577	1,168	118.64	657	77,946	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	28,446		28,446	665	42.78			43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	962,237		962,237	11,961		5,540	461,359	200

(A) Worksheet A line numbers



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0064

WORKSHEET D
PART II

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [] TITLE XIX [] IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 + col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	580,392	27,937,192	0.020775	3,691,197	76,685	50
51	RECOVERY ROOM	131,019	9,665,286	0.013556	614,674	8,333	51
52	DELIVERY ROOM & LABOR ROOM	127,406	2,335,685	0.054548	16,496	900	52
53	ANESTHESIOLOGY	68,666	11,277,754	0.006089	1,194,989	7,276	53
54	RADIOLOGY-DIAGNOSTIC	463,172	19,509,602	0.023741	1,314,723	31,213	54
56	RADIOISOTOPE	32,972	5,880,383	0.005607	143,760	806	56
57	CT SCAN	323,528	30,716,956	0.010533	1,971,051	20,761	57
58	MRI	141,215	13,720,141	0.010293	283,829	2,921	58
59	CARDIAC CATHETERIZATION	16,384					59
60	LABORATORY	221,606	52,581,760	0.004215	5,717,591	24,100	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	21,164	2,100,552	0.010075	725,562	7,310	63
65	RESPIRATORY THERAPY	91,647	7,298,967	0.012556	3,602,951	45,239	65
65.10	CARDIAC STRESS LAB	55,325	6,992,825	0.007912	963,738	7,625	65.10
65.20	CARDIAC REHAB	28,657	840,665	0.034088	252	9	65.20
66	PHYSICAL THERAPY	160,628	6,765,262	0.023743	939,087	22,297	66
67	OCCUPATIONAL THERAPY	41,586	1,488,422	0.027940	354,611	9,908	67
68	SPEECH PATHOLOGY	40,866	1,207,672	0.033839	226,386	7,661	68
69	ELECTROCARDIOLOGY	1,598	2,056,826	0.000777	375,310	292	69
70	ELECTROENCEPHALOGRAPHY	38,214	1,637,210	0.023341	12,449	291	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	95,216	21,500,510	0.004429	5,126,097	22,703	71
72	IMPL. DEV. CHARGED TO PATIENTS	87,914	11,075,138	0.007938	3,983,675	31,622	72
73	DRUGS CHARGED TO PATIENTS	246,228	33,238,900	0.007408	7,920,810	58,677	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	297,182	18,951,383	0.015681	1,563,991	24,525	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	71,215	1,302,893	0.054659			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)	3,383,800	290,081,984		40,743,229	411,154	200

(A) Worksheet A line numbers



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK [] TITLE V [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] TEFRA
 BOXES: [] TITLE XIX

(A)	COST CENTER DESCRIPTION	NURSING SCHOOL	ALLIED HEALTH COST	ALL OTHER MEDICAL EDUCATION COST	SWING-BED ADJUSTMENT AMOUNT (see instructions)	TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)
		1	2	3	4	5
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)					30
31	INTENSIVE CARE UNIT					31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY					43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK [] TITLE V [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] TEFRA
 BOXES: [] TITLE XIX

(A)	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM (col. 5+ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
		6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	10,128		4,883		30
31	INTENSIVE CARE UNIT	1,168		657		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	665				43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	11,961		5,540		200

(A) Worksheet A line numbers



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0064

WORKSHEET D
PART IV

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTH- ETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPAT- IENT COST (sum of col. 2, 3, and 4)
		1	2	3	4	5	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 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
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						
200	TOTAL (sum of lines 50-199)						200

(A) Worksheet A line numbers



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0064

WORKSHEET D
PART IV

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5+ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6+ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)
7	8	9	10	11	12	13		
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	27,937,192			3,691,197		6,772,061	50
51	RECOVERY ROOM	9,665,286			614,674		2,792,368	51
52	DELIVERY ROOM & LABOR ROOM	2,335,685			16,496		4,297	52
53	ANESTHESIOLOGY	11,277,754			1,194,989		1,899,387	53
54	RADIOLOGY-DIAGNOSTIC	19,509,602			1,314,723		4,355,406	54
56	RADIOISOTOPE	5,880,383			143,760		2,163,078	56
57	CT SCAN	30,716,956			1,971,051		8,407,084	57
58	MRI	13,720,141			283,829		3,408,170	58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY	52,581,760			5,717,591		4,175,649	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	2,100,552			725,562		373,274	63
65	RESPIRATORY THERAPY	7,298,967			3,602,951		320,530	65
65.10	CARDIAC STRESS LAB	6,992,825			963,738		2,244,620	65.10
65.20	CARDIAC REHAB	840,665			252		130,020	65.20
66	PHYSICAL THERAPY	6,765,262			939,087		368	66
67	OCCUPATIONAL THERAPY	1,488,422			354,611			67
68	SPEECH PATHOLOGY	1,207,672			226,386			68
69	ELECTROCARDIOLOGY	2,056,826			375,310		482,394	69
70	ELECTROENCEPHALOGRAPHY	1,637,210			12,449		439,481	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,500,510			5,126,097		3,967,743	71
72	IMPL. DEV. CHARGED TO PATIENTS	11,075,138			3,983,675		1,736,585	72
73	DRUGS CHARGED TO PATIENTS	33,238,900			7,920,810		6,142,206	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
91	EMERGENCY	18,951,383			1,563,991		3,351,995	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,302,893					538,429	92
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	290,081,984			40,743,229		53,705,145	200

(A) Worksheet A line numbers



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0064

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [XX] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF
 BOXES: [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST			
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.181043	6,772,061			1,226,034			50
51	RECOVERY ROOM	0.207530	2,792,368			579,500			51
52	DELIVERY ROOM & LABOR ROOM	0.585075	4,297			2,514			52
53	ANESTHESIOLOGY	0.038428	1,899,387			72,990			53
54	RADIOLOGY-DIAGNOSTIC	0.173243	4,355,406			754,544			54
56	RADIOISOTOPE	0.120339	2,163,078			260,303			56
57	CT SCAN	0.056702	8,407,084			476,698			57
58	MRI	0.073407	3,408,170			250,184			58
59	CARDIAC CATHETERIZATION								59
60	LABORATORY	0.073787	4,175,649			308,109			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.257539	373,274			96,133			63
65	RESPIRATORY THERAPY	0.124343	320,530			39,856			65
65.10	CARDIAC STRESS LAB	0.091319	2,244,620			204,976			65.10
65.20	CARDIAC REHAB	0.333794	130,020			43,400			65.20
66	PHYSICAL THERAPY	0.242147	368			89			66
67	OCCUPATIONAL THERAPY	0.300907							67
68	SPEECH PATHOLOGY	0.361914							68
69	ELECTROCARDIOLOGY	0.006209	482,394			2,995			69
70	ELECTROENCEPHALOGRAPHY	0.194098	439,481			85,302			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.101805	3,967,743			403,936			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.202624	1,736,585			351,874			72
73	DRUGS CHARGED TO PATIENTS	0.146940	6,142,206			902,536		2,040	73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	EMERGENCY	0.243075	3,351,995			814,786			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.667343	538,429			359,317			92
	OTHER REIMBURSABLE COST CENTERS								
200	SUBTOTAL (see instructions)		53,705,145		13,880	7,236,076		2,040	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)		53,705,145		13,880	7,236,076		2,040	202

(A) Worksheet A line numbers



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII, PART A
 BOXES: [XX] TITLE XIX

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26))	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	795,214		795,214	10,128	78.52	1,056	82,917	30
31	INTENSIVE CARE UNIT	138,577		138,577	1,168	118.64	35	4,152	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	28,446		28,446	665	42.78	348	14,887	43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	962,237		962,237	11,961		1,439	101,956	200

(A) Worksheet A line numbers



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0064

WORKSHEET D
PART II

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII, PART A [] IPF
 BOXES: [XX] TITLE XIX [] IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 + col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)
		1	2	3	4	5
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	580,392	27,937,192	0.020775		50
51	RECOVERY ROOM	131,019	9,665,286	0.013556		51
52	DELIVERY ROOM & LABOR ROOM	127,406	2,335,685	0.054548		52
53	ANESTHESIOLOGY	68,666	11,277,754	0.006089		53
54	RADIOLOGY-DIAGNOSTIC	463,172	19,509,602	0.023741		54
56	RADIOISOTOPE	32,972	5,880,383	0.005607		56
57	CT SCAN	323,528	30,716,956	0.010533		57
58	MRI	141,215	13,720,141	0.010293		58
59	CARDIAC CATHETERIZATION	16,384				59
60	LABORATORY	221,606	52,581,760	0.004215		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	BLOOD STORING, PROCESSING & TRANS.	21,164	2,100,552	0.010075		63
65	RESPIRATORY THERAPY	91,647	7,298,967	0.012556		65
65.10	CARDIAC STRESS LAB	55,325	6,992,825	0.007912		65.10
65.20	CARDIAC REHAB	28,657	840,665	0.034088		65.20
66	PHYSICAL THERAPY	160,628	6,765,262	0.023743		66
67	OCCUPATIONAL THERAPY	41,586	1,488,422	0.027940		67
68	SPEECH PATHOLOGY	40,866	1,207,672	0.033839		68
69	ELECTROCARDIOLOGY	1,598	2,056,826	0.000777		69
70	ELECTROENCEPHALOGRAPHY	38,214	1,637,210	0.023341		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	95,216	21,500,510	0.004429		71
72	IMPL. DEV. CHARGED TO PATIENTS	87,914	11,075,138	0.007938		72
73	DRUGS CHARGED TO PATIENTS	246,228	33,238,900	0.007408		73
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
91	EMERGENCY	297,182	18,951,383	0.015681		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	71,215	1,302,893	0.054659		92
	OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (sum of lines 50-199)	3,383,800	290,081,984			200

(A) Worksheet A line numbers



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII, PART A
 BOXES: [XX] TITLE XIX

(A)	COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (see instructions) 4	TOTAL COSTS (sum of cols. 1 through 3 minus col 4.) 5
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)					30
31	INTENSIVE CARE UNIT					31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY					43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII, PART A
 BOXES: [XX] TITLE XIX

(A)	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM (col. 5+ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)
		6	7	8	9
	INPATIENT ROUTINE SERV COST CENTERS				
30	ADULTS & PEDIATRICS (General Routine Care)	10,128		1,056	30
31	INTENSIVE CARE UNIT	1,168		35	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	665		348	43
44	SKILLED NURSING FACILITY				44
45	NURSING FACILITY				45
200	TOTAL (lines 30-199)	11,961		1,439	200

(A) Worksheet A line numbers



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0064

WORKSHEET D
PART IV

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] SNF
 BOXES: [XX] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTH-ETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPAT-IENT COST (sum of col. 2, 3, and 4)	
		1	2	3	4	5	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 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
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							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0064

WORKSHEET D
PART IV

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] SNF
 BOXES: [XX] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5+ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6+ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	27,937,192							50
51	RECOVERY ROOM	9,665,286							51
52	DELIVERY ROOM & LABOR ROOM	2,335,685							52
53	ANESTHESIOLOGY	11,277,754							53
54	RADIOLOGY-DIAGNOSTIC	19,509,602							54
56	RADIOISOTOPE	5,880,383							56
57	CT SCAN	30,716,956							57
58	MRI	13,720,141							58
59	CARDIAC CATHETERIZATION								59
60	LABORATORY	52,581,760							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	2,100,552							63
65	RESPIRATORY THERAPY	7,298,967							65
65.10	CARDIAC STRESS LAB	6,992,825							65.10
65.20	CARDIAC REHAB	840,665							65.20
66	PHYSICAL THERAPY	6,765,262							66
67	OCCUPATIONAL THERAPY	1,488,422							67
68	SPEECH PATHOLOGY	1,207,672							68
69	ELECTROCARDIOLOGY	2,056,826							69
70	ELECTROENCEPHALOGRAPHY	1,637,210							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,500,510							71
72	IMPL. DEV. CHARGED TO PATIENTS	11,075,138							72
73	DRUGS CHARGED TO PATIENTS	33,238,900							73
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
91	EMERGENCY	18,951,383							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,302,893							92
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (sum of lines 50-199)	290,081,984							200

(A) Worksheet A line numbers



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0064

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [] TITLE XVII, PART B [] IPF [] SNF [] SWING BED NF
 BOXES: [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST		
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.181043						50
51	RECOVERY ROOM	0.207530						51
52	DELIVERY ROOM & LABOR ROOM	0.585075						52
53	ANESTHESIOLOGY	0.038428						53
54	RADIOLOGY-DIAGNOSTIC	0.173243						54
56	RADIOISOTOPE	0.120339						56
57	CT SCAN	0.056702						57
58	MRI	0.073407						58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY	0.073787						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.257539						63
65	RESPIRATORY THERAPY	0.124343						65
65.10	CARDIAC STRESS LAB	0.091319						65.10
65.20	CARDIAC REHAB	0.333794						65.20
66	PHYSICAL THERAPY	0.242147						66
67	OCCUPATIONAL THERAPY	0.300907						67
68	SPEECH PATHOLOGY	0.361914						68
69	ELECTROCARDIOLOGY	0.006209						69
70	ELECTROENCEPHALOGRAPHY	0.194098						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.101805						71
72	IMPL. DEV. CHARGED TO PATIENTS	0.202624						72
73	DRUGS CHARGED TO PATIENTS	0.146940						73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	0.243075						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.667343						92
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (see instructions)							200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)							202

(A) Worksheet A line numbers



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0064

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	10,128	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	10,128	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	9,221	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	4,883	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)	9,708,998	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	9,708,998	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	9,708,998	37



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0064

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							I	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)						958.63	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)						4,680,990	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)						4,680,990	41
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 + col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)		
		1	2	3	4	5		
42	NURSERY (Titles V and XIX only)							42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS								
43	INTENSIVE CARE UNIT	2,369,259	1,168	2,028.48	657	1,332,711		43
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47

							I	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					5,667,785		48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					11,681,486		49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					461,359		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					411,154		51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					872,513		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					10,808,973		53

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES							54
55	TARGET AMOUNT PER DISCHARGE							55
56	TARGET AMOUNT (line 54 x line 55)							56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)							57
58	BONUS PAYMENT (see instructions)							58
59	LESSER OF LINE 53 + LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET							59
60	LESSER OF LINE 53 + LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET							60
61	IF LINE 53 + 54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (line 53) ARE LESS THAN EXPECTED COSTS (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)							61
62	RELIEF PAYMENT (see instructions)							62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)							63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)							64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)							65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only. For CAH, see instructions)							66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)							67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)							68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)							69



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0064

WORKSHEET D-1
PARTS III & IV

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					907	87	
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)					958.63	88	
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)					869,477	89	
		COST	ROUTINE COST (from line 27)	column 1 ÷ column 2	TOTAL OBSERVATION BED COST (from line 89)		OBSERVATION BED PASS-THROUGH COST col. 3 x col. 4 (see instructions)	
		1	2	3	4		5	
90	CAPITAL-RELATED COST	795,214	9,708,998	0.081905	869,477		71,215	90
91	NURSING SCHOOL COST							91
92	ALLIED HEALTH COST							92
93	ALL OTHER MEDICAL EDUCATION							93



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0064

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [XX] TITLE XIX - I/P [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	10,128	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	10,128	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	9,221	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	1,056	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)	665	15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)	348	16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions)	9,708,998	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	9,708,998	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	9,708,998	37



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0064

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVII, PART A [] IPF [] TEFRA
 BOXES: [XX] TITLE XIX - I/P [] IRF [XX] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 + col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)	
		1	2	3	4	5	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					958.63	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					1,012,313	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)					1,012,313	41
42	NURSERY (Titles V and XIX only)	430,099	665	646.77	348	225,076	42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44	INTENSIVE CARE UNIT	2,369,259	1,168	2,028.48	35	70,997	43
45	CORONARY CARE UNIT						44
46	BURN INTENSIVE CARE UNIT						45
47	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)						48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					1,308,386	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					101,956	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)						51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					101,956	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)						53

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT (line 54 x line 55)						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)						57
58	BONUS PAYMENT (see instructions)						58
59	LESSER OF LINE 53 + LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET						59
60	LESSER OF LINE 53 + LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET						60
61	IF LINE 53 + 54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (line 53) ARE LESS THAN EXPECTED COSTS (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)						61
62	RELIEF PAYMENT (see instructions)						62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)						63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only. For CAH, see instructions)						66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)						67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)						68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)						69



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0064

WORKSHEET D-1
PARTS III & IV

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					907	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)						88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)						89
		COST	ROUTINE COST (from line 27)	column 1 + column 2	TOTAL OBSERVATION BED COST (from line 89)		OBSERVATION BED PASS-THROUGH COST col. 3 x col. 4 (see instructions)
		1	2	3	4		5
90	CAPITAL-RELATED COST						90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0064

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS		6,669,226		30
31	INTENSIVE CARE UNIT		1,642,055		31
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.181043	3,691,197	668,265	50
51	RECOVERY ROOM	0.207530	614,674	127,563	51
52	DELIVERY ROOM & LABOR ROOM	0.585075	16,496	9,651	52
53	ANESTHESIOLOGY	0.038428	1,194,989	45,921	53
54	RADIOLOGY-DIAGNOSTIC	0.173243	1,314,723	227,767	54
56	RADIOISOTOPE	0.120339	143,760	17,300	56
57	CT SCAN	0.056702	1,971,051	111,763	57
58	MRI	0.073407	283,829	20,835	58
59	CARDIAC CATHETERIZATION				59
60	LABORATORY	0.073787	5,717,591	421,884	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.257539	725,562	186,861	63
65	RESPIRATORY THERAPY	0.124343	3,602,951	448,002	65
65.10	CARDIAC STRESS LAB	0.091319	963,738	88,008	65.10
65.20	CARDIAC REHAB	0.333794	252	84	65.20
66	PHYSICAL THERAPY	0.242147	939,087	227,397	66
67	OCCUPATIONAL THERAPY	0.300907	354,611	106,705	67
68	SPEECH PATHOLOGY	0.361914	226,386	81,932	68
69	ELECTROCARDIOLOGY	0.006209	375,310	2,330	69
70	ELECTROENCEPHALOGRAPHY	0.194098	12,449	2,416	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.101805	5,126,097	521,862	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.202624	3,983,675	807,188	72
73	DRUGS CHARGED TO PATIENTS	0.146940	7,920,810	1,163,884	73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
91	EMERGENCY	0.243075	1,563,991	380,167	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.667343			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		40,743,229	5,667,785	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		40,743,229		202

(A) Worksheet A line numbers



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0064

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [] PPS
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)
		1	2	3
	INPATIENT ROUTINE SERVICE COST CENTERS			
30	ADULTS & PEDIATRICS			30
31	INTENSIVE CARE UNIT			31
43	NURSERY			43
	ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	0.181043		50
51	RECOVERY ROOM	0.207530		51
52	DELIVERY ROOM & LABOR ROOM	0.585075		52
53	ANESTHESIOLOGY	0.038428		53
54	RADIOLOGY-DIAGNOSTIC	0.173243		54
56	RADIOISOTOPE	0.120339		56
57	CT SCAN	0.056702		57
58	MRI	0.073407		58
59	CARDIAC CATHETERIZATION			59
60	LABORATORY	0.073787		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.257539		63
65	RESPIRATORY THERAPY	0.124343		65
65.10	CARDIAC STRESS LAB	0.091319		65.10
65.20	CARDIAC REHAB	0.333794		65.20
66	PHYSICAL THERAPY	0.242147		66
67	OCCUPATIONAL THERAPY	0.300907		67
68	SPEECH PATHOLOGY	0.361914		68
69	ELECTROCARDIOLOGY	0.006209		69
70	ELECTROENCEPHALOGRAPHY	0.194098		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.101805		71
72	IMPL. DEV. CHARGED TO PATIENTS	0.202624		72
73	DRUGS CHARGED TO PATIENTS	0.146940		73
76.97	CARDIAC REHABILITATION			76.97
76.98	HYPERBARIC OXYGEN THERAPY			76.98
76.99	LITHOTRIPSY			76.99
	OUTPATIENT SERVICE COST CENTERS			
91	EMERGENCY	0.243075		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.667343		92
	OTHER REIMBURSABLE COST CENTERS			
200	TOTAL (sum of lines 50-94, and 96-98)			200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)			201
202	NET CHARGES (line 200 minus line 201)			202

(A) Worksheet A line numbers



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK
APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	9,694,975			1
1.01	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCTOBER 1, 2013 (see instructions)				1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (see instructions)				1.02
1.03	DRG FOR FEDERAL SPECIFIC OPERATING PAYMENT FOR MODEL 4 BPCI (see instructions)				1.03
2	OUTLIER PAYMENTS FOR DISCHARGES (see instructions)	11,118			2
2.01	OUTLIER RECONCILIATION AMOUNT				2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (see instructions)				
3	MANAGED CARE SIMULATED PAYMENTS				3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	87.52			4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS					
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (see instructions)				5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)				6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105(f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS				7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2)(iv) 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)	0.0310			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (see instructions)	0.1836			31
32	SUM OF LINES 30 AND 31	0.2146			32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0692			33
34	DISPROPORTIONATE SHARE ADJUSTMENT (see instructions)	167,723			34
UNCOMPENSATED CARE ADJUSTMENT					
			PRIOR TO	ON OR AFTER	
			OCTOBER 1	OCTOBER 1	
35	TOTAL UNCOMPENSATED CARE AMOUNT (see instructions)			9,046,380,143	35
35.01	FACTOR 3 (see instructions)			0.000049026	35.01
35.02	HOSPITAL UNCOMPENSATED CARE PAYMENT (if line 34 is zero, enter zero on this line) (see instructions)			443,508	35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (see instructions)			443,508	35.03
36	TOTAL UNCOMPENSATED CARE (sum of columns 1 and 2 on line 35.03)	443,508			36
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



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK
APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				41
41.01	TOTAL ESRD MEDICARE COVERED AND PAID DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				41.01
42	DIVIDE LINE 41 BY LINE 40 (if less than 10%, you do not qualify for adjustment)				42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (line 43 divided by line 41.01 divided by 7 days)				44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (see instructions)				45
46	TOTAL ADDITIONAL PAYMENT (line 45 times line 44 times line 41.01)				46
47	SUBTOTAL (see instructions)	10,317,324			47
48	HOSPITAL SPECIFIC PAYMENTS (to be completed by SCH and MDH, small rural hospitals only (see instructions)	15,924,767			48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (see instructions)	14,522,906			49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (from Wkst L, Parts I, II, as applicable)	770,880			50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (Wkst L, Part III) (see instructions)				51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (from Wkst E-4, line 49) (see instructions)				52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT				53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES				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)	15,293,786			59
60	PRIMARY PAYER PAYMENTS				60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (line 59 minus line 60)	15,293,786			61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,315,424			62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	6,080			63
64	ALLOWABLE BAD DEBTS (see instructions)	186,572			64
65	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	121,272			65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	150,648			66
67	SUBTOTAL (line 61 plus line 65 minus lines 62 and 63)	14,093,554			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
70.93	HVBP PAYMENT ADJUSTMENT (see instructions)	2,527			70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (see instructions)	-15,512			70.94
71	AMOUNT DUE PROVIDER (see instructions)	14,080,569			71
71.01	SEQUESTRATION ADJUSTMENT (see instructions)	281,611			71.01
72	INTERIM PAYMENTS	13,724,294			72
73	TENTATIVE SETTLEMENT (for contractor use only)				73
74	BALANCE DUE PROVIDER/PROGRAM (line 71 minus lines 71.01, 72 and 73)	74,664			74
75	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	249,938			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



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0064

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)	2,040			1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (see instructions)	7,236,076			2
3	PPS PAYMENTS	7,356,031			3
4	OUTLIER PAYMENT (see instructions)	1,127			4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)				5
6	LINE 2 TIMES LINE 5				6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6				7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200				9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)	2,040			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES	13,880			12
13	ORGAN ACQUISITION CHARGES (from Wkst D-4, Part III, line 69, col. 4)				13
14	TOTAL REASONABLE CHARGES (sum of lines 12 and 13)	13,880			14
	CUSTOMARY CHARGES				
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)				16
17	RATIO OF LINE 15 TO LINE 16 (not to exceed 1.000000)	1.000000			17
18	TOTAL CUSTOMARY CHARGES (see instructions)	13,880			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))	11,840			19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 11 exceeds line 18 (see instructions))				20
21	LESSER OF COST OR CHARGES (line 11 minus line 20) (for CAH, see instructions)	2,040			21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)	7,357,158			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)	1,705,277			25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)				26
27	SUBTOTAL ((lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)	5,653,921			27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)				28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)	5,653,921			30
31	PRIMARY PAYER PAYMENTS	28			31
32	SUBTOTAL (line 30 minus line 31)	5,653,893			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)				33
34	ALLOWABLE BAD DEBTS (see instructions)	229,905			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	149,438			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	188,322			36
37	SUBTOTAL (see instructions)	5,803,331			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	5,803,331			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	116,067			40.01
41	INTERIM PAYMENTS	5,737,759			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	-50,495			43
44	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2				44

TO BE COMPLETED BY CONTRACTOR

90	ORIGINAL OUTLIER AMOUNT (see instructions)				90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY				92
93	TIME VALUE OF MONEY (see instructions)				93
94	TOTAL (sum of lines 91 and 93)				94



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0064

WORKSHEET E-1
PART I

CHECK HOSPITAL SUB (OTHER)
 APPLICABLE IPF SNF
 BOXES: IRF SWING BED SNF

DESCRIPTION	INPATIENT PART A		PART B		
	mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		13,724,294		5,737,759	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO					2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT					
AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM					3.01
RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM				3.02
EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO				3.03
	PROVIDER				3.04
					3.05
					3.06
					3.07
					3.08
					3.09
					3.10
					3.50
					3.51
	PROVIDER				3.52
	TO				3.53
	PROGRAM				3.54
					3.55
					3.56
					3.57
					3.58
					3.59
SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)					3.99
4 TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		13,724,294		5,737,759	4
TO BE COMPLETED BY CONTRACTOR					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT					5.01
AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.					5.02
IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM				5.03
	TO				5.04
	PROVIDER				5.05
					5.06
					5.07
					5.08
					5.09
					5.10
					5.50
					5.51
	PROVIDER				5.52
	TO				5.53
	PROGRAM				5.54
					5.55
					5.56
					5.57
					5.58
					5.59
SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)					6.01
7 TOTAL MEDICARE PROGRAM LIABILITY (see instructions)					6.02
8 NAME OF CONTRACTOR		CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)	8

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



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK HOSPITAL CAH
APPLICABLE BOX:

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	3,021	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	5,540	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,497	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	10,389	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	309,066,970	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	15,724,102	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)	423,652	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)	8,473	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)	415,179	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	458,655	30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)	-43,476	32



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0064

WORKSHEET E-3
PART VII

CHECK TITLE V HOSPITAL NF PPS
 APPLICABLE TITLE XIX SUB (OTHER) ICF/MR TEFRA
 BOXES: SNF OTHER

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	INPATIENT HOSPITAL SNF/NF SERVICES	1,308,386	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (certified transplant centers only)		3
4	SUBTOTAL (sum of lines 1, 2 and 3)	1,308,386	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)	1,308,386	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)	1,308,386	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)	1,308,386	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 Worksheet 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



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

BALANCE SHEET

WORKSHEET G

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

ASSETS (Omit Cents)		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	975,298			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	48,053,196			4
5	OTHER RECEIVABLES	817,692			5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	-34,468,575			6
7	INVENTORY	1,151,045			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	59,202			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	16,587,858			11
FIXED ASSETS					
12	LAND	314,848			12
13	LAND IMPROVEMENTS	925,068			13
14	ACCUMULATED DEPRECIATION	-908,777			14
15	BUILDINGS	37,681,360			15
16	ACCUMULATED DEPRECIATION	-23,747,771			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	25,436,393			23
24	ACCUMULATED DEPRECIATION	-20,107,475			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)	19,741,501			30
OTHER ASSETS					
31	INVESTMENTS	111,100,488			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	7,647,269			34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	118,747,757			35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	155,077,116			36
LIABILITIES AND FUND BALANCES (Omit Cents)					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	1,712,758			37
38	SALARIES, WAGES & FEES PAYABLE	5,914,418			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	2,068,486			43
44	OTHER CURRENT LIABILITIES	10,267			44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	9,705,929			45
LONG TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	173,572			49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	173,572			50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	9,879,501			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	145,197,615			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED - ENDOWMENT FUND BALANCE - RESTRICTED				54
55	DONOR CREATED - ENDOWMENT FUND BALANCE - UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BALANCE				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT, AND EXPANSION				58
59	TOTAL FUND BALANCES (sum of lines 52-58)	145,197,615			59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	155,077,116			60



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	FUND BALANCES AT BEGINNING OF PERIOD		123,836,707			1
2	NET INCOME (loss) (from Worksheet G-3, line 29)		20,801,957			2
3	TOTAL (sum of line 1 and line 2)		144,638,664			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)		144,638,664			11
12	DEDUCTIONS (debit adjustments)					12
13	CHANGE IN RESTRICTED ASSETS	-558,951				13
14						14
15						15
16						16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)		-558,951			18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		145,197,615			19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	FUND BALANCES AT BEGINNING OF PERIOD					1
2	NET INCOME (loss) (from Worksheet G-3, line 29)					2
3	TOTAL (sum of line 1 and line 2)					3
4	ADDITIONS (credit adjustments)					4
5						5
6						6
7						7
8						8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)					10
11	SUBTOTAL (line 3 plus line 10)					11
12	DEDUCTIONS (debit adjustments)					12
13	CHANGE IN RESTRICTED ASSETS					13
14						14
15						15
16						16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)					18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)					19



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	13,409,950		13,409,950	1
2 SUBPROVIDER IPF				2
3 SUBPROVIDER IRF				3
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (sum of lines 1-9)	13,409,950		13,409,950	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	2,737,811		2,737,811	11
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (sum of lines 11-15)	2,737,811		2,737,811	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	16,147,761		16,147,761	17
18 ANCILLARY SERVICES	86,592,729	228,783,803	315,376,532	18
19 OUTPATIENT SERVICES		14,031,774	14,031,774	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 column 3 to Worksheet G-3, line 1)	102,740,490	242,815,577	345,556,067	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (per Worksheet A, column 3, line 200)		73,103,259	29
30 ADD (SPECIFY)			30
31 BAD DEBTS	6,176,195		31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (sum of lines 30-35)		6,176,195	36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (sum of lines 37-41)			42
43 TOTAL OPERATING EXPENSES (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		79,279,454	43



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES (from Worksheet G-2, Part I, column 3, line 28)	345,556,067	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	253,218,069	2
3	NET PATIENT REVENUES (line 1 minus line 2)	92,337,998	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	79,279,454	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	13,058,544	5

OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	283,196	6
7	INCOME FROM INVESTMENTS	5,966,963	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	198,482	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (fees, sale of textbooks, uniforms, etc.)		19
20	REVENUE FROM GIFTS, 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)	1,193,240	24
24.01	OTHER (ASSETS RELEASED FOR OPERATIONS)	54,593	24.01
24.02	OTHER (ASSETS RELEASED-CAPITAL)	46,939	24.02
25	TOTAL OTHER INCOME (sum of lines 6-24)	7,743,413	25
26	TOTAL (line 5 plus line 25)	20,801,957	26
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	20,801,957	29



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0064

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] SUB (OTHER) [] COST METHOD
 BOXES: [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER		
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER	770,597	1
2	CAPITAL DRG OUTLIER PAYMENTS		1.01
		283	2
2.01	MODEL 4 BPCI CAPITAL DRG OUTLIER PAYMENTS		2.01
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	28.46	3
4	NUMBER OF INTERNS & RESIDENTS (see instructions)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (see instructions)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (multiply line 5 by the sum of lines 1 and 1.01)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (Worksheet E, Part A line 30) (see instructions)		7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)		8
9	SUM OF LINES 7 AND 8		9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)		10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)		11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	770,880	12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (see instructions)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (see instructions)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (line 1 plus line 2)		3
4	CAPITAL COST PAYMENT FACTOR (see instructions)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (line 3 times line 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (see instructions)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS (line 1 minus line 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (see instructions)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (line 3 x line 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (line 2 x line 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL (line 5 plus line 7)		8
9	CURRENT YEAR CAPITAL PAYMENTS (from Part I, line 12 as applicable)		9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (line 8 less line 9)		10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT (from prior year Worksheet L, Part III, line 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (line 10 plus line 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (if line 12 is positive, enter the amount on this line)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (if line 12 is negative, enter the amount on this line)		14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (see instructions)		15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (see instructions)		16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (see instructions)		17



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	In Lieu of Form CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	--------------------------------	--	---

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		0	2A	24	25	26		
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE 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
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							
	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
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)							202



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	Non CMS worksheet CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	----------------------------------	--	---

REPORT 97 - UTILIZATION STATISTICS - HOSPITAL

	COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
		PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
		1	2	3	4	5	6		
UTILIZATION PERCENTAGES BASED ON DAYS									
30	ADULTS & PEDIATRICS	48.21		10.43				58.64	30
31	INTENSIVE CARE UNIT	56.25		3.00				59.25	31
43	NURSERY			52.33				52.33	43
UTILIZATION PERCENTAGES BASED ON CHARGES									
50	OPERATING ROOM	13.21	24.24					37.45	50
51	RECOVERY ROOM	6.36	28.89					35.25	51
52	DELIVERY ROOM & LABOR ROOM	0.71	0.18					0.89	52
53	ANESTHESIOLOGY	10.60	16.84					27.44	53
54	RADIOLOGY-DIAGNOSTIC	6.74	22.32					29.06	54
56	RADIOISOTOPE	2.44	36.78					39.22	56
57	CT SCAN	6.42	27.37					33.79	57
58	MRI	2.07	24.84					26.91	58
60	LABORATORY	10.87	7.94					18.81	60
63	BLOOD STORING, PROCESSING & TRA	34.54	17.77					52.31	63
65	RESPIRATORY THERAPY	49.36	4.39					53.75	65
65.10	CARDIAC STRESS LAB	13.78	32.10					45.88	65.10
65.20	CARDIAC REHAB	0.03	15.47					15.50	65.20
66	PHYSICAL THERAPY	13.88	0.01					13.89	66
67	OCCUPATIONAL THERAPY	23.82						23.82	67
68	SPEECH PATHOLOGY	18.75						18.75	68
69	ELECTROCARDIOLOGY	18.25	23.45					41.70	69
70	ELECTROENCEPHALOGRAPHY	0.76	26.84					27.60	70
71	MEDICAL SUPPLIES CHARGED TO PAT	23.84	18.45					42.29	71
72	IMPL. DEV. CHARGED TO PATIENTS	35.97	15.68					51.65	72
73	DRUGS CHARGED TO PATIENTS	23.83	18.52					42.35	73
91	EMERGENCY	8.25	17.69					25.94	91
92	OBSERVATION BEDS (NON-DISTINCT		41.33					41.33	92
200	TOTAL CHARGES	14.05	18.52					32.57	200



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	Non CMS worksheet CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	----------------------------------	--	---

REPORT 98 - COST ALLOCATION SUMMARY

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
GENERAL SERVICE COST CENTERS								
1	CAP REL COSTS-BLDG & FIXT	1,173,257	1.81	-1,173,257	-4.15			1
2	CAP REL COSTS-MVBLE EQUIP	1,264,575	1.95	-1,264,575	-4.47			2
3	OTHER CAP REL COSTS							3
4	EMPLOYEE BENEFITS DEPARTMENT	9,201,076	14.17	-9,201,076	-32.56			4
5	ADMINISTRATIVE & GENERAL	10,884,485	16.76	-10,884,485	-38.52			5
6	MAINTENANCE & REPAIRS	1,283,697	1.98	-1,283,697	-4.54			6
7	OPERATION OF PLANT	1,020,891	1.57	-1,020,891	-3.61			7
8	LAUNDRY & LINEN SERVICE	224,227	0.35	-224,227	-0.79			8
9	HOUSEKEEPING	788,585	1.21	-788,585	-2.79			9
10	DIETARY	296,297	0.46	-296,297	-1.05			10
11	CAFETERIA	515,705	0.79	-515,705	-1.82			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	674,651	1.04	-674,651	-2.39			13
14	CENTRAL SERVICES & SUPPLY	293,135	0.45	-293,135	-1.04			14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	549,061	0.85	-549,061	-1.94			16
17	SOCIAL SERVICE	90,491	0.14	-90,491	-0.32			17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
INPATIENT ROUTINE SERVICE COST CENTERS								
30	ADULTS & PEDIATRICS	4,006,845	6.17	5,702,153	20.18	9,708,998	14.95	30
31	INTENSIVE CARE UNIT	1,218,879	1.88	1,150,380	4.07	2,369,259	3.65	31
43	NURSERY	204,559	0.32	225,540	0.80	430,099	0.66	43
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	2,489,588	3.83	2,568,234	9.09	5,057,822	7.79	50
51	RECOVERY ROOM	953,846	1.47	1,051,990	3.72	2,005,836	3.09	51
52	DELIVERY ROOM & LABOR ROOM	632,788	0.97	733,764	2.60	1,366,552	2.10	52
53	ANESTHESIOLOGY	229,727	0.35	203,656	0.72	433,383	0.67	53
54	RADIOLOGY-DIAGNOSTIC	1,652,848	2.55	1,727,054	6.11	3,379,902	5.20	54
56	RADIOISOTOPE	466,760	0.72	240,878	0.85	707,638	1.09	56
57	CT SCAN	1,111,959	1.71	629,739	2.23	1,741,698	2.68	57
58	MRI	559,300	0.86	447,853	1.58	1,007,153	1.55	58
59	CARDIAC CATHETERIZATION			49,997	0.18	49,997	0.08	59
60	LABORATORY	2,301,227	3.54	1,578,648	5.59	3,879,875	5.97	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	431,595	0.66	109,380	0.39	540,975	0.83	63
65	RESPIRATORY THERAPY	448,160	0.69	459,418	1.63	907,578	1.40	65
65.10	CARDIAC STRESS LAB	297,894	0.46	340,682	1.21	638,576	0.98	65.10
65.20	CARDIAC REHAB	109,421	0.17	171,188	0.61	280,609	0.43	65.20
66	PHYSICAL THERAPY	696,746	1.07	941,442	3.33	1,638,188	2.52	66
67	OCCUPATIONAL THERAPY	177,327	0.27	270,550	0.96	447,877	0.69	67
68	SPEECH PATHOLOGY	187,705	0.29	249,368	0.88	437,073	0.67	68
69	ELECTROCARDIOLOGY	929		11,841	0.04	12,770	0.02	69
70	ELECTROENCEPHALOGRAPHY	148,740	0.23	169,040	0.60	317,780	0.49	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,677,379	2.58	511,474	1.81	2,188,853	3.37	71
72	IMPL. DEV. CHARGED TO PATIENTS	1,784,083	2.75	460,008	1.63	2,244,091	3.46	72
73	DRUGS CHARGED TO PATIENTS	3,442,871	5.30	1,441,257	5.10	4,884,128	7.52	73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
91	EMERGENCY	2,357,557	3.63	2,249,051	7.96	4,606,608	7.09	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
OTHER REIMBURSABLE COST CENTERS								
OUTPATIENT SERVICE COST CENTERS								
SPECIAL PURPOSE COST CENTERS								
NONREIMBURSABLE COST CENTERS								
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	150,949	0.23	60,908	0.22	211,857	0.33	190
192	PHYSICIANS' PRIVATE OFFICES	7,521,977	11.58	3,401,984	12.04	10,923,961	16.82	192
193	NONPAID WORKERS	13,841	0.02	204,814	0.72	218,655	0.34	193
194	OTHER NONREIMBURSABLE							194
194.1	MEDICAL TRANSPORTATION	23,946	0.04	5,685	0.02	29,631	0.05	194.1
0								0
194.2	FUND DEVELOPMENT	152,574	0.23	91,595	0.32	244,169	0.38	194.2
0								0
194.3	PUBLIC RELATIONS/MARKETING	395,868	0.61	120,887	0.43	516,755	0.80	194.3
0								0
194.4	INDUSTRIAL MEDICINE	649,197	1.00	484,953	1.72	1,134,150	1.75	194.4
0								0
194.5	FOUNDATION	54,679	0.08	12,982	0.05	67,661	0.10	194.5
0								0
194.7	FITNESS CENTER	123,938	0.19	181,740	0.64	305,678	0.47	194.7
0								0
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	Non CMS worksheet CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	----------------------------------	--	---

REPORT 98 - COST ALLOCATION SUMMARY

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
202	TOTAL	64,935,835	100.00			64,935,835	100.00	202



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	Non CMS worksheet CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	----------------------------------	--	---

REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	TOTAL CHARGES	RATIO OF CAPITAL COSTS TO CHARGES	INPATIENT PROGRAM CHARGES	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	580,392	27,937,192	0.020775	3,691,197	76,685	50
51	RECOVERY ROOM	131,019	9,665,286	0.013556	614,674	8,333	51
52	DELIVERY ROOM & LABOR ROOM	127,406	2,335,685	0.054548	16,496	900	52
53	ANESTHESIOLOGY	68,666	11,277,754	0.006089	1,194,989	7,276	53
54	RADIOLOGY-DIAGNOSTIC	463,172	19,509,602	0.023741	1,314,723	31,213	54
56	RADIOISOTOPE	32,972	5,880,383	0.005607	143,760	806	56
57	CT SCAN	323,528	30,716,956	0.010533	1,971,051	20,761	57
58	MRI	141,215	13,720,141	0.010293	283,829	2,921	58
59	CARDIAC CATHETERIZATION	16,384					59
60	LABORATORY	221,606	52,581,760	0.004215	5,717,591	24,100	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRA	21,164	2,100,552	0.010075	725,562	7,310	63
65	RESPIRATORY THERAPY	91,647	7,298,967	0.012556	3,602,951	45,239	65
65.10	CARDIAC STRESS LAB	55,325	6,992,825	0.007912	963,738	7,625	65.10
65.20	CARDIAC REHAB	28,657	840,665	0.034088	252	9	65.20
66	PHYSICAL THERAPY	160,628	6,765,262	0.023743	939,087	22,297	66
67	OCCUPATIONAL THERAPY	41,586	1,488,422	0.027940	354,611	9,908	67
68	SPEECH PATHOLOGY	40,866	1,207,672	0.033839	226,386	7,661	68
69	ELECTROCARDIOLOGY	1,598	2,056,826	0.000777	375,310	292	69
70	ELECTROENCEPHALOGRAPHY	38,214	1,637,210	0.023341	12,449	291	70
71	MEDICAL SUPPLIES CHARGED TO PAT	95,216	21,500,510	0.004429	5,126,097	22,703	71
72	IMPL. DEV. CHARGED TO PATIENTS	87,914	11,075,138	0.007938	3,983,675	31,622	72
73	DRUGS CHARGED TO PATIENTS	246,228	33,238,900	0.007408	7,920,810	58,677	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY	297,182	18,951,383	0.015681	1,563,991	24,525	91
92	OBSERVATION BEDS (NON-DISTINCT	71,215	1,302,893	0.054659			92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL	3,383,800	290,081,984		40,743,229	411,154	200



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	Non CMS worksheet CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	----------------------------------	--	---

REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	SWING-BED ADJUSTMENT AMOUNT	REDUCED CAPITAL RELATED COST	TOTAL PATIENT DAYS	PER DIEM	INPATIENT PROGRAM DAYS	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	ADULTS & PEDIATRICS	795,214		795,214	10,128	78.52	4,883	383,413	30
31	INTENSIVE CARE UNIT	138,577		138,577	1,168	118.64	657	77,946	31
200	TOTAL	933,791		933,791	11,296		5,540	461,359	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	461,359
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	411,154
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	872,513
MEDICARE DISCHARGES (Worksheet S-3, Part I, line 14, column 13)	1,461
MEDICARE PATIENT DAYS (Worksheet S-3, Part I, line 14, column 6 - Worksheet S-3, Part I, line 5, column 6)	5,540
PER DISCHARGE CAPITAL COSTS	597.20



COMPU-MAX

ST. MARY MEDICAL CENTER Provider CCN: 14-0064	Non CMS worksheet CMS-2552-10	Period : From: 10/01/2013 To: 09/30/2014	Run Date: 02/25/2015 Run Time: 16:33 Version: 2014.10
--	----------------------------------	--	---

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (Title XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (Worksheet D-1, Part II, line 53)	10,808,973
2. HOSPITAL PART A TITLE XVIII CHARGES (sum of inpatient charges and ancillary charges on Worksheet D-3 for hospital Title XVIII component)	49,054,510
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.220

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (Worksheet D, Part I, lines 30-35, column 7 + Worksheet D, Part II, line 200, column 5)	872,513
2. RATIO OF COST TO CHARGES (line II-1 / line I-2)	0.018

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (Title XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, columns 2, 2.01, 2.02 x column 1 less lines 61, 66-68, 74, 94, 95 & 96)	7,235,987
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, line 202, columns 2, 2.01, & 2.02 less lines 61, 66-68, 74, 94, 95 & 96)	53,704,777
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.135