



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

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

PART I - COST REPORT STATUS

PROVIDER USE ONLY	1. <input checked="" type="checkbox"/> ELECTRONICALLY FILED COST REPORT	DATE:	TIME:
	2. <input type="checkbox"/> MANUALLY SUBMITTED COST REPORT		
	3. <input type="checkbox"/> IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THE COST REPORT		
	4. <input type="checkbox"/> MEDICARE UTILIZATION. ENTER 'F' FOR FULL OR 'L' FOR LOW.		
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'S HOSPITAL (14-0166) {(PROVIDER NAME(S) AND NUMBER(S)} FOR THE COST REPORTING PERIOD BEGINNING 07/01/2013 AND ENDING 06/30/2014, 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.

(SIGNED) _____
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART III - SETTLEMENT SUMMARY

		TITLE XVIII			HIT	TITLE XIX	
		TITLE V	PART A	PART B			
		1	2	3	4	5	
1	HOSPITAL		27,771	55,334	-83,607		1
2	SUBPROVIDER - IPF		6				2
3	SUBPROVIDER - IRF		-28,801				3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		-1,024	55,334	-83,607		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



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PARTS I, II & III**

INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Hospital and Hospital Health Care Complex Address:										
1	Street: 1800 EAST LAKE SHORE DRIVE	P.O. Box:							1	
2	City: DECATUR	State: IL	ZIP Code: 62521	County: MACON					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'S HOSPITAL	14-0166	19500	1	07/01/1966	N	P	O	3
4	Subprovider - IPF	PSYCHIATRY UNIT	14-S166	19500	4	07/01/2011	N	P	N	4
5	Subprovider - IRF	REHABILITATION UNIT	14-T166	19500	5	07/01/2008	N	P	N	5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19
20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2013	To: 06 / 30 / 2014							20
21	Type of control (see instructions)	1								21
Inpatient PPS Information								1	2	
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.							1	N	23
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1	2	3	4	5	6			
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in 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.	7,398	1,834			1,655	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.	286	122				25			
26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.				1					26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.				1					27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.									35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				Beginning:		Ending:		36	
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.									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:		Ending:		38	
								1	2	



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

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
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WORKSHEET S-2
PART I

Prospective Payment System (PPS)-Capital		V 1	XVIII 2	XIX 3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	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 I 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 1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Worksheet E-4. If column 2 is 'N', complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	Y	Y		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



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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.			Y			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, 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.			N			71
Inpatient Rehabilitation Facility PPS				1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.			Y			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, 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.			N			76
Long Term Care Hospital PPS							
80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.				N		80
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

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WORKSHEET S-2
PART I

Title V and XIX Services		V 1	XIX 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		
		Physical	Occupational	Speech	Respiratory	
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.		N	N	N	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.	N		116		
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N		117		
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			118		
		Premiums	Paid Losses	Self Insurance		
118.01	List amounts of malpractice premiums and paid losses:			118.01		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02		
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N	N	120		
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y		121		
Transplant Center Information						
125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	N		125		
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			126		
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			127		
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			128		
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			129		
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			130		
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			131		
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			132		
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			133		
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.			134		



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WORKSHEET S-2
PART I

All Providers						
		1	2			
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	Y	148005	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: HOSPITAL SISTERS HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 05101		141
142	Street: STREET: 4936 LAVERNA ROAD	P.O. Box:		142		
143	City: SPRINGFIELD	State: IL	ZIP Code: 62707	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	Title XIX	
			1	2	3	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N	N	N	156
157	Subprovider - IRF	N	N	N	N	157
158	Subprovider - Other					158
159	SNF	N	N			159
160	HHA	N	N			160
161	CMHC		N			161
161.10	CORF					161.10
Multicampus						
165	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs? Enter 'Y' for yes or 'N' for no.	N		165		
166	If line 165 is yes, for each campus, enter the name in column 0, county in column 1, state in column 2, ZIP in column 3, CBSA in column 4, FTE/campus in column 5.	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)	1.00		169		
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/12/2012	06/30/2013	170		



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

COMPLETED BY ALL HOSPITALS

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



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N		21
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COSTS			
22	HAVE ASSETS BEEN RELIEVED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.		22
23	HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		23
24	WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		24
25	HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		25
26	WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		26
27	HAS THE PROVIDER'S 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: MICHAEL	LAST NAME: CADDICK	TITLE: VICE PRESIDENT
42	EMPLOYER: STRATEGIC REIMBURSEMENT, INC.		
43	PHONE NUMBER: 708 466-7240	E-MAIL ADDRESS: MICHAEL.CADDICK@SRINC.ORG	



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	WKST A LINE NO.	NO. OF BEDS	BED DAYS AVAILABL E	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	184	67,160			13,867	8,053	29,261	1
2	HMO AND OTHER (see instructions)						791	1,655		2
3	HMO IPF SUBPROVIDER						138			3
4	HMO IRF SUBPROVIDER						65	122		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)		184	67,160			13,867	8,053	29,261	7
8	INTENSIVE CARE UNIT	31	12	4,380			1,576	344	2,475	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						722	1,376	13
14	TOTAL (see instructions)		196	71,540			15,443	9,119	33,112	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40	14	5,110			3,376	60	4,631	16
17	SUBPROVIDER - IRF	41	20	7,300			3,753	286	5,010	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)		230							27
28	OBSERVATION BED DAYS								1,682	28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (see instructions)								350	30
31	EMPLOYEE DISCOUNT DAYS-IRF								32	31
32	LABOR & DELIVERY DAYS (see instructions)							113	172	32
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)									32.01
33	LTCH NON-COVERED DAYS									33



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	FULL TIME EQUIVALENTS			DISCHARGES				
		TOTAL INTERNS & RESIDENTS	EMPLOYEE S ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		9	10	11	12	13	14	15	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					3,361	1,342	6,763	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)	1.29	760.64			3,361	1,342	6,763	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF		18.05			202	2	281	16
17	SUBPROVIDER - IRF		16.73			358	33	432	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)	1.29	795.42						27
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)								32

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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

PART II - WAGE DATA

	WKST A LINE NO.	AMOUNT REPORTED	RECLASSIF- ICATION OF SALARIES (from Worksheet A-6)	ADJUSTED SALARIES (column 2 ± column 3)	PAID HOURS RELATED TO SALARIES IN COLUMN 4	AVERAGE HOURLY WAGE (column 4 ± column 5)		
	1	2	3	4	5	6		
SALARIES								
1	TOTAL SALARIES (see instructions)	200	40,030,427		40,030,427	1,654,450.00	24.20	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B		1,846,696		1,846,696	18,156.00	101.71	3
4	PHYSICIAN-PART A - ADMINISTRATIVE							4
4.01	PHYSICIAN-PART A - TEACHING							4.01
5	PHYSICIAN-PART B							5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (in an approved program)	21						7
7.01	CONTRACTED INTERNS & RESIDENTS (in an approved program)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44	7,960	-7,960				9
10	EXCLUDED AREA SALARIES (see instructions)		2,447,080		2,447,080	107,152.00	22.84	10
OTHER WAGES & RELATED COSTS								
11	CONTRACT LABOR (see instructions)		152,413		152,413	2,389.00	63.80	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		158,274		158,274	1,488.00	106.37	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		4,862,929		4,862,929	76,342.00	63.70	14
15	HOME OFFICE: PHYSICIAN PART A - ADMINISTRATIVE							15
16	HOME OFFICE & CONTRACT PHYSICIANS PART A - TEACHING							16
WAGE-RELATED COSTS								
17	WAGE-RELATED COSTS (core)(see instructions)		9,752,610		9,752,610			17
18	WAGE-RELATED COSTS (other)(see instructions)							18
19	EXCLUDED AREAS		667,813		667,813			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B		256,020		256,020			21
22	PHYSICIAN PART A - ADMINISTRATIVE							22
22.01	PHYSICIAN PART A - TEACHING							22.01
23	PHYSICIAN PART B							23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (in an approved program)							25
OVERHEAD COSTS - DIRECT SALARIES								
26	EMPLOYEE BENEFITS DEPARTMENT		255,910		255,910	9,120.00	28.06	26
27	ADMINISTRATIVE & GENERAL		5,541,518		5,541,518	231,488.00	23.94	27
28	ADMINISTRATIVE & GENERAL UNDER CONTRACT (see instructions)		364,126		364,126	5,591.00	65.13	28
29	MAINTENANCE & REPAIRS		116,482		116,482	4,127.00	28.22	29
30	OPERATION OF PLANT		936,605		936,605	54,950.00	17.04	30
31	LAUNDRY & LINEN SERVICE		40,448		40,448	3,651.00	11.08	31
32	HOUSEKEEPING		908,980		908,980	80,543.00	11.29	32
33	HOUSEKEEPING UNDER CONTRACT (see instructions)							33
34	DIETARY		1,054,412	-827,122	227,290	18,594.00	12.22	34
35	DIETARY UNDER CONTRACT (see instructions)							35
36	CAFETERIA			827,122	827,122	67,490.00	12.26	36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		447,658		447,658	14,681.00	30.49	38
39	CENTRAL SERVICES AND SUPPLY		172,355		172,355	10,049.00	17.15	39
40	PHARMACY		1,447,983		1,447,983	37,877.00	38.23	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,030,310		1,030,310	54,114.00	19.04	41
42	SOCIAL SERVICE							42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)		38,547,857		38,547,857	1,641,885.00	23.48	1
2	EXCLUDED AREA SALARIES (see instructions)		2,455,040	-7,960	2,447,080	107,152.00	22.84	2
3	SUBTOTAL SALARIES (line 1 minus line 2)		36,092,817	7,960	36,100,777	1,534,733.00	23.52	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)		5,173,616		5,173,616	80,219.00	64.49	4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)		9,752,610		9,752,610		27.01%	5



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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

6	TOTAL (sum of lines 3 through 5)		51,019,043	7,960	51,027,003	1,614,952.00	31.60	6
7	TOTAL OVERHEAD COST (see instructions)		12,316,787		12,316,787	592,275.00	20.80	7



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HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3

PART IV - WAGE RELATED COST

PART IV

PART A - CORE LIST

		AMOUNT REPORTED	
	RETIREMENT COST		
1	401K EMPLOYER CONTRIBUTIONS		1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (see instructions)		3
4	QUALIFIED DEFINED BENEFIT PLAN COST (see instructions)	3,765,840	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)	3,065,379	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN		10
11	LIFE INSURANCE (If employee is owner or beneficiary)		11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)	64,058	13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)		14
15	WORKERS' COMPENSATION INSURANCE	812,485	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	2,742,204	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	163,004	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	63,470	23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	10,676,440	24

PART B - OTHER THAN CORE RELATED COST

25	OTHER WAGE RELATED (OTHER WAGE REL		25
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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	06/30/2014	1
2	PROVIDER'S COST REPORTING PERIOD USED FOR WAGE INDEX YEAR ON LINE 1 (FYB in Col. 1, FYE in Col. 2)	07/01/2013	06/30/2014 2
3	MIDPOINT OF PROVIDER'S COST REPORTING PERIOD SHOWN ON LINE 2, ADJUSTED TO FIRST OF MONTH	1/01/2014	3
4	DATE BEGINNING THE 3-YEAR AVERAGING PERIOD (subtract 18 months from midpoint shown on Line 3)	7/01/2012	4
5	DATE ENDING THE 3-YEAR AVERAGING PERIOD (add 18 months to midpoint shown on Line 3)	7/01/2015	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	7/01/2012	9
10	ENDING DATE OF AVERAGING PERIOD FROM LINE 5	7/01/2015	10
11	ENTER PROVIDER CONTRIBUTIONS MADE DURING AVERAGING PERIOD ON LINES 9 & 10	DEPOSIT DATE(S)	CONTRIBUTION(S) 11
11.01		01/01/2013	4,432,648 11.01
11.02		01/01/2014	3,099,035 11.02
11.03		01/01/2015	3,765,842 11.03
12	TOTAL CALENDAR MONTHS INCLUDED IN AVERAGING PERIOD (36 unless Step 2 completed)	36	12
13	TOTAL CONTRIBUTIONS MADE DURING AVERAGING PERIOD	11,297,525	13
14	AVERAGE MONTHLY CONTRIBUTION (Line 13 divided by Line 12)	313,820	14
15	NUMBER OF MONTHS IN PROVIDER COST REPORTING PERIOD ON LINE 2	12	15
16	AVERAGE PENSION CONTRIBUTIONS (Line 14 times Line 15)	3,765,840	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)	3,765,840	19



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HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

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



COMPU-MAX

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)	0.197709	1
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MEDICAID (see instructions for each line)

2	NET REVENUE FROM MEDICAID	12,801,977	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	89,668,044	6
7	MEDICAID COST (line 1 times line 6)	17,728,186	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (line 7 minus the sum of lines 2 and 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.	4,926,209	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)	4,926,209			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	14,716,517	890,545	15,607,062	20	
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (line 1 times line 20)	2,909,589	176,069	3,085,658	21	
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	71,682	27,437	99,119	22	
23	COST OF CHARITY CARE (line 21 minus line 22)	2,837,907	148,632	2,986,539	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)	10,700,655	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)	914,275	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 26 minus line 27)	9,786,380	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 1 times line 28)	1,934,856	29
30	COST OF UNCOMPENSATED CARE (line 23, column 3 plus line 29)	4,921,395	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (line 19 plus line 30)	9,847,604	31



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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	CAP REL COSTS-BLDG & FIXT				4,584,498	4,584,498	-134,671	4,449,827	1
2	00200	CAP REL COSTS-MVBLE EQUIP				5,224,463	5,224,463		5,224,463	2
3	00300	OTHER CAP REL COSTS							-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	255,910	10,628,771	10,884,681		10,884,681	-2,335,559	8,549,122	4
5	00500	ADMINISTRATIVE & GENERAL	5,541,518	32,903,458	38,444,976	-9,541,718	28,903,258	-6,668,710	22,234,548	5
6	00600	MAINTENANCE & REPAIRS	116,482	8,420	124,902		124,902	-55	124,847	6
7	00700	OPERATION OF PLANT	936,605	2,446,310	3,382,915		3,382,915		3,382,915	7
8	00800	LAUNDRY & LINEN SERVICE	40,448	667,495	707,943		707,943	-7,041	700,902	8
9	00900	HOUSEKEEPING	908,980	496,383	1,405,363		1,405,363	-84	1,405,279	9
10	01000	DIETARY	1,054,412	405,469	1,459,881	-1,145,188	314,693	-16,780	297,913	10
11	01100	CAFETERIA				1,145,188	1,145,188	-599	1,144,589	11
12	01200	MAINTENANCE OF PERSONNEL								12
13	01300	NURSING ADMINISTRATION	447,658	27,875	475,533		475,533		475,533	13
14	01400	CENTRAL SERVICES & SUPPLY	172,355	156,700	329,055	-97,522	231,533		231,533	14
15	01500	PHARMACY	1,447,983	4,630,458	6,078,441	-4,265,780	1,812,661	-10,426	1,802,235	15
16	01600	MEDICAL RECORDS & LIBRARY	1,030,310	1,168,762	2,199,072		2,199,072	-18,033	2,181,039	16
17	01700	SOCIAL SERVICE								17
19	01900	NONPHYSICIAN ANESTHETISTS								19
20	02000	NURSING SCHOOL								20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD		-15,292	-15,292		-15,292	15,292		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	6,947,942	950,781	7,898,723	-368,748	7,529,975	-279,601	7,250,374	30
31	03100	INTENSIVE CARE UNIT	1,224,823	272,708	1,497,531	-2,970	1,494,561	-5,466	1,489,095	31
40	04000	SUBPROVIDER - IPF	846,661	252,147	1,098,808		1,098,808		1,098,808	40
41	04100	SUBPROVIDER - IRF	828,069	959,536	1,787,605		1,787,605		1,787,605	41
43	04300	NURSERY	154,034	287,156	441,190		441,190	-223,713	217,477	43
44	04400	SKILLED NURSING FACILITY	7,960	5,270	13,230	-13,230				44
		ANCILLARY SERVICE COST CENTERS								
50	05000	OPERATING ROOM	1,140,844	5,354,681	6,495,525	-3,363,727	3,131,798		3,131,798	50
50.01	05001	STONE CENTER								50.01
50.02	05002	ENDOSCOPY	268,747	233,221	501,968		501,968		501,968	50.02
51	05100	RECOVERY ROOM	428,703	36,479	465,182		465,182		465,182	51
52	05200	DELIVERY ROOM & LABOR ROOM	896,074	146,896	1,042,970		1,042,970	-1,146	1,041,824	52
53	05300	ANESTHESIOLOGY	2,043,393	1,164,798	3,208,191		3,208,191	-2,726,716	481,475	53
53.01	05301	PAIN CENTER	348,683	83,955	432,638	-135	432,503		432,503	53.01
54	05400	RADIOLOGY-DIAGNOSTIC	1,571,726	520,078	2,091,804	-29,697	2,062,107	-9,206	2,052,901	54
56	05600	RADIOISOTOPE	152,082	411,302	563,384		563,384		563,384	56
57	05700	CT SCAN	353,714	421,692	775,406		775,406	-1,537	773,869	57
58	05800	MRI	226,065	165,179	391,244		391,244		391,244	58
59	05900	CARDIAC CATHETERIZATION	1,137,567	6,422,492	7,560,059	-3,376,475	4,183,584	-1,295,837	2,887,747	59
60	06000	LABORATORY	1,980,957	2,199,409	4,180,366	-66,040	4,114,326	-65,557	4,048,769	60
62	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	61,302	363,873	425,175		425,175		425,175	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	RESPIRATORY THERAPY	697,059	979,454	1,676,513	-7,693	1,668,820	-861,396	807,424	65
66	06600	PHYSICAL THERAPY	2,069,576	71,095	2,140,671	-11,868	2,128,803		2,128,803	66
69	06900	ELECTROCARDIOLOGY	597,553	1,009,923	1,607,476	-124,694	1,482,782	-227,268	1,255,514	69
70	07000	ELECTROENCEPHALOGRAPHY	265,885	80,258	346,143	-652	345,491	-45,098	300,393	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				97,522	97,522		97,522	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS				6,720,108	6,720,108		6,720,108	72
73	07300	DRUGS CHARGED TO PATIENTS				4,265,780	4,265,780		4,265,780	73
75	07500	ASC (NON-DISTINCT PART)				381,978	381,978		381,978	75
76	03950	TREATMENT CENTER	86,582	32,035	118,617		118,617	-24,933	93,684	76
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								
90	09000	CLINIC	104,092	161,985	266,077		266,077	-84,731	181,346	90
90.01	09001	PRENATAL CLINIC	67,046	135,275	202,321		202,321	-131,985	70,336	90.01



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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
90.02	09002	OUTPATIENT PSYCHIATRIC	112,634	2,367	115,001		115,001		115,001	90.02
90.03	09003	WOUND CLINIC	194,825	74,422	269,247		269,247	-10,929	258,318	90.03
90.04	09004	NEUROSURGERY								90.04
90.05	09005	DR JATOI								90.05
90.06	09006	UROLOGY PHYSICIAN								90.06
90.07	09007	DR. CHU								90.07
90.08	09008	SPORTS MEDICINE CLINIC								90.08
90.09	09009	DR. SHANKER								90.09
90.10	09010	DR MIRMIRA								90.10
90.11	09011	DR TOKHI								90.11
90.12	09012	CT/PET	19,112	144,260	163,372		163,372		163,372	90.12
90.13	09013	RADIATION ONCOLOGY	286,681	383,618	670,299		670,299		670,299	90.13
90.14	09014	SPORTS MED-REHAB								90.14
90.15	09015	MACON COUNT MEDICAL ASSOCIATES								90.15
90.16	09016	DR BRITT								90.16
90.17	09017	ARTHUR FAMILY MEDICINE CENTER								90.17
90.18	09018	DR BOCK								90.18
90.19	09019	PEDIATRIC PROF SERVICES								90.19
90.20	09020	DR ANDERSON								90.20
90.21	09021	DR HABIB								90.21
90.22	09022	DR HANNEKEN								90.22
90.23	09023	DR MUNESSES								90.23
90.24	09024	DR KOHLI								90.24
90.25	09025	DR DUNCAN								90.25
90.26	09026	MT ZION FAMILY PRACTICE								90.26
90.27	09027	DR POWELL								90.27
90.28	09028	CHEMOTHEROPY	11,308	4,585	15,893		15,893		15,893	90.28
91	09100	EMERGENCY	2,173,717	2,336,978	4,510,695	-3,400	4,507,295	-1,969,699	2,537,596	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
		OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	39,258,077	79,192,717	118,450,794		118,450,794	-17,141,484	101,309,310	118
		NONREIMBURSABLE COST CENTERS								
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	60,822	130,163	190,985		190,985		190,985	190
192	19200	PHYSICIANS' PRIVATE OFFICES	1,206	6,081,187	6,082,393		6,082,393		6,082,393	192
194	07950	SENIOR SERVICES	28,683	70,080	98,763		98,763		98,763	194
194.0	07951	ADULT DAY CARE	144,872	59,066	203,938		203,938		203,938	194.0
1										1
194.0	07952	SPORTS MEDICINE REHAB	230,744	15,886	246,630		246,630		246,630	194.0
2										2
194.0	07953	CANCER CARE		16,956	16,956		16,956		16,956	194.0
4										4
194.0	07954	RESIDENTIAL PROPERTIES								194.0
5										5
194.0	07976	BLUE MOUND		6,787	6,787		6,787		6,787	194.0
7										7
194.0	07955	ARTHUR CLINIC		54,011	54,011		54,011		54,011	194.0
8										8
194.0	07974	OCCUPATIONAL HEALTH								194.0
9										9
194.1	07956	2981 NORTH MAIN	117	738	855		855		855	194.1
1										1
194.1	07957	MEDICAL OFFICE BUILDING 1750	13	208,315	208,328		208,328		208,328	194.1
3										3
194.1	07958	MEDICAL ARTS								194.1
4										4
194.1	07959	MT. ZION CLINIC	314	20,076	20,390		20,390		20,390	194.1
5										5
194.1	07960	CERRO GORDO	225	24,552	24,777		24,777		24,777	194.1
6										6



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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
194.1 7	07961	LIFELINE								194.1 7
194.1 8	07980	COUNTY JAIL CONTRACT								194.1 8
194.1 9	07962	ST. JOHN'S HOME HEALTH								194.1 9
194.2 3	07963	ST. MARY'S SURGERY CENTER								194.2 3
194.2 4	07964	FIELDS WRIGHT MEDICAL PRACTICE		2,510	2,510		2,510		2,510	194.2 4
194.2 5	07965	3915 N COWGILL	2,536	273,916	276,452		276,452		276,452	194.2 5
194.2 8	07975	LAUNDRY OUTSIDE SERVICES								194.2 8
194.3 5	07966	MEDICAL MANAGEMENT SYSTEM		143	143		143		143	194.3 5
194.3 6	07967	LAKE SHORE MEDICAL OFFICE BUILDING		357,556	357,556		357,556		357,556	194.3 6
194.3 7	07968	DAY CARE CENTER		28,330	28,330		28,330		28,330	194.3 7
194.3 8	07969	SCHOOL HEALTH SERVICES	164,687	5,020	169,707		169,707		169,707	194.3 8
194.4 0	07977	PRAIRIE CARDIOVASCULAR								194.4 0
194.4 1	07978	G I SUITES	359	538	897		897		897	194.4 1
194.4 2	07979	RESPIRATORY CARE NURSING HOME								194.4 2
194.4 3	07970	VACANT SPACE								194.4 3
194.4 4	07971	PHYSICIAN POOL		747,467	747,467		747,467		747,467	194.4 4
194.4 8	07972	MRI BUILDING	308	118	426		426		426	194.4 8
194.4 9	07973	FUND DEVELOPMENT	137,464	-99,006	38,458		38,458		38,458	194.4 9
194.5 0	07981	CENTRAL ILLINOIS LUNG								194.5 0
200		TOTAL (sum of lines 118-199)	40,030,427	87,197,126	127,227,553		127,227,553	-17,141,484	110,086,069	200



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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	DEPRECIATION EXPENSE	A	CAP REL COSTS-BLDG & FIXT	1		3,825,739	1
2			CAP REL COSTS-MVBLE EQUIP	2		4,607,086	2
500	TOTAL RECLASSIFICATIONS					8,432,825	500
	CODE LETTER - A						
1	CAFETERIA RECLASS	B	CAFETERIA	11	827,122	318,066	1
500	TOTAL RECLASSIFICATIONS				827,122	318,066	500
	CODE LETTER - B						
1	LEASE EXPENSE	D	CAP REL COSTS-MVBLE EQUIP	2		617,377	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
500	TOTAL RECLASSIFICATIONS					617,377	500
	CODE LETTER - D						
1	RECLASS BOND ISSUANCE EXPENSE	E	CAP REL COSTS-BLDG & FIXT	1		12,510	1
500	TOTAL RECLASSIFICATIONS					12,510	500
	CODE LETTER - E						
1	CHARGEABLE DRUGS	F	DRUGS CHARGED TO PATIENTS	73		4,265,780	1
500	TOTAL RECLASSIFICATIONS					4,265,780	500
	CODE LETTER - F						
1	INTEREST EXPENSE	G	CAP REL COSTS-BLDG & FIXT	1		592,519	1
500	TOTAL RECLASSIFICATIONS					592,519	500
	CODE LETTER - G						
1	MEDICAL SUPPLIES	H	MEDICAL SUPPLIES CHARGED TO P	71		97,522	1
500	TOTAL RECLASSIFICATIONS					97,522	500
	CODE LETTER - H						
1	IMPLANT SUPPLIES	I	IMPL. DEV. CHARGED TO PATIENT	72		6,720,108	1
2							2
500	TOTAL RECLASSIFICATIONS					6,720,108	500
	CODE LETTER - I						
1	SNF COSTS	J	ADULTS & PEDIATRICS	30	7,960	5,270	1
500	TOTAL RECLASSIFICATIONS				7,960	5,270	500
	CODE LETTER - J						
1	PROPERTY INSURANCE	K	CAP REL COSTS-BLDG & FIXT	1		153,730	1
500	TOTAL RECLASSIFICATIONS					153,730	500
	CODE LETTER - K						
1	SAME DAY CARE	L	ASC (NON-DISTINCT PART)	75	359,935	22,043	1
500	TOTAL RECLASSIFICATIONS				359,935	22,043	500
	CODE LETTER - L						
	GRAND TOTAL (INCREASES)				1,195,017	21,237,750	

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



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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1	DEPRECIATION EXPENSE	A					9	1
2			ADMINISTRATIVE & GENERAL	5		8,432,825	9	2
500	TOTAL RECLASSIFICATIONS					8,432,825		500
	CODE LETTER - A							
1	CAFETERIA RECLASS	B	DIETARY	10	827,122	318,066		1
500	TOTAL RECLASSIFICATIONS				827,122	318,066		500
	CODE LETTER - B							
1	LEASE EXPENSE	D	ADMINISTRATIVE & GENERAL	5		350,134	9	1
2			INTENSIVE CARE UNIT	31		2,970	9	2
3			OPERATING ROOM	50		20,094	9	3
4			PAIN CENTER	53.01		135	9	4
5			RADIOLOGY-DIAGNOSTIC	54		29,697	9	5
6			LABORATORY	60		66,040	9	6
7			RESPIRATORY THERAPY	65		7,693	9	7
8			PHYSICAL THERAPY	66		11,868	9	8
9			ELECTROCARDIOLOGY	69		124,694	9	9
10			ELECTROENCEPHALOGRAPHY	70		652	9	10
11			EMERGENCY	91		3,400	9	11
500	TOTAL RECLASSIFICATIONS					617,377		500
	CODE LETTER - D							
1	RECLASS BOND ISSUANCE EXPENSE	E	ADMINISTRATIVE & GENERAL	5		12,510	9	1
500	TOTAL RECLASSIFICATIONS					12,510		500
	CODE LETTER - E							
1	CHARGEABLE DRUGS	F	PHARMACY	15		4,265,780		1
500	TOTAL RECLASSIFICATIONS					4,265,780		500
	CODE LETTER - F							
1	INTEREST EXPENSE	G	ADMINISTRATIVE & GENERAL	5		592,519	9	1
500	TOTAL RECLASSIFICATIONS					592,519		500
	CODE LETTER - G							
1	MEDICAL SUPPLIES	H	CENTRAL SERVICES & SUPPLY	14		97,522		1
500	TOTAL RECLASSIFICATIONS					97,522		500
	CODE LETTER - H							
1	IMPLANT SUPPLIES	I	OPERATING ROOM	50		3,343,633		1
2			CARDIAC CATHETERIZATION	59		3,376,475		2
500	TOTAL RECLASSIFICATIONS					6,720,108		500
	CODE LETTER - I							
1	SNF COSTS	J	SKILLED NURSING FACILITY	44	7,960	5,270		1
500	TOTAL RECLASSIFICATIONS				7,960	5,270		500
	CODE LETTER - J							
1	PROPERTY INSURANCE	K	ADMINISTRATIVE & GENERAL	5		153,730	9	1
500	TOTAL RECLASSIFICATIONS					153,730		500
	CODE LETTER - K							
1	SAME DAY CARE	L	ADULTS & PEDIATRICS	30	359,935	22,043		1
500	TOTAL RECLASSIFICATIONS				359,935	22,043		500
	CODE LETTER - L							
	GRAND TOTAL (DECREASES)				1,195,017	21,237,750		

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



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RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS			DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS	
			PURCHASES	DONATION	TOTAL				
		1	2	3	4	5	6	7	
1	LAND	3,295,160					3,295,160		1
2	LAND IMPROVEMENTS	5,780,176	30,111		30,111		5,810,287		2
3	BUILDINGS AND FIXTURES	89,829,360	806,204		806,204		90,635,564		3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT	36,308,900	229,209		229,209		36,538,109		5
6	MOVABLE EQUIPMENT	66,378,014	3,872,496		3,872,496	296,251	69,954,259		6
7	HIT DESIGNATED ASSETS	11,830,249					11,830,249		7
8	SUBTOTAL (sum of lines 1-7)	213,421,859	4,938,020		4,938,020	296,251	218,063,628		8
9	RECONCILING ITEMS								9
10	TOTAL (line 7 minus line 9)	213,421,859	4,938,020		4,938,020	296,251	218,063,628		10

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

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(1) (Sum of cols. 9 through 14)	
		DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT								1	
2	CAP REL COSTS-MVBLE EQUIP								2	
3	TOTAL (sum of lines 1-2)								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 line 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				0.000000					1
2	CAP REL COSTS-MVBLE EQU				0.000000					2
3	TOTAL (sum of lines 1-2)				0.000000					3

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(2) (sum of cols. 9 through 14)	
		DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	4,449,827						4,449,827	1	
2	CAP REL COSTS-MVBLE EQUIP	5,224,463						5,224,463	2	
3	TOTAL (sum of lines 1-2)	9,674,290						9,674,290	3	

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

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

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
				COST CENTER	LINE#	WKST A-7 REF.
		1	2	3	4	5
1	INVESTMENT INCOME-BUILDINGS & FIXTURES (chapter 2)	B	-68,803	CAP REL COSTS-BLDG & FIXT	1	9
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (chapter 2)			CAP REL COSTS-MVBLE EQUIP	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)	B	-177	ADMINISTRATIVE & GENERAL	5	5
6	RENTAL OF PROVIDER SPACE BY SUPPLIERS (chapter 8)					6
7	TELEPHONE SERVICES (PAY STATIONS EXCL) (chapter 21)					7
8	TELEVISION AND RADIO SERVICE (chapter 21)					8
9	PARKING LOT (chapter 21)					9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-5,999,561			10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)					11
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1	2,216,259			12
13	LAUNDRY AND LINEN SERVICE					13
14	CAFETERIA - EMPLOYEES AND GUESTS	B	-599	CAFETERIA	11	14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS	B	-65,868	CAP REL COSTS-BLDG & FIXT	1	9
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-10,426	PHARMACY	15	17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-16,820	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	OTHER REVENUE	B	-148	ADULTS & PEDIATRICS	30	33
34						34
35	WORKSHOP	B	-11,425	EMERGENCY	91	35
36						36
37	SERVICES	B	-6,661	CARDIAC CATHETERIZATION	59	37
38	OTHER REVENUE	B	-9,206	RADIOLOGY-DIAGNOSTIC	54	38
39						39
40						40
41	GME COSTS	A	15,292	I&R SERVICES-SALARY & FRINGES APPRVD	21	41
42	OTHER REVENUE	B	-84,731	CLINIC	90	42
43						43
44	MEDICAID TAX	A	-6,284,072	ADMINISTRATIVE & GENERAL	5	44
44.02	DIETARY	B	-16,780	DIETARY	10	44.02
44.03	LINEN OTHER REV	B	-7,041	LAUNDRY & LINEN SERVICE	8	44.03
44.06	OTHER REVENUE	B	-22,242	EMPLOYEE BENEFITS DEPARTMENT	4	44.06
45						45
45.03	BIOMED SERVICES	B	-55	MAINTENANCE & REPAIRS	6	45.03
45.04	HOUSEKEEPING VENDING	B	-84	HOUSEKEEPING	-8	45.04
45.06	ADVERTISING	A	-436,315	ADMINISTRATIVE & GENERAL	5	45.06
45.08	PHYSICIAN RECRUITMENT	A	-571	ADMINISTRATIVE & GENERAL	5	45.08
45.09	CASE MANAGEMENT REVENUE	B	-539	ADMINISTRATIVE & GENERAL	5	45.09
45.11	LOBBYING COSTS	A	-40,528	ADMINISTRATIVE & GENERAL	5	45.11
45.14	SELF INSURED HEALTH PREMIUMS	A	-1,905,417	EMPLOYEE BENEFITS DEPARTMENT	4	45.14
45.21	CRNA SALARIES	A	-1,846,696	ANESTHESIOLOGY	53	45.21



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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
45.22	CRNA BENEFITS	A	-277,184	EMPLOYEE BENEFITS DEPARTMENT	4	45.22
45.26	COMMUNITY PROMOTIONS	A	-51,149	ADMINISTRATIVE & GENERAL	5	45.26
45.27	TRANSPORTATION	A	-28,314	ADMINISTRATIVE & GENERAL	5	45.27
45.28	TRANSPORTATION	A	-1,841	EMPLOYEE BENEFITS DEPARTMENT	4	45.28
45.29	TRANSPORTATION	A	-1,213	MEDICAL RECORDS & LIBRARY	16	45.29
45.30	TRANSPORTATION	A	-1,738	ADULTS & PEDIATRICS	30	45.30
45.31	TRANSPORTATION	A	-5,103	INTENSIVE CARE UNIT	31	45.31
45.32	TRANSPORTATION	A	-1,139	DELIVERY ROOM & LABOR ROOM	52	45.32
45.33	TRANSPORTATION	A	-3,632	LABORATORY	60	45.33
45.34	TRANSPORTATION	A	-1,013	TREATMENT CENTER	76	45.34
45.35	PURCHASED SERVICES HSHS MEDICAL GR	A	-1,931,975	ADMINISTRATIVE & GENERAL	5	45.35
45.36	SPONSORSHIP COSTS	A	-217,930	ADMINISTRATIVE & GENERAL	5	45.36
45.37	HSHS MEDICAL GROUP	A	-8,724	EMPLOYEE BENEFITS DEPARTMENT	4	45.37
45.38	DEPT 7104 EXPENSES	A	-5,239	ADMINISTRATIVE & GENERAL	5	45.38
45.39	TRANSPORTATION	A	-2,076	EMERGENCY	91	45.39
46						46
47						47
48						48
49						49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-17,141,484			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 subscripents thereof.

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



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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT INCLUDED IN WKST. A COLUMN 5	NET ADJUSTMENTS (col. 4 minus col. 5)*	WKST. A-7 REF.
1	2	3	4	5	6	7
5	ADMINISTRATIVE & GENERAL		8,872,464	6,536,054	2,336,410	1
4	EMPLOYEE BENEFITS DEPARTMENT	HEALTH INSURANCE COSTS	9,068,748	9,188,899	-120,151	2
						3
						4
5	TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12		17,941,212	15,724,953	2,216,259	5

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

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

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

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

	SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		
				NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
	1	2	3	4	5	6
6	B	ST. MARY'S HOSPITAL		HSHS		HEALTH CARE
7						
8						
9						
10						

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

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



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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFESS- IONAL COMPON- ENT	PROVIDER COMPON- ENT	RCE AMOUNT	PHYSICIAN / PROVIDER COMPON- ENT HOURS	UNADJ- USTED RCE LIMIT	5 PERCENT OF UNADJ- USTED RCE LIMIT	
	1	2	3	4	5	6	7	8	9	
1	43	NURSERY NEONATOLOGY	223,713	223,713						1
2	90.01	PRENATAL CLINIC CLINIC	131,985	131,985						2
3	60	LABORATORY LABORATORY	127,353	60,436	66,917	219,500	620	65,428	3,271	3
4	30	ADULTS & PEDIATRICS PSYCHOLOGY	277,795	100,775	177,020	165,600	1	80	4	4
5	76	TREATMENT CENTER SMTC	24,000		24,000	165,600	1	80	4	5
6	31	INTENSIVE CARE UNIT ICU	13,500		13,500	165,600	165	13,137	657	6
7	91	EMERGENCY AGGREGATE	1,956,198	1,956,198						7
8	69	ELECTROCARDIOLOGY PRAIRIE CARDIO	227,268	227,268						8
9	59	CARDIAC CATHETERIZAT CATH LAB	1,289,176	1,289,176						9
10	66	PHYSICAL THERAPY CARDIAC REHAB	21,987		21,987	165,600	293	23,327	1,166	10
11	53	ANESTHESIOLOGY ANESTHESIOLOGY	880,020	880,020						11
12	52	DELIVERY ROOM & LABO	5,200		5,200	196,400	55	5,193	260	12
13	5	ADMINISTRATIVE & GEN AGGREGATE	8,391	619	7,772	165,600	1	80	4	13
14										14
15	70	ELECTROENCEPHALOGRAP EEG	45,098	45,098						15
16	90.03	WOUND CLINIC MEDICAL DIRECT	16,263		16,263	165,600	67	5,334	267	16
17	65	RESPIRATORY THERAPY MEDICAL DIRECTO	879,787	853,300	26,487	165,600	231	18,391	920	17
18	57	CT SCAN CT SCAN	7,870		7,870	231,100	57	6,333	317	18
19										19
20										20
200		TOTAL	6,135,604	5,768,588	367,016		1,491	137,383	6,870	200



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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBER- SHIPS & CONTIN- UING EDUCATIO N	PROVIDER COMPON- ENT SHARE OF COL. 12	PHYSICIAN COST OF MALPRACT - ICE INSURANC E	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	43 NURSERY NEONATOLOGY							223,713	1
2	90.01 PRENATAL CLINIC CLINIC							131,985	2
3	60 LABORATORY LABORATORY					65,428	1,489	61,925	3
4	30 ADULTS & PEDIATRICS PSYCHOLOGY					80	176,940	277,715	4
5	76 TREATMENT CENTER SMTC					80	23,920	23,920	5
6	31 INTENSIVE CARE UNIT ICU					13,137	363	363	6
7	91 EMERGENCY AGGREGATE							1,956,198	7
8	69 ELECTROCARDIOLOGY PRAIRIE CARDIO							227,268	8
9	59 CARDIAC CATHETERIZAT CATH LAB							1,289,176	9
10	66 PHYSICAL THERAPY CARDIAC REHAB					23,327			10
11	53 ANESTHESIOLOGY ANESTHESIOLOGY							880,020	11
12	52 DELIVERY ROOM & LABO					5,193	7	7	12
13	5 ADMINISTRATIVE & GEN AGGREGATE					80	7,692	8,311	13
14									14
15	70 ELECTROENCEPHALOGRAP EEG							45,098	15
16	90.03 WOUND CLINIC MEDICAL DIRECT					5,334	10,929	10,929	16
17	65 RESPIRATORY THERAPY MEDICAL DIRECTO					18,391	8,096	861,396	17
18	57 CT SCAN CT SCAN					6,333	1,537	1,537	18
19									19
20									20
200	TOTAL					137,383	230,973	5,999,561	200



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	4,449,827	4,449,827					1
2	CAP REL COSTS-MVBLE EQUIP	5,224,463		5,224,463				2
4	EMPLOYEE BENEFITS DEPARTMENT	8,549,122	16,888	19,828	8,585,838			4
5	ADMINISTRATIVE & GENERAL	22,234,548	572,803	672,518	1,196,209	24,676,078	24,676,078	5
6	MAINTENANCE & REPAIRS	124,847	32,882	38,606	25,144	221,479	63,988	6
7	OPERATION OF PLANT	3,382,915	372,784	437,679	202,178	4,395,556	1,269,933	7
8	LAUNDRY & LINEN SERVICE	700,902	147,865	173,606	8,731	1,031,104	297,899	8
9	HOUSEKEEPING	1,405,279	53,272	62,546	196,215	1,717,312	496,154	9
10	DIETARY	297,913	150,771	177,018	49,064	674,766	194,949	10
11	CAFETERIA	1,144,589	35,853	42,095	178,545	1,401,082	404,791	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	475,533	16,609	19,500	96,633	608,275	175,739	13
14	CENTRAL SERVICES & SUPPLY	231,533	91,100	106,959	37,205	466,797	134,864	14
15	PHARMACY	1,802,235	35,564	41,756	312,566	2,192,121	633,332	15
16	MEDICAL RECORDS & LIBRARY	2,181,039	79,717	93,595	222,406	2,576,757	744,459	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	7,250,374	764,012	897,009	1,423,814	10,335,209	2,985,997	30
31	INTENSIVE CARE UNIT	1,489,095	55,284	64,908	264,394	1,873,681	541,331	31
40	SUBPROVIDER - IPF	1,098,808	64,990	76,304	182,763	1,422,865	411,084	40
41	SUBPROVIDER - IRF	1,787,605	107,075	125,715	178,749	2,199,144	635,361	41
43	NURSERY	217,477	21,434	25,165	33,250	297,326	85,901	43
44	SKILLED NURSING FACILITY							44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	3,131,798	163,859	192,384	246,266	3,734,307	1,078,890	50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY	501,968	30,916	36,298	58,013	627,195	181,205	50.02
51	RECOVERY ROOM	465,182	21,108	24,782	92,541	603,613	174,392	51
52	DELIVERY ROOM & LABOR ROOM	1,041,824	88,119	103,459	193,429	1,426,831	412,230	52
53	ANESTHESIOLOGY	481,475	2,934	3,445	441,093	928,947	268,385	53
53.01	PAIN CENTER	432,503	32,667	38,354	75,268	578,792	167,221	53.01
54	RADIOLOGY-DIAGNOSTIC	2,052,901	133,828	157,125	339,277	2,683,131	775,191	54
56	RADIOISOTOPE	563,384	6,176	7,251	32,829	609,640	176,133	56
57	CT SCAN	773,869	5,198	6,103	76,354	861,524	248,905	57
58	MRI	391,244	8,225	9,657	48,799	457,925	132,300	58
59	CARDIAC CATHETERIZATION	2,887,747	46,454	54,540	245,559	3,234,300	934,431	59
60	LABORATORY	4,048,769	330,643	388,202	427,615	5,195,229	1,500,969	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	425,175	2,534	2,975	13,233	443,917	128,253	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	807,424	7,051	8,279	150,469	973,223	281,177	65
66	PHYSICAL THERAPY	2,128,803	128,006	150,289	446,745	2,853,843	824,512	66
69	ELECTROCARDIOLOGY	1,255,514	35,201	41,329	128,990	1,461,034	422,112	69
70	ELECTROENCEPHALOGRAPHY	300,393	24,536	28,807	57,395	411,131	118,781	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	97,522				97,522	28,175	71
72	IMPL. DEV. CHARGED TO PATIENTS	6,720,108				6,720,108	1,941,527	72
73	DRUGS CHARGED TO PATIENTS	4,265,780				4,265,780	1,232,439	73
75	ASC (NON-DISTINCT PART)	381,978			77,697	459,675	132,806	75
76	TREATMENT CENTER	93,684	12,752	14,972	18,690	140,098	40,476	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	181,346			22,470	203,816	58,885	90
90.01	PRENATAL CLINIC	70,336			14,473	84,809	24,502	90.01
90.02	OUTPATIENT PSYCHIATRIC	115,001	33,329	39,131	24,314	211,775	61,185	90.02
90.03	WOUND CLINIC	258,318			42,056	300,374	86,782	90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CTPET	163,372			4,126	167,498	48,392	90.12
90.13	RADIATION ONCOLOGY	670,299			61,884	732,183	211,537	90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY	15,893			2,441	18,334	5,297	90.28
91	EMERGENCY	2,537,596	349,664	410,534	469,225	3,767,019	1,088,341	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	101,309,310	4,082,103	4,792,723	8,419,117	100,343,125	21,861,213	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190,985	4,890	5,742	13,129	214,746	62,043	190
192	PHYSICIANS' PRIVATE OFFICES	6,082,393			260	6,082,653	1,757,358	192
194	SENIOR SERVICES	98,763			6,192	104,955	30,323	194
194.0 1	ADULT DAY CARE	203,938			31,273	235,211	67,956	194.0 1
194.0 2	SPORTS MEDICINE REHAB	246,630			49,809	296,439	85,645	194.0 2
194.0 4	CANCER CARE	16,956				16,956	4,899	194.0 4
194.0 5	RESIDENTIAL PROPERTIES							194.0 5
194.0 7	BLUE MOUND	6,787				6,787	1,961	194.0 7
194.0 8	ARTHUR CLINIC	54,011				54,011	15,604	194.0 8
194.0 9	OCCUPATIONAL HEALTH							194.0 9
194.1 1	2981 NORTH MAIN	855			25	880	254	194.1 1
194.1 3	MEDICAL OFFICE BUILDING 1750	208,328			3	208,331	60,190	194.1 3
194.1 4	MEDICAL ARTS							194.1 4
194.1 5	MT. ZION CLINIC	20,390			68	20,458	5,911	194.1 5
194.1 6	CERRO GORDO	24,777			49	24,826	7,173	194.1 6
194.1 7	LIFELINE							194.1 7
194.1 8	COUNTY JAIL CONTRACT							194.1 8
194.1 9	ST. JOHN'S HOME HEALTH		47,422	55,678		103,100	29,787	194.1 9
194.2 3	ST. MARY'S SURGERY CENTER							194.2 3
194.2 4	FIELDS WRIGHT MEDICAL PRACTICE	2,510				2,510	725	194.2 4

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMEN T	SUBTOTAL (cols.0-4)	ADMINIS- TRATIVE & GENERAL	
		0	1	2	4	4A	5	
194.2 5	3915 N COWGILL	276,452			547	276,999	80,029	194.2 5
194.2 8	LAUNDRY OUTSIDE SERVICES							194.2 8
194.3 5	MEDICAL MANAGEMENT SYSTEM	143				143	41	194.3 5
194.3 6	LAKE SHORE MEDICAL OFFICE BUILDING	357,556				357,556	103,303	194.3 6
194.3 7	DAY CARE CENTER	28,330				28,330	8,185	194.3 7
194.3 8	SCHOOL HEALTH SERVICES	169,707			35,550	205,257	59,301	194.3 8
194.4 0	PRAIRIE CARDIOVASCULAR		50,310	59,068		109,378	31,601	194.4 0
194.4 1	G I SUITES	897			77	974	281	194.4 1
194.4 2	RESPIRATORY CARE NURSING HOME							194.4 2
194.4 3	VACANT SPACE		232,873	273,412		506,285	146,272	194.4 3
194.4 4	PHYSICIAN POOL	747,467				747,467	215,953	194.4 4
194.4 8	MRI BUILDING	426			66	492	142	194.4 8
194.4 9	FUND DEVELOPMENT	38,458	9,352	10,980	29,673	88,463	25,558	194.4 9
194.5 0	CENTRAL ILLINOIS LUNG		22,877	26,860		49,737	14,370	194.5 0
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	110,086,069	4,449,827	5,224,463	8,585,838	110,086,069	24,676,078	202

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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	285,467						6
7	OPERATION OF PLANT	27,805	5,693,294					7
8	LAUNDRY & LINEN SERVICE	11,029	243,696	1,583,728				8
9	HOUSEKEEPING	3,973	87,797		2,305,236			9
10	DIETARY	11,246	248,486		106,833	1,236,280		10
11	CAFETERIA	2,674	59,089		25,405		1,893,041	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,239	27,372		11,768		27,182	13
14	CENTRAL SERVICES & SUPPLY	6,795	150,141		64,551		10,466	14
15	PHARMACY	2,653	58,614		25,200		87,923	15
16	MEDICAL RECORDS & LIBRARY	5,946	131,381		56,486		62,561	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	56,982	1,259,163	1,126,698	541,362	879,516	400,511	30
31	INTENSIVE CARE UNIT	4,124	91,113	93,114	39,173	72,686	74,372	31
40	SUBPROVIDER - IPF	4,847	107,110	174,227	46,051	136,004	51,410	40
41	SUBPROVIDER - IRF	7,987	176,470	189,689	75,871	148,074	50,281	41
43	NURSERY	1,599	35,325		15,187		9,353	43
44	SKILLED NURSING FACILITY							44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	12,222	270,055		116,107		69,273	50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY	2,306	50,953		21,907		16,319	50.02
51	RECOVERY ROOM	1,574	34,787		14,956		26,031	51
52	DELIVERY ROOM & LABOR ROOM	6,573	145,229		62,439		54,411	52
53	ANESTHESIOLOGY	219	4,836		2,079		124,077	53
53.01	PAIN CENTER	2,437	53,839		23,147		21,172	53.01
54	RADIOLOGY-DIAGNOSTIC	9,982	220,561		94,827		95,437	54
56	RADIOISOTOPE	461	10,178		4,376		9,235	56
57	CT SCAN	388	8,566		3,683		21,478	57
58	MRI	613	13,556		5,828		13,727	58
59	CARDIAC CATHETERIZATION	3,465	76,560		32,916		69,074	59
60	LABORATORY	24,662	544,931		234,286		120,286	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	189	4,176		1,795		3,722	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	526	11,621		4,996		42,326	65
66	PHYSICAL THERAPY	9,548	210,966		90,702		125,667	66
69	ELECTROCARDIOLOGY	2,626	58,015		24,943		36,284	69
70	ELECTROENCEPHALOGRAPHY	1,830	40,437		17,385		16,145	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
75	ASC (NON-DISTINCT PART)						21,856	75
76	TREATMENT CENTER	951	21,017		9,036		5,257	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC						6,321	90
90.01	PRENATAL CLINIC						4,071	90.01
90.02	OUTPATIENT PSYCHIATRIC	2,486	54,929		23,616		6,839	90.02
90.03	WOUND CLINIC						11,830	90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10



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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	
90.11	DR TOKHI							90.11
90.12	CT/PET						1,160	90.12
90.13	RADIATION ONCOLOGY						17,408	90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY						687	90.28
91	EMERGENCY	26,081	576,279		247,764		131,990	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	258,038	5,087,248	1,583,728	2,044,675	1,236,280	1,846,142	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	365	8,060		3,465		3,693	190
192	PHYSICIANS' PRIVATE OFFICES						73	192
194	SENIOR SERVICES						1,742	194
194.0	ADULT DAY CARE						8,797	194.0
1								1
194.0	SPORTS MEDICINE REHAB						14,011	194.0
2								2
194.0	CANCER CARE							194.0
4								4
194.0	RESIDENTIAL PROPERTIES							194.0
5								5
194.0	BLUE MOUND							194.0
7								7
194.0	ARTHUR CLINIC							194.0
8								8
194.0	OCCUPATIONAL HEALTH							194.0
9								9
194.1	2981 NORTH MAIN						7	194.1
1								1
194.1	MEDICAL OFFICE BUILDING 1750						1	194.1
3								3
194.1	MEDICAL ARTS							194.1
4								4
194.1	MT. ZION CLINIC						19	194.1
5								5
194.1	CERRO GORDO						14	194.1
6								6
194.1	LIFELINE							194.1
7								7
194.1	COUNTY JAIL CONTRACT							194.1
8								8
194.1	ST. JOHN'S HOME HEALTH	3,537	78,156		33,602			194.1
9								9
194.2	ST. MARY'S SURGERY CENTER							194.2
3								3
194.2	FIELDS WRIGHT MEDICAL PRACTICE							194.2
4								4
194.2	3915 N COWGILL						154	194.2
5								5
194.2	LAUNDRY OUTSIDE SERVICES							194.2
8								8



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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	
194.3 5	MEDICAL MANAGEMENT SYSTEM							194.3 5
194.3 6	LAKE SHORE MEDICAL OFFICE BUILDING							194.3 6
194.3 7	DAY CARE CENTER							194.3 7
194.3 8	SCHOOL HEALTH SERVICES						10,000	194.3 8
194.4 0	PRAIRIE CARDIOVASCULAR	3,753	82,916		35,648			194.4 0
194.4 1	G I SUITES						22	194.4 1
194.4 2	RESPIRATORY CARE NURSING HOME							194.4 2
194.4 3	VACANT SPACE	17,370	383,797		165,009			194.4 3
194.4 4	PHYSICIAN POOL							194.4 4
194.4 8	MRI BUILDING						19	194.4 8
194.4 9	FUND DEVELOPMENT	698	15,413		6,627		8,347	194.4 9
194.5 0	CENTRAL ILLINOIS LUNG	1,706	37,704		16,210			194.5 0
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	285,467	5,693,294	1,583,728	2,305,236	1,236,280	1,893,041	202



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		13	14	15	16	24	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	851,575						13
14	CENTRAL SERVICES & SUPPLY		833,614					14
15	PHARMACY		4,579	3,004,422				15
16	MEDICAL RECORDS & LIBRARY				3,577,590			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	293,877	28,137		181,884	18,089,336		30
31	INTENSIVE CARE UNIT	54,638	13,579		27,935	2,885,746		31
40	SUBPROVIDER - IPF	37,769	781		25,269	2,417,417		40
41	SUBPROVIDER - IRF	36,939	4,298		44,629	3,568,743		41
43	NURSERY	6,871	1,987		6,672	460,221		43
44	SKILLED NURSING FACILITY							44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	50,892	81,641		216,002	5,629,389		50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY	11,989	4,511		29,232	945,617		50.02
51	RECOVERY ROOM	19,124	1,526		35,868	911,871		51
52	DELIVERY ROOM & LABOR ROOM	39,973	5,382		26,788	2,179,856		52
53	ANESTHESIOLOGY	91,154	12,155		48,582	1,480,434		53
53.01	PAIN CENTER	15,554	3,511		47,614	913,287		53.01
54	RADIOLOGY-DIAGNOSTIC	70,113	5,127		178,349	4,132,718		54
56	RADIOISOTOPE		17,887		35,395	863,305		56
57	CT SCAN		6,593		346,810	1,497,947		57
58	MRI		1,976		111,320	737,245		58
59	CARDIAC CATHETERIZATION		70,870		264,440	4,686,056		59
60	LABORATORY		93,213		499,231	8,212,807		60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS		3,423		13,644	599,119		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		4,260		83,122	1,401,251		65
66	PHYSICAL THERAPY		1,518		176,874	4,293,630		66
69	ELECTROCARDIOLOGY		20,803		192,443	2,218,260		69
70	ELECTROENCEPHALOGRAPHY		814		39,422	645,945		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		6,061		3,735	135,493		71
72	IMPL. DEV. CHARGED TO PATIENTS		407,325		156,717	9,225,677		72
73	DRUGS CHARGED TO PATIENTS			3,004,422	359,225	8,861,866		73
75	ASC (NON-DISTINCT PART)				12,753	627,090		75
76	TREATMENT CENTER	3,862	148		3,306	224,151		76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	4,643	295		3,722	277,682		90
90.01	PRENATAL CLINIC	2,991	180		883	117,436		90.01
90.02	OUTPATIENT PSYCHIATRIC	5,024	8		6,064	371,926		90.02
90.03	WOUND CLINIC	8,691	7,327		6,288	421,292		90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		13	14	15	16	24	25	
90.11	DR TOKHI							90.11
90.12	CT/PET		4,066		8,319	229,435		90.12
90.13	RADIATION ONCOLOGY		368		46,706	1,008,202		90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY	504	122		1,491	26,435		90.28
91	EMERGENCY	96,967	18,700		336,856	6,289,997		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	851,575	833,171	3,004,422	3,577,590	96,586,882		118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		1			292,373		190
192	PHYSICIANS' PRIVATE OFFICES					7,840,084		192
194	SENIOR SERVICES					137,020		194
194.0	ADULT DAY CARE		50			312,014		194.0
1								1
194.0	SPORTS MEDICINE REHAB		368			396,463		194.0
2								2
194.0	CANCER CARE		21			21,876		194.0
4								4
194.0	RESIDENTIAL PROPERTIES							194.0
5								5
194.0	BLUE MOUND					8,748		194.0
7								7
194.0	ARTHUR CLINIC					69,615		194.0
8								8
194.0	OCCUPATIONAL HEALTH							194.0
9								9
194.1	2981 NORTH MAIN					1,141		194.1
1								1
194.1	MEDICAL OFFICE BUILDING 1750		1			268,523		194.1
3								3
194.1	MEDICAL ARTS							194.1
4								4
194.1	MT. ZION CLINIC					26,388		194.1
5								5
194.1	CERRO GORDO					32,013		194.1
6								6
194.1	LIFELINE							194.1
7								7
194.1	COUNTY JAIL CONTRACT							194.1
8								8
194.1	ST. JOHN'S HOME HEALTH					248,182		194.1
9								9
194.2	ST. MARY'S SURGERY CENTER							194.2
3								3
194.2	FIELDS WRIGHT MEDICAL PRACTICE					3,235		194.2
4								4
194.2	3915 N COWGILL					357,182		194.2
5								5
194.2	LAUNDRY OUTSIDE SERVICES							194.2
8								8



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		13	14	15	16	24	25	
194.3 5	MEDICAL MANAGEMENT SYSTEM					184		194.3 5
194.3 6	LAKE SHORE MEDICAL OFFICE BUILDING					460,859		194.3 6
194.3 7	DAY CARE CENTER					36,515		194.3 7
194.3 8	SCHOOL HEALTH SERVICES					274,558		194.3 8
194.4 0	PRAIRIE CARDIOVASCULAR					263,296		194.4 0
194.4 1	G I SUITES		2			1,279		194.4 1
194.4 2	RESPIRATORY CARE NURSING HOME							194.4 2
194.4 3	VACANT SPACE					1,218,733		194.4 3
194.4 4	PHYSICIAN POOL					963,420		194.4 4
194.4 8	MRI BUILDING					653		194.4 8
194.4 9	FUND DEVELOPMENT					145,106		194.4 9
194.5 0	CENTRAL ILLINOIS LUNG					119,727		194.5 0
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	851,575	833,614	3,004,422	3,577,590	110,086,069		202



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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	18,089,336					30
31	INTENSIVE CARE UNIT	2,885,746					31
40	SUBPROVIDER - IPF	2,417,417					40
41	SUBPROVIDER - IRF	3,568,743					41
43	NURSERY	460,221					43
44	SKILLED NURSING FACILITY						44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	5,629,389					50
50.01	STONE CENTER						50.01
50.02	ENDOSCOPY	945,617					50.02
51	RECOVERY ROOM	911,871					51
52	DELIVERY ROOM & LABOR ROOM	2,179,856					52
53	ANESTHESIOLOGY	1,480,434					53
53.01	PAIN CENTER	913,287					53.01
54	RADIOLOGY-DIAGNOSTIC	4,132,718					54
56	RADIOISOTOPE	863,305					56
57	CT SCAN	1,497,947					57
58	MRI	737,245					58
59	CARDIAC CATHETERIZATION	4,686,056					59
60	LABORATORY	8,212,807					60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	599,119					62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	1,401,251					65
66	PHYSICAL THERAPY	4,293,630					66
69	ELECTROCARDIOLOGY	2,218,260					69
70	ELECTROENCEPHALOGRAPHY	645,945					70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	135,493					71
72	IMPL. DEV. CHARGED TO PATIENTS	9,225,677					72
73	DRUGS CHARGED TO PATIENTS	8,861,866					73
75	ASC (NON-DISTINCT PART)	627,090					75
76	TREATMENT CENTER	224,151					76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	277,682					90
90.01	PRENATAL CLINIC	117,436					90.01
90.02	OUTPATIENT PSYCHIATRIC	371,926					90.02
90.03	WOUND CLINIC	421,292					90.03
90.04	NEUROSURGERY						90.04
90.05	DR JATOI						90.05
90.06	UROLOGY PHYSICIAN						90.06
90.07	DR. CHU						90.07
90.08	SPORTS MEDICINE CLINIC						90.08
90.09	DR. SHANKER						90.09
90.10	DR MIRMIRA						90.10



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
90.11	DR TOKHI						90.11
90.12	CT/PET	229,435					90.12
90.13	RADIATION ONCOLOGY	1,008,202					90.13
90.14	SPORTS MED-REHAB						90.14
90.15	MACON COUNT MEDICAL ASSOCIATES						90.15
90.16	DR BRITT						90.16
90.17	ARTHUR FAMILY MEDICINE CENTER						90.17
90.18	DR BOCK						90.18
90.19	PEDIATRIC PROF SERVICES						90.19
90.20	DR ANDERSON						90.20
90.21	DR HABIB						90.21
90.22	DR HANNEKEN						90.22
90.23	DR MUNESSES						90.23
90.24	DR KOHLI						90.24
90.25	DR DUNCAN						90.25
90.26	MT ZION FAMILY PRACTICE						90.26
90.27	DR POWELL						90.27
90.28	CHEMOTHEROPY	26,435					90.28
91	EMERGENCY	6,289,997					91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	96,586,882					118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	292,373					190
192	PHYSICIANS' PRIVATE OFFICES	7,840,084					192
194	SENIOR SERVICES	137,020					194
194.0	ADULT DAY CARE						194.0
1		312,014					1
194.0	SPORTS MEDICINE REHAB	396,463					194.0
2							2
194.0	CANCER CARE	21,876					194.0
4							4
194.0	RESIDENTIAL PROPERTIES						194.0
5							5
194.0	BLUE MOUND	8,748					194.0
7							7
194.0	ARTHUR CLINIC	69,615					194.0
8							8
194.0	OCCUPATIONAL HEALTH						194.0
9							9
194.1	2981 NORTH MAIN	1,141					194.1
1							1
194.1	MEDICAL OFFICE BUILDING 1750	268,523					194.1
3							3
194.1	MEDICAL ARTS						194.1
4							4
194.1	MT. ZION CLINIC	26,388					194.1
5							5
194.1	CERRO GORDO	32,013					194.1
6							6
194.1	LIFELINE						194.1
7							7
194.1	COUNTY JAIL CONTRACT						194.1
8							8
194.1	ST. JOHN'S HOME HEALTH	248,182					194.1
9							9
194.2	ST. MARY'S SURGERY CENTER						194.2
3							3
194.2	FIELDS WRIGHT MEDICAL PRACTICE	3,235					194.2
4							4
194.2	3915 N COWGILL	357,182					194.2
5							5
194.2	LAUNDRY OUTSIDE SERVICES						194.2
8							8



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
194.35	MEDICAL MANAGEMENT SYSTEM	184					194.35
194.36	LAKE SHORE MEDICAL OFFICE BUILDING	460,859					194.36
194.37	DAY CARE CENTER	36,515					194.37
194.38	SCHOOL HEALTH SERVICES	274,558					194.38
194.40	PRAIRIE CARDIOVASCULAR	263,296					194.40
194.41	G I SUITES	1,279					194.41
194.42	RESPIRATORY CARE NURSING HOME						194.42
194.43	VACANT SPACE	1,218,733					194.43
194.44	PHYSICIAN POOL	963,420					194.44
194.48	MRI BUILDING	653					194.48
194.49	FUND DEVELOPMENT	145,106					194.49
194.50	CENTRAL ILLINOIS LUNG	119,727					194.50
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	110,086,069					202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT		16,888	19,828	36,716	36,716		4
5	ADMINISTRATIVE & GENERAL	2,116,517	572,803	672,518	3,361,838	5,115	3,366,953	5
6	MAINTENANCE & REPAIRS		32,882	38,606	71,488	108	8,731	6
7	OPERATION OF PLANT		372,784	437,679	810,463	864	173,277	7
8	LAUNDRY & LINEN SERVICE		147,865	173,606	321,471	37	40,647	8
9	HOUSEKEEPING		53,272	62,546	115,818	839	67,698	9
10	DIETARY		150,771	177,018	327,789	210	26,600	10
11	CAFETERIA		35,853	42,095	77,948	763	55,232	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		16,609	19,500	36,109	413	23,979	13
14	CENTRAL SERVICES & SUPPLY		91,100	106,959	198,059	159	18,402	14
15	PHARMACY		35,564	41,756	77,320	1,336	86,416	15
16	MEDICAL RECORDS & LIBRARY		79,717	93,595	173,312	951	101,578	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		764,012	897,009	1,661,021	6,096	407,432	30
31	INTENSIVE CARE UNIT		55,284	64,908	120,192	1,131	73,862	31
40	SUBPROVIDER - IPF		64,990	76,304	141,294	781	56,091	40
41	SUBPROVIDER - IRF		107,075	125,715	232,790	764	86,692	41
43	NURSERY		21,434	25,165	46,599	142	11,721	43
44	SKILLED NURSING FACILITY							44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		163,859	192,384	356,243	1,053	147,210	50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY		30,916	36,298	67,214	248	24,725	50.02
51	RECOVERY ROOM		21,108	24,782	45,890	396	23,795	51
52	DELIVERY ROOM & LABOR ROOM		88,119	103,459	191,578	827	56,247	52
53	ANESTHESIOLOGY		2,934	3,445	6,379	1,886	36,620	53
53.01	PAIN CENTER		32,667	38,354	71,021	322	22,817	53.01
54	RADIOLOGY-DIAGNOSTIC		133,828	157,125	290,953	1,451	105,772	54
56	RADIOISOTOPE		6,176	7,251	13,427	140	24,033	56
57	CT SCAN		5,198	6,103	11,301	326	33,962	57
58	MRI		8,225	9,657	17,882	209	18,052	58
59	CARDIAC CATHETERIZATION		46,454	54,540	100,994	1,050	127,499	59
60	LABORATORY		330,643	388,202	718,845	1,828	204,801	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS		2,534	2,975	5,509	57	17,500	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		7,051	8,279	15,330	643	38,365	65
66	PHYSICAL THERAPY		128,006	150,289	278,295	1,910	112,501	66
69	ELECTROCARDIOLOGY		35,201	41,329	76,530	552	57,595	69
70	ELECTROENCEPHALOGRAPHY		24,536	28,807	53,343	245	16,207	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						3,844	71
72	IMPL. DEV. CHARGED TO PATIENTS						264,913	72
73	DRUGS CHARGED TO PATIENTS						168,161	73
75	ASC (NON-DISTINCT PART)					332	18,121	75
76	TREATMENT CENTER		12,752	14,972	27,724	80	5,523	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC					96	8,035	90
90.01	PRENATAL CLINIC					62	3,343	90.01
90.02	OUTPATIENT PSYCHIATRIC		33,329	39,131	72,460	104	8,348	90.02
90.03	WOUND CLINIC					180	11,841	90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CT/PET					18	6,603	90.12
90.13	RADIATION ONCOLOGY					265	28,863	90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY					10	723	90.28
91	EMERGENCY		349,664	410,534	760,198	2,006	148,500	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,116,517	4,082,103	4,792,723	10,991,343	36,005	2,982,877	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		4,890	5,742	10,632	56	8,466	190
192	PHYSICIANS' PRIVATE OFFICES					1	239,784	192
194	SENIOR SERVICES					26	4,137	194
194.0	ADULT DAY CARE					134	9,272	194.0
1								1
194.0	SPORTS MEDICINE REHAB					213	11,686	194.0
2								2
194.0	CANCER CARE						668	194.0
4								4
194.0	RESIDENTIAL PROPERTIES							194.0
5								5
194.0	BLUE MOUND						268	194.0
7								7
194.0	ARTHUR CLINIC						2,129	194.0
8								8
194.0	OCCUPATIONAL HEALTH							194.0
9								9
194.1	2981 NORTH MAIN						35	194.1
1								1
194.1	MEDICAL OFFICE BUILDING 1750						8,213	194.1
3								3
194.1	MEDICAL ARTS							194.1
4								4
194.1	MT. ZION CLINIC						806	194.1
5								5
194.1	CERRO GORDO						979	194.1
6								6
194.1	LIFELINE							194.1
7								7
194.1	COUNTY JAIL CONTRACT							194.1
8								8
194.1	ST. JOHN'S HOME HEALTH		47,422	55,678	103,100		4,064	194.1
9								9
194.2	ST. MARY'S SURGERY CENTER							194.2
3								3
194.2	FIELDS WRIGHT MEDICAL PRACTICE						99	194.2
4								4
194.2	3915 N COWGILL					2	10,920	194.2
5								5



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
194.2 8	LAUNDRY OUTSIDE SERVICES							194.2 8
194.3 5	MEDICAL MANAGEMENT SYSTEM						6	194.3 5
194.3 6	LAKE SHORE MEDICAL OFFICE BUILDING						14,095	194.3 6
194.3 7	DAY CARE CENTER						1,117	194.3 7
194.3 8	SCHOOL HEALTH SERVICES					152	8,091	194.3 8
194.4 0	PRAIRIE CARDIOVASCULAR		50,310	59,068	109,378		4,312	194.4 0
194.4 1	G I SUITES						38	194.4 1
194.4 2	RESPIRATORY CARE NURSING HOME							194.4 2
194.4 3	VACANT SPACE		232,873	273,412	506,285		19,958	194.4 3
194.4 4	PHYSICIAN POOL						29,466	194.4 4
194.4 8	MRI BUILDING						19	194.4 8
194.4 9	FUND DEVELOPMENT		9,352	10,980	20,332	127	3,487	194.4 9
194.5 0	CENTRAL ILLINOIS LUNG		22,877	26,860	49,737		1,961	194.5 0
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	2,116,517	4,449,827	5,224,463	11,790,807	36,716	3,366,953	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	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	80,327						6
7	OPERATION OF PLANT	7,824	992,428					7
8	LAUNDRY & LINEN SERVICE	3,103	42,480	407,738				8
9	HOUSEKEEPING	1,118	15,304		200,777			9
10	DIETARY	3,164	43,315		9,305	410,383		10
11	CAFETERIA	752	10,300		2,213		147,208	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	349	4,771		1,025		2,114	13
14	CENTRAL SERVICES & SUPPLY	1,912	26,172		5,622		814	14
15	PHARMACY	746	10,217		2,195		6,837	15
16	MEDICAL RECORDS & LIBRARY	1,673	22,902		4,920		4,865	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	16,034	219,490	290,074	47,149	291,956	31,140	30
31	INTENSIVE CARE UNIT	1,160	15,882	23,973	3,412	24,128	5,784	31
40	SUBPROVIDER - IPF	1,364	18,671	44,855	4,011	45,146	3,998	40
41	SUBPROVIDER - IRF	2,247	30,761	48,836	6,608	49,153	3,910	41
43	NURSERY	450	6,158		1,323		727	43
44	SKILLED NURSING FACILITY							44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	3,439	47,075		10,112		5,387	50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY	649	8,882		1,908		1,269	50.02
51	RECOVERY ROOM	443	6,064		1,303		2,024	51
52	DELIVERY ROOM & LABOR ROOM	1,849	25,316		5,438		4,231	52
53	ANESTHESIOLOGY	62	843		181		9,649	53
53.01	PAIN CENTER	686	9,385		2,016		1,646	53.01
54	RADIOLOGY-DIAGNOSTIC	2,809	38,447		8,259		7,422	54
56	RADIOISOTOPE	130	1,774		381		718	56
57	CT SCAN	109	1,493		321		1,670	57
58	MRI	173	2,363		508		1,067	58
59	CARDIAC CATHETERIZATION	975	13,346		2,867		5,372	59
60	LABORATORY	6,940	94,990		20,405		9,354	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	53	728		156		289	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	148	2,026		435		3,292	65
66	PHYSICAL THERAPY	2,687	36,775		7,900		9,773	66
69	ELECTROCARDIOLOGY	739	10,113		2,172		2,822	69
70	ELECTROENCEPHALOGRAPHY	515	7,049		1,514		1,256	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
75	ASC (NON-DISTINCT PART)						1,700	75
76	TREATMENT CENTER	268	3,664		787		409	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC						492	90
90.01	PRENATAL CLINIC						317	90.01
90.02	OUTPATIENT PSYCHIATRIC	700	9,575		2,057		532	90.02
90.03	WOUND CLINIC						920	90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
90.11	DR TOKHI							90.11
90.12	CT/PET						90	90.12
90.13	RADIATION ONCOLOGY						1,354	90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY						53	90.28
91	EMERGENCY	7,339	100,454		21,579		10,264	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	72,609	886,785	407,738	178,082	410,383	143,561	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	103	1,405		302		287	190
192	PHYSICIANS' PRIVATE OFFICES						6	192
194	SENIOR SERVICES						135	194
194.0	ADULT DAY CARE						684	194.0
1								1
194.0	SPORTS MEDICINE REHAB						1,090	194.0
2								2
194.0	CANCER CARE							194.0
4								4
194.0	RESIDENTIAL PROPERTIES							194.0
5								5
194.0	BLUE MOUND							194.0
7								7
194.0	ARTHUR CLINIC							194.0
8								8
194.0	OCCUPATIONAL HEALTH							194.0
9								9
194.1	2981 NORTH MAIN						1	194.1
1								1
194.1	MEDICAL OFFICE BUILDING 1750							194.1
3								3
194.1	MEDICAL ARTS							194.1
4								4
194.1	MT. ZION CLINIC						1	194.1
5								5
194.1	CERRO GORDO						1	194.1
6								6
194.1	LIFELINE							194.1
7								7
194.1	COUNTY JAIL CONTRACT							194.1
8								8
194.1	ST. JOHN'S HOME HEALTH	995	13,624		2,927			194.1
9								9
194.2	ST. MARY'S SURGERY CENTER							194.2
3								3
194.2	FIELDS WRIGHT MEDICAL PRACTICE							194.2
4								4
194.2	3915 N COWGILL						12	194.2
5								5
194.2	LAUNDRY OUTSIDE SERVICES							194.2
8								8



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
194.3 5	MEDICAL MANAGEMENT SYSTEM							194.3 5
194.3 6	LAKE SHORE MEDICAL OFFICE BUILDING							194.3 6
194.3 7	DAY CARE CENTER							194.3 7
194.3 8	SCHOOL HEALTH SERVICES						778	194.3 8
194.4 0	PRAIRIE CARDIOVASCULAR	1,056	14,453		3,105			194.4 0
194.4 1	G I SUITES						2	194.4 1
194.4 2	RESPIRATORY CARE NURSING HOME							194.4 2
194.4 3	VACANT SPACE	4,888	66,902		14,372			194.4 3
194.4 4	PHYSICIAN POOL							194.4 4
194.4 8	MRI BUILDING						1	194.4 8
194.4 9	FUND DEVELOPMENT	196	2,687		577		649	194.4 9
194.5 0	CENTRAL ILLINOIS LUNG	480	6,572		1,412			194.5 0
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	80,327	992,428	407,738	200,777	410,383	147,208	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		13	14	15	16	24	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	68,760						13
14	CENTRAL SERVICES & SUPPLY		251,140					14
15	PHARMACY		1,379	186,446				15
16	MEDICAL RECORDS & LIBRARY				310,201			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	23,727	8,477		15,772	3,018,368		30
31	INTENSIVE CARE UNIT	4,412	4,091		2,422	280,449		31
40	SUBPROVIDER - IPF	3,050	235		2,191	321,687		40
41	SUBPROVIDER - IRF	2,983	1,295		3,870	469,909		41
43	NURSERY	555	599		579	68,853		43
44	SKILLED NURSING FACILITY							44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	4,109	24,596		18,730	617,954		50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY	968	1,359		2,535	109,757		50.02
51	RECOVERY ROOM	1,544	460		3,110	85,029		51
52	DELIVERY ROOM & LABOR ROOM	3,228	1,621		2,323	292,658		52
53	ANESTHESIOLOGY	7,360	3,662		4,213	70,855		53
53.01	PAIN CENTER	1,256	1,058		4,129	114,336		53.01
54	RADIOLOGY-DIAGNOSTIC	5,661	1,545		15,465	477,784		54
56	RADIOISOTOPE		5,389		3,069	49,061		56
57	CT SCAN		1,986		30,073	81,241		57
58	MRI		595		9,653	50,502		58
59	CARDIAC CATHETERIZATION		21,351		22,930	296,384		59
60	LABORATORY		28,083		43,268	1,128,514		60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS		1,031		1,183	26,506		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		1,283		7,208	68,730		65
66	PHYSICAL THERAPY		457		15,337	465,635		66
69	ELECTROCARDIOLOGY		6,268		16,687	173,478		69
70	ELECTROENCEPHALOGRAPHY		245		3,418	83,792		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,826		324	5,994		71
72	IMPL. DEV. CHARGED TO PATIENTS		122,712		13,589	401,214		72
73	DRUGS CHARGED TO PATIENTS			186,446	31,149	385,756		73
75	ASC (NON-DISTINCT PART)				1,106	21,259		75
76	TREATMENT CENTER	312	45		287	39,099		76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	375	89		323	9,410		90
90.01	PRENATAL CLINIC	241	54		77	4,094		90.01
90.02	OUTPATIENT PSYCHIATRIC	406	2		526	94,710		90.02
90.03	WOUND CLINIC	702	2,207		545	16,395		90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		13	14	15	16	24	25	
90.11	DR TOKHI							90.11
90.12	CT/PET		1,225		721	8,657		90.12
90.13	RADIATION ONCOLOGY		111		4,050	34,643		90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY	41	37		129	993		90.28
91	EMERGENCY	7,830	5,634		29,210	1,093,014		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	68,760	251,007	186,446	310,201	10,466,720		118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN					21,251		190
192	PHYSICIANS' PRIVATE OFFICES					239,791		192
194	SENIOR SERVICES					4,298		194
194.0	ADULT DAY CARE		15			10,105		194.0
1								1
194.0	SPORTS MEDICINE REHAB		111			13,100		194.0
2								2
194.0	CANCER CARE		6			674		194.0
4								4
194.0	RESIDENTIAL PROPERTIES							194.0
5								5
194.0	BLUE MOUND					268		194.0
7								7
194.0	ARTHUR CLINIC					2,129		194.0
8								8
194.0	OCCUPATIONAL HEALTH							194.0
9								9
194.1	2981 NORTH MAIN					36		194.1
1								1
194.1	MEDICAL OFFICE BUILDING 1750					8,213		194.1
3								3
194.1	MEDICAL ARTS							194.1
4								4
194.1	MT. ZION CLINIC					807		194.1
5								5
194.1	CERRO GORDO					980		194.1
6								6
194.1	LIFELINE							194.1
7								7
194.1	COUNTY JAIL CONTRACT							194.1
8								8
194.1	ST. JOHN'S HOME HEALTH					124,710		194.1
9								9
194.2	ST. MARY'S SURGERY CENTER							194.2
3								3
194.2	FIELDS WRIGHT MEDICAL PRACTICE					99		194.2
4								4
194.2	3915 N COWGILL					10,934		194.2
5								5
194.2	LAUNDRY OUTSIDE SERVICES							194.2
8								8

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		13	14	15	16	24	25	
194.3 5	MEDICAL MANAGEMENT SYSTEM					6		194.3 5
194.3 6	LAKE SHORE MEDICAL OFFICE BUILDING					14,095		194.3 6
194.3 7	DAY CARE CENTER					1,117		194.3 7
194.3 8	SCHOOL HEALTH SERVICES					9,021		194.3 8
194.4 0	PRAIRIE CARDIOVASCULAR					132,304		194.4 0
194.4 1	G I SUITES		1			41		194.4 1
194.4 2	RESPIRATORY CARE NURSING HOME							194.4 2
194.4 3	VACANT SPACE					612,405		194.4 3
194.4 4	PHYSICIAN POOL					29,466		194.4 4
194.4 8	MRI BUILDING					20		194.4 8
194.4 9	FUND DEVELOPMENT					28,055		194.4 9
194.5 0	CENTRAL ILLINOIS LUNG					60,162		194.5 0
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	68,760	251,140	186,446	310,201	11,790,807		202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
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	3,018,368					30
31	INTENSIVE CARE UNIT	280,449					31
40	SUBPROVIDER - IPF	321,687					40
41	SUBPROVIDER - IRF	469,909					41
43	NURSERY	68,853					43
44	SKILLED NURSING FACILITY						44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	617,954					50
50.01	STONE CENTER						50.01
50.02	ENDOSCOPY	109,757					50.02
51	RECOVERY ROOM	85,029					51
52	DELIVERY ROOM & LABOR ROOM	292,658					52
53	ANESTHESIOLOGY	70,855					53
53.01	PAIN CENTER	114,336					53.01
54	RADIOLOGY-DIAGNOSTIC	477,784					54
56	RADIOISOTOPE	49,061					56
57	CT SCAN	81,241					57
58	MRI	50,502					58
59	CARDIAC CATHETERIZATION	296,384					59
60	LABORATORY	1,128,514					60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	26,506					62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	68,730					65
66	PHYSICAL THERAPY	465,635					66
69	ELECTROCARDIOLOGY	173,478					69
70	ELECTROENCEPHALOGRAPHY	83,792					70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,994					71
72	IMPL. DEV. CHARGED TO PATIENTS	401,214					72
73	DRUGS CHARGED TO PATIENTS	385,756					73
75	ASC (NON-DISTINCT PART)	21,259					75
76	TREATMENT CENTER	39,099					76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	9,410					90
90.01	PRENATAL CLINIC	4,094					90.01
90.02	OUTPATIENT PSYCHIATRIC	94,710					90.02
90.03	WOUND CLINIC	16,395					90.03
90.04	NEUROSURGERY						90.04
90.05	DR JATOI						90.05
90.06	UROLOGY PHYSICIAN						90.06
90.07	DR. CHU						90.07
90.08	SPORTS MEDICINE CLINIC						90.08
90.09	DR. SHANKER						90.09
90.10	DR MIRMIRA						90.10



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
90.11	DR TOKHI						90.11
90.12	CT/PET	8,657					90.12
90.13	RADIATION ONCOLOGY	34,643					90.13
90.14	SPORTS MED-REHAB						90.14
90.15	MACON COUNT MEDICAL ASSOCIATES						90.15
90.16	DR BRITT						90.16
90.17	ARTHUR FAMILY MEDICINE CENTER						90.17
90.18	DR BOCK						90.18
90.19	PEDIATRIC PROF SERVICES						90.19
90.20	DR ANDERSON						90.20
90.21	DR HABIB						90.21
90.22	DR HANNEKEN						90.22
90.23	DR MUNESSES						90.23
90.24	DR KOHLI						90.24
90.25	DR DUNCAN						90.25
90.26	MT ZION FAMILY PRACTICE						90.26
90.27	DR POWELL						90.27
90.28	CHEMOTHEROPY	993					90.28
91	EMERGENCY	1,093,014					91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	10,466,720					118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,251					190
192	PHYSICIANS' PRIVATE OFFICES	239,791					192
194	SENIOR SERVICES	4,298					194
194.0	ADULT DAY CARE	10,105					194.0
1							1
194.0	SPORTS MEDICINE REHAB	13,100					194.0
2							2
194.0	CANCER CARE	674					194.0
4							4
194.0	RESIDENTIAL PROPERTIES						194.0
5							5
194.0	BLUE MOUND	268					194.0
7							7
194.0	ARTHUR CLINIC	2,129					194.0
8							8
194.0	OCCUPATIONAL HEALTH						194.0
9							9
194.1	2981 NORTH MAIN	36					194.1
1							1
194.1	MEDICAL OFFICE BUILDING 1750	8,213					194.1
3							3
194.1	MEDICAL ARTS						194.1
4							4
194.1	MT. ZION CLINIC	807					194.1
5							5
194.1	CERRO GORDO	980					194.1
6							6
194.1	LIFELINE						194.1
7							7
194.1	COUNTY JAIL CONTRACT						194.1
8							8
194.1	ST. JOHN'S HOME HEALTH	124,710					194.1
9							9
194.2	ST. MARY'S SURGERY CENTER						194.2
3							3
194.2	FIELDS WRIGHT MEDICAL PRACTICE	99					194.2
4							4
194.2	3915 N COWGILL	10,934					194.2
5							5
194.2	LAUNDRY OUTSIDE SERVICES						194.2
8							8



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
194.35	MEDICAL MANAGEMENT SYSTEM	6					194.35
194.36	LAKE SHORE MEDICAL OFFICE BUILDING	14,095					194.36
194.37	DAY CARE CENTER	1,117					194.37
194.38	SCHOOL HEALTH SERVICES	9,021					194.38
194.40	PRAIRIE CARDIOVASCULAR	132,304					194.40
194.41	G I SUITES	41					194.41
194.42	RESPIRATORY CARE NURSING HOME						194.42
194.43	VACANT SPACE	612,405					194.43
194.44	PHYSICIAN POOL	29,466					194.44
194.48	MRI BUILDING	20					194.48
194.49	FUND DEVELOPMENT	28,055					194.49
194.50	CENTRAL ILLINOIS LUNG	60,162					194.50
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	11,790,807					202



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	477,709						1
2	CAP REL COSTS-MVBLE EQUIP		477,709					2
4	EMPLOYEE BENEFITS DEPARTMENT	1,813	1,813	39,774,517				4
5	ADMINISTRATIVE & GENERAL	61,493	61,493	5,541,518	-24,676,078	85,409,991		5
6	MAINTENANCE & REPAIRS	3,530	3,530	116,482		221,479	410,873	6
7	OPERATION OF PLANT	40,020	40,020	936,605		4,395,556	40,020	7
8	LAUNDRY & LINEN SERVICE	15,874	15,874	40,448		1,031,104	15,874	8
9	HOUSEKEEPING	5,719	5,719	908,980		1,717,312	5,719	9
10	DIETARY	16,186	16,186	227,290		674,766	16,186	10
11	CAFETERIA	3,849	3,849	827,122		1,401,082	3,849	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,783	1,783	447,658		608,275	1,783	13
14	CENTRAL SERVICES & SUPPLY	9,780	9,780	172,355		466,797	9,780	14
15	PHARMACY	3,818	3,818	1,447,983		2,192,121	3,818	15
16	MEDICAL RECORDS & LIBRARY	8,558	8,558	1,030,310		2,576,757	8,558	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	82,020	82,020	6,595,967		10,335,209	82,020	30
31	INTENSIVE CARE UNIT	5,935	5,935	1,224,823		1,873,681	5,935	31
40	SUBPROVIDER - IPF	6,977	6,977	846,661		1,422,865	6,977	40
41	SUBPROVIDER - IRF	11,495	11,495	828,069		2,199,144	11,495	41
43	NURSERY	2,301	2,301	154,034		297,326	2,301	43
44	SKILLED NURSING FACILITY							44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	17,591	17,591	1,140,844		3,734,307	17,591	50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY	3,319	3,319	268,747		627,195	3,319	50.02
51	RECOVERY ROOM	2,266	2,266	428,703		603,613	2,266	51
52	DELIVERY ROOM & LABOR ROOM	9,460	9,460	896,074		1,426,831	9,460	52
53	ANESTHESIOLOGY	315	315	2,043,393		928,947	315	53
53.01	PAIN CENTER	3,507	3,507	348,683		578,792	3,507	53.01
54	RADIOLOGY-DIAGNOSTIC	14,367	14,367	1,571,726		2,683,131	14,367	54
56	RADIOISOTOPE	663	663	152,082		609,640	663	56
57	CT SCAN	558	558	353,714		861,524	558	57
58	MRI	883	883	226,065		457,925	883	58
59	CARDIAC CATHETERIZATION	4,987	4,987	1,137,567		3,234,300	4,987	59
60	LABORATORY	35,496	35,496	1,980,957		5,195,229	35,496	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	272	272	61,302		443,917	272	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	757	757	697,059		973,223	757	65
66	PHYSICAL THERAPY	13,742	13,742	2,069,576		2,853,843	13,742	66
69	ELECTROCARDIOLOGY	3,779	3,779	597,553		1,461,034	3,779	69
70	ELECTROENCEPHALOGRAPHY	2,634	2,634	265,885		411,131	2,634	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS					97,522		71
72	IMPL. DEV. CHARGED TO PATIENTS					6,720,108		72
73	DRUGS CHARGED TO PATIENTS					4,265,780		73
75	ASC (NON-DISTINCT PART)			359,935		459,675		75
76	TREATMENT CENTER	1,369	1,369	86,582		140,098	1,369	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC			104,092		203,816		90
90.01	PRENATAL CLINIC			67,046		84,809		90.01
90.02	OUTPATIENT PSYCHIATRIC	3,578	3,578	112,634		211,775	3,578	90.02
90.03	WOUND CLINIC			194,825		300,374		90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CTPET			19,112		167,498		90.12
90.13	RADIATION ONCOLOGY			286,681		732,183		90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY			11,308		18,334		90.28
91	EMERGENCY	37,538	37,538	2,173,717		3,767,019	37,538	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	438,232	438,232	39,002,167	-24,676,078	75,667,047	371,396	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	525	525	60,822		214,746	525	190
192	PHYSICIANS' PRIVATE OFFICES			1,206		6,082,653		192
194	SENIOR SERVICES			28,683		104,955		194
194.0	ADULT DAY CARE			144,872		235,211		194.0
1								1
194.0	SPORTS MEDICINE REHAB			230,744		296,439		194.0
2								2
194.0	CANCER CARE					16,956		194.0
4								4
194.0	RESIDENTIAL PROPERTIES							194.0
5								5
194.0	BLUE MOUND					6,787		194.0
7								7
194.0	ARTHUR CLINIC					54,011		194.0
8								8
194.0	OCCUPATIONAL HEALTH							194.0
9								9
194.1	2981 NORTH MAIN			117		880		194.1
1								1
194.1	MEDICAL OFFICE BUILDING 1750			13		208,331		194.1
3								3
194.1	MEDICAL ARTS							194.1
4								4
194.1	MT. ZION CLINIC			314		20,458		194.1
5								5
194.1	CERRO GORDO			225		24,826		194.1
6								6
194.1	LIFELINE							194.1
7								7
194.1	COUNTY JAIL CONTRACT							194.1
8								8
194.1	ST. JOHN'S HOME HEALTH	5,091	5,091			103,100	5,091	194.1
9								9
194.2	ST. MARY'S SURGERY CENTER							194.2
3								3
194.2	FIELDS WRIGHT MEDICAL PRACTICE					2,510		194.2
4								4



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
194.25	3915 N COWGILL			2,536		276,999		194.25
194.28	LAUNDRY OUTSIDE SERVICES							194.28
194.35	MEDICAL MANAGEMENT SYSTEM					143		194.35
194.36	LAKE SHORE MEDICAL OFFICE BUILDING					357,556		194.36
194.37	DAY CARE CENTER					28,330		194.37
194.38	SCHOOL HEALTH SERVICES			164,687		205,257		194.38
194.40	PRAIRIE CARDIOVASCULAR	5,401	5,401			109,378	5,401	194.40
194.41	G I SUITES			359		974		194.41
194.42	RESPIRATORY CARE NURSING HOME							194.42
194.43	VACANT SPACE	25,000	25,000			506,285	25,000	194.43
194.44	PHYSICIAN POOL					747,467		194.44
194.48	MRI BUILDING			308		492		194.48
194.49	FUND DEVELOPMENT	1,004	1,004	137,464		88,463	1,004	194.49
194.50	CENTRAL ILLINOIS LUNG	2,456	2,456			49,737	2,456	194.50
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	4,449,827	5,224,463	8,585,838		24,676,078	285,467	202
203	UNIT COST MULT-WS B PT I	9.314932	10.936497	0.215863		0.288913	0.694782	203
204	COST TO BE ALLOC PER B PT II			36,716		3,366,953	80,327	204
205	UNIT COST MULT-WS B PT II			0.000923		0.039421	0.195503	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE-KEEPING SQUARE FEET	DIETARY PATIENT DAYS	CAFETERIA GROSS SALARIES	NURSING ADMINISTRATION GROSS SALARIES	
		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	370,853						7
8	LAUNDRY & LINEN SERVICE	15,874	42,096					8
9	HOUSEKEEPING	5,719		349,260				9
10	DIETARY	16,186		16,186	42,096			10
11	CAFETERIA	3,849		3,849		31,176,072		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,783		1,783		447,658	19,089,968	13
14	CENTRAL SERVICES & SUPPLY	9,780		9,780		172,355		14
15	PHARMACY	3,818		3,818		1,447,983		15
16	MEDICAL RECORDS & LIBRARY	8,558		8,558		1,030,310		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	82,020	29,948	82,020	29,948	6,595,967	6,588,007	30
31	INTENSIVE CARE UNIT	5,935	2,475	5,935	2,475	1,224,823	1,224,823	31
40	SUBPROVIDER - IPF	6,977	4,631	6,977	4,631	846,661	846,661	40
41	SUBPROVIDER - IRF	11,495	5,042	11,495	5,042	828,069	828,069	41
43	NURSERY	2,301		2,301		154,034	154,034	43
44	SKILLED NURSING FACILITY							44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	17,591		17,591		1,140,844	1,140,844	50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY	3,319		3,319		268,747	268,747	50.02
51	RECOVERY ROOM	2,266		2,266		428,703	428,703	51
52	DELIVERY ROOM & LABOR ROOM	9,460		9,460		896,074	896,074	52
53	ANESTHESIOLOGY	315		315		2,043,393	2,043,393	53
53.01	PAIN CENTER	3,507		3,507		348,683	348,683	53.01
54	RADIOLOGY-DIAGNOSTIC	14,367		14,367		1,571,726	1,571,726	54
56	RADIOISOTOPE	663		663		152,082		56
57	CT SCAN	558		558		353,714		57
58	MRI	883		883		226,065		58
59	CARDIAC CATHETERIZATION	4,987		4,987		1,137,567		59
60	LABORATORY	35,496		35,496		1,980,957		60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	272		272		61,302		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	757		757		697,059		65
66	PHYSICAL THERAPY	13,742		13,742		2,069,576		66
69	ELECTROCARDIOLOGY	3,779		3,779		597,553		69
70	ELECTROENCEPHALOGRAPHY	2,634		2,634		265,885		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
75	ASC (NON-DISTINCT PART)					359,935		75
76	TREATMENT CENTER	1,369		1,369		86,582	86,582	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC					104,092	104,092	90
90.01	PRENATAL CLINIC					67,046	67,046	90.01
90.02	OUTPATIENT PSYCHIATRIC	3,578		3,578		112,634	112,634	90.02
90.03	WOUND CLINIC					194,825	194,825	90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE-KEEPING SQUARE FEET	DIETARY PATIENT DAYS	CAFETERIA GROSS SALARIES	NURSING ADMINISTRATION GROSS SALARIES	
		7	8	9	10	11	13	
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CT/PET					19,112		90.12
90.13	RADIATION ONCOLOGY					286,681		90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY					11,308	11,308	90.28
91	EMERGENCY	37,538		37,538		2,173,717	2,173,717	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	331,376	42,096	309,783	42,096	30,403,722	19,089,968	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	525		525		60,822		190
192	PHYSICIANS' PRIVATE OFFICES					1,206		192
194	SENIOR SERVICES					28,683		194
194.0 1	ADULT DAY CARE					144,872		194.0 1
194.0 2	SPORTS MEDICINE REHAB					230,744		194.0 2
194.0 4	CANCER CARE							194.0 4
194.0 5	RESIDENTIAL PROPERTIES							194.0 5
194.0 7	BLUE MOUND							194.0 7
194.0 8	ARTHUR CLINIC							194.0 8
194.0 9	OCCUPATIONAL HEALTH							194.0 9
194.1 1	2981 NORTH MAIN					117		194.1 1
194.1 3	MEDICAL OFFICE BUILDING 1750					13		194.1 3
194.1 4	MEDICAL ARTS							194.1 4
194.1 5	MT. ZION CLINIC					314		194.1 5
194.1 6	CERRO GORDO					225		194.1 6
194.1 7	LIFELINE							194.1 7
194.1 8	COUNTY JAIL CONTRACT							194.1 8
194.1 9	ST. JOHN'S HOME HEALTH	5,091		5,091				194.1 9
194.2 3	ST. MARY'S SURGERY CENTER							194.2 3
194.2 4	FIELDS WRIGHT MEDICAL PRACTICE							194.2 4
194.2 5	3915 N COWGILL					2,536		194.2 5



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE-KEEPING SQUARE FEET	DIETARY PATIENT DAYS	CAFETERIA GROSS SALARIES	NURSING ADMINISTRATION GROSS SALARIES	
		7	8	9	10	11	13	
194.28	LAUNDRY OUTSIDE SERVICES							194.28
194.35	MEDICAL MANAGEMENT SYSTEM							194.35
194.36	LAKE SHORE MEDICAL OFFICE BUILDING							194.36
194.37	DAY CARE CENTER							194.37
194.38	SCHOOL HEALTH SERVICES					164,687		194.38
194.40	PRAIRIE CARDIOVASCULAR	5,401		5,401				194.40
194.41	G I SUITES					359		194.41
194.42	RESPIRATORY CARE NURSING HOME							194.42
194.43	VACANT SPACE	25,000		25,000				194.43
194.44	PHYSICIAN POOL							194.44
194.48	MRI BUILDING					308		194.48
194.49	FUND DEVELOPMENT	1,004		1,004		137,464		194.49
194.50	CENTRAL ILLINOIS LUNG	2,456		2,456				194.50
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	5,693,294	1,583,728	2,305,236	1,236,280	1,893,041	851,575	202
203	UNIT COST MULT-WS B PT I	15.351889	37.621817	6.600344	29.368111	0.060721	0.044609	203
204	COST TO BE ALLOC PER B PT II	992,428	407,738	200,777	410,383	147,208	68,760	204
205	UNIT COST MULT-WS B PT II	2.676068	9.685908	0.574864	9.748741	0.004722	0.003602	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	I&R SALARY & FRINGES ASSIGNED TIME
	14	15	16	21

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	13,635,938		14
15	PHARMACY	74,894	100,000	15
16	MEDICAL RECORDS & LIBRARY		488,531,576	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	460,249	24,837,304	30
31	INTENSIVE CARE UNIT	222,122	3,814,678	31
40	SUBPROVIDER - IPF	12,768	3,450,687	40
41	SUBPROVIDER - IRF	70,305	6,094,409	41
43	NURSERY	32,505	911,080	43
44	SKILLED NURSING FACILITY			44
ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	1,335,446	29,496,339	50
50.01	STONE CENTER			50.01
50.02	ENDOSCOPY	73,795	3,991,867	50.02
51	RECOVERY ROOM	24,966	4,898,053	51
52	DELIVERY ROOM & LABOR ROOM	88,030	3,658,106	52
53	ANESTHESIOLOGY	198,818	6,634,152	53
53.01	PAIN CENTER	57,435	6,501,952	53.01
54	RADIOLOGY-DIAGNOSTIC	83,871	24,354,624	54
56	RADIOISOTOPE	292,587	4,833,428	56
57	CT SCAN	107,839	47,359,044	57
58	MRI	32,315	15,201,380	58
59	CARDIAC CATHETERIZATION	1,159,249	36,110,836	59
60	LABORATORY	1,524,738	68,162,702	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	55,984	1,863,199	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65	RESPIRATORY THERAPY	69,681	11,350,746	65
66	PHYSICAL THERAPY	24,828	24,153,236	66
69	ELECTROCARDIOLOGY	340,293	26,279,324	69
70	ELECTROENCEPHALOGRAPHY	13,320	5,383,282	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	99,146	510,051	71
72	IMPL. DEV. CHARGED TO PATIENTS	6,662,923	21,400,689	72
73	DRUGS CHARGED TO PATIENTS		49,054,288	73
75	ASC (NON-DISTINCT PART)		1,741,500	75
76	TREATMENT CENTER	2,428	451,461	76
76.97	CARDIAC REHABILITATION			76.97
76.98	HYPERBARIC OXYGEN THERAPY			76.98
76.99	LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	4,830	508,311	90
90.01	PRENATAL CLINIC	2,942	120,583	90.01
90.02	OUTPATIENT PSYCHIATRIC	130	828,105	90.02
90.03	WOUND CLINIC	119,851	858,698	90.03
90.04	NEUROSURGERY			90.04
90.05	DR JATOI			90.05
90.06	UROLOGY PHYSICIAN			90.06
90.07	DR. CHU			90.07



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	I&R SALARY & FRINGES ASSIGNED TIME		
90.08	SPORTS MEDICINE CLINIC	14	15	16	21		90.08
90.09	DR. SHANKER						90.09
90.10	DR MIRMIRA						90.10
90.11	DR TOKHI						90.11
90.12	CTPET	66,504		1,136,072			90.12
90.13	RADIATION ONCOLOGY	6,016		6,378,048			90.13
90.14	SPORTS MED-REHAB						90.14
90.15	MACON COUNT MEDICAL ASSOCIATES						90.15
90.16	DR BRITT						90.16
90.17	ARTHUR FAMILY MEDICINE CENTER						90.17
90.18	DR BOCK						90.18
90.19	PEDIATRIC PROF SERVICES						90.19
90.20	DR ANDERSON						90.20
90.21	DR HABIB						90.21
90.22	DR HANNEKEN						90.22
90.23	DR MUNESSES						90.23
90.24	DR KOHLI						90.24
90.25	DR DUNCAN						90.25
90.26	MT ZION FAMILY PRACTICE						90.26
90.27	DR POWELL						90.27
90.28	CHEMOTHEROPY	1,988		203,656			90.28
91	EMERGENCY	305,889		45,999,686			91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	13,628,685	100,000	488,531,576	100		118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18					190
192	PHYSICIANS' PRIVATE OFFICES						192
194	SENIOR SERVICES						194
194.0	ADULT DAY CARE	812					194.0
1							1
194.0	SPORTS MEDICINE REHAB	6,020					194.0
2							2
194.0	CANCER CARE	348					194.0
4							4
194.0	RESIDENTIAL PROPERTIES						194.0
5							5
194.0	BLUE MOUND						194.0
7							7
194.0	ARTHUR CLINIC						194.0
8							8
194.0	OCCUPATIONAL HEALTH						194.0
9							9
194.1	2981 NORTH MAIN						194.1
1							1
194.1	MEDICAL OFFICE BUILDING 1750	24					194.1
3							3
194.1	MEDICAL ARTS						194.1
4							4
194.1	MT. ZION CLINIC						194.1
5							5
194.1	CERRO GORDO						194.1
6							6
194.1	LIFELINE						194.1
7							7
194.1	COUNTY JAIL CONTRACT						194.1
8							8
194.1	ST. JOHN'S HOME HEALTH						194.1
9							9
194.2	ST. MARY'S SURGERY CENTER						194.2
3							3
194.2	FIELDS WRIGHT MEDICAL PRACTICE						194.2
4							4



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	I&R SALARY & FRINGES ASSIGNED TIME			
194.2 5	3915 N COWGILL	14	15	16	21			194.2 5
194.2 8	LAUNDRY OUTSIDE SERVICES							194.2 8
194.3 5	MEDICAL MANAGEMENT SYSTEM							194.3 5
194.3 6	LAKE SHORE MEDICAL OFFICE BUILDING							194.3 6
194.3 7	DAY CARE CENTER							194.3 7
194.3 8	SCHOOL HEALTH SERVICES							194.3 8
194.4 0	PRAIRIE CARDIOVASCULAR							194.4 0
194.4 1	G I SUITES	31						194.4 1
194.4 2	RESPIRATORY CARE NURSING HOME							194.4 2
194.4 3	VACANT SPACE							194.4 3
194.4 4	PHYSICIAN POOL							194.4 4
194.4 8	MRI BUILDING							194.4 8
194.4 9	FUND DEVELOPMENT							194.4 9
194.5 0	CENTRAL ILLINOIS LUNG							194.5 0
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	833,614	3,004,422	3,577,590				202
203	UNIT COST MULT-WS B PT I	0.061134	30.044220	0.007323				203
204	COST TO BE ALLOC PER B PT II	251,140	186,446	310,201				204
205	UNIT COST MULT-WS B PT II	0.018418	1.864460	0.000635				205



COMPU-MAX

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4



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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		TOTAL COST (from Wkst. B, Part I, col. 26)	THERAPY LIMIT ADJ.	TOTAL COSTS	RCE DISALLOW- ANCE	TOTAL COSTS	
		1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	18,089,336		18,089,336	176,940	18,266,276	30
31	INTENSIVE CARE UNIT	2,885,746		2,885,746	363	2,886,109	31
40	SUBPROVIDER - IPF	2,417,417		2,417,417		2,417,417	40
41	SUBPROVIDER - IRF	3,568,743		3,568,743		3,568,743	41
43	NURSERY	460,221		460,221		460,221	43
44	SKILLED NURSING FACILITY						44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	5,629,389		5,629,389		5,629,389	50
50.01	STONE CENTER						50.01
50.02	ENDOSCOPY	945,617		945,617		945,617	50.02
51	RECOVERY ROOM	911,871		911,871		911,871	51
52	DELIVERY ROOM & LABOR ROOM	2,179,856		2,179,856	7	2,179,863	52
53	ANESTHESIOLOGY	1,480,434		1,480,434		1,480,434	53
53.01	PAIN CENTER	913,287		913,287		913,287	53.01
54	RADIOLOGY-DIAGNOSTIC	4,132,718		4,132,718		4,132,718	54
56	RADIOISOTOPE	863,305		863,305		863,305	56
57	CT SCAN	1,497,947		1,497,947	1,537	1,499,484	57
58	MRI	737,245		737,245		737,245	58
59	CARDIAC CATHETERIZATION	4,686,056		4,686,056		4,686,056	59
60	LABORATORY	8,212,807		8,212,807	1,489	8,214,296	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	599,119		599,119		599,119	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	1,401,251		1,401,251	8,096	1,409,347	65
66	PHYSICAL THERAPY	4,293,630		4,293,630		4,293,630	66
69	ELECTROCARDIOLOGY	2,218,260		2,218,260		2,218,260	69
70	ELECTROENCEPHALOGRAPHY	645,945		645,945		645,945	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	135,493		135,493		135,493	71
72	IMPL. DEV. CHARGED TO PATIENTS	9,225,677		9,225,677		9,225,677	72
73	DRUGS CHARGED TO PATIENTS	8,861,866		8,861,866		8,861,866	73
75	ASC (NON-DISTINCT PART)	627,090		627,090		627,090	75
76	TREATMENT CENTER	224,151		224,151	23,920	248,071	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	277,682		277,682		277,682	90
90.01	PRENATAL CLINIC	117,436		117,436		117,436	90.01
90.02	OUTPATIENT PSYCHIATRIC	371,926		371,926		371,926	90.02
90.03	WOUND CLINIC	421,292		421,292	10,929	432,221	90.03
90.04	NEUROSURGERY						90.04
90.05	DR JATOI						90.05
90.06	UROLOGY PHYSICIAN						90.06
90.07	DR. CHU						90.07
90.08	SPORTS MEDICINE CLINIC						90.08
90.09	DR. SHANKER						90.09
90.10	DR MIRMIRA						90.10
90.11	DR TOKHI						90.11
90.12	CTPET	229,435		229,435		229,435	90.12
90.13	RADIATION ONCOLOGY	1,008,202		1,008,202		1,008,202	90.13
90.14	SPORTS MED-REHAB						90.14
90.15	MACON COUNT MEDICAL ASSOCIATES						90.15
90.16	DR BRITT						90.16
90.17	ARTHUR FAMILY MEDICINE CENTER						90.17
90.18	DR BOCK						90.18
90.19	PEDIATRIC PROF SERVICES						90.19
90.20	DR ANDERSON						90.20
90.21	DR HABIB						90.21
90.22	DR HANNEKEN						90.22
90.23	DR MUNESSES						90.23
90.24	DR KOHLI						90.24
90.25	DR DUNCAN						90.25
90.26	MT ZION FAMILY PRACTICE						90.26
90.27	DR POWELL						90.27
90.28	CHEMOTHEROPY	26,435		26,435		26,435	90.28
91	EMERGENCY	6,289,997		6,289,997		6,289,997	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	992,918		992,918		992,918	92



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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
	OTHER REIMBURSABLE COST CENTERS					
99.10	CORF					99.10
99.20	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	OUTPATIENT SPEECH PATHOLOGY					99.40
200	SUBTOTAL (SEE INSTRUCTIONS)	97,579,800		97,579,800	223,281	97,803,081 200
201	LESS OBSERVATION BEDS	992,918		992,918		992,918 201
202	TOTAL (SEE INSTRUCTIONS)	96,586,882		96,586,882		96,810,163 202



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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO	
		INPATIENT	OUTPATIENT	TOTAL (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	23,019,874		23,019,874				30
31	INTENSIVE CARE UNIT	3,814,678		3,814,678				31
40	SUBPROVIDER - IPF	3,450,687		3,450,687				40
41	SUBPROVIDER - IRF	6,094,409		6,094,409				41
43	NURSERY	911,080		911,080				43
44	SKILLED NURSING FACILITY							44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	16,109,809	13,386,530	29,496,339	0.190850	0.190850	0.190850	50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY	659,309	3,332,558	3,991,867	0.236886	0.236886	0.236886	50.02
51	RECOVERY ROOM	1,537,474	3,360,579	4,898,053	0.186170	0.186170	0.186170	51
52	DELIVERY ROOM & LABOR ROOM	2,826,605	831,501	3,658,106	0.595897	0.595897	0.595899	52
53	ANESTHESIOLOGY	4,420,430	2,213,722	6,634,152	0.223153	0.223153	0.223153	53
53.01	PAIN CENTER	79,025	6,422,927	6,501,952	0.140464	0.140464	0.140464	53.01
54	RADIOLOGY-DIAGNOSTIC	6,026,830	18,327,794	24,354,624	0.169689	0.169689	0.169689	54
56	RADIOISOTOPE	584,866	4,248,562	4,833,428	0.178611	0.178611	0.178611	56
57	CT SCAN	13,581,017	33,778,027	47,359,044	0.031630	0.031630	0.031662	57
58	MRI	3,204,803	11,996,577	15,201,380	0.048499	0.048499	0.048499	58
59	CARDIAC CATHETERIZATION	14,975,508	21,135,328	36,110,836	0.129769	0.129769	0.129769	59
60	LABORATORY	29,947,387	38,215,315	68,162,702	0.120488	0.120488	0.120510	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,234,221	628,978	1,863,199	0.321554	0.321554	0.321554	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	9,614,908	1,735,838	11,350,746	0.123450	0.123450	0.124163	65
66	PHYSICAL THERAPY	14,540,917	9,612,319	24,153,236	0.177766	0.177766	0.177766	66
69	ELECTROCARDIOLOGY	6,088,385	20,190,939	26,279,324	0.084411	0.084411	0.084411	69
70	ELECTROENCEPHALOGRAPHY	352,151	5,031,131	5,383,282	0.119991	0.119991	0.119991	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	478,077	31,974	510,051	0.265646	0.265646	0.265646	71
72	IMPL. DEV. CHARGED TO PATIENTS	12,621,659	8,779,030	21,400,689	0.431093	0.431093	0.431093	72
73	DRUGS CHARGED TO PATIENTS	31,981,121	17,073,167	49,054,288	0.180654	0.180654	0.180654	73
75	ASC (NON-DISTINCT PART)	29,305	1,712,195	1,741,500	0.360086	0.360086	0.360086	75
76	TREATMENT CENTER	114,025	337,436	451,461	0.496501	0.496501	0.549485	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	3,353	504,958	508,311	0.546284	0.546284	0.546284	90
90.01	PRENATAL CLINIC		120,583	120,583	0.973902	0.973902	0.973902	90.01
90.02	OUTPATIENT PSYCHIATRIC	4,550	823,555	828,105	0.449129	0.449129	0.449129	90.02
90.03	WOUND CLINIC	268,044	590,654	858,698	0.490617	0.490617	0.503345	90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CTPET	30,072	1,106,000	1,136,072	0.201955	0.201955	0.201955	90.12
90.13	RADIATION ONCOLOGY	6,563	6,371,485	6,378,048	0.158074	0.158074	0.158074	90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY	2,152	201,504	203,656	0.129802	0.129802	0.129802	90.28
91	EMERGENCY	10,659,518	35,340,168	45,999,686	0.136740	0.136740	0.136740	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	180,121	1,637,309	1,817,430	0.546331	0.546331	0.546331	92
	OTHER REIMBURSABLE COST CENTERS							



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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO	
		INPATIENT	OUTPATIENT	TOTAL (column 6 + column 7)				
		6	7	8	9	10	11	
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
200	SUBTOTAL (SEE INSTRUCTIONS)	219,452,933	269,078,643	488,531,576				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	219,452,933	269,078,643	488,531,576				202



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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26)	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	3,018,368		3,018,368	30,943	97.55	13,867	1,352,726	30
31	INTENSIVE CARE UNIT	280,449		280,449	2,475	113.31	1,576	178,577	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	321,687		321,687	4,631	69.46	3,376	234,497	40
41	SUBPROVIDER - IRF	469,909		469,909	5,010	93.79	3,753	351,994	41
42	SUBPROVIDER I								42
43	NURSERY	68,853		68,853	1,376	50.04			43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	4,159,266		4,159,266	44,435		22,572	2,117,794	200

(A) Worksheet A line numbers



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0166

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	617,954	29,496,339	0.020950	8,396,597	175,909	50
50.01	STONE CENTER						50.01
50.02	ENDOSCOPY	109,757	3,991,867	0.027495	396,344	10,897	50.02
51	RECOVERY ROOM	85,029	4,898,053	0.017360	791,246	13,736	51
52	DELIVERY ROOM & LABOR ROOM	292,658	3,658,106	0.080003	10,972	878	52
53	ANESTHESIOLOGY	70,855	6,634,152	0.010680	1,632,803	17,438	53
53.01	PAIN CENTER	114,336	6,501,952	0.017585	38,227	672	53.01
54	RADIOLOGY-DIAGNOSTIC	477,784	24,354,624	0.019618	5,349,983	104,956	54
56	RADIOISOTOPE	49,061	4,833,428	0.010150	405,882	4,120	56
57	CT SCAN	81,241	47,359,044	0.001715	7,831,633	13,431	57
58	MRI	50,502	15,201,380	0.003322	1,898,573	6,307	58
59	CARDIAC CATHETERIZATION	296,384	36,110,836	0.008208	6,842,966	56,167	59
60	LABORATORY	1,128,514	68,162,702	0.016556	14,621,508	242,074	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	26,506	1,863,199	0.014226	517,381	7,360	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	68,730	11,350,746	0.006055	6,887,191	41,702	65
66	PHYSICAL THERAPY	465,635	24,153,236	0.019278	2,974,821	57,349	66
69	ELECTROCARDIOLOGY	173,478	26,279,324	0.006601	3,609,109	23,824	69
70	ELECTROENCEPHALOGRAPHY	83,792	5,383,282	0.015565	219,756	3,421	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,994	510,051	0.011752	248,876	2,925	71
72	IMPL. DEV. CHARGED TO PATIENTS	401,214	21,400,689	0.018748	7,105,807	133,220	72
73	DRUGS CHARGED TO PATIENTS	385,756	49,054,288	0.007864	15,797,965	124,235	73
75	ASC (NON-DISTINCT PART)	21,259	1,741,500	0.012207	22,737	278	75
76	TREATMENT CENTER	39,099	451,461	0.086605	23,305	2,018	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	9,410	508,311	0.018512			90
90.01	PRENATAL CLINIC	4,094	120,583	0.033952			90.01
90.02	OUTPATIENT PSYCHIATRIC	94,710	828,105	0.114370	2,925	335	90.02
90.03	WOUND CLINIC	16,395	858,698	0.019093	148,789	2,841	90.03
90.04	NEUROSURGERY						90.04
90.05	DR JATOI						90.05
90.06	UROLOGY PHYSICIAN						90.06
90.07	DR. CHU						90.07
90.08	SPORTS MEDICINE CLINIC						90.08
90.09	DR. SHANKER						90.09
90.10	DR MIRMIRA						90.10
90.11	DR TOKHI						90.11
90.12	CT/PET	8,657	1,136,072	0.007620	14,877	113	90.12
90.13	RADIATION ONCOLOGY	34,643	6,378,048	0.005432	3,859	21	90.13
90.14	SPORTS MED-REHAB						90.14
90.15	MACON COUNT MEDICAL ASSOCIATES						90.15
90.16	DR BRITT						90.16
90.17	ARTHUR FAMILY MEDICINE CENTER						90.17
90.18	DR BOCK						90.18
90.19	PEDIATRIC PROF SERVICES						90.19
90.20	DR ANDERSON						90.20
90.21	DR HABIB						90.21
90.22	DR HANNEKEN						90.22
90.23	DR MUNESSES						90.23
90.24	DR KOHLI						90.24
90.25	DR DUNCAN						90.25
90.26	MT ZION FAMILY PRACTICE						90.26
90.27	DR POWELL						90.27
90.28	CHEMOTHEROPY	993	203,656	0.004876			90.28
91	EMERGENCY	1,093,014	45,999,686	0.023761	5,577,713	132,532	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	164,073	1,817,430	0.090277	59,786	5,397	92



COMPU-MAX

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0166

WORKSHEET D
PART II

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

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	6,471,527	451,240,848		91,431,631	1,184,156	200

(A) Worksheet A line numbers



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

(A)	COST CENTER DESCRIPTION	1 NURSING SCHOOL	2 ALLIED HEALTH COST	3 ALL OTHER MEDICAL EDUCATION COST	4 SWING-BED ADJUSTMENT AMOUNT (see instructions)	5 TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE 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



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

		TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
(A)	COST CENTER DESCRIPTION	6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	30,943		13,867		30
31	INTENSIVE CARE UNIT	2,475		1,576		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	4,631		3,376		40
41	SUBPROVIDER - IRF	5,010		3,753		41
42	SUBPROVIDER I					42
43	NURSERY	1,376				43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	44,435		22,572		200

(A) Worksheet A line numbers



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0166

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	1	2	3	4	5	6	
		NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPATIENT COST (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY							50.02
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
53.01	PAIN CENTER							53.01
54	RADIOLOGY-DIAGNOSTIC							54
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
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
75	ASC (NON-DISTINCT PART)							75
76	TREATMENT CENTER							76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
90.01	PRENATAL CLINIC							90.01
90.02	OUTPATIENT PSYCHIATRIC							90.02
90.03	WOUND CLINIC							90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CT/PET							90.12
90.13	RADIATION ONCOLOGY							90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY							90.28
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0166

WORKSHEET D
PART IV

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

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
		NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPATIENT COST (sum of col. 2, 3, and 4)	
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0166

**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	7	8	9	10	11	12	13
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	29,496,339			8,396,597		3,340,964	50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY	3,991,867			396,344		1,402,059	50.02
51	RECOVERY ROOM	4,898,053			791,246		1,154,852	51
52	DELIVERY ROOM & LABOR ROOM	3,658,106			10,972		289	52
53	ANESTHESIOLOGY	6,634,152			1,632,803		890,185	53
53.01	PAIN CENTER	6,501,952			38,227		3,280,327	53.01
54	RADIOLOGY-DIAGNOSTIC	24,354,624			5,349,983		5,349,915	54
56	RADIOISOTOPE	4,833,428			405,882		379,447	56
57	CT SCAN	47,359,044			7,831,633		11,213,248	57
58	MRI	15,201,380			1,898,573		4,318,272	58
59	CARDIAC CATHETERIZATION	36,110,836			6,842,966		13,508,789	59
60	LABORATORY	68,162,702			14,621,508		3,422,430	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,863,199			517,381		98,637	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	11,350,746			6,887,191		623,779	65
66	PHYSICAL THERAPY	24,153,236			2,974,821		516,338	66
69	ELECTROCARDIOLOGY	26,279,324			3,609,109		11,591,652	69
70	ELECTROENCEPHALOGRAPHY	5,383,282			219,756		1,727,104	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	510,051			248,876		7,879	71
72	IMPL. DEV. CHARGED TO PATIENTS	21,400,689			7,105,807		5,415,552	72
73	DRUGS CHARGED TO PATIENTS	49,054,288			15,797,965		6,043,766	73
75	ASC (NON-DISTINCT PART)	1,741,500			22,737		1,280,065	75
76	TREATMENT CENTER	451,461			23,305		7,694	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	508,311						90
90.01	PRENATAL CLINIC	120,583					14	90.01
90.02	OUTPATIENT PSYCHIATRIC	828,105			2,925		364,546	90.02
90.03	WOUND CLINIC	858,698			148,789		99,748	90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CT/PET	1,136,072			14,877		622,745	90.12
90.13	RADIATION ONCOLOGY	6,378,048			3,859		4,055,316	90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0166

**WORKSHEET D
PART IV**

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

		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)	
(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13	
90.28	CHEMOTHEROPY	203,656					3,059		90.28
91	EMERGENCY	45,999,686			5,577,713		6,566,102		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,817,430			59,786		568,681		92
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	451,240,848			91,431,631		87,853,454		200

(A) Worksheet A line numbers



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0166

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	0.190850	3,340,964			637,623		50	
50.01	STONE CENTER							50.01	
50.02	ENDOSCOPY	0.236886	1,402,059			332,128		50.02	
51	RECOVERY ROOM	0.186170	1,154,852			214,999		51	
52	DELIVERY ROOM & LABOR ROOM	0.595897	289			172		52	
53	ANESTHESIOLOGY	0.223153	890,185			198,647		53	
53.01	PAIN CENTER	0.140464	3,280,327			460,768		53.01	
54	RADIOLOGY-DIAGNOSTIC	0.169689	5,349,915			907,822		54	
56	RADIOISOTOPE	0.178611	379,447			67,773		56	
57	CT SCAN	0.031630	11,213,248			354,675		57	
58	MRI	0.048499	4,318,272			209,432		58	
59	CARDIAC CATHETERIZATION	0.129769	13,508,789			1,753,022		59	
60	LABORATORY	0.120488	3,422,430			412,362		60	
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.321554	98,637			31,717		62	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65	RESPIRATORY THERAPY	0.123450	623,779			77,006		65	
66	PHYSICAL THERAPY	0.177766	516,338			91,787		66	
69	ELECTROCARDIOLOGY	0.084411	11,591,652			978,463		69	
70	ELECTROENCEPHALOGRAPHY	0.119991	1,727,104			207,237		70	
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.265646	7,879			2,093		71	
72	IMPL. DEV. CHARGED TO PATIENTS	0.431093	5,415,552			2,334,607		72	
73	DRUGS CHARGED TO PATIENTS	0.180654	6,043,766		67,257	1,091,831	12,150	73	
75	ASC (NON-DISTINCT PART)	0.360086	1,280,065			460,933		75	
76	TREATMENT CENTER	0.496501	7,694			3,820		76	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	0.546284						90	
90.01	PRENATAL CLINIC	0.973902	14			14		90.01	
90.02	OUTPATIENT PSYCHIATRIC	0.449129	364,546			163,728		90.02	
90.03	WOUND CLINIC	0.490617	99,748			48,938		90.03	
90.04	NEUROSURGERY							90.04	
90.05	DR JATOI							90.05	
90.06	UROLOGY PHYSICIAN							90.06	
90.07	DR. CHU							90.07	
90.08	SPORTS MEDICINE CLINIC							90.08	
90.09	DR. SHANKER							90.09	
90.10	DR MIRMIRA							90.10	
90.11	DR TOKHI							90.11	
90.12	CT/PET	0.201955	622,745			125,766		90.12	
90.13	RADIATION ONCOLOGY	0.158074	4,055,316			641,040		90.13	
90.14	SPORTS MED-REHAB							90.14	
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15	
90.16	DR BRITT							90.16	
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17	
90.18	DR BOCK							90.18	
90.19	PEDIATRIC PROF SERVICES							90.19	
90.20	DR ANDERSON							90.20	
90.21	DR HABIB							90.21	
90.22	DR HANNEKEN							90.22	
90.23	DR MUNESSES							90.23	
90.24	DR KOHLI							90.24	
90.25	DR DUNCAN							90.25	



COMPU-MAX

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0166

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.)	
90.26	MT ZION FAMILY PRACTICE								90.26
90.27	DR POWELL								90.27
90.28	CHEMOTHEROPY	0.129802	3,059			397			90.28
91	EMERGENCY	0.136740	6,566,102			897,849			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.546331	568,681			310,688			92
	OTHER REIMBURSABLE COST CENTERS								
200	SUBTOTAL (see instructions)		87,853,454		67,257	13,017,337		12,150	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)		87,853,454		67,257	13,017,337		12,150	202

(A) Worksheet A line numbers



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S166

WORKSHEET D
PART II

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

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
1	2	3	4	5			
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	617,954	29,496,339	0.020950	3,556	74	50
50.01	STONE CENTER						50.01
50.02	ENDOSCOPY	109,757	3,991,867	0.027495	655	18	50.02
51	RECOVERY ROOM	85,029	4,898,053	0.017360	39,345	683	51
52	DELIVERY ROOM & LABOR ROOM	292,658	3,658,106	0.080003			52
53	ANESTHESIOLOGY	70,855	6,634,152	0.010680	22,265	238	53
53.01	PAIN CENTER	114,336	6,501,952	0.017585	2,170	38	53.01
54	RADIOLOGY-DIAGNOSTIC	477,784	24,354,624	0.019618	141,857	2,783	54
56	RADIOISOTOPE	49,061	4,833,428	0.010150	4,652	47	56
57	CT SCAN	81,241	47,359,044	0.001715	189,161	324	57
58	MRI	50,502	15,201,380	0.003322	26,834	89	58
59	CARDIAC CATHETERIZATION	296,384	36,110,836	0.008208			59
60	LABORATORY	1,128,514	68,162,702	0.016556	874,818	14,483	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	26,506	1,863,199	0.014226			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	68,730	11,350,746	0.006055	156,421	947	65
66	PHYSICAL THERAPY	465,635	24,153,236	0.019278	531,354	10,243	66
69	ELECTROCARDIOLOGY	173,478	26,279,324	0.006601	41,431	273	69
70	ELECTROENCEPHALOGRAPHY	83,792	5,383,282	0.015565	3,556	55	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,994	510,051	0.011752	3,362	40	71
72	IMPL. DEV. CHARGED TO PATIENTS	401,214	21,400,689	0.018748			72
73	DRUGS CHARGED TO PATIENTS	385,756	49,054,288	0.007864	1,308,584	10,291	73
75	ASC (NON-DISTINCT PART)	21,259	1,741,500	0.012207			75
76	TREATMENT CENTER	39,099	451,461	0.086605	790	68	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	9,410	508,311	0.018512			90
90.01	PRENATAL CLINIC	4,094	120,583	0.033952			90.01
90.02	OUTPATIENT PSYCHIATRIC	94,710	828,105	0.114370			90.02
90.03	WOUND CLINIC	16,395	858,698	0.019093	19,547	373	90.03
90.04	NEUROSURGERY						90.04
90.05	DR JATOI						90.05
90.06	UROLOGY PHYSICIAN						90.06
90.07	DR. CHU						90.07
90.08	SPORTS MEDICINE CLINIC						90.08
90.09	DR. SHANKER						90.09
90.10	DR MIRMIRA						90.10
90.11	DR TOKHI						90.11
90.12	CT/PET	8,657	1,136,072	0.007620			90.12
90.13	RADIATION ONCOLOGY	34,643	6,378,048	0.005432			90.13
90.14	SPORTS MED-REHAB						90.14
90.15	MACON COUNT MEDICAL ASSOCIATES						90.15
90.16	DR BRITT						90.16
90.17	ARTHUR FAMILY MEDICINE CENTER						90.17
90.18	DR BOCK						90.18
90.19	PEDIATRIC PROF SERVICES						90.19
90.20	DR ANDERSON						90.20
90.21	DR HABIB						90.21
90.22	DR HANNEKEN						90.22
90.23	DR MUNESSES						90.23
90.24	DR KOHLI						90.24
90.25	DR DUNCAN						90.25
90.26	MT ZION FAMILY PRACTICE						90.26
90.27	DR POWELL						90.27
90.28	CHEMOTHEROPY	993	203,656	0.004876			90.28
91	EMERGENCY	1,093,014	45,999,686	0.023761	216,173	5,136	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		1,817,430				92



COMPU-MAX

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S166

WORKSHEET D
PART II

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

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26)	TOTAL CHARGES (from Wkst. C, Part I, (col. 8)	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	6,307,454	451,240,848		3,586,531	46,203	200

(A) Worksheet A line numbers



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S166

WORKSHEET D
PART IV

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

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY							50.02
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
53.01	PAIN CENTER							53.01
54	RADIOLOGY-DIAGNOSTIC							54
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
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
75	ASC (NON-DISTINCT PART)							75
76	TREATMENT CENTER							76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
90.01	PRENATAL CLINIC							90.01
90.02	OUTPATIENT PSYCHIATRIC							90.02
90.03	WOUND CLINIC							90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CT/PET							90.12
90.13	RADIATION ONCOLOGY							90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY							90.28
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S166

WORKSHEET D
PART IV

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

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
		NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPATIENT COST (sum of col. 2, 3, and 4)	
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S166

**WORKSHEET D
PART IV**

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

(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	29,496,339			3,556			50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY	3,991,867			655			50.02
51	RECOVERY ROOM	4,898,053			39,345			51
52	DELIVERY ROOM & LABOR ROOM	3,658,106						52
53	ANESTHESIOLOGY	6,634,152			22,265			53
53.01	PAIN CENTER	6,501,952			2,170			53.01
54	RADIOLOGY-DIAGNOSTIC	24,354,624			141,857			54
56	RADIOISOTOPE	4,833,428			4,652			56
57	CT SCAN	47,359,044			189,161			57
58	MRI	15,201,380			26,834			58
59	CARDIAC CATHETERIZATION	36,110,836						59
60	LABORATORY	68,162,702			874,818			60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,863,199						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	11,350,746			156,421			65
66	PHYSICAL THERAPY	24,153,236			531,354			66
69	ELECTROCARDIOLOGY	26,279,324			41,431			69
70	ELECTROENCEPHALOGRAPHY	5,383,282			3,556			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	510,051			3,362			71
72	IMPL. DEV. CHARGED TO PATIENTS	21,400,689						72
73	DRUGS CHARGED TO PATIENTS	49,054,288			1,308,584			73
75	ASC (NON-DISTINCT PART)	1,741,500						75
76	TREATMENT CENTER	451,461			790			76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	508,311						90
90.01	PRENATAL CLINIC	120,583						90.01
90.02	OUTPATIENT PSYCHIATRIC	828,105						90.02
90.03	WOUND CLINIC	858,698			19,547			90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CT/PET	1,136,072						90.12
90.13	RADIATION ONCOLOGY	6,378,048						90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S166

WORKSHEET D
PART IV

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

		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)	
(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13	
90.28	CHEMOTHEROPY	203,656							90.28
91	EMERGENCY	45,999,686			216,173				91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,817,430							92
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	451,240,848			3,586,531				200

(A) Worksheet A line numbers



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S166

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [XX] TITLE XVIII, PART B [XX] IPF [] SNF [] SWING BED NF
 BOXES: [] TITLE XIX - O/P [] IRF [] NF [] ICF/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.)	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.190850							50
50.01	STONE CENTER								50.01
50.02	ENDOSCOPY	0.236886							50.02
51	RECOVERY ROOM	0.186170							51
52	DELIVERY ROOM & LABOR ROOM	0.595897							52
53	ANESTHESIOLOGY	0.223153							53
53.01	PAIN CENTER	0.140464							53.01
54	RADIOLOGY-DIAGNOSTIC	0.169689							54
56	RADIOISOTOPE	0.178611							56
57	CT SCAN	0.031630							57
58	MRI	0.048499							58
59	CARDIAC CATHETERIZATION	0.129769							59
60	LABORATORY	0.120488							60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.321554							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	0.123450							65
66	PHYSICAL THERAPY	0.177766							66
69	ELECTROCARDIOLOGY	0.084411							69
70	ELECTROENCEPHALOGRAPHY	0.119991							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.265646							71
72	IMPL. DEV. CHARGED TO PATIENTS	0.431093							72
73	DRUGS CHARGED TO PATIENTS	0.180654							73
75	ASC (NON-DISTINCT PART)	0.360086							75
76	TREATMENT CENTER	0.496501							76
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	0.546284							90
90.01	PRENATAL CLINIC	0.973902							90.01
90.02	OUTPATIENT PSYCHIATRIC	0.449129							90.02
90.03	WOUND CLINIC	0.490617							90.03
90.04	NEUROSURGERY								90.04
90.05	DR JATOI								90.05
90.06	UROLOGY PHYSICIAN								90.06
90.07	DR. CHU								90.07
90.08	SPORTS MEDICINE CLINIC								90.08
90.09	DR. SHANKER								90.09
90.10	DR MIRMIRA								90.10
90.11	DR TOKHI								90.11
90.12	CT/PET	0.201955							90.12
90.13	RADIATION ONCOLOGY	0.158074							90.13
90.14	SPORTS MED-REHAB								90.14
90.15	MACON COUNT MEDICAL ASSOCIATES								90.15
90.16	DR BRITT								90.16
90.17	ARTHUR FAMILY MEDICINE CENTER								90.17
90.18	DR BOCK								90.18
90.19	PEDIATRIC PROF SERVICES								90.19
90.20	DR ANDERSON								90.20
90.21	DR HABIB								90.21
90.22	DR HANNEKEN								90.22
90.23	DR MUNESSES								90.23
90.24	DR KOHLI								90.24
90.25	DR DUNCAN								90.25



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S166

WORKSHEET D
PART V

CHECK TITLE V - O/P HOSPITAL SUB (OTHER) SWING BED SNF
 APPLICABLE TITLE XVIII, PART B IPF SNF SWING BED NF
 BOXES: TITLE XIX - O/P IRF NF ICF/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.)	
90.26	MT ZION FAMILY PRACTICE								90.26
90.27	DR POWELL								90.27
90.28	CHEMOTHEROPY	0.129802							90.28
91	EMERGENCY	0.136740							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.546331							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



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T166

WORKSHEET D
PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [] TITLE XIX [XX] 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	617,954	29,496,339	0.020950	56,366	1,181	50
50.01	STONE CENTER						50.01
50.02	ENDOSCOPY	109,757	3,991,867	0.027495	3,055	84	50.02
51	RECOVERY ROOM	85,029	4,898,053	0.017360	5,062	88	51
52	DELIVERY ROOM & LABOR ROOM	292,658	3,658,106	0.080003			52
53	ANESTHESIOLOGY	70,855	6,634,152	0.010680	5,200	56	53
53.01	PAIN CENTER	114,336	6,501,952	0.017585	895	16	53.01
54	RADIOLOGY-DIAGNOSTIC	477,784	24,354,624	0.019618	163,527	3,208	54
56	RADIOISOTOPE	49,061	4,833,428	0.010150	4,061	41	56
57	CT SCAN	81,241	47,359,044	0.001715	130,597	224	57
58	MRI	50,502	15,201,380	0.003322	44,010	146	58
59	CARDIAC CATHETERIZATION	296,384	36,110,836	0.008208			59
60	LABORATORY	1,128,514	68,162,702	0.016556	758,485	12,557	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	26,506	1,863,199	0.014226	2,086	30	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	68,730	11,350,746	0.006055	459,150	2,780	65
66	PHYSICAL THERAPY	465,635	24,153,236	0.019278	7,246,979	139,707	66
69	ELECTROCARDIOLOGY	173,478	26,279,324	0.006601	45,028	297	69
70	ELECTROENCEPHALOGRAPHY	83,792	5,383,282	0.015565	2,364	37	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,994	510,051	0.011752	33,654	396	71
72	IMPL. DEV. CHARGED TO PATIENTS	401,214	21,400,689	0.018748	10,513	197	72
73	DRUGS CHARGED TO PATIENTS	385,756	49,054,288	0.007864	1,526,076	12,001	73
75	ASC (NON-DISTINCT PART)	21,259	1,741,500	0.012207			75
76	TREATMENT CENTER	39,099	451,461	0.086605			76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	9,410	508,311	0.018512			90
90.01	PRENATAL CLINIC	4,094	120,583	0.033952			90.01
90.02	OUTPATIENT PSYCHIATRIC	94,710	828,105	0.114370			90.02
90.03	WOUND CLINIC	16,395	858,698	0.019093	14,146	270	90.03
90.04	NEUROSURGERY						90.04
90.05	DR JATOI						90.05
90.06	UROLOGY PHYSICIAN						90.06
90.07	DR. CHU						90.07
90.08	SPORTS MEDICINE CLINIC						90.08
90.09	DR. SHANKER						90.09
90.10	DR MIRMIRA						90.10
90.11	DR TOKHI						90.11
90.12	CT/PET	8,657	1,136,072	0.007620			90.12
90.13	RADIATION ONCOLOGY	34,643	6,378,048	0.005432			90.13
90.14	SPORTS MED-REHAB						90.14
90.15	MACON COUNT MEDICAL ASSOCIATES						90.15
90.16	DR BRITT						90.16
90.17	ARTHUR FAMILY MEDICINE CENTER						90.17
90.18	DR BOCK						90.18
90.19	PEDIATRIC PROF SERVICES						90.19
90.20	DR ANDERSON						90.20
90.21	DR HABIB						90.21
90.22	DR HANNEKEN						90.22
90.23	DR MUNESSES						90.23
90.24	DR KOHLI						90.24
90.25	DR DUNCAN						90.25
90.26	MT ZION FAMILY PRACTICE						90.26
90.27	DR POWELL						90.27
90.28	CHEMOTHEROPY	993	203,656	0.004876			90.28
91	EMERGENCY	1,093,014	45,999,686	0.023761	17,128	407	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		1,817,430				92



COMPU-MAX

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T166

WORKSHEET D
PART II

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

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	6,307,454	451,240,848		10,528,382	173,723	200

(A) Worksheet A line numbers



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-T166

WORKSHEET D
PART IV

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

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY							50.02
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
53.01	PAIN CENTER							53.01
54	RADIOLOGY-DIAGNOSTIC							54
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
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
75	ASC (NON-DISTINCT PART)							75
76	TREATMENT CENTER							76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
90.01	PRENATAL CLINIC							90.01
90.02	OUTPATIENT PSYCHIATRIC							90.02
90.03	WOUND CLINIC							90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CT/PET							90.12
90.13	RADIATION ONCOLOGY							90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY							90.28
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-T166

WORKSHEET D
PART IV

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

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
		NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPATIENT COST (sum of col. 2, 3, and 4)	
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T166

**WORKSHEET D
PART IV**

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

(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	29,496,339			56,366			50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY	3,991,867			3,055			50.02
51	RECOVERY ROOM	4,898,053			5,062			51
52	DELIVERY ROOM & LABOR ROOM	3,658,106						52
53	ANESTHESIOLOGY	6,634,152			5,200			53
53.01	PAIN CENTER	6,501,952			895			53.01
54	RADIOLOGY-DIAGNOSTIC	24,354,624			163,527			54
56	RADIOISOTOPE	4,833,428			4,061			56
57	CT SCAN	47,359,044			130,597			57
58	MRI	15,201,380			44,010			58
59	CARDIAC CATHETERIZATION	36,110,836						59
60	LABORATORY	68,162,702			758,485			60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,863,199			2,086			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	11,350,746			459,150			65
66	PHYSICAL THERAPY	24,153,236			7,246,979			66
69	ELECTROCARDIOLOGY	26,279,324			45,028			69
70	ELECTROENCEPHALOGRAPHY	5,383,282			2,364			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	510,051			33,654			71
72	IMPL. DEV. CHARGED TO PATIENTS	21,400,689			10,513			72
73	DRUGS CHARGED TO PATIENTS	49,054,288			1,526,076			73
75	ASC (NON-DISTINCT PART)	1,741,500						75
76	TREATMENT CENTER	451,461						76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	508,311						90
90.01	PRENATAL CLINIC	120,583						90.01
90.02	OUTPATIENT PSYCHIATRIC	828,105						90.02
90.03	WOUND CLINIC	858,698			14,146			90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CT/PET	1,136,072						90.12
90.13	RADIATION ONCOLOGY	6,378,048						90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-T166

WORKSHEET D
PART IV

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE 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)	
90.28	CHEMOTHEROPY	203,656							90.28
91	EMERGENCY	45,999,686			17,128				91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,817,430							92
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	451,240,848			10,528,382				200

(A) Worksheet A line numbers



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T166

WORKSHEET D
PART V

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

(A)	COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST		
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.190850						50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY	0.236886						50.02
51	RECOVERY ROOM	0.186170						51
52	DELIVERY ROOM & LABOR ROOM	0.595897						52
53	ANESTHESIOLOGY	0.223153						53
53.01	PAIN CENTER	0.140464						53.01
54	RADIOLOGY-DIAGNOSTIC	0.169689						54
56	RADIOISOTOPE	0.178611						56
57	CT SCAN	0.031630						57
58	MRI	0.048499						58
59	CARDIAC CATHETERIZATION	0.129769						59
60	LABORATORY	0.120488						60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.321554						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	0.123450						65
66	PHYSICAL THERAPY	0.177766						66
69	ELECTROCARDIOLOGY	0.084411						69
70	ELECTROENCEPHALOGRAPHY	0.119991						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.265646						71
72	IMPL. DEV. CHARGED TO PATIENTS	0.431093						72
73	DRUGS CHARGED TO PATIENTS	0.180654						73
75	ASC (NON-DISTINCT PART)	0.360086						75
76	TREATMENT CENTER	0.496501						76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	0.546284						90
90.01	PRENATAL CLINIC	0.973902						90.01
90.02	OUTPATIENT PSYCHIATRIC	0.449129						90.02
90.03	WOUND CLINIC	0.490617						90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CT/PET	0.201955						90.12
90.13	RADIATION ONCOLOGY	0.158074						90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25



COMPU-MAX

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T166

WORKSHEET D
PART V

CHECK TITLE V - O/P HOSPITAL SUB (OTHER) SWING BED SNF
 APPLICABLE TITLE XVIII, PART B IPF SNF SWING BED NF
 BOXES: TITLE XIX - O/P IRF NF ICF/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			
90.26	MT ZION FAMILY PRACTICE							90.26	
90.27	DR POWELL							90.27	
90.28	CHEMOTHEROPY	0.129802						90.28	
91	EMERGENCY	0.136740						91	
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.546331						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



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK TITLE V
 APPLICABLE TITLE XVIII, PART A
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26))	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
1	2	3	4	5	6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	3,018,368		3,018,368	30,943	97.55	8,053	785,570	30
31	INTENSIVE CARE UNIT	280,449		280,449	2,475	113.31	344	38,979	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	321,687		321,687	4,631	69.46	60	4,168	40
41	SUBPROVIDER - IRF	469,909		469,909	5,010	93.79	286	26,824	41
42	SUBPROVIDER I								42
43	NURSERY	68,853		68,853	1,376	50.04	722	36,129	43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	4,159,266		4,159,266	44,435		9,465	891,670	200

(A) Worksheet A line numbers



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0166

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	617,954	29,496,339	0.020950		50
50.01	STONE CENTER					50.01
50.02	ENDOSCOPY	109,757	3,991,867	0.027495		50.02
51	RECOVERY ROOM	85,029	4,898,053	0.017360		51
52	DELIVERY ROOM & LABOR ROOM	292,658	3,658,106	0.080003		52
53	ANESTHESIOLOGY	70,855	6,634,152	0.010680		53
53.01	PAIN CENTER	114,336	6,501,952	0.017585		53.01
54	RADIOLOGY-DIAGNOSTIC	477,784	24,354,624	0.019618		54
56	RADIOISOTOPE	49,061	4,833,428	0.010150		56
57	CT SCAN	81,241	47,359,044	0.001715		57
58	MRI	50,502	15,201,380	0.003322		58
59	CARDIAC CATHETERIZATION	296,384	36,110,836	0.008208		59
60	LABORATORY	1,128,514	68,162,702	0.016556		60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	26,506	1,863,199	0.014226		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	RESPIRATORY THERAPY	68,730	11,350,746	0.006055		65
66	PHYSICAL THERAPY	465,635	24,153,236	0.019278		66
69	ELECTROCARDIOLOGY	173,478	26,279,324	0.006601		69
70	ELECTROENCEPHALOGRAPHY	83,792	5,383,282	0.015565		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,994	510,051	0.011752		71
72	IMPL. DEV. CHARGED TO PATIENTS	401,214	21,400,689	0.018748		72
73	DRUGS CHARGED TO PATIENTS	385,756	49,054,288	0.007864		73
75	ASC (NON-DISTINCT PART)	21,259	1,741,500	0.012207		75
76	TREATMENT CENTER	39,099	451,461	0.086605		76
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	9,410	508,311	0.018512		90
90.01	PRENATAL CLINIC	4,094	120,583	0.033952		90.01
90.02	OUTPATIENT PSYCHIATRIC	94,710	828,105	0.114370		90.02
90.03	WOUND CLINIC	16,395	858,698	0.019093		90.03
90.04	NEUROSURGERY					90.04
90.05	DR JATOI					90.05
90.06	UROLOGY PHYSICIAN					90.06
90.07	DR. CHU					90.07
90.08	SPORTS MEDICINE CLINIC					90.08
90.09	DR. SHANKER					90.09
90.10	DR MIRMIRA					90.10
90.11	DR TOKHI					90.11
90.12	CT/PET	8,657	1,136,072	0.007620		90.12
90.13	RADIATION ONCOLOGY	34,643	6,378,048	0.005432		90.13
90.14	SPORTS MED-REHAB					90.14
90.15	MACON COUNT MEDICAL ASSOCIATES					90.15
90.16	DR BRITT					90.16
90.17	ARTHUR FAMILY MEDICINE CENTER					90.17
90.18	DR BOCK					90.18
90.19	PEDIATRIC PROF SERVICES					90.19
90.20	DR ANDERSON					90.20
90.21	DR HABIB					90.21
90.22	DR HANNEKEN					90.22
90.23	DR MUNESSES					90.23
90.24	DR KOHLI					90.24
90.25	DR DUNCAN					90.25
90.26	MT ZION FAMILY PRACTICE					90.26
90.27	DR POWELL					90.27
90.28	CHEMOTHEROPY	993	203,656	0.004876		90.28
91	EMERGENCY	1,093,014	45,999,686	0.023761		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	164,073	1,817,430	0.090277		92



COMPU-MAX

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0166

WORKSHEET D
PART II

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

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26)	TOTAL CHARGES (from Wkst. C, Part I, (col. 8)	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)
		1	2	3	4	5
	OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (sum of lines 50-199)	6,471,527	451,240,848			200

(A) Worksheet A line numbers



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V
 APPLICABLE TITLE XVIII, PART A
 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



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V
 APPLICABLE TITLE XVIII, PART A
 BOXES: TITLE XIX

		TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
(A)	COST CENTER DESCRIPTION	6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	30,943		8,053		30
31	INTENSIVE CARE UNIT	2,475		344		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	4,631		60		40
41	SUBPROVIDER - IRF	5,010		286		41
42	SUBPROVIDER I					42
43	NURSERY	1,376		722		43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	44,435		9,465		200

(A) Worksheet A line numbers



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0166

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 ANESTHETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPATIENT COST (sum of col. 2, 3, and 4)	
		1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY							50.02
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
53.01	PAIN CENTER							53.01
54	RADIOLOGY-DIAGNOSTIC							54
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
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
75	ASC (NON-DISTINCT PART)							75
76	TREATMENT CENTER							76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
90.01	PRENATAL CLINIC							90.01
90.02	OUTPATIENT PSYCHIATRIC							90.02
90.03	WOUND CLINIC							90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CT/PET							90.12
90.13	RADIATION ONCOLOGY							90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY							90.28
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0166

WORKSHEET D
PART IV

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

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0166

**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)
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	29,496,339						50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY	3,991,867						50.02
51	RECOVERY ROOM	4,898,053						51
52	DELIVERY ROOM & LABOR ROOM	3,658,106						52
53	ANESTHESIOLOGY	6,634,152						53
53.01	PAIN CENTER	6,501,952						53.01
54	RADIOLOGY-DIAGNOSTIC	24,354,624						54
56	RADIOISOTOPE	4,833,428						56
57	CT SCAN	47,359,044						57
58	MRI	15,201,380						58
59	CARDIAC CATHETERIZATION	36,110,836						59
60	LABORATORY	68,162,702						60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,863,199						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	11,350,746						65
66	PHYSICAL THERAPY	24,153,236						66
69	ELECTROCARDIOLOGY	26,279,324						69
70	ELECTROENCEPHALOGRAPHY	5,383,282						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	510,051						71
72	IMPL. DEV. CHARGED TO PATIENTS	21,400,689						72
73	DRUGS CHARGED TO PATIENTS	49,054,288						73
75	ASC (NON-DISTINCT PART)	1,741,500						75
76	TREATMENT CENTER	451,461						76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	508,311						90
90.01	PRENATAL CLINIC	120,583						90.01
90.02	OUTPATIENT PSYCHIATRIC	828,105						90.02
90.03	WOUND CLINIC	858,698						90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CT/PET	1,136,072						90.12
90.13	RADIATION ONCOLOGY	6,378,048						90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27



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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0166

WORKSHEET D
PART IV

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR
 APPLICABLE TITLE XVIII, PART A IPF SNF
 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)	
90.28	CHEMOTHEROPY	203,656							90.28
91	EMERGENCY	45,999,686							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,817,430							92
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	451,240,848							200

(A) Worksheet A line numbers



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0166

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF
 BOXES: [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/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.)	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.190850						50	
50.01	STONE CENTER							50.01	
50.02	ENDOSCOPY	0.236886						50.02	
51	RECOVERY ROOM	0.186170						51	
52	DELIVERY ROOM & LABOR ROOM	0.595897						52	
53	ANESTHESIOLOGY	0.223153						53	
53.01	PAIN CENTER	0.140464						53.01	
54	RADIOLOGY-DIAGNOSTIC	0.169689						54	
56	RADIOISOTOPE	0.178611						56	
57	CT SCAN	0.031630						57	
58	MRI	0.048499						58	
59	CARDIAC CATHETERIZATION	0.129769						59	
60	LABORATORY	0.120488						60	
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.321554						62	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65	RESPIRATORY THERAPY	0.123450						65	
66	PHYSICAL THERAPY	0.177766						66	
69	ELECTROCARDIOLOGY	0.084411						69	
70	ELECTROENCEPHALOGRAPHY	0.119991						70	
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.265646						71	
72	IMPL. DEV. CHARGED TO PATIENTS	0.431093						72	
73	DRUGS CHARGED TO PATIENTS	0.180654						73	
75	ASC (NON-DISTINCT PART)	0.360086						75	
76	TREATMENT CENTER	0.496501						76	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	0.546284						90	
90.01	PRENATAL CLINIC	0.973902						90.01	
90.02	OUTPATIENT PSYCHIATRIC	0.449129						90.02	
90.03	WOUND CLINIC	0.490617						90.03	
90.04	NEUROSURGERY							90.04	
90.05	DR JATOI							90.05	
90.06	UROLOGY PHYSICIAN							90.06	
90.07	DR. CHU							90.07	
90.08	SPORTS MEDICINE CLINIC							90.08	
90.09	DR. SHANKER							90.09	
90.10	DR MIRMIRA							90.10	
90.11	DR TOKHI							90.11	
90.12	CT/PET	0.201955						90.12	
90.13	RADIATION ONCOLOGY	0.158074						90.13	
90.14	SPORTS MED-REHAB							90.14	
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15	
90.16	DR BRITT							90.16	
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17	
90.18	DR BOCK							90.18	
90.19	PEDIATRIC PROF SERVICES							90.19	
90.20	DR ANDERSON							90.20	
90.21	DR HABIB							90.21	
90.22	DR HANNEKEN							90.22	
90.23	DR MUNESSES							90.23	
90.24	DR KOHLI							90.24	
90.25	DR DUNCAN							90.25	



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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0166

WORKSHEET D
PART V

CHECK TITLE V - O/P HOSPITAL SUB (OTHER) SWING BED SNF
 APPLICABLE TITLE XVIII, PART B IPF SNF SWING BED NF
 BOXES: TITLE XIX - O/P IRF NF ICF/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.)	
90.26	MT ZION FAMILY PRACTICE								90.26
90.27	DR POWELL								90.27
90.28	CHEMOTHEROPY	0.129802							90.28
91	EMERGENCY	0.136740							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.546331							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



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0166

WORKSHEET D-1
PART I

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 I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	30,943	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	30,943	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)	29,261	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)	13,867	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)	18,266,276	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	18,266,276	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)	18,266,276	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0166

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

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					590.32	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					8,185,967	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)					8,185,967	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	2,886,109	2,475	1,166.10	1,576	1,837,774	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					14,951,227	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					24,974,968	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					1,531,303	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					1,184,156	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					2,715,459	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					22,259,509	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0166

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)					1,682	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)					590.32	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)					992,918	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	3,018,368	18,266,276	0.165243	992,918	164,073	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S166

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] 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)	4,631	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	4,631	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	4,631	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)	3,376	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)	2,417,417	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	2,417,417	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)	2,417,417	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S166

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	522.01	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	1,762,306	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)	1,762,306	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	545,979	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	2,308,285	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	234,497	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	46,203	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	280,700	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)	2,027,585	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T166

WORKSHEET D-1
PART I

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 I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	5,010	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	5,010	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)	5,010	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)	3,753	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)	3,568,743	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	3,568,743	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)	3,568,743	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T166

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	712.32	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	2,673,337	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)		40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)	2,673,337	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	1,788,514	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	4,461,851	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	351,994	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	173,723	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	525,717	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)	3,936,134	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0166

WORKSHEET D-1
PART I

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 I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	30,943	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	30,943	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)	29,261	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)	8,053	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)	1,376	15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)	722	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)	18,089,336	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	18,089,336	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)	18,089,336	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0166

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					584.60	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					4,707,784	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)					4,707,784	41
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)	
		1	2	3	4	5	
42	NURSERY (Titles V and XIX only)	460,221	1,376	334.46	722	241,480	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	2,885,746	2,475	1,165.96	344	401,090	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)						48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					5,350,354	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					860,678	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)					860,678	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)						53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0166

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)					1,682	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



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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0166

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		10,429,130		30
31	INTENSIVE CARE UNIT		2,405,073		31
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	0.190850	8,396,597	1,602,491	50
50.01	STONE CENTER				50.01
50.02	ENDOSCOPY	0.236886	396,344	93,888	50.02
51	RECOVERY ROOM	0.186170	791,246	147,306	51
52	DELIVERY ROOM & LABOR ROOM	0.595899	10,972	6,538	52
53	ANESTHESIOLOGY	0.223153	1,632,803	364,365	53
53.01	PAIN CENTER	0.140464	38,227	5,370	53.01
54	RADIOLOGY-DIAGNOSTIC	0.169689	5,349,983	907,833	54
56	RADIOISOTOPE	0.178611	405,882	72,495	56
57	CT SCAN	0.031662	7,831,633	247,965	57
58	MRI	0.048499	1,898,573	92,079	58
59	CARDIAC CATHETERIZATION	0.129769	6,842,966	888,005	59
60	LABORATORY	0.120510	14,621,508	1,762,038	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.321554	517,381	166,366	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.124163	6,887,191	855,134	65
66	PHYSICAL THERAPY	0.177766	2,974,821	528,822	66
69	ELECTROCARDIOLOGY	0.084411	3,609,109	304,648	69
70	ELECTROENCEPHALOGRAPHY	0.119991	219,756	26,369	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.265646	248,876	66,113	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.431093	7,105,807	3,063,264	72
73	DRUGS CHARGED TO PATIENTS	0.180654	15,797,965	2,853,966	73
75	ASC (NON-DISTINCT PART)	0.360086	22,737	8,187	75
76	TREATMENT CENTER	0.549485	23,305	12,806	76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	0.546284			90
90.01	PRENATAL CLINIC	0.973902			90.01
90.02	OUTPATIENT PSYCHIATRIC	0.449129	2,925	1,314	90.02
90.03	WOUND CLINIC	0.503345	148,789	74,892	90.03
90.04	NEUROSURGERY				90.04
90.05	DR JATOI				90.05
90.06	UROLOGY PHYSICIAN				90.06
90.07	DR. CHU				90.07
90.08	SPORTS MEDICINE CLINIC				90.08
90.09	DR. SHANKER				90.09
90.10	DR MIRMIRA				90.10
90.11	DR TOKHI				90.11
90.12	CT/PET	0.201955	14,877	3,004	90.12
90.13	RADIATION ONCOLOGY	0.158074	3,859	610	90.13
90.14	SPORTS MED-REHAB				90.14
90.15	MACON COUNT MEDICAL ASSOCIATES				90.15
90.16	DR BRITT				90.16
90.17	ARTHUR FAMILY MEDICINE CENTER				90.17
90.18	DR BOCK				90.18
90.19	PEDIATRIC PROF SERVICES				90.19
90.20	DR ANDERSON				90.20
90.21	DR HABIB				90.21
90.22	DR HANNEKEN				90.22
90.23	DR MUNESSES				90.23
90.24	DR KOHLI				90.24
90.25	DR DUNCAN				90.25
90.26	MT ZION FAMILY PRACTICE				90.26
90.27	DR POWELL				90.27



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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0166

WORKSHEET D-3

CHECK TITLE V HOSPITAL SUB (OTHER) SWING BED SNF PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF SWING BED NF TEFRA
 BOXES: TITLE XIX IRF NF ICF/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	
90.28	CHEMOTHEROPY	0.129802			90.28
91	EMERGENCY	0.136740	5,577,713	762,696	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.546331	59,786	32,663	92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		91,431,631	14,951,227	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		91,431,631		202

(A) Worksheet A line numbers



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S166

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] 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				30
31	INTENSIVE CARE UNIT				31
40	SUBPROVIDER - IPF		2,513,738		40
41	SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	0.190850	3,556	679	50
50.01	STONE CENTER				50.01
50.02	ENDOSCOPY	0.236886	655	155	50.02
51	RECOVERY ROOM	0.186170	39,345	7,325	51
52	DELIVERY ROOM & LABOR ROOM	0.595899			52
53	ANESTHESIOLOGY	0.223153	22,265	4,969	53
53.01	PAIN CENTER	0.140464	2,170	305	53.01
54	RADIOLOGY-DIAGNOSTIC	0.169689	141,857	24,072	54
56	RADIOISOTOPE	0.178611	4,652	831	56
57	CT SCAN	0.031662	189,161	5,989	57
58	MRI	0.048499	26,834	1,301	58
59	CARDIAC CATHETERIZATION	0.129769			59
60	LABORATORY	0.120510	874,818	105,424	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.321554			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.124163	156,421	19,422	65
66	PHYSICAL THERAPY	0.177766	531,354	94,457	66
69	ELECTROCARDIOLOGY	0.084411	41,431	3,497	69
70	ELECTROENCEPHALOGRAPHY	0.119991	3,556	427	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.265646	3,362	893	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.431093			72
73	DRUGS CHARGED TO PATIENTS	0.180654	1,308,584	236,401	73
75	ASC (NON-DISTINCT PART)	0.360086			75
76	TREATMENT CENTER	0.549485	790	434	76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	0.546284			90
90.01	PRENATAL CLINIC	0.973902			90.01
90.02	OUTPATIENT PSYCHIATRIC	0.449129			90.02
90.03	WOUND CLINIC	0.503345	19,547	9,839	90.03
90.04	NEUROSURGERY				90.04
90.05	DR JATOI				90.05
90.06	UROLOGY PHYSICIAN				90.06
90.07	DR. CHU				90.07
90.08	SPORTS MEDICINE CLINIC				90.08
90.09	DR. SHANKER				90.09
90.10	DR MIRMIRA				90.10
90.11	DR TOKHI				90.11
90.12	CT/PET	0.201955			90.12
90.13	RADIATION ONCOLOGY	0.158074			90.13
90.14	SPORTS MED-REHAB				90.14
90.15	MACON COUNT MEDICAL ASSOCIATES				90.15
90.16	DR BRITT				90.16
90.17	ARTHUR FAMILY MEDICINE CENTER				90.17
90.18	DR BOCK				90.18
90.19	PEDIATRIC PROF SERVICES				90.19
90.20	DR ANDERSON				90.20
90.21	DR HABIB				90.21
90.22	DR HANNEKEN				90.22
90.23	DR MUNESSES				90.23
90.24	DR KOHLI				90.24
90.25	DR DUNCAN				90.25
90.26	MT ZION FAMILY PRACTICE				90.26
90.27	DR POWELL				90.27



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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S166

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
90.28	CHEMOTHEROPY	0.129802			90.28
91	EMERGENCY	0.136740	216,173	29,559	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.546331			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		3,586,531	545,979	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		3,586,531		202

(A) Worksheet A line numbers



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T166

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [] TITLE XIX [XX] IRF [] NF [] ICF/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				30
31	INTENSIVE CARE UNIT				31
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF		4,602,693		41
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	0.190850	56,366	10,757	50
50.01	STONE CENTER				50.01
50.02	ENDOSCOPY	0.236886	3,055	724	50.02
51	RECOVERY ROOM	0.186170	5,062	942	51
52	DELIVERY ROOM & LABOR ROOM	0.595899			52
53	ANESTHESIOLOGY	0.223153	5,200	1,160	53
53.01	PAIN CENTER	0.140464	895	126	53.01
54	RADIOLOGY-DIAGNOSTIC	0.169689	163,527	27,749	54
56	RADIOISOTOPE	0.178611	4,061	725	56
57	CT SCAN	0.031662	130,597	4,135	57
58	MRI	0.048499	44,010	2,134	58
59	CARDIAC CATHETERIZATION	0.129769			59
60	LABORATORY	0.120510	758,485	91,405	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.321554	2,086	671	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.124163	459,150	57,009	65
66	PHYSICAL THERAPY	0.177766	7,246,979	1,288,266	66
69	ELECTROCARDIOLOGY	0.084411	45,028	3,801	69
70	ELECTROENCEPHALOGRAPHY	0.119991	2,364	284	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.265646	33,654	8,940	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.431093	10,513	4,532	72
73	DRUGS CHARGED TO PATIENTS	0.180654	1,526,076	275,692	73
75	ASC (NON-DISTINCT PART)	0.360086			75
76	TREATMENT CENTER	0.549485			76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	0.546284			90
90.01	PRENATAL CLINIC	0.973902			90.01
90.02	OUTPATIENT PSYCHIATRIC	0.449129			90.02
90.03	WOUND CLINIC	0.503345	14,146	7,120	90.03
90.04	NEUROSURGERY				90.04
90.05	DR JATOI				90.05
90.06	UROLOGY PHYSICIAN				90.06
90.07	DR. CHU				90.07
90.08	SPORTS MEDICINE CLINIC				90.08
90.09	DR. SHANKER				90.09
90.10	DR MIRMIRA				90.10
90.11	DR TOKHI				90.11
90.12	CT/PET	0.201955			90.12
90.13	RADIATION ONCOLOGY	0.158074			90.13
90.14	SPORTS MED-REHAB				90.14
90.15	MACON COUNT MEDICAL ASSOCIATES				90.15
90.16	DR BRITT				90.16
90.17	ARTHUR FAMILY MEDICINE CENTER				90.17
90.18	DR BOCK				90.18
90.19	PEDIATRIC PROF SERVICES				90.19
90.20	DR ANDERSON				90.20
90.21	DR HABIB				90.21
90.22	DR HANNEKEN				90.22
90.23	DR MUNESSES				90.23
90.24	DR KOHLI				90.24
90.25	DR DUNCAN				90.25
90.26	MT ZION FAMILY PRACTICE				90.26
90.27	DR POWELL				90.27



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T166

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
90.28	CHEMOTHEROPY	0.129802			90.28
91	EMERGENCY	0.136740	17,128	2,342	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.546331			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		10,528,382	1,788,514	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		10,528,382		202

(A) Worksheet A line numbers



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0166

WORKSHEET D-3

CHECK TITLE V HOSPITAL SUB (OTHER) SWING BED SNF PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF SWING BED NF TEFRA
 BOXES: TITLE XIX IRF NF ICF/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				30
31	INTENSIVE CARE UNIT				31
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF				41
43	NURSERY				43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.190850			50
50.01	STONE CENTER				50.01
50.02	ENDOSCOPY	0.236886			50.02
51	RECOVERY ROOM	0.186170			51
52	DELIVERY ROOM & LABOR ROOM	0.595897			52
53	ANESTHESIOLOGY	0.223153			53
53.01	PAIN CENTER	0.140464			53.01
54	RADIOLOGY-DIAGNOSTIC	0.169689			54
56	RADIOISOTOPE	0.178611			56
57	CT SCAN	0.031630			57
58	MRI	0.048499			58
59	CARDIAC CATHETERIZATION	0.129769			59
60	LABORATORY	0.120488			60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.321554			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.123450			65
66	PHYSICAL THERAPY	0.177766			66
69	ELECTROCARDIOLOGY	0.084411			69
70	ELECTROENCEPHALOGRAPHY	0.119991			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.265646			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.431093			72
73	DRUGS CHARGED TO PATIENTS	0.180654			73
75	ASC (NON-DISTINCT PART)	0.360086			75
76	TREATMENT CENTER	0.496501			76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.546284			90
90.01	PRENATAL CLINIC	0.973902			90.01
90.02	OUTPATIENT PSYCHIATRIC	0.449129			90.02
90.03	WOUND CLINIC	0.490617			90.03
90.04	NEUROSURGERY				90.04
90.05	DR JATOI				90.05
90.06	UROLOGY PHYSICIAN				90.06
90.07	DR. CHU				90.07
90.08	SPORTS MEDICINE CLINIC				90.08
90.09	DR. SHANKER				90.09
90.10	DR MIRMIRA				90.10
90.11	DR TOKHI				90.11
90.12	CTPET	0.201955			90.12
90.13	RADIATION ONCOLOGY	0.158074			90.13
90.14	SPORTS MED-REHAB				90.14
90.15	MACON COUNT MEDICAL ASSOCIATES				90.15
90.16	DR BRITT				90.16
90.17	ARTHUR FAMILY MEDICINE CENTER				90.17
90.18	DR BOCK				90.18
90.19	PEDIATRIC PROF SERVICES				90.19
90.20	DR ANDERSON				90.20
90.21	DR HABIB				90.21
90.22	DR HANNEKEN				90.22
90.23	DR MUNESSES				90.23
90.24	DR KOHLI				90.24
90.25	DR DUNCAN				90.25
90.26	MT ZION FAMILY PRACTICE				90.26



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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0166

WORKSHEET D-3

CHECK TITLE V HOSPITAL SUB (OTHER) SWING BED SNF PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF SWING BED NF TEFRA
 BOXES: TITLE XIX IRF NF ICF/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	
90.27	DR POWELL				90.27
90.28	CHEMOTHEROPY	0.129802			90.28
91	EMERGENCY	0.136740			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.546331			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'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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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				1
1.01	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCTOBER 1, 2013 (see instructions)	5,254,329			1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (see instructions)	16,723,028			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)	218,503			2
2.01	OUTLIER RECONCILIATION AMOUNT				2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (see instructions)				
3	MANAGED CARE SIMULATED PAYMENTS	1,193,727			3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	191.39			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)	4.38			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)	3.20			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)	1.18			9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	1.29			10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS				11
12	CURRENT YEAR ALLOWABLE FTE (see instructions)	1.18			12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	1.05			13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	1.09			14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	1.11			15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM				16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE				17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	1.11			18
19	CURRENT YEAR RESIDENT TO BED RATIO (line 18 divided by line 4)	0.005800			19
20	PRIOR YEAR RESIDENT TO BED RATIO (see instructions)	0.005505			20
21	ENTER THE LESSER OF LINES 19 OR 20 (see instructions)	0.005505			21
22	IME PAYMENT ADJUSTMENT (see instructions)	69.629			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)	0.11			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)	69.629			29
	DISPROPORTIONATE SHARE ADJUSTMENT				
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (see instructions)	0.0641			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (see instructions)	0.3237			31
32	SUM OF LINES 30 AND 31	0.3878			32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.2121			33
34	DISPROPORTIONATE SHARE ADJUSTMENT (see instructions)	2,001,182			34
		PRIOR TO	ON OR AFTER		
	UNCOMPENSATED CARE ADJUSTMENT	OCTOBER 1	OCTOBER 1		



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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK

APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
35	TOTAL UNCOMPENSATED CARE AMOUNT (see instructions)		9,046,380,143		35
35.01	FACTOR 3 (see instructions)		0.000293085		35.01
35.02	HOSPITAL UNCOMPENSATED CARE PAYMENT (if line 34 is zero, enter zero on this line) (see instructions)		2,651,358		35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (see instructions)		1,983,070		35.03
36	TOTAL UNCOMPENSATED CARE (sum of columns 1 and 2 on line 35.03)	1,983,070			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
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)	26,249,741			47
48	HOSPITAL SPECIFIC PAYMENTS (to be completed by SCH and MDH, small rural hospitals only (see instructions)				48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (see instructions)	26,249,741			49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (from Wkst L, Parts I, II, as applicable)	1,913,391			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)	36,961			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)	28,200,093			59
60	PRIMARY PAYER PAYMENTS	12,631			60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (line 59 minus line 60)	28,187,462			61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,753,376			62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	76,920			63
64	ALLOWABLE BAD DEBTS (see instructions)	753,951			64
65	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	490,068			65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	526,617			66
67	SUBTOTAL (line 61 plus line 65 minus lines 62 and 63)	25,847,234			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)	-71,498			70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (see instructions)	-73,820			70.94
71	AMOUNT DUE PROVIDER (see instructions)	25,701,916			71
71.01	SEQUESTRATION ADJUSTMENT (see instructions)	514,038			71.01
72	INTERIM PAYMENTS	25,160,107			72
73	TENTATIVE SETTLEMENT (for contractor use only)				73
74	BALANCE DUE PROVIDER/PROGRAM (line 71 minus lines 71.01, 72 and 73)	27,771			74
75	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	184,487			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



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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK
APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (see instructions)	1	1.01	1.02	96
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0166

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)	12,150			1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (see instructions)	13,017,337			2
3	PPS PAYMENTS	13,974,884			3
4	OUTLIER PAYMENT (see instructions)	15,147			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)	12,150			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES	67,257			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)	67,257			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)	67,257			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))	55,107			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)	12,150			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)	13,990,031			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)				25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)	2,873,706			26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	11,128,475			27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)	15,174			28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)	11,143,649			30
31	PRIMARY PAYER PAYMENTS	1,755			31
32	SUBTOTAL (line 30 minus line 31)	11,141,894			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)	652,626			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	424,207			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	485,639			36
37	SUBTOTAL (see instructions)	11,566,101			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	11,566,101			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	231,322			40.01
41	INTERIM PAYMENTS	11,279,445			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	55,334			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



ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S166

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

	1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)			1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (see instructions)			2
3	PPS PAYMENTS			3
4	OUTLIER PAYMENT (see instructions)			4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)			5
6	LINE 2 TIMES LINE 5			6
7	SUM OF LINE 3 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)			11
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
12	ANCILLARY SERVICE CHARGES			12
13	ORGAN ACQUISITION CHARGES (from Wkst D-4, Part III, line 69, col. 4)			13
14	TOTAL REASONABLE CHARGES (sum of lines 12 and 13)			14
	CUSTOMARY CHARGES			
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			16
17	RATIO OF LINE 15 TO LINE 16 (not to exceed 1.000000)	1.000000		17
18	TOTAL CUSTOMARY CHARGES (see instructions)			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))			19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 11 exceeds line 18 (see instructions))			20
21	LESSER OF COST OR CHARGES (line 11 minus line 20) (for CAH, see instructions)			21
22	INTERNS AND RESIDENTS (see instructions)			22
23	COST OF 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)			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
25	DEDUCTIBLES AND COINSURANCE (see instructions)			25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)			26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)			27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)			28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)			29
30	SUBTOTAL (sum of lines 27 through 29)			30
31	PRIMARY PAYER PAYMENTS			31
32	SUBTOTAL (line 30 minus line 31)			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)			33
34	ALLOWABLE BAD DEBTS (see instructions)			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)			36
37	SUBTOTAL (see instructions)			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R			38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			39
40	SUBTOTAL (see instructions)			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)			40.01
41	INTERIM PAYMENTS			41
42	TENTATIVE SETTLEMENT (for contractor use only)			42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)			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



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T166

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

	1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)			1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (see instructions)			2
3	PPS PAYMENTS			3
4	OUTLIER PAYMENT (see instructions)			4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)			5
6	LINE 2 TIMES LINE 5			6
7	SUM OF LINE 3 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)			11
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
12	ANCILLARY SERVICE CHARGES			12
13	ORGAN ACQUISITION CHARGES (from Wkst D-4, Part III, line 69, col. 4)			13
14	TOTAL REASONABLE CHARGES (sum of lines 12 and 13)			14
	CUSTOMARY CHARGES			
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			16
17	RATIO OF LINE 15 TO LINE 16 (not to exceed 1.000000)	1.000000		17
18	TOTAL CUSTOMARY CHARGES (see instructions)			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))			19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 11 exceeds line 18 (see instructions))			20
21	LESSER OF COST OR CHARGES (line 11 minus line 20) (for CAH, see instructions)			21
22	INTERNS AND RESIDENTS (see instructions)			22
23	COST OF 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)			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
25	DEDUCTIBLES AND COINSURANCE (see instructions)			25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)			26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)			27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)			28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)			29
30	SUBTOTAL (sum of lines 27 through 29)			30
31	PRIMARY PAYER PAYMENTS			31
32	SUBTOTAL (line 30 minus line 31)			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)			33
34	ALLOWABLE BAD DEBTS (see instructions)			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)			36
37	SUBTOTAL (see instructions)			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R			38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			39
40	SUBTOTAL (see instructions)			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)			40.01
41	INTERIM PAYMENTS			41
42	TENTATIVE SETTLEMENT (for contractor use only)			42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)			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



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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0166

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		24,915,117		11,335,443	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 EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM				3.02
		TO				3.03
		PROVIDER				3.04
						3.05
						3.06
						3.07
						3.08
						3.09
						3.10
						3.50
				02/21/2014	55,998	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)		244,990		-55,998	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)		25,160,107		11,279,445	4
	TO BE COMPLETED BY CONTRACTOR					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)					5.01
		PROGRAM				5.02
		TO				5.03
		PROVIDER				5.04
						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)					6.01
	BASED ON THE COST REPORT (1)					6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)					7
8	NAME OF CONTRACTOR	CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)		8

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



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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-S166

WORKSHEET E-1
PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [XX] 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		2,316,942		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				3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM				3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM			3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO			3.04
		PROVIDER			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)		2,316,942		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)				6.01
	BASED ON THE COST REPORT (1)				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)				7
8	NAME OF CONTRACTOR	CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)	
					8

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



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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-T166

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		4,708,270			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					3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM					3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM				3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO				3.04
		PROVIDER				3.05
						3.06
						3.07
						3.08
						3.09
						3.10
						3.50
						3.51
		PROVIDER	02/21/2014	54,605		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)			-54,605		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)			4,653,665		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)					6.01
	BASED ON THE COST REPORT (1)					6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)					7
8	NAME OF CONTRACTOR	CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)		8

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



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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	6,763	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	15,443	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	791	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	31,736	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	488,531,576	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	15,607,062	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)	1,650,088	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)	33,002	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)	1,617,086	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	1,700,693	30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)	-83,607	32



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S166

WORKSHEET E-3
PART II

CHECK [] HOSPITAL
 APPLICABLE [XX] SUBPROVIDER IPF
 BOX:

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (excluding outlier, ECT, and medical education payments)	2,502,777	1
2	NET IPF PPS OUTLIER PAYMENT	38,780	2
3	NET IPF PPS ECT PAYMENT	5,780	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004		4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (see instructions)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM (see instructions)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM (see instructions)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (see instructions)		8
9	AVERAGE DAILY CENSUS (see instructions)	12.687671	9
10	TEACHING ADJUSTMENT FACTOR $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$		10
11	TEACHING ADJUSTMENT (line 1 multiplied by line 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (sum of lines 1, 2, 3 and 11)	2,547,337	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (see instructions)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (from Worksheet D-5, Part II, col. 3, line 20) (see instructions)		15
16	SUBTOTAL (see instructions)	2,547,337	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (line 16 less line 17)	2,547,337	18
19	DEDUCTIBLES	167,648	19
20	SUBTOTAL (line 18 minus line 19)	2,379,689	20
21	COINSURANCE	15,456	21
22	SUBTOTAL (line 20 minus line 21)	2,364,233	22
23	ALLOWABLE BAD DEBTS (exclude bad debts for professional services) (see instructions)		23
24	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)		24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)		25
26	SUBTOTAL (sum of lines 22 and 24)	2,364,233	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4, line 49) (for freestanding IPF only)		27
28	OTHER PASS THROUGH COSTS (see instructions)		28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (see instructions)	2,364,233	31
31.01	SEQUESTRATION ADJUSTMENT (see instructions)	47,285	31.01
32	INTERIM PAYMENTS	2,316,942	32
33	TENTATIVE SETTLEMENT (for contractor use only)		33
34	BALANCE DUE PROVIDER/PROGRAM (line 31 minus lines 31.01, 32 and 33)	6	34
35	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (see instructions)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (see instructions)		52
53	TIME VALUE OF MONEY (see instructions)		53



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T166

WORKSHEET E-3
PART III

CHECK [] HOSPITAL
APPLICABLE [XX] SUBPROVIDER IRF
BOX:

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	NET FEDERAL PPS PAYMENT (see instructions)	1,147,068	3,441,204	1
2	MEDICARE SSI RATIO (see instructions)	0.009900		2
3	INPATIENT REHABILITATION LIP PAYMENTS (see instructions)	46,915	96,354	3
4	OUTLIER PAYMENTS	45,148		4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (see instructions)			5
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)			5.01
6	NEW TEACHING PROGRAM ADJUSTMENT (see instructions)			6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (see instructions)			7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (see instructions)			8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (see instructions)			9
10	AVERAGE DAILY CENSUS (see instructions)	13.726027		10
11	TEACHING ADJUSTMENT FACTOR (see instructions)			11
12	TEACHING ADJUSTMENT (see instructions)			12
13	TOTAL PPS PAYMENT (see instructions)	4,776,689		13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (see instructions)			14
15	ORGAN ACQUISITION			15
16	COST OF TEACHING PHYSICIANS (from Worksheet D-5, Part II, col. 3, line 20) (see instructions)			16
17	SUBTOTAL (see instructions)	4,776,689		17
18	PRIMARY PAYER PAYMENTS			18
19	SUBTOTAL (line 17 less line 18)	4,776,689		19
20	DEDUCTIBLES	56,224		20
21	SUBTOTAL (line 19 minus line 20)	4,720,465		21
22	COINSURANCE	1,216		22
23	SUBTOTAL (line 21 minus line 22)	4,719,249		23
24	ALLOWABLE BAD DEBTS (exclude bad debts for professional services) (see instructions)			24
25	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)			25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)			26
27	SUBTOTAL (sum of lines 23 and 25)	4,719,249		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4, line 49) (for freestanding IRF only)			28
29	OTHER PASS THROUGH COSTS (see instructions)			29
30	OUTLIER PAYMENTS RECONCILIATION			30
31	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (see instructions)	4,719,249		32
32.01	SEQUESTRATION ADJUSTMENT (see instructions)	94,385		32.01
33	INTERIM PAYMENTS	4,653,665		33
34	TENTATIVE SETTLEMENT (for contractor use only)			34
35	BALANCE DUE PROVIDER/PROGRAM (line 32 minus lines 32.01, 33 and 34)	-28,801		35
36	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			36

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (see instructions)			50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)			51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (see instructions)			52
53	TIME VALUE OF MONEY (see instructions)			53



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0166

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	5,350,354	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (certified transplant centers only)		3
4	SUBTOTAL (sum of lines 1, 2 and 3)	5,350,354	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)	5,350,354	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	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)	5,350,354	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)	5,350,354	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



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

WORKSHEET E-4

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII
 BOX: [] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			6.19	1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (see instructions)				2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			4.17	3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	ADJUSTMENT (plus or minus) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (see instructions for cost reporting periods straddling 7/1/2011)				4.02
5	FTE ADJUSTED CAP (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			2.02	5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (see instructions)			1.29	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			1.29	7
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	1.29	0.00	1.29	8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	1.29	0.00	1.29	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		0.00		10
11	TOTAL WEIGHTED FTE COUNT	1.29	0.00		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	1.05	0.00		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	1.09	0.00		13
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	1.14	0.00		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS	0.00	0.00		15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.00	0.00		16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	1.14	0.00		17
18	PER RESIDENT AMOUNT	80,779.59	80,779.59		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	92,089		92,089	19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)				20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (see instructions)				21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (see instructions)				22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (see instructions)				23
24	MULTIPLY LINE 22 TIMES LINE 23				24
25	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24)			92,089	25
		INPATIENT PART A	MANAGED CARE		
26	INPATIENT DAYS	22,572	994		26
27	TOTAL INPATIENT DAYS (see instructions)	41,377	41,377		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.545520	0.024023		28
29	PROGRAM DIRECT GME AMOUNT	50,236	2,212		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		313		30
31	NET PROGRAM DIRECT GME AMOUNT			52,135	31
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and 94)				33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33)				34
35	MEDICARE OUTPATIENT ESRD CHARGES (see instructions)				35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35)				36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
	PART A REASONABLE COST				
37	REASONABLE COST (see instructions)			31,745,104	37
38	ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69)				38
39	COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20)				39
40	PRIMARY PAYER PAYMENTS (see instructions)			12,631	40
41	TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40)			31,732,473	41
	PART B REASONABLE COST				
42	REASONABLE COST (see instructions)			13,029,487	42
43	PRIMARY PAYER PAYMENTS (see instructions)			1,755	43
44	TOTAL PART B REASONABLE COST (line 42 minus line 43)			13,027,732	44
45	TOTAL REASONABLE COST (sum of lines 41 and 44)			44,760,205	45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45)			0.708944	46



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

WORKSHEET E-4

CHECK TITLE V
 APPLICABLE TITLE XVIII
 BOX: TITLE XIX

47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45)	0.291056	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	TOTAL PROGRAM GME PAYMENT (line 31)	52,135	48
49	PART A MEDICARE GME PAYMENT (line 46 x line 48) (Title XVIII only) (see instructions)	36,961	49
50	PART B MEDICARE GME PAYMENT (line 47 x line 48) (Title XVIII only) (see instructions)	15,174	50



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

WORKSHEET E-4

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII
 BOX: [XX] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996				1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (see instructions)				2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA				3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	ADJUSTMENT (plus or minus) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (see instructions for cost reporting periods straddling 7/1/2011)				4.02
5	FTE ADJUSTED CAP (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)				5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (see instructions)				6
7	ENTER THE LESSER OF LINE 5 OR LINE 6				7
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	0.00	0.00	0.00	8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	0.00	0.00	0.00	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		0.00		10
11	TOTAL WEIGHTED FTE COUNT	0.00	0.00		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	0.00	0.00		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	0.00	0.00		13
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	0.00	0.00		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS	0.00	0.00		15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.00	0.00		16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	0.00	0.00		17
18	PER RESIDENT AMOUNT	0.00	0.00		18
19	APPROVED AMOUNT FOR RESIDENT COSTS				19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)				20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (see instructions)				21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (see instructions)				22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (see instructions)				23
24	MULTIPLY LINE 22 TIMES LINE 23				24
25	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24)				25
		INPATIENT PART A	MANAGED CARE		
26	INPATIENT DAYS	8,743	1,777		26
27	TOTAL INPATIENT DAYS (see instructions)	41,377	41,377		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.211301	0.042947		28
29	PROGRAM DIRECT GME AMOUNT				29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE				30
31	NET PROGRAM DIRECT GME AMOUNT				31
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and 94)				33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33)				34
35	MEDICARE OUTPATIENT ESRD CHARGES (see instructions)				35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35)				36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
	PART A REASONABLE COST				
37	REASONABLE COST (see instructions)				37
38	ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69)				38
39	COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20)				39
40	PRIMARY PAYER PAYMENTS (see instructions)				40
41	TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40)				41
	PART B REASONABLE COST				
42	REASONABLE COST (see instructions)				42
43	PRIMARY PAYER PAYMENTS (see instructions)				43
44	TOTAL PART B REASONABLE COST (line 42 minus line 43)				44
45	TOTAL REASONABLE COST (sum of lines 41 and 44)				45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45)				46



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

WORKSHEET E-4

CHECK TITLE V
 APPLICABLE TITLE XVIII
 BOX: TITLE XIX

47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45)		47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	TOTAL PROGRAM GME PAYMENT (line 31)		48
49	PART A MEDICARE GME PAYMENT (line 46 x line 48) (Title XVIII only) (see instructions)		49
50	PART B MEDICARE GME PAYMENT (line 47 x line 48) (Title XVIII only) (see instructions)		50



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BALANCE SHEET

WORKSHEET G

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

	ASSETS (Omit Cents)	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
CURRENT ASSETS						
1	CASH ON HAND AND IN BANKS	4,730,787				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	33,618,424				4
5	OTHER RECEIVABLES	6,950,060	849,460			5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	-8,995,408				6
7	INVENTORY	2,697,579				7
8	PREPAID EXPENSES	440,558				8
9	OTHER CURRENT ASSETS					9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	39,442,000	849,460			11
FIXED ASSETS						
12	LAND	3,295,160				12
13	LAND IMPROVEMENTS	5,810,287				13
14	ACCUMULATED DEPRECIATION	-3,582,960				14
15	BUILDINGS	90,635,564				15
16	ACCUMULATED DEPRECIATION	-34,526,606				16
17	LEASEHOLD IMPROVEMENTS					17
18	ACCUMULATED AMORTIZATION					18
19	FIXED EQUIPMENT	36,538,109				19
20	ACCUMULATED DEPRECIATION	-23,858,344				20
21	AUTOMOBILES AND TRUCKS					21
22	ACCUMULATED DEPRECIATION					22
23	MAJOR MOVABLE EQUIPMENT	81,785,098				23
24	ACCUMULATED DEPRECIATION	-63,662,697				24
25	MINOR EQUIPMENT DEPRECIABLE					25
26	ACCUMULATED DEPRECIATION					26
27	HIT DESIGNATED ASSETS					27
28	ACCUMULATED DEPRECIATION					28
29	MINOR EQUIPMENT-NONDEPRECIABLE					29
30	TOTAL FIXED ASSETS (sum of lines 12-29)	92,433,611				30
OTHER ASSETS						
31	INVESTMENTS	7,131,506				31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	4,486,883				34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	11,618,389				35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	143,494,000	849,460			36
LIABILITIES AND FUND BALANCES						
	(Omit Cents)	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
CURRENT LIABILITIES						
37	ACCOUNTS PAYABLE	4,734,798				37
38	SALARIES, WAGES & FEES PAYABLE	4,513,081				38
39	PAYROLL TAXES PAYABLE					39
40	NOTES & LOANS PAYABLE (short term)	9,272,465				40
41	DEFERRED INCOME					41
42	ACCELERATED PAYMENTS					42
43	DUE TO OTHER FUNDS					43
44	OTHER CURRENT LIABILITIES	11,376,656				44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	29,897,000				45
LONG TERM LIABILITIES						
46	MORTGAGE PAYABLE	30,868,000				46
47	NOTES PAYABLE					47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES	16,699,000				49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	47,567,000				50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	77,464,000				51
CAPITAL ACCOUNTS						
52	GENERAL FUND BALANCE	66,030,000				52
53	SPECIFIC PURPOSE FUND BALANCE		849,460			53
54	DONOR CREATED - ENDOWMENT FUND BALANCE - RESTRICTED					54
55	DONOR CREATED - ENDOWMENT FUND BALANCE - UNRESTRICTED					55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BALANCE					56



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BALANCE SHEET

WORKSHEET G

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

	ASSETS (Omit Cents)	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
57	PLANT FUND BALANCE - INVESTED IN PLANT					57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT, AND EXPANSION					58
59	TOTAL FUND BALANCES (sum of lines 52-58)	66,030,000	849,460			59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	143,494,000	849,460			60



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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	FUND BALANCES AT BEGINNING OF PERIOD		62,057,203			1
2	NET INCOME (loss) (from Worksheet G-3, line 29)		5,644,797			2
3	TOTAL (sum of line 1 and line 2)		67,702,000			3
4	ADDITIONS (credit adjustments)					4
5	PENSION RELATED CHANGES	2,998,000				5
6	INVESTMENT INCOME REST ASSETS	580,000				6
7	CONTRIBUTIONS	945,000				7
8						8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)		4,523,000			10
11	SUBTOTAL (line 3 plus line 10)		72,225,000			11
12	DEDUCTIONS (debit adjustments)					12
13						13
14	CUM EFFECT CHANGE ACCTG PRINCIPLE					14
15	EXPENSES FOUNDATION					15
16	TRANSFER TO AFFILIATES	6,195,000				16
17	NET ASSETS RELEASED FROM RESTR.					17
18	TOTAL DEDUCTIONS (sum of lines 12-17)		6,195,000			18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		66,030,000			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	PENSION RELATED CHANGES					5
6	INVESTMENT INCOME REST ASSETS					6
7	CONTRIBUTIONS					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						13
14	CUM EFFECT CHANGE ACCTG PRINCIPLE					14
15	EXPENSES FOUNDATION					15
16	TRANSFER TO AFFILIATES					16
17	NET ASSETS RELEASED FROM RESTR.					17
18	TOTAL DEDUCTIONS (sum of lines 12-17)					18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)					19



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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	24,293,004		24,293,004	1
2	SUBPROVIDER IPF	3,450,687		3,450,687	2
3	SUBPROVIDER IRF	6,139,364		6,139,364	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)	33,883,055		33,883,055	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	INTENSIVE CARE UNIT	3,818,032		3,818,032	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)	3,818,032		3,818,032	16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	37,701,087		37,701,087	17
18	ANCILLARY SERVICES	190,402,666	284,171,609	474,574,275	18
19	OUTPATIENT SERVICES				19
20	RHC				20
21	FOHC				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)	228,103,753	284,171,609	512,275,362	28

PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)		127,227,553	29
30	A-8 ADJUSTMENT TO CONFORM TO			30
31	AUDITOR'S F/S PRESENTATION			31
32				32
33	BAD DEBTS			33
34				34
35				35
36	TOTAL ADDITIONS (sum of lines 30-35)			36
37	DEDUCT (SPECIFY)			37
38				38
39				39
40				40
41				41
42	TOTAL DEDUCTIONS (sum of lines 37-41)			42
43	TOTAL OPERATING EXPENSES (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		127,227,553	43



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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES (from Worksheet G-2, Part I, column 3, line 28)	512,275,362	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	384,880,728	2
3	NET PATIENT REVENUES (line 1 minus line 2)	127,394,634	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	127,227,553	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	167,081	5

OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	42,374	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (fees, sale of textbooks, uniforms, etc.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	170,326	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	1,816,435	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (NET ASSETS RELEASED FOR OPERATIONS)		24
24.0	OTHER (INVESTMENT INCOME HSHS RELATED PART)	40,827	24.0
1			1
24.0	OTHER (EHR REVENUE)	2,650,242	24.0
3			3
24.0	OTHER (RADIOLOGY REVENUE)	9,206	24.0
5			5
24.0	OTHER (FIELDS WRIGHT)	84,731	24.0
6			6
24.0	OTHER (ADULT DAY CARE REVENUE)	252,902	24.0
7			7
24.0	OTHER (SENIOR CENTER REVENUE)	60,630	24.0
8			8
24.0	OTHER (SCHOOL HEALTH SERVICES REVENUE)	236,809	24.0
9			9
24.1	OTHER (ER WORKSHOP)	11,400	24.1
0			0
24.1	OTHER (CATH LAB OTHER REVENUE)	6,661	24.1
1			1
24.1	OTHER (DIETARY INSTRUCTION)	16,717	24.1
2			2
24.1	OTHER (LOSS ON SALE OF ASSETS)		24.1
3			3
24.1	OTHER (PRACTICE MANAGEMENT)		24.1
4			4
24.1	OTHER (LAUNDRY REVENUE)	7,041	24.1
5			5
24.1	OTHER (PHYSICIAN PRACTICE REVENUE)		24.1
6			6
24.1	OTHER (MISCELLANEOUS REVENUE)	71,415	24.1
7			7
25	TOTAL OTHER INCOME (sum of lines 6-24)	5,477,716	25
26	TOTAL (line 5 plus line 25)	5,644,797	26
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	5,644,797	29



COMPU-MAX

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0166

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER	1,728,049	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS	37,939	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)	87.91	3
4	NUMBER OF INTERNS & RESIDENTS (see instructions)	1.11	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (see instructions)	0.36	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (multiply line 5 by the sum of lines 1 and 1.01)	6,221	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (Worksheet E, Part A line 30) (see instructions)	0.0641	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)	0.3237	8
9	SUM OF LINES 7 AND 8	0.3878	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0817	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)	141,182	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	1,913,391	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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



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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
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
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM						50
50.01	STONE CENTER						50.01
50.02	ENDOSCOPY						50.02
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
53.01	PAIN CENTER						53.01
54	RADIOLOGY-DIAGNOSTIC						54
56	RADIOISOTOPE						56
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION						59
60	LABORATORY						60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
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
75	ASC (NON-DISTINCT PART)						75
76	TREATMENT CENTER						76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC						90
90.01	PRENATAL CLINIC						90.01
90.02	OUTPATIENT PSYCHIATRIC						90.02
90.03	WOUND CLINIC						90.03
90.04	NEUROSURGERY						90.04
90.05	DR JATOI						90.05
90.06	UROLOGY PHYSICIAN						90.06
90.07	DR. CHU						90.07
90.08	SPORTS MEDICINE CLINIC						90.08
90.09	DR. SHANKER						90.09
90.10	DR MIRMIRA						90.10



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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
90.11	DR TOKHI						90.11
90.12	CT/PET						90.12
90.13	RADIATION ONCOLOGY						90.13
90.14	SPORTS MED-REHAB						90.14
90.15	MACON COUNT MEDICAL ASSOCIATES						90.15
90.16	DR BRITT						90.16
90.17	ARTHUR FAMILY MEDICINE CENTER						90.17
90.18	DR BOCK						90.18
90.19	PEDIATRIC PROF SERVICES						90.19
90.20	DR ANDERSON						90.20
90.21	DR HABIB						90.21
90.22	DR HANNEKEN						90.22
90.23	DR MUNESSES						90.23
90.24	DR KOHLI						90.24
90.25	DR DUNCAN						90.25
90.26	MT ZION FAMILY PRACTICE						90.26
90.27	DR POWELL						90.27
90.28	CHEMOTHEROPY						90.28
91	EMERGENCY						91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192	PHYSICIANS' PRIVATE OFFICES						192
194	SENIOR SERVICES						194
194.0	ADULT DAY CARE						194.0
1							1
194.0	SPORTS MEDICINE REHAB						194.0
2							2
194.0	CANCER CARE						194.0
4							4
194.0	RESIDENTIAL PROPERTIES						194.0
5							5
194.0	BLUE MOUND						194.0
7							7
194.0	ARTHUR CLINIC						194.0
8							8
194.0	OCCUPATIONAL HEALTH						194.0
9							9
194.1	2981 NORTH MAIN						194.1
1							1
194.1	MEDICAL OFFICE BUILDING 1750						194.1
3							3
194.1	MEDICAL ARTS						194.1
4							4
194.1	MT. ZION CLINIC						194.1
5							5
194.1	CERRO GORDO						194.1
6							6
194.1	LIFELINE						194.1
7							7
194.1	COUNTY JAIL CONTRACT						194.1
8							8
194.1	ST. JOHN'S HOME HEALTH						194.1
9							9
194.2	ST. MARY'S SURGERY CENTER						194.2
3							3
194.2	FIELDS WRIGHT MEDICAL PRACTICE						194.2
4							4
194.2	3915 N COWGILL						194.2
5							5
194.2	LAUNDRY OUTSIDE SERVICES						194.2
8							8



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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
194.35	MEDICAL MANAGEMENT SYSTEM						194.35
194.36	LAKE SHORE MEDICAL OFFICE BUILDING						194.36
194.37	DAY CARE CENTER						194.37
194.38	SCHOOL HEALTH SERVICES						194.38
194.40	PRAIRIE CARDIOVASCULAR						194.40
194.41	G I SUITES						194.41
194.42	RESPIRATORY CARE NURSING HOME						194.42
194.43	VACANT SPACE						194.43
194.44	PHYSICIAN POOL						194.44
194.48	MRI BUILDING						194.48
194.49	FUND DEVELOPMENT						194.49
194.50	CENTRAL ILLINOIS LUNG						194.50
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)						202

ST MARY'S HOSPITAL Provider CCN: 14-0166	Non CMS worksheet CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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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	7	
	UTILIZATION PERCENTAGES BASED ON DAYS								
30	ADULTS & PEDIATRICS	44.81		26.03				70.84	30
31	INTENSIVE CARE UNIT	63.68		13.90				77.58	31
43	NURSERY			52.47				52.47	43
	UTILIZATION PERCENTAGES BASED ON CHARGES								
50	OPERATING ROOM	28.47	11.33					39.80	50
50.02	ENDOSCOPY	9.93	35.12					45.05	50.02
51	RECOVERY ROOM	16.15	23.58					39.73	51
52	DELIVERY ROOM & LABOR ROOM	0.30	0.01					0.31	52
53	ANESTHESIOLOGY	24.61	13.42					38.03	53
53.01	PAIN CENTER	0.59	50.45					51.04	53.01
54	RADIOLOGY-DIAGNOSTIC	21.97	21.97					43.94	54
56	RADIOISOTOPE	8.40	7.85					16.25	56
57	CT SCAN	16.54	23.68					40.22	57
58	MRI	12.49	28.41					40.90	58
59	CARDIAC CATHETERIZATION	18.95	37.41					56.36	59
60	LABORATORY	21.45	5.02					26.47	60
62	WHOLE BLOOD & PACKED RED BLOOD	27.77	5.29					33.06	62
65	RESPIRATORY THERAPY	60.68	5.50					66.18	65
66	PHYSICAL THERAPY	12.32	2.14					14.46	66
69	ELECTROCARDIOLOGY	13.73	44.11					57.84	69
70	ELECTROENCEPHALOGRAPHY	4.08	32.08					36.16	70
71	MEDICAL SUPPLIES CHARGED TO PAT	48.79	1.54					50.33	71
72	IMPL. DEV. CHARGED TO PATIENTS	33.20	25.31					58.51	72
73	DRUGS CHARGED TO PATIENTS	32.21	12.46					44.67	73
75	ASC (NON-DISTINCT PART)	1.31	73.50					74.81	75
76	TREATMENT CENTER	5.16	1.70					6.86	76
90.01	PRENATAL CLINIC		0.01					0.01	90.01
90.02	OUTPATIENT PSYCHIATRIC	0.35	44.02					44.37	90.02
90.03	WOUND CLINIC	17.33	11.62					28.95	90.03
90.12	CT/PET	1.31	54.82					56.13	90.12
90.13	RADIATION ONCOLOGY	0.06	63.58					63.64	90.13
90.28	CHEMOTHEROPY		1.50					1.50	90.28
91	EMERGENCY	12.13	14.27					26.40	91
92	OBSERVATION BEDS (NON-DISTINCT)	3.29	31.29					34.58	92
200	TOTAL CHARGES	20.26	19.48					39.74	200



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REPORT 97 - UTILIZATION STATISTICS - SUBPROVIDER-IPF

	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	7	
	UTILIZATION PERCENTAGES BASED ON DAYS								
40	SUBPROVIDER - IPF	72.90						72.90	40
	UTILIZATION PERCENTAGES BASED ON CHARGES								
50	OPERATING ROOM	0.01						0.01	50
50.02	ENDOSCOPY	0.02						0.02	50.02
51	RECOVERY ROOM	0.80						0.80	51
53	ANESTHESIOLOGY	0.34						0.34	53
53.01	PAIN CENTER	0.03						0.03	53.01
54	RADIOLOGY-DIAGNOSTIC	0.58						0.58	54
56	RADIOISOTOPE	0.10						0.10	56
57	CT SCAN	0.40						0.40	57
58	MRI	0.18						0.18	58
60	LABORATORY	1.28						1.28	60
65	RESPIRATORY THERAPY	1.38						1.38	65
66	PHYSICAL THERAPY	2.20						2.20	66
69	ELECTROCARDIOLOGY	0.16						0.16	69
70	ELECTROENCEPHALOGRAPHY	0.07						0.07	70
71	MEDICAL SUPPLIES CHARGED TO PAT	0.66						0.66	71
73	DRUGS CHARGED TO PATIENTS	2.67						2.67	73
76	TREATMENT CENTER	0.17						0.17	76
90.03	WOUND CLINIC	2.28						2.28	90.03
91	EMERGENCY	0.47						0.47	91
200	TOTAL CHARGES	0.79						0.79	200

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REPORT 97 - UTILIZATION STATISTICS - SUBPROVIDER-IRF

	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	7	
	UTILIZATION PERCENTAGES BASED ON DAYS								
41	SUBPROVIDER - IRF	74.91						74.91	41
	UTILIZATION PERCENTAGES BASED ON CHARGES								
50	OPERATING ROOM	0.19						0.19	50
50.02	ENDOSCOPY	0.08						0.08	50.02
51	RECOVERY ROOM	0.10						0.10	51
53	ANESTHESIOLOGY	0.08						0.08	53
53.01	PAIN CENTER	0.01						0.01	53.01
54	RADIOLOGY-DIAGNOSTIC	0.67						0.67	54
56	RADIOISOTOPE	0.08						0.08	56
57	CT SCAN	0.28						0.28	57
58	MRI	0.29						0.29	58
60	LABORATORY	1.11						1.11	60
62	WHOLE BLOOD & PACKED RED BLOOD	0.11						0.11	62
65	RESPIRATORY THERAPY	4.05						4.05	65
66	PHYSICAL THERAPY	30.00						30.00	66
69	ELECTROCARDIOLOGY	0.17						0.17	69
70	ELECTROENCEPHALOGRAPHY	0.04						0.04	70
71	MEDICAL SUPPLIES CHARGED TO PAT	6.60						6.60	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.05						0.05	72
73	DRUGS CHARGED TO PATIENTS	3.11						3.11	73
90.03	WOUND CLINIC	1.65						1.65	90.03
91	EMERGENCY	0.04						0.04	91
200	TOTAL CHARGES	2.33						2.33	200

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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	4,449,827	4.04	-4,449,827	-8.52			1
2	CAP REL COSTS-MVBLE EQUIP	5,224,463	4.75	-5,224,463	-10.01			2
3	OTHER CAP REL COSTS							3
4	EMPLOYEE BENEFITS DEPARTMENT	8,549,122	7.77	-8,549,122	-16.38			4
5	ADMINISTRATIVE & GENERAL	22,234,548	20.20	-22,234,548	-42.59			5
6	MAINTENANCE & REPAIRS	124,847	0.11	-124,847	-0.24			6
7	OPERATION OF PLANT	3,382,915	3.07	-3,382,915	-6.48			7
8	LAUNDRY & LINEN SERVICE	700,902	0.64	-700,902	-1.34			8
9	HOUSEKEEPING	1,405,279	1.28	-1,405,279	-2.69			9
10	DIETARY	297,913	0.27	-297,913	-0.57			10
11	CAFETERIA	1,144,589	1.04	-1,144,589	-2.19			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	475,533	0.43	-475,533	-0.91			13
14	CENTRAL SERVICES & SUPPLY	231,533	0.21	-231,533	-0.44			14
15	PHARMACY	1,802,235	1.64	-1,802,235	-3.45			15
16	MEDICAL RECORDS & LIBRARY	2,181,039	1.98	-2,181,039	-4.18			16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	ADULTS & PEDIATRICS	7,250,374	6.59	10,838,962	20.76	18,089,336	16.43	30
31	INTENSIVE CARE UNIT	1,489,095	1.35	1,396,651	2.68	2,885,746	2.62	31
40	SUBPROVIDER - IPF	1,098,808	1.00	1,318,609	2.53	2,417,417	2.20	40
41	SUBPROVIDER - IRF	1,787,605	1.62	1,781,138	3.41	3,568,743	3.24	41
43	NURSERY	217,477	0.20	242,744	0.46	460,221	0.42	43
44	SKILLED NURSING FACILITY							44
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	3,131,798	2.84	2,497,591	4.78	5,629,389	5.11	50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY	501,968	0.46	443,649	0.85	945,617	0.86	50.02
51	RECOVERY ROOM	465,182	0.42	446,689	0.86	911,871	0.83	51
52	DELIVERY ROOM & LABOR ROOM	1,041,824	0.95	1,138,032	2.18	2,179,856	1.98	52
53	ANESTHESIOLOGY	481,475	0.44	998,959	1.91	1,480,434	1.34	53
53.01	PAIN CENTER	432,503	0.39	480,784	0.92	913,287	0.83	53.01
54	RADIOLOGY-DIAGNOSTIC	2,052,901	1.86	2,079,817	3.98	4,132,718	3.75	54
56	RADIOISOTOPE	563,384	0.51	299,921	0.57	863,305	0.78	56
57	CT SCAN	773,869	0.70	724,078	1.39	1,497,947	1.36	57
58	MRI	391,244	0.36	346,001	0.66	737,245	0.67	58
59	CARDIAC CATHETERIZATION	2,887,747	2.62	1,798,309	3.44	4,686,056	4.26	59
60	LABORATORY	4,048,769	3.68	4,164,038	7.98	8,212,807	7.46	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	425,175	0.39	173,944	0.33	599,119	0.54	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	807,424	0.73	593,827	1.14	1,401,251	1.27	65
66	PHYSICAL THERAPY	2,128,803	1.93	2,164,827	4.15	4,293,630	3.90	66
69	ELECTROCARDIOLOGY	1,255,514	1.14	962,746	1.84	2,218,260	2.02	69
70	ELECTROENCEPHALOGRAPHY	300,393	0.27	345,552	0.66	645,945	0.59	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	97,522	0.09	37,971	0.07	135,493	0.12	71
72	IMPL. DEV. CHARGED TO PATIENTS	6,720,108	6.10	2,505,569	4.80	9,225,677	8.38	72
73	DRUGS CHARGED TO PATIENTS	4,265,780	3.87	4,596,086	8.80	8,861,866	8.05	73
75	ASC (NON-DISTINCT PART)	381,978	0.35	245,112	0.47	627,090	0.57	75
76	TREATMENT CENTER	93,684	0.09	130,467	0.25	224,151	0.20	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
90	CLINIC	181,346	0.16	96,336	0.18	277,682	0.25	90
90.01	PRENATAL CLINIC	70,336	0.06	47,100	0.09	117,436	0.11	90.01
90.02	OUTPATIENT PSYCHIATRIC	115,001	0.10	256,925	0.49	371,926	0.34	90.02
90.03	WOUND CLINIC	258,318	0.23	162,974	0.31	421,292	0.38	90.03



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REPORT 98 - COST ALLOCATION SUMMARY

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CT\PET	163,372	0.15	66,063	0.13	229,435	0.21	90.12
90.13	RADIATION ONCOLOGY	670,299	0.61	337,903	0.65	1,008,202	0.92	90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY	15,893	0.01	10,542	0.02	26,435	0.02	90.28
91	EMERGENCY	2,537,596	2.31	3,752,401	7.19	6,289,997	5.71	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
	OUTPATIENT SERVICE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190,985	0.17	101,388	0.19	292,373	0.27	190
192	PHYSICIANS' PRIVATE OFFICES	6,082,393	5.53	1,757,691	3.37	7,840,084	7.12	192
194	SENIOR SERVICES	98,763	0.09	38,257	0.07	137,020	0.12	194
194.0	ADULT DAY CARE							194.0
1		203,938	0.19	108,076	0.21	312,014	0.28	1
194.0	SPORTS MEDICINE REHAB							194.0
2		246,630	0.22	149,833	0.29	396,463	0.36	2

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REPORT 98 - COST ALLOCATION SUMMARY

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
194.0 4	CANCER CARE	16,956	0.02	4,920	0.01	21,876	0.02	194.0 4
194.0 5	RESIDENTIAL PROPERTIES							194.0 5
194.0 7	BLUE MOUND	6,787	0.01	1,961		8,748	0.01	194.0 7
194.0 8	ARTHUR CLINIC	54,011	0.05	15,604	0.03	69,615	0.06	194.0 8
194.0 9	OCCUPATIONAL HEALTH							194.0 9
194.1 1	2981 NORTH MAIN	855		286		1,141		194.1 1
194.1 3	MEDICAL OFFICE BUILDING 1750	208,328	0.19	60,195	0.12	268,523	0.24	194.1 3
194.1 4	MEDICAL ARTS							194.1 4
194.1 5	MT. ZION CLINIC	20,390	0.02	5,998	0.01	26,388	0.02	194.1 5
194.1 6	CERRO GORDO	24,777	0.02	7,236	0.01	32,013	0.03	194.1 6
194.1 7	LIFELINE							194.1 7
194.1 8	COUNTY JAIL CONTRACT							194.1 8
194.1 9	ST. JOHN'S HOME HEALTH			248,182	0.48	248,182	0.23	194.1 9
194.2 3	ST. MARY'S SURGERY CENTER							194.2 3
194.2 4	FIELDS WRIGHT MEDICAL PRACTICE	2,510		725		3,235		194.2 4
194.2 5	3915 N COWGILL	276,452	0.25	80,730	0.15	357,182	0.32	194.2 5
194.2 8	LAUNDRY OUTSIDE SERVICES							194.2 8
194.3 5	MEDICAL MANAGEMENT SYSTEM	143		41		184		194.3 5
194.3 6	LAKE SHORE MEDICAL OFFICE BUILDING	357,556	0.32	103,303	0.20	460,859	0.42	194.3 6
194.3 7	DAY CARE CENTER	28,330	0.03	8,185	0.02	36,515	0.03	194.3 7
194.3 8	SCHOOL HEALTH SERVICES	169,707	0.15	104,851	0.20	274,558	0.25	194.3 8
194.4 0	PRAIRIE CARDIOVASCULAR			263,296	0.50	263,296	0.24	194.4 0
194.4 1	G I SUITES	897		382		1,279		194.4 1
194.4 2	RESPIRATORY CARE NURSING HOME							194.4 2
194.4 3	VACANT SPACE			1,218,733	2.33	1,218,733	1.11	194.4 3
194.4 4	PHYSICIAN POOL	747,467	0.68	215,953	0.41	963,420	0.88	194.4 4
194.4 8	MRI BUILDING	426		227		653		194.4 8
194.4 9	FUND DEVELOPMENT	38,458	0.03	106,648	0.20	145,106	0.13	194.4 9
194.5 0	CENTRAL ILLINOIS LUNG			119,727	0.23	119,727	0.11	194.5 0
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	110,086,069	100.00			110,086,069	100.00	202

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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	617,954	29,496,339	0.020950	8,396,597	175,909	50
50.01	STONE CENTER						50.01
50.02	ENDOSCOPY	109,757	3,991,867	0.027495	396,344	10,897	50.02
51	RECOVERY ROOM	85,029	4,898,053	0.017360	791,246	13,736	51
52	DELIVERY ROOM & LABOR ROOM	292,658	3,658,106	0.080003	10,972	878	52
53	ANESTHESIOLOGY	70,855	6,634,152	0.010680	1,632,803	17,438	53
53.01	PAIN CENTER	114,336	6,501,952	0.017585	38,227	672	53.01
54	RADIOLOGY-DIAGNOSTIC	477,784	24,354,624	0.019618	5,349,983	104,956	54
56	RADIOISOTOPE	49,061	4,833,428	0.010150	405,882	4,120	56
57	CT SCAN	81,241	47,359,044	0.001715	7,831,633	13,431	57
58	MRI	50,502	15,201,380	0.003322	1,898,573	6,307	58
59	CARDIAC CATHETERIZATION	296,384	36,110,836	0.008208	6,842,966	56,167	59
60	LABORATORY	1,128,514	68,162,702	0.016556	14,621,508	242,074	60
62	WHOLE BLOOD & PACKED RED BLOOD	26,506	1,863,199	0.014226	517,381	7,360	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	68,730	11,350,746	0.006055	6,887,191	41,702	65
66	PHYSICAL THERAPY	465,635	24,153,236	0.019278	2,974,821	57,349	66
69	ELECTROCARDIOLOGY	173,478	26,279,324	0.006601	3,609,109	23,824	69
70	ELECTROENCEPHALOGRAPHY	83,792	5,383,282	0.015565	219,756	3,421	70
71	MEDICAL SUPPLIES CHARGED TO PAT	5,994	510,051	0.011752	248,876	2,925	71
72	IMPL. DEV. CHARGED TO PATIENTS	401,214	21,400,689	0.018748	7,105,807	133,220	72
73	DRUGS CHARGED TO PATIENTS	385,756	49,054,288	0.007864	15,797,965	124,235	73
75	ASC (NON-DISTINCT PART)	21,259	1,741,500	0.012207	22,737	278	75
76	TREATMENT CENTER	39,099	451,461	0.086605	23,305	2,018	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	9,410	508,311	0.018512			90
90.01	PRENATAL CLINIC	4,094	120,583	0.033952			90.01
90.02	OUTPATIENT PSYCHIATRIC	94,710	828,105	0.114370	2,925	335	90.02
90.03	WOUND CLINIC	16,395	858,698	0.019093	148,789	2,841	90.03
90.04	NEUROSURGERY						90.04
90.05	DR JATOI						90.05
90.06	UROLOGY PHYSICIAN						90.06
90.07	DR. CHU						90.07
90.08	SPORTS MEDICINE CLINIC						90.08
90.09	DR. SHANKER						90.09
90.10	DR MIRMIRA						90.10
90.11	DR TOKHI						90.11
90.12	CTPET	8,657	1,136,072	0.007620	14,877	113	90.12
90.13	RADIATION ONCOLOGY	34,643	6,378,048	0.005432	3,859	21	90.13
90.14	SPORTS MED-REHAB						90.14
90.15	MACON COUNT MEDICAL ASSOCIATES						90.15
90.16	DR BRITT						90.16
90.17	ARTHUR FAMILY MEDICINE CENTER						90.17
90.18	DR BOCK						90.18
90.19	PEDIATRIC PROF SERVICES						90.19
90.20	DR ANDERSON						90.20
90.21	DR HABIB						90.21
90.22	DR HANNEKEN						90.22
90.23	DR MUNESSES						90.23
90.24	DR KOHLI						90.24
90.25	DR DUNCAN						90.25
90.26	MT ZION FAMILY PRACTICE						90.26
90.27	DR POWELL						90.27
90.28	CHEMOTHERAPY	993	203,656	0.004876			90.28
91	EMERGENCY	1,093,014	45,999,686	0.023761	5,577,713	132,532	91
92	OBSERVATION BEDS (NON-DISTINCT	164,073	1,817,430	0.090277	59,786	5,397	92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL	6,471,527	451,240,848		91,431,631	1,184,156	200



ST MARY'S HOSPITAL Provider CCN: 14-0166	Non CMS worksheet CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	SWING-BED ADJUST-MENT 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	3,018,368		3,018,368	30,943	97.55	13,867	1,352,726	30
31	INTENSIVE CARE UNIT	280,449		280,449	2,475	113.31	1,576	178,577	31
200	TOTAL	3,298,817		3,298,817	33,418		15,443	1,531,303	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	1,531,303
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	1,184,156
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	2,715,459
MEDICARE DISCHARGES (Worksheet S-3, Part I, line 14, column 13)	3,361
MEDICARE PATIENT DAYS (Worksheet S-3, Part I, line 14, column 6 - Worksheet S-3, Part I, line 5, column 6)	15,443
PER DISCHARGE CAPITAL COSTS	807.93



ST MARY'S HOSPITAL Provider CCN: 14-0166	Non CMS worksheet CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/25/2014 Run Time: 16:06 Version: 2014.10
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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)	22,259,509
2. HOSPITAL PART A TITLE XVIII CHARGES (sum of inpatient charges and ancillary charges on Worksheet D-3 for hospital Title XVIII component)	104,265,834
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.213

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (Worksheet D-1, Part II, line 49 - (Worksheet D, Part III, column 9, line 40 + Worksheet D, Part IV, column 11, line 200))	2,308,285
2. TOTAL MEDICARE CHARGES (Worksheet D-3, line 40, column 2 plus Worksheet D-3, line 202, column 2) (see CR 5619)	6,100,269
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.378

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (Worksheet D-1, Part II, line 49 - (Worksheet D, Part III, column 9, line 41 + Worksheet D, Part IV, column 11, line 200))	4,461,851
2. TOTAL MEDICARE CHARGES (Worksheet D-3, line 41, column 2 plus Worksheet D-3, line 202, column 2)	15,131,075
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.295

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)	2,715,459
2. RATIO OF COST TO CHARGES (line II-1 / line I-2)	0.026

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)	12,925,550
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)	87,337,116
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.148