



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 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 LITTLE COMPANY OF MARY (14-0179) {(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				
		TITLE V	PART A	PART B	HIT	TITLE XIX
		1	2	3	4	5
1	HOSPITAL		277,173	-244,475	-81,918	1
2	SUBPROVIDER - IPF		64,610			2
3	SUBPROVIDER - IRF					3
4	SUBPROVIDER (OTHER)					4
5	SWING BED - SNF					5
6	SWING BED - NF					6
7	SKILLED NURSING FACILITY					7
8	NURSING FACILITY					8
9	HOME HEALTH AGENCY					9
10	HEALTH CLINIC - RHC					10
11	HEALTH CLINIC - FQHC					11
12	OUTPATIENT REHABILITATION PROVIDER					12
200	TOTAL		341,783	-244,475	-81,918	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: 2800 WEST 95TH STREET	P.O. Box:								1	
2	City: EVERGREEN PARK	State: IL	ZIP Code: 60642	County: COOK			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	LITTLE COMPANY OF MARY	14-0179	16974	1	07/01/1966	N	P	O	3	
4	Subprovider - IPF	LITTLE COMPANY OF MARY PSYCH	14-S179	16974	4	07/01/1984	N	P	N	4	
5	Subprovider - IRF									5	
6	Subprovider - (OTHER)									6	
7	Swing Beds - SNF									7	
8	Swing Beds - NF									8	
9	Hospital-Based SNF									9	
10	Hospital-Based NF									10	
11	Hospital-Based OLTC									11	
12	Hospital-Based HHA	LITTLE COMPANY OF MARY H.C.	14-7404	16974		01/11/1985	N	P	N	12	
13	Separately Certified ASC									13	
14	Hospital-Based Hospice	LITTLE COMPANY OF MARY HOSPICE	14-1511	16974		12/30/1986				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.	6,775	1,876			1,635				24	
25	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.									25	
26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	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			



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

		1	2	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	N	N	39



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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.			N			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5.						76
Long Term Care Hospital PPS							
80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.				N		80
TEFRA Providers							
85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA?. Enter 'Y' for yes or 'N' for no.				N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.						86



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WORKSHEET S-2
PART I

Title V and XIX Services		V	XIX		
		1	2		
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90	
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91	
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92	
93	Does this facility operate an ICF/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.	Y	Y	Y	N
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					
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	1	2		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:	Contractor's Name:		Contractor's Number:	
142	Street:	P.O. Box:			
143	City:	State:	ZIP Code:		
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.	Y			145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, 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
156	Subprovider - IPF	N	N	N	N
157	Subprovider - IRF	N	N		
158	Subprovider - Other				
159	SNF	N	N		
160	HHA	N	N	N	N
161	CMHC		N		
161.10	CORF				
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
	0	1	2	3	4
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)	07/01/2013	09/28/2013		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.	Y			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.	Y			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)	Y	10/05/2012	Y	10/05/2012
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	236	86,140			23,280	5,515	43,968	1
2	HMO AND OTHER (see instructions)						4,459	1,635		2
3	HMO IPF SUBPROVIDER						37			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)		236	86,140			23,280	5,515	43,968	7
8	INTENSIVE CARE UNIT	31	26	9,490			3,341	836	6,255	8
9	CORONARY CARE UNIT	32								9
10	BURN INTENSIVE CARE UNIT	33								10
11	SURGICAL INTENSIVE CARE UNIT	34								11
11.10	NICU	34.10	12	4,380				747	1,460	11.10
12	OTHER SPECIAL CARE (SPECIFY)	35								12
13	NURSERY	43						1,175	2,219	13
14	TOTAL (see instructions)		274	100,010			26,621	8,273	53,902	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40	24	8,760			1,848		4,185	16
17	SUBPROVIDER - IRF	41								17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44								19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101					15,698		19,143	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)		298							27
28	OBSERVATION BED DAYS								3,821	28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (see instructions)								260	30
31	EMPLOYEE DISCOUNT DAYS-IRF								1	31
32	LABOR & DELIVERY DAYS (see instructions)							378	757	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)					5,544	2,180	12,255	1
2	HMO AND OTHER (see instructions)					980			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
11.10	NICU								11.10
12	OTHER SPECIAL CARE (SPECIFY)								12
13	NURSERY								13
14	TOTAL (see instructions)	5.70	1,379.48			5,544	2,180	12,255	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF		20.36			266		752	16
17	SUBPROVIDER - IRF								17
18	SUBPROVIDER I								18
19	SKILLED NURSING FACILITY								19
20	NURSING FACILITY								20
21	OTHER LONG TERM CARE								21
22	HOME HEALTH AGENCY		26.00						22
23	ASC (Distinct Part)								23
24	HOSPICE (Distinct Part)		23.68						24
24.10	HOSPICE (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	TOTAL (sum of lines 14-26)	5.70	1,449.52						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	85,854,173	85,854,173	3,015,688.00	28.47	1	
2	NON-PHYSICIAN ANESTHETIST PART A						2	
3	NON-PHYSICIAN ANESTHETIST PART B						3	
4	PHYSICIAN-PART A - ADMINISTRATIVE		22,005	22,005	197.00	111.70	4	
4.01	PHYSICIAN-PART A - TEACHING						4.01	
5	PHYSICIAN-PART B		1,298,854	1,298,854	14,102.00	92.10	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)		304,618	304,618	6,240.00	48.82	7.01	
8	HOME OFFICE PERSONNEL						8	
9	SNF	44					9	
10	EXCLUDED AREA SALARIES (see instructions)		5,121,206	-71,746	5,049,460	150,513.00	33.55	10
OTHER WAGES & RELATED COSTS								
11	CONTRACT LABOR (see instructions)		962,450	962,450	13,385.00	71.91	11	
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12	
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		597,649	597,649	4,092.00	146.05	13	
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS						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)		17,569,693	17,569,693			17	
18	WAGE-RELATED COSTS (other)(see instructions)						18	
19	EXCLUDED AREAS		1,116,170	1,116,170			19	
20	NON-PHYSICIAN ANESTHETIST PART A						20	
21	NON-PHYSICIAN ANESTHETIST PART B						21	
22	PHYSICIAN PART A - ADMINISTRATIVE		4,864	4,864			22	
22.01	PHYSICIAN PART A - TEACHING						22.01	
23	PHYSICIAN PART B		99,968	99,968			23	
24	WAGE-RELATED COSTS (RHC/FQHC)						24	
25	INTERNS & RESIDENTS (in an approved program)						25	
OVERHEAD COSTS - DIRECT SALARIES								
26	EMPLOYEE BENEFITS DEPARTMENT		969,192	969,192	28,330.00	34.21	26	
27	ADMINISTRATIVE & GENERAL		14,472,216	-457,635	14,014,581	486,362.00	28.82	27
28	ADMINISTRATIVE & GENERAL UNDER CONTRACT (see instructions)		23,520	23,520	112.00	210.00	28	
29	MAINTENANCE & REPAIRS						29	
30	OPERATION OF PLANT		2,834,003	2,834,003	124,448.00	22.77	30	
31	LAUNDRY & LINEN SERVICE		159,960	159,960	11,538.00	13.86	31	
32	HOUSEKEEPING		1,412,685	1,412,685	112,251.00	12.59	32	
33	HOUSEKEEPING UNDER CONTRACT (see instructions)						33	
34	DIETARY		1,470,213	-739,871	730,342	43,648.00	16.73	34
35	DIETARY UNDER CONTRACT (see instructions)						35	
36	CAFETERIA			739,871	739,871	44,218.00	16.73	36
37	MAINTENANCE OF PERSONNEL						37	
38	NURSING ADMINISTRATION		1,688,992	1,688,992	54,094.00	31.22	38	
39	CENTRAL SERVICES AND SUPPLY						39	
40	PHARMACY		2,306,997	2,306,997	59,462.00	38.80	40	
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,078,190	1,078,190	49,981.00	21.57	41	
42	SOCIAL SERVICE			936,861	936,861	31,735.00	29.52	42
43	OTHER GENERAL SERVICE						43	

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)		84,274,221		84,274,221	2,995,458.00	28.13	1
2	EXCLUDED AREA SALARIES (see instructions)		5,121,206	-71,746	5,049,460	150,513.00	33.55	2
3	SUBTOTAL SALARIES (line 1 minus line 2)		79,153,015	71,746	79,224,761	2,844,945.00	27.85	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)		1,560,099		1,560,099	17,477.00	89.27	4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)		17,574,557		17,574,557		22.18%	5



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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

6	TOTAL (sum of lines 3 through 5)		98,287,671	71,746	98,359,417	2,862,422.00	34.36	6
7	TOTAL OVERHEAD COST (see instructions)		26,415,968	479,226	26,895,194	1,046,179.00	25.71	7



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HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART IV - WAGE RELATED COST

PART A - CORE LIST

		AMOUNT REPORTED	
	RETIREMENT COST		
1	401K EMPLOYER CONTRIBUTIONS	1,360,631	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)	1,675,832	4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA PLAN ADMINISTRATION FEES	12,265	5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	9,573	7
	HEALTH AND INSURANCE COST		
8	HEALTH INSURANCE (Purchased or Self Funded)	8,392,010	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN	233,702	10
11	LIFE INSURANCE (If employee is owner or beneficiary)	177,616	11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)	225,022	13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)		14
15	WORKERS' COMPENSATION INSURANCE	371,817	15
16	RETIREMENT HEALTH CARE COST (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-EMPLOYERS PORTION ONLY	6,078,748	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	71,245	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	182,235	23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	18,790,696	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			1
2	PROVIDER'S COST REPORTING PERIOD USED FOR WAGE INDEX YEAR ON LINE 1 (FYB in Col. 1, FYE in Col. 2)			2
3	MIDPOINT OF PROVIDER'S COST REPORTING PERIOD SHOWN ON LINE 2, ADJUSTED TO FIRST OF MONTH			3
4	DATE BEGINNING THE 3-YEAR AVERAGING PERIOD (subtract 18 months from midpoint shown on Line 3)			4
5	DATE ENDING THE 3-YEAR AVERAGING PERIOD (add 18 months to midpoint shown on Line 3)			5
STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)				
6	EFFECTIVE DATE OF PENSION PLAN			6
7	FIRST DAY OF THE PROVIDER COST REPORTING PERIOD CONTAINING THE PENSION PLAN EFFECTIVE DATE			7
8	STARTING DATE OF THE ADJUSTED AVERAGING PERIOD (date on Line 7, adjusted to first of month)			8

IF THIS DATE OCCURS AFTER THE PERIOD SHOWN ON LINE 2, STOP HERE AND SEE INSTRUCTIONS

STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD				
9	BEGINNING DATE OF AVERAGING PERIOD FROM LINE 4 OR LINE 8, AS APPLICABLE			9
10	ENDING DATE OF AVERAGING PERIOD FROM LINE 5			10
11	ENTER PROVIDER CONTRIBUTIONS MADE DURING AVERAGING PERIOD ON LINES 9 & 10	DEPOSIT DATE(S)	CONTRIBUTION(S)	11
12	TOTAL CALENDAR MONTHS INCLUDED IN AVERAGING PERIOD (36 unless Step 2 completed)			12
13	TOTAL CONTRIBUTIONS MADE DURING AVERAGING PERIOD			13
14	AVERAGE MONTHLY CONTRIBUTION (Line 13 divided by Line 12)			14
15	NUMBER OF MONTHS IN PROVIDER COST REPORTING PERIOD ON LINE 2			15
16	AVERAGE PENSION CONTRIBUTIONS (Line 14 times Line 15)			16
STEP 4: TOTAL PENSION COST FOR WAGE INDEX				
17	ANNUAL PREFUNDING INSTALLMENT (see instructions)			17
18	REPORTABLE PREFUNDING INSTALLMENT ((Line 17 times Line 15) divided by 12)			18
19	TOTAL PENSION COST FOR WAGE INDEX (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)			19



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HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

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



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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 14-7404

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: 11

	DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1	HOME HEALTH AIDE HOURS		1,390		258	1,648	1
2	UNDUPLICATED CENSUS COUNT (see instructions)		717.00		236.00	953.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00	NUMBER OF EMPLOYEES (Full Time Equivalent)				
		STAFF 1	CONTRACT 2	TOTAL 3		
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3	
4	DIRECTOR(S) AND ASSISTANT DIRECTOR(S)		0.65		0.65	4
5	OTHER ADMINISTRATIVE PERSONNEL		10.68		10.68	5
6	DIRECT NURSING SERVICE		13.90		13.90	6
7	NURSING SUPERVISOR					7
8	PHYSICAL THERAPY SERVICE		3.51	2.43	5.94	8
9	PHYSICAL THERAPY SUPERVISOR					9
10	OCCUPATIONAL THERAPY SERVICE		0.11	0.31	0.42	10
11	OCCUPATIONAL THERAPY SUPERVISOR					11
12	SPEECH PATHOLOGY SERVICE			0.11	0.11	12
13	SPEECH PATHOLOGY SUPERVISOR					13
14	MEDICAL SOCIAL SERVICE		0.37		0.37	14
15	MEDICAL SOCIAL SERVICE SUPERVISOR					15
16	HOME HEALTH AIDE		0.87		0.87	16
17	HOME HEALTH AIDE SUPERVISOR					17
18	OTHER (SPECIFY)					18

HOME HEALTH AGENCY - CBSA CODES

19	ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.	1	19
20	LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (line 20 contains the first code).	16974	20

PPS ACTIVITY

		FULL EPISODES				TOTAL (columns 1 through 4)	
		WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21	SKILLED NURSING VISITS	7,562	759	539	269	9,129	21
22	SKILLED NURSING VISIT CHARGES	1,757,851	186,990	97,661	60,355	2,102,857	22
23	PHYSICAL THERAPY VISITS	3,729	48	48	109	3,934	23
24	PHYSICAL THERAPY VISIT CHARGES	980,445	12,350	11,620	28,705	1,033,120	24
25	OCCUPATIONAL THERAPY VISITS	578	5		20	603	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	155,310	1,060		5,300	161,670	26
27	SPEECH PATHOLOGY VISITS	79		4		83	27
28	SPEECH PATHOLOGY VISIT CHARGES	21,235		795		22,030	28
29	MEDICAL SOCIAL SERVICE VISITS	100	9	3	7	119	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	34,820	3,180	1,020	2,420	41,440	30
31	HOME HEALTH AIDE VISITS	378	2	1	4	385	31
32	HOME HEALTH AIDE VISIT CHARGES	65,120	340	170	680	66,310	32
33	TOTAL VISITS (sum of lines 21, 23, 25, 27, 29, and 31)	12,426	823	595	409	14,253	33
34	OTHER CHARGES						34
35	TOTAL CHARGES (sum of lines 22, 24, 26, 28, 30, 32 and 34)	3,014,781	203,920	111,266	97,460	3,427,427	35
36	TOTAL NUMBER OF EPISODES (standard/non-outlier)	760		169	29	958	36
37	TOTAL NUMBER OF OUTLIER EPISODES		22		2	24	37
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	259,675	27,361	11,442	1,474	299,952	38



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HOSPICE IDENTIFICATION DATA

HOSPICE CCN: 14-1511

WORKSHEET S-9
PARTS I & II

PART I - ENROLLMENT DAYS

		UNDUPLICATED DAYS					TOTAL (sum of cols. 1, 2, & 5)	
		TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER		
		1	2	3	4	5	6	
1	CONTINUOUS HOME CARE	3					3	1
2	ROUTINE HOME CARE	18,910				636	19,546	2
3	INPATIENT RESPITE CARE	5				5	10	3
4	GENERAL INPATIENT CARE	192				28	220	4
5	TOTAL HOSPICE DAYS	19,110				669	19,779	5

PART II - CENSUS DATA

		TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER	TOTAL (sum of cols. 1, 2, & 5)	
		1	2	3	4	5	6	
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	870				3	873	6
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS C							7
8	AVERAGE LENGTH OF STAY (line 5/line 6)	21.97				223.00	22.66	8
9	UNDUPLICATED CENSUS COUNT	296				34	330	9

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



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)	0.177382	1
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MEDICAID (see instructions for each line)

2	NET REVENUE FROM MEDICAID	17,873,078	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	123,479,252	6
7	MEDICAID COST (line 1 times line 6)	21,902,997	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.	4,029,919	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)	4,029,919		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	24,430,184	3,386,233	27,816,417	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (line 1 times line 20)	4,333,475	600,657	4,934,132	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	1,912,733	562,307	2,475,040	22
23	COST OF CHARITY CARE (line 21 minus line 22)	2,420,742	38,350	2,459,092	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)	10,220,817	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)	1,270,565	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 26 minus line 27)	8,950,252	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 1 times line 28)	1,587,614	29
30	COST OF UNCOMPENSATED CARE (line 23, column 3 plus line 29)	4,046,706	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (line 19 plus line 30)	8,076,625	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		5,876,476	5,876,476	4,324,052	10,200,528	-4,364,504	5,836,024	1
2	00200	CAP REL COSTS-MVBLE EQUIP				6,570,593	6,570,593	-26,805	6,543,788	2
3	00300	OTHER CAP REL COSTS							-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	969,192	1,111,344	2,080,536	-4,340	2,076,196	-151,742	1,924,454	4
5	00500	ADMINISTRATIVE & GENERAL	14,472,216	27,051,169	41,523,385	-1,971,736	39,551,649	-21,769,018	17,782,631	5
6	00600	MAINTENANCE & REPAIRS								6
7	00700	OPERATION OF PLANT	2,834,003	4,651,943	7,485,946	-279,203	7,206,743	-3,038	7,203,705	7
8	00800	LAUNDRY & LINEN SERVICE	159,960	398,283	558,243	-1,876	556,367	-266	556,101	8
9	00900	HOUSEKEEPING	1,412,685	861,003	2,273,688	-28,106	2,245,582	-4,680	2,240,902	9
10	01000	DIETARY	1,470,213	1,421,589	2,891,802	-1,469,277	1,422,525	-18,079	1,404,446	10
11	01100	CAFETERIA				1,441,085	1,441,085	-696,448	744,637	11
12	01200	MAINTENANCE OF PERSONNEL								12
13	01300	NURSING ADMINISTRATION	1,688,992	587,587	2,276,579	-93,683	2,182,896	-5,869	2,177,027	13
14	01400	CENTRAL SERVICES & SUPPLY								14
15	01500	PHARMACY	2,306,997	9,984,450	12,291,447	-9,415,643	2,875,804	-46,214	2,829,590	15
16	01600	MEDICAL RECORDS & LIBRARY	1,078,190	987,298	2,065,488	-18,116	2,047,372	-2,887	2,044,485	16
17	01700	SOCIAL SERVICE				1,146,437	1,146,437		1,146,437	17
19	01900	NONPHYSICIAN ANESTHETISTS								19
20	02000	NURSING SCHOOL								20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD								21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		317,103	317,103		317,103	-40,102	277,001	22
23	02300	PARAMED ED PRGM-(SPECIFY)								23
		INPATIENT ROUTINE SERV COST CENTERS								
30	03000	ADULTS & PEDIATRICS	17,403,488	6,077,220	23,480,708	-1,332,197	22,148,511	-1,836,597	20,311,914	30
31	03100	INTENSIVE CARE UNIT	4,462,632	1,080,928	5,543,560	-57,658	5,485,902		5,485,902	31
34.10	02060	NICU	1,113,053	1,153,728	2,266,781	-22,650	2,244,131	-767,835	1,476,296	34.10
40	04000	SUBPROVIDER - IPF	1,393,231	341,242	1,734,473	-6,090	1,728,383	-6,667	1,721,716	40
43	04300	NURSERY				842,854	842,854		842,854	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	OPERATING ROOM	4,358,246	10,154,987	14,513,233	-3,598,053	10,915,180	-146,983	10,768,197	50
52	05200	DELIVERY ROOM & LABOR ROOM	2,090,019	905,058	2,995,077	-83,673	2,911,404	-15,430	2,895,974	52
53	05300	ANESTHESIOLOGY	128,787	411,317	540,104	-58,489	481,615	-1,794	479,821	53
54	05400	RADIOLOGY-DIAGNOSTIC	2,623,410	2,358,455	4,981,865	-998,278	3,983,587	-1,618	3,981,969	54
54.01	03440	BREAST HEALTH CENTER								54.01
55	05500	RADIOLOGY-THERAPEUTIC	1,143,169	1,448,497	2,591,666	-411,212	2,180,454	-105,000	2,075,454	55
56	05600	RADIOISOTOPE	355,791	833,778	1,189,569	23,896	1,213,465		1,213,465	56
56.10	03630	ULTRASOUND	807,587	401,168	1,208,755	136,276	1,345,031		1,345,031	56.10
57	05700	CT SCAN	628,679	892,327	1,521,006	-99,175	1,421,831		1,421,831	57
58	05800	MRI	265,674	327,855	593,529	104,983	698,512		698,512	58
59	05900	CARDIAC CATHETERIZATION	487,502	2,748,990	3,236,492	-1,578,963	1,657,529	-22,575	1,634,954	59
60	06000	LABORATORY	3,562,268	5,515,386	9,077,654	-217,144	8,860,510	-39,941	8,820,569	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	RESPIRATORY THERAPY	1,762,085	822,728	2,584,813	-79,922	2,504,891	-55,829	2,449,062	65
65.01	06501	SLEEP LAB	175,793	97,342	273,135	-14,422	258,713		258,713	65.01
66	06600	PHYSICAL THERAPY	1,517,118	442,330	1,959,448	-15,506	1,943,942		1,943,942	66
67	06700	OCCUPATIONAL THERAPY								67
68	06800	SPEECH PATHOLOGY	219,569	72,807	292,376	-1,448	290,928		290,928	68
69	06900	ELECTROCARDIOLOGY	675,514	627,714	1,303,228	-175,747	1,127,481	-75,664	1,051,817	69
69.01	06901	C-PORT								69.01
70	07000	ELECTROENCEPHALOGRAPHY	46,388	33,818	80,206	-5,667	74,539		74,539	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	573,375	1,024,373	1,597,748	-709,082	888,666		888,666	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS				4,149,458	4,149,458		4,149,458	72
73	07300	DRUGS CHARGED TO PATIENTS				9,308,466	9,308,466		9,308,466	73
74	07400	RENAL DIALYSIS	515,446	266,788	782,234	-8,107	774,127	-8,091	766,036	74
75.10	03340	GI LAB	995,234	1,000,692	1,995,926	-102,757	1,893,169		1,893,169	75.10
76	03951	ENTEROSTOMAL THERAPY								76
76.10	03950	NEUROLOGY								76.10
76.20	03290	EMG								76.20
76.30	03953	OS SVCS		110,037	110,037		110,037	-41,186	68,851	76.30
76.40	03040	AUDIOLOGY								76.40
76.97	07697	CARDIAC REHABILITATION								76.97



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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	
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	CLINIC	325,629	144,260	469,889	-13,652	456,237	45,858	502,095	90
90.01	09001	PALOS DIAGNOSTIC CENTER	175,465	107,009	282,474	-3,843	278,631		278,631	90.01
90.02	09002	CARE STATIONS	1,638,285	894,302	2,532,587	-51,079	2,481,508	-647,013	1,834,495	90.02
90.03	09003	OUTPATIENT CARE CENTER	1,048,231	1,687,154	2,735,385	-698,120	2,037,265	-102,099	1,935,166	90.03
91	09100	EMERGENCY	4,023,958	1,684,991	5,708,949	-53,652	5,655,297	-81,556	5,573,741	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
93	04951	OUTPATIENT REHAB	852,752	212,797	1,065,549	-4,143	1,061,406	-2,222	1,059,184	93
93.10	04950	WOUND CARE CENTER	365,372	208,429	573,801	-30,075	543,726	-18,221	525,505	93.10
		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
101	10100	HOME HEALTH AGENCY	1,791,650	1,008,993	2,800,643	-83,237	2,717,406		2,717,406	101
		SPECIAL PURPOSE COST CENTERS								
113	11300	INTEREST EXPENSE		4,224,521	4,224,521	-4,224,521				113
116	11600	HOSPICE	1,327,639	864,078	2,191,717	-23,261	2,168,456		2,168,456	116
117	06950	MOBILE MED	134,579	83,277	217,856		217,856		217,856	117
118		SUBTOTALS (sum of lines 1-117)	85,380,066	103,517,621	188,897,687	4,297	188,901,984	-31,060,115	157,841,869	118
		NONREIMBURSABLE COST CENTERS								
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN								190
191.10	19101	ADULT DAY CARE								191.10
192	19200	PHYSICIANS' PRIVATE OFFICES	474,107	341,424	815,531	-4,297	811,234		811,234	192
192.01	19201	VACANT SPACE								192.01
194	07950	FUND DEVELOPMENT								194
200		TOTAL (sum of lines 118-199)	85,854,173	103,859,045	189,713,218		189,713,218	-31,060,115	158,653,103	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	DRUGS CHGD TO PAT.	A	DRUGS CHARGED TO PATIENTS	73		9,308,466	1
500	TOTAL RECLASSIFICATIONS					9,308,466	500
	CODE LETTER - A						
1	CAFETERIA COSTS	B	CAFETERIA	11	739,871	701,214	1
500	TOTAL RECLASSIFICATIONS				739,871	701,214	500
	CODE LETTER - B						
1	HHA/HOSPICE BILLING/PLANT COSTS	D	ADMINISTRATIVE & GENERAL	5	71,746	10,066	1
2							2
500	TOTAL RECLASSIFICATIONS				71,746	10,066	500
	CODE LETTER - D						
1	INTEREST EXPENSE	G	CAP REL COSTS-BLDG & FIXT	1		4,224,521	1
500	TOTAL RECLASSIFICATIONS					4,224,521	500
	CODE LETTER - G						
1	RADIOLOGY ADMIN COSTS	I	RADIOISOTOPE	56	82,415	30,112	1
2			ULTRASOUND	56.10	189,352	69,183	2
3			CT SCAN	57	153,292	56,008	3
4			MRI	58	91,305	33,360	4
500	TOTAL RECLASSIFICATIONS				516,364	188,663	500
	CODE LETTER - I						
1	NURSERY COSTS	J	NURSERY	43	690,972	175,288	1
500	TOTAL RECLASSIFICATIONS				690,972	175,288	500
	CODE LETTER - J						
1	EQUIPMENT DEPRECIATION	K	CAP REL COSTS-MVBLE EQUIP	2		6,570,593	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
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30							30
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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	
43							43
44							44
45							45
500	TOTAL RECLASSIFICATIONS					6,570,593	500
	CODE LETTER - K						
1	UTIL/QUALITY MANAGEMENT COSTS	L	SOCIAL SERVICE	17	936,861	209,576	1
500	TOTAL RECLASSIFICATIONS				936,861	209,576	500
	CODE LETTER - L						
1	MATERIALS MANAGEMENT COSTS	N	ADMINISTRATIVE & GENERAL	5	407,480	255,756	1
500	TOTAL RECLASSIFICATIONS				407,480	255,756	500
	CODE LETTER - N						
1	PROPERTY INSURANCE	O	CAP REL COSTS-BLDG & FIXT	1		99,916	1
500	TOTAL RECLASSIFICATIONS					99,916	500
	CODE LETTER - O						
1	IMPLANT COSTS	P	IMPL. DEV. CHARGED TO PATIENT	72		4,149,458	1
2							2
500	TOTAL RECLASSIFICATIONS					4,149,458	500
	CODE LETTER - P						
	GRAND TOTAL (INCREASES)				3,363,294	25,893,517	

(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. 10	
1	DRUGS CHGD TO PAT.	A	PHARMACY	15		9,308,466	1	
500	TOTAL RECLASSIFICATIONS					9,308,466	500	
	CODE LETTER - A							
1	CAFETERIA COSTS	B	DIETARY	10	739,871	701,214	1	
500	TOTAL RECLASSIFICATIONS				739,871	701,214	500	
	CODE LETTER - B							
1	HHA/HOSPICE BILLING/PLANT COSTS	D	HOME HEALTH AGENCY	101	53,411	7,494	1	
2			HOSPICE	116	18,335	2,572	2	
500	TOTAL RECLASSIFICATIONS				71,746	10,066	500	
	CODE LETTER - D							
1	INTEREST EXPENSE	G	INTEREST EXPENSE	113		4,224,521	9	
500	TOTAL RECLASSIFICATIONS					4,224,521	500	
	CODE LETTER - G							
1	RADIOLOGY ADMIN COSTS	I	RADIOLOGY-DIAGNOSTIC	54	516,364	188,663	1	
2							2	
3							3	
4							4	
500	TOTAL RECLASSIFICATIONS				516,364	188,663	500	
	CODE LETTER - I							
1	NURSERY COSTS	J	ADULTS & PEDIATRICS	30	690,972	175,288	1	
500	TOTAL RECLASSIFICATIONS				690,972	175,288	500	
	CODE LETTER - J							
1	EQUIPMENT DEPRECIATION	K	CAP REL COSTS-BLDG & FIXT	1		385	9	
2			EMPLOYEE BENEFITS DEPARTMENT	4		4,340	2	
3			ADMINISTRATIVE & GENERAL	5		1,470,431	3	
4			OPERATION OF PLANT	7		279,203	4	
5			LAUNDRY & LINEN SERVICE	8		1,876	5	
6			HOUSEKEEPING	9		28,106	6	
7			DIETARY	10		28,192	7	
8			NURSING ADMINISTRATION	13		93,683	8	
9			PHARMACY	15		107,177	9	
10			MEDICAL RECORDS & LIBRARY	16		18,116	10	
11			ADULTS & PEDIATRICS	30		465,937	11	
12			INTENSIVE CARE UNIT	31		57,658	12	
13			NICU	34.10		22,650	13	
14			SUBPROVIDER - IPF	40		6,090	14	
15			NURSERY	43		23,406	15	
16			OPERATING ROOM	50		819,919	16	
17			DELIVERY ROOM & LABOR ROOM	52		83,673	17	
18			ANESTHESIOLOGY	53		58,489	18	
19			RADIOLOGY-DIAGNOSTIC	54		293,251	19	
20			RADIOLOGY-THERAPEUTIC	55		411,212	20	
21			RADIOISOTOPE	56		88,631	21	
22			ULTRASOUND	56.10		122,259	22	
23			CT SCAN	57		308,475	23	
24			MRI	58		19,682	24	
25			CARDIAC CATHETERIZATION	59		207,639	25	
26			LABORATORY	60		217,144	26	
27			RESPIRATORY THERAPY	65		79,922	27	
28			SLEEP LAB	65.01		14,422	28	
29			PHYSICAL THERAPY	66		15,506	29	
30			SPEECH PATHOLOGY	68		1,448	30	
31			ELECTROCARDIOLOGY	69		175,747	31	
32			ELECTROENCEPHALOGRAPHY	70		5,667	32	
33			MEDICAL SUPPLIES CHARGED TO P	71		45,846	33	
34			RENAL DIALYSIS	74		8,107	34	
35			GI LAB	75.10		102,757	35	
36			CLINIC	90		13,652	36	
37			PALOS DIAGNOSTIC CENTER	90.01		3,843	37	
38			CARE STATIONS	90.02		51,079	38	
39			OUTPATIENT CARE CENTER	90.03		698,120	39	
40			EMERGENCY	91		53,652	40	
41			OUTPATIENT REHAB	93		4,143	41	



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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	
42			WOUND CARE CENTER	93.10		30,075		42
43			HOME HEALTH AGENCY	101		22,332		43
44			HOSPICE	116		2,354		44
45			PHYSICIANS' PRIVATE OFFICES	192		4,297		45
500	TOTAL RECLASSIFICATIONS					6,570,593		500
	CODE LETTER - K							
1	UTIL/QUALITY MANAGEMENT COSTS	L	ADMINISTRATIVE & GENERAL	5	936,861	209,576		1
500	TOTAL RECLASSIFICATIONS				936,861	209,576		500
	CODE LETTER - L							
1	MATERIALS MANAGEMENT COSTS	N	MEDICAL SUPPLIES CHARGED TO P	71	407,480	255,756		1
500	TOTAL RECLASSIFICATIONS				407,480	255,756		500
	CODE LETTER - N							
1	PROPERTY INSURANCE	O	ADMINISTRATIVE & GENERAL	5		99,916	9	1
500	TOTAL RECLASSIFICATIONS					99,916		500
	CODE LETTER - O							
1	IMPLANT COSTS	P	OPERATING ROOM	50		2,778,134		1
2			CARDIAC CATHETERIZATION	59		1,371,324		2
500	TOTAL RECLASSIFICATIONS					4,149,458		500
	CODE LETTER - P							
	GRAND TOTAL (DECREASES)				3,363,294	25,893,517		

(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	8,954,323					8,954,323		1
2	LAND IMPROVEMENTS	9,426,376					9,426,376		2
3	BUILDINGS AND FIXTURES	271,969,363	8,518,673		8,518,673	43,788,947	236,699,089		3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	91,566,667	5,202,261		5,202,261	3,151,181	93,617,747		6
7	HIT DESIGNATED ASSETS								7
8	SUBTOTAL (sum of lines 1-7)	381,916,729	13,720,934		13,720,934	46,940,128	348,697,535		8
9	RECONCILING ITEMS								9
10	TOTAL (line 7 minus line 9)	381,916,729	13,720,934		13,720,934	46,940,128	348,697,535		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	5,876,476						5,876,476	1	
2	CAP REL COSTS-MVBLE EQUIP								2	
3	TOTAL (sum of lines 1-2)	5,876,476						5,876,476	3	

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

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO (col. 1 - col. 2)	RATIO (see instr.)	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL (sum of cols. 5 through 7)	
*		9	10	11	12	13	14	15	16	
1	CAP REL COSTS-BLDG & FI				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	5,836,024						5,836,024	1	
2	CAP REL COSTS-MVBLE EQUIP	6,543,788						6,543,788	2	
3	TOTAL (sum of lines 1-2)	12,379,812						12,379,812	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	-265,991	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)					5
6	RENTAL OF PROVIDER SPACE BY SUPPLIERS (chapter 8)					6
7	TELEPHONE SERVICES (PAY STATIONS EXCL) (chapter 21)	A	-63,725	ADMINISTRATIVE & GENERAL	5	7
8	TELEVISION AND RADIO SERVICE (chapter 21)					8
9	PARKING LOT (chapter 21)					9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-6,280,695			10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)					11
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1	-340,967			12
13	LAUNDRY AND LINEN SERVICE					13
14	CAFETERIA - EMPLOYEES AND GUESTS					14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17	SALE OF DRUGS TO OTHER THAN PATIENTS					17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-2,887	MEDICAL RECORDS & LIBRARY	16	18
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20	VENDING MACHINES	B	-14,119	DIETARY	10	20
21	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (chapter 21)					21
22	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENTS					22
23	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25	UTIL REVIEW-PHYSICIANS' COMPENSATION (chapter 21)			UTILIZATION REVIEW-SNF	114	25
26	DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27	DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29	PHYSICIANS' ASSISTANT					29
30	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32	CAH HIT ADJ FOR DEPRECIATION AND					32
33						33
33.03	LABORATORY REVENUES	B	-8,777	LABORATORY	60	33.03
33.04	PHARMACY MISC REVENUE	B	-46,214	PHARMACY	15	33.04
33.05	RADIOLOGY ADMIN	B	-1,618	RADIOLOGY-DIAGNOSTIC	54	33.05
33.09	HUMAN RESOURCES MISC REVENUE	B	-595	EMPLOYEE BENEFITS DEPARTMENT	4	33.09
33.14	OTHER REVENUE CLINIC	B	-110	CLINIC	90	33.14
33.15	TELE & COMM MISC REVENUE	B	-1,521	ADMINISTRATIVE & GENERAL	5	33.15
33.16	ANSWERING SVCE INCOME	B	-245,431	ADMINISTRATIVE & GENERAL	5	33.16
33.25	CAFETERIA REVENUE	B	-696,448	CAFETERIA	11	33.25
33.27	MEDICAL STAFF APPLICATION REVENUE	B	-26,500	ADMINISTRATIVE & GENERAL	5	33.27
33.28	HOUSEKEEPING	B	-4,680	HOUSEKEEPING	9	33.28
33.29	EMPLOYEE HEALTH	A	-151,147	EMPLOYEE BENEFITS DEPARTMENT	4	33.29
33.30	BUS OFFICE/ADMITTING REVENUE	B	-5,895	ADMINISTRATIVE & GENERAL	5	33.30
33.32	MOTHER BABY	B	-5,360	ADULTS & PEDIATRICS	30	33.32
33.33	SECURITY PURCH SERVICES REVENUE	B	-3,038	OPERATION OF PLANT	7	33.33
33.39	LINEN OTHER REVENUE	B	-266	LAUNDRY & LINEN SERVICE	8	33.39
33.41	HEALTH EDUCATION CENTER REVENUE	B	-52,406	ADMINISTRATIVE & GENERAL	5	33.41
33.43	AFFILIATES REVENUE	B	-693,280	ADMINISTRATIVE & GENERAL	5	33.43
33.44	ACCTG REVENUE	B	-3,339	ADMINISTRATIVE & GENERAL	5	33.44
33.45	MISCELLANEOUS REVENUE	B	-66,250	ADMINISTRATIVE & GENERAL	5	33.45
33.46	REAL ESTATE TAXES	A	-78,597	ADMINISTRATIVE & GENERAL	5	33.46
33.52	NON-ALLOWABLE ADMIN COSTS	A	-314,375	ADMINISTRATIVE & GENERAL	5	9
33.53	MATERIALS MANAGEMENT REVENUE	B	-47,167	ADMINISTRATIVE & GENERAL	5	33.53
33.58	DIETARY OTHER REVENUE	B	-3,960	DIETARY	10	33.58



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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
34	CARE DEPOT OTHER REV	B	-2,975	ADULTS & PEDIATRICS	30	34
34.01	MEDICAID TAX	A	-12,771,046	ADMINISTRATIVE & GENERAL	5	34.01
34.02	VOLUNTEER SERVICES	A	-784,683	ADMINISTRATIVE & GENERAL	5	34.02
34.05	NON-ALLOWABLE DUES	A	-11,159	ADMINISTRATIVE & GENERAL	5	9 34.05
34.06	DEPR TELEPHONES, PATIENT PORTION	A	-26,805	CAP REL COSTS-MVBLE EQUIP	2	9 34.06
34.07	NON-ALLOWABLE INTEREST EXPENSE	A	-3,958,539	CAP REL COSTS-BLDG & FIXT	1	9 34.07
34.08	MARKETING COSTS	A	-982,196	ADMINISTRATIVE & GENERAL	5	9 34.08
34.24	EMPLOYEE HEALTH COSTS	A	-2,527,821	ADMINISTRATIVE & GENERAL	5	34.24
34.26	PHYSICIAN MATCH EXPENSES	A	-87,462	ADMINISTRATIVE & GENERAL	5	34.26
34.40	NON-ALLOWABLE DEPRECIATION	A	-125,216	CAP REL COSTS-BLDG & FIXT	1	9 34.40
34.56	RENTAL REVENUE	B	-42,300	CAP REL COSTS-BLDG & FIXT	1	9 34.56
34.64	CHICAGO RIDGE HEALTH EDUCATION COS	A	-310,886	ADMINISTRATIVE & GENERAL	5	34.64
34.65	OTHER REVENUE	B	-15	ELECTROCARDIOLOGY	69	34.65
34.66	OTHER REVENUE	B	-3,654	CARE STATIONS	90.02	34.66
35						35
36						36
37						37
38						38
39						39
40						40
41						41
42						42
43						43
44						44
45						45
46						46
47						47
48						48
49						49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-31,060,115			50

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1

(2) Basis for adjustment (see instructions)

A. Costs - if cost, including applicable overhead, can be determined

B. Amount Received - if cost cannot be determined

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

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



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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT INCLUDED IN WKST. A COLUMN 5	NET ADJUSTMENTS (col. 4 minus col. 5)*	WKST A-7 REF.	
1	2	3	4	5	6	7	
1	76.30	OS SVCS	MRI PROCEDURES	10,732	51,918	-41,186	1
2							2
3	1	CAP REL COSTS-BLDG & FIXT	POTTER PAV DEPR COSTS	27,542		27,542	9 3
3.01	5	ADMINISTRATIVE & GENERAL	POTTER PAVILLION ADMIN CO	23,958	146,231	-122,273	3.01
3.02	90	CLINIC	POTTER PAVILLION ADMIN CO	25,414		25,414	3.02
3.04	90.02	CARE STATIONS	OP CARE CENTER BUILD COST	102,120	179,748	-77,628	3.04
3.05	90.03	OUTPATIENT CARE CENTER	OP CARE CENTER BUILDING C	133,167	234,396	-101,229	3.05
4	5	ADMINISTRATIVE & GENERAL	POTTER PAV ADMIN COS	19,376	91,537	-72,161	4
4.01	90	CLINIC	POTTER PAV COSTS	20,554		20,554	4.01
5	TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12			362,863	703,830	-340,967	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	C	SW HOSPITAL MRI				6
7	C	LCM INC.				7
8						8
9						9
10						10

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

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



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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERATION	PROFESS- IONAL COMPO- NENT	PROVIDER COMPO- NENT	RCE AMOUNT	PHYSICIAN / PROVIDER COMPO- NENT HOURS	UNADJ- USTED RCE LIMIT	5 PERCENT OF UNADJ- USTED RCE LIMIT	
1	2	3	4	5	6	7	8	9	
1 5	ADMINISTRATIVE & GEN AGGREGATE	2,564,443	2,241,249	323,194	177,800	744	63,598	3,180	1
2 30	ADULTS & PEDIATRICS AGGREGATE	1,874,170	1,809,988	45,908	177,800	800	68,385	3,419	2
3 34.10	NICU AGGREGATE	784,247	754,247	30,000	177,800	192	16,412	821	3
4 40	SUBPROVIDER - IPF	37,440		37,440	177,800	360	30,773	1,539	4
5 50	OPERATING ROOM	147,069		147,069	177,800	1	86	4	5
6 52	DELIVERY ROOM & LABO	15,516		15,516	177,800	1	86	4	6
7 53	ANESTHESIOLOGY	10,000		10,000	177,800	96	8,206	410	7
8 13	NURSING ADMINISTRATI	5,955		5,955	177,800	1	86	4	8
9 55	RADIOLOGY-THERAPEUTI AGGREGATE	105,000	105,000						9
10 59	CARDIAC CATHETERIZAT	37,961		37,961	177,800	180	15,386	769	10
11 60	LABORATORY AGGREGATE	31,164	31,164						11
12 65	RESPIRATORY THERAPY	97,800		97,800	177,800	491	41,971	2,099	12
13 69	ELECTROCARDIOLOGY	131,040		131,040	177,800	648	55,391	2,770	13
14 74	RENAL DIALYSIS	20,400		20,400	177,800	144	12,309	615	14
15 90.02	CARE STATIONS AGGREGATE	565,731	565,731						15
16 91	EMERGENCY	160,711		160,711	177,800	926	79,155	3,958	16
17 93	OUTPATIENT REHAB	12,480		12,480	177,800	120	10,258	513	17
18 93.10	WOUND CARE CENTER	42,840		42,840	177,800	288	24,619	1,231	18
19 90.03	OUTPATIENT CARE CENT	956		956	177,800	1	86	4	19
20 22	I&R SERVICES-OTHER P TEACHING PHYSIC	90,450		90,450	177,800	589	50,348	2,517	20
200	TOTAL	6,735,373	5,507,379	1,209,720		5,582	477,155	23,857	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	5	ADMINISTRATIVE & GEN AGGREGATE					63,598	259,596	2,500,845	1
2	30	ADULTS & PEDIATRICS AGGREGATE					68,385		1,828,262	2
3	34.10	NICU AGGREGATE					16,412	13,588	767,835	3
4	40	SUBPROVIDER - IPF					30,773	6,667	6,667	4
5	50	OPERATING ROOM					86	146,983	146,983	5
6	52	DELIVERY ROOM & LABO					86	15,430	15,430	6
7	53	ANESTHESIOLOGY					8,206	1,794	1,794	7
8	13	NURSING ADMINISTRATI					86	5,869	5,869	8
9	55	RADIOLOGY-THERAPEUTI AGGREGATE							105,000	9
10	59	CARDIAC CATHETERIZAT					15,386	22,575	22,575	10
11	60	LABORATORY AGGREGATE							31,164	11
12	65	RESPIRATORY THERAPY					41,971	55,829	55,829	12
13	69	ELECTROCARDIOLOGY					55,391	75,649	75,649	13
14	74	RENAL DIALYSIS					12,309	8,091	8,091	14
15	90.02	CARE STATIONS AGGREGATE							565,731	15
16	91	EMERGENCY					79,155	81,556	81,556	16
17	93	OUTPATIENT REHAB					10,258	2,222	2,222	17
18	93.10	WOUND CARE CENTER					24,619	18,221	18,221	18
19	90.03	OUTPATIENT CARE CENT					86	870	870	19
20	22	I&R SERVICES-OTHER P TEACHING PHYSIC					50,348	40,102	40,102	20
200		TOTAL					477,155	755,042	6,280,695	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)	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMEN T	SUBTOTAL (cols.0-4)	ADMINI- STRATIVE & GENERAL	
		0	1	2	4	4A	5	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	5,836,024	5,836,024					1
2	CAP REL COSTS-MVBLE EQUIP	6,543,788		6,543,788				2
4	EMPLOYEE BENEFITS DEPARTMENT	1,924,454	27,277	4,323	1,956,054			4
5	ADMINISTRATIVE & GENERAL	17,782,631	695,942	1,464,515	321,828	20,264,916	20,264,916	5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	7,203,705	583,914	278,080	82,348	8,148,047	1,193,159	7
8	LAUNDRY & LINEN SERVICE	556,101	93,041	1,868	7,635	658,645	96,449	8
9	HOUSEKEEPING	2,240,902	37,903	27,993	74,277	2,381,075	348,673	9
10	DIETARY	1,404,446	114,795	28,079	28,882	1,576,202	230,811	10
11	CAFETERIA	744,637	92,795		29,259	866,691	126,914	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	2,177,027	7,152	93,306	35,794	2,313,279	338,745	13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	2,829,590	45,260	106,746	39,346	3,020,942	442,372	15
16	MEDICAL RECORDS & LIBRARY	2,044,485	69,043	18,043	33,073	2,164,644	316,980	16
17	SOCIAL SERVICE	1,146,437	6,537			1,152,974	168,836	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	277,001	22,041			299,042	43,790	22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	20,311,914	1,201,193	464,063	401,278	22,378,448	3,277,026	30
31	INTENSIVE CARE UNIT	5,485,902	164,605	57,426	85,012	5,792,945	848,290	31
34.10	NICU	1,476,296	54,615	22,559	18,885	1,572,355	230,248	34.10
40	SUBPROVIDER - IPF	1,721,716	141,303	6,066	28,027	1,897,112	277,804	40
43	NURSERY	842,854	3,504	23,312	13,717	883,387	129,359	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	10,768,197	448,472	816,622	92,573	12,125,864	1,775,651	50
52	DELIVERY ROOM & LABOR ROOM	2,895,974	149,060	83,337	43,133	3,171,504	464,419	52
53	ANESTHESIOLOGY	479,821	4,662	58,254	3,518	546,255	79,991	53
54	RADIOLOGY-DIAGNOSTIC	3,981,969	337,017	292,072	44,392	4,655,450	681,721	54
54.01	BREAST HEALTH CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	2,075,454	356,794	409,559	20,156	2,861,963	419,092	55
56	RADIOISOTOPE	1,213,465	30,771	88,275	8,253	1,340,764	196,335	56
56.10	ULTRASOUND	1,345,031	21,457	121,767	18,963	1,507,218	220,709	56.10
57	CT SCAN	1,421,831	14,427	307,235	15,352	1,758,845	257,556	57
58	MRI	698,512		19,603	9,144	727,259	106,496	58
59	CARDIAC CATHETERIZATION	1,634,954	88,758	206,804	8,375	1,938,891	283,922	59
60	LABORATORY	8,820,569	135,811	216,271	93,541	9,266,192	1,356,895	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	2,449,062	50,035	79,601	40,496	2,619,194	383,542	65
65.01	SLEEP LAB	258,713	27,256	14,364	4,643	304,976	44,659	65.01
66	PHYSICAL THERAPY	1,943,942	94,609	15,444	28,763	2,082,758	304,989	66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY	290,928	2,306	1,442	3,569	298,245	43,674	68
69	ELECTROCARDIOLOGY	1,051,817	16,590	175,040	17,726	1,261,173	184,680	69
69.01	C-PORT							69.01
70	ELECTROENCEPHALOGRAPHY	74,539	15,985	5,644	1,662	97,830	14,326	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	888,666	38,651	45,662	8,449	981,428	143,715	71
72	IMPL. DEV. CHARGED TO PATIENTS	4,149,458				4,149,458	607,626	72
73	DRUGS CHARGED TO PATIENTS	9,308,466				9,308,466	1,363,085	73
74	RENAL DIALYSIS	766,036	18,024	8,074	7,815	799,949	117,141	74
75.10	GI LAB	1,893,169	79,003	102,344	20,058	2,094,574	306,719	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS	68,851				68,851	10,082	76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	502,095	36,376	13,597	7,927	559,995	82,003	90
90.01	PALOS DIAGNOSTIC CENTER	278,631		3,828	5,885	288,344	42,224	90.01
90.02	CARE STATIONS	1,834,495		50,874	32,114	1,917,483	280,787	90.02

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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)	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMEN T	SUBTOTAL (cols.0-4)	ADMINI- STRATIVE & GENERAL	
		0	1	2	4	4A	5	
90.03	OUTPATIENT CARE CENTER	1,935,166		695,313	20,960	2,651,439	388,263	90.03
91	EMERGENCY	5,573,741	189,914	53,436	91,586	5,908,677	865,237	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	OUTPATIENT REHAB	1,059,184	159,092	4,126	19,112	1,241,514	181,801	93
93.10	WOUND CARE CENTER	525,505	12,296	29,954	7,088	574,843	84,177	93.10
	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
101	HOME HEALTH AGENCY	2,717,406	41,756	22,242	36,546	2,817,950	412,647	101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE	2,168,456	11,343	2,345	32,594	2,214,738	324,315	116
117	MOBILE MED	217,856			2,737	220,593	32,303	117
118	SUBTOTALS (sum of lines 1-117)	157,841,869	5,741,385	6,539,508	1,946,491	157,733,387	20,130,238	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		18,475			18,475	2,705	190
191.10	ADULT DAY CARE							191.10
192	PHYSICIANS' PRIVATE OFFICES	811,234	28,240	4,280	9,563	853,317	124,955	192
192.01	VACANT SPACE		46,418			46,418	6,797	192.01
194	FUND DEVELOPMENT		1,506			1,506	221	194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	158,653,103	5,836,024	6,543,788	1,956,054	158,653,103	20,264,916	202



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	9,341,206						7
8	LAUNDRY & LINEN SERVICE	191,905	946,999					8
9	HOUSEKEEPING	78,178	3,084	2,811,010				9
10	DIETARY	236,774	46	73,373	2,117,206			10
11	CAFETERIA	191,397		59,311		1,244,313		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	14,752		4,571		34,137	2,705,484	13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	93,353		28,929		37,524		15
16	MEDICAL RECORDS & LIBRARY	142,407		44,130		31,541		16
17	SOCIAL SERVICE	13,484		4,179		20,027		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	45,461		14,088				22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	2,477,554	233,927	767,758	1,716,064	382,700	1,074,379	30
31	INTENSIVE CARE UNIT	339,510	43,997	105,209	241,234	81,076	227,610	31
34.10	NICU	112,649	4,177	34,908		18,011	50,562	34.10
40	SUBPROVIDER - IPF	291,450	7,334	90,316	159,908	26,729	75,039	40
43	NURSERY	7,228		2,240		13,082	36,726	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	925,009	434,657	286,647		88,286	247,852	50
52	DELIVERY ROOM & LABOR ROOM	307,449	62,327	95,274		41,136	115,483	52
53	ANESTHESIOLOGY	9,616		2,980		3,355	9,418	53
54	RADIOLOGY-DIAGNOSTIC	695,126	27,831	215,409		42,337	118,855	54
54.01	BREAST HEALTH CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	735,916	7,809	228,050		19,223	53,965	55
56	RADIOISOTOPE	63,468	3,724	19,668		7,871		56
56.10	ULTRASOUND	44,256	9,425	13,714		18,085		56.10
57	CT SCAN	29,758	8,653	9,222		14,641		57
58	MRI		1,581			8,721		58
59	CARDIAC CATHETERIZATION	183,070	736	56,731		7,987		59
60	LABORATORY	280,121	2,114	86,806		89,210		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	103,202	58	31,981		38,620	108,422	65
65.01	SLEEP LAB	56,219	1,125	17,421		4,428		65.01
66	PHYSICAL THERAPY	195,138	8,813	60,470		27,431		66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY	4,755		1,474		3,403		68
69	ELECTROCARDIOLOGY	34,217	4,461	10,603		16,905		69
69.01	C-PORT							69.01
70	ELECTROENCEPHALOGRAPHY	32,970	569	10,217		1,585	4,450	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	79,721		24,704		8,057		71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS	37,176	3,252	11,520		7,453		74
75.10	GI LAB	162,950	10,395	50,496		19,129	53,703	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS							76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	75,029	554	23,250		7,560	21,222	90
90.01	PALOS DIAGNOSTIC CENTER		28					90.01
90.02	CARE STATIONS		1,717					90.02
90.03	OUTPATIENT CARE CENTER		3,322					90.03
91	EMERGENCY	391,713	56,948	121,386		87,346	245,211	91



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	OUTPATIENT REHAB	328,140		101,686		18,227	51,170	93
93.10	WOUND CARE CENTER	25,362	4,286	7,859		6,759	18,976	93.10
	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
101	HOME HEALTH AGENCY	86,125		26,689			97,847	101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE	23,396		7,250			87,265	116
117	MOBILE MED					2,611	7,329	117
118	SUBTOTALS (sum of lines 1-117)	9,146,004	946,950	2,750,519	2,117,206	1,235,193	2,705,484	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	38,106		11,809				190
191.10	ADULT DAY CARE							191.10
192	PHYSICIANS' PRIVATE OFFICES	58,248	49	18,050		9,120		192
192.01	VACANT SPACE	95,741		29,669				192.01
194	FUND DEVELOPMENT	3,107		963				194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	9,341,206	946,999	2,811,010	2,117,206	1,244,313	2,705,484	202

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		15	16	17	22	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							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	3,623,120						15
16	MEDICAL RECORDS & LIBRARY		2,699,702					16
17	SOCIAL SERVICE			1,359,500				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				402,381			22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	4,621	288,445	1,111,469	299,877	34,012,268	-299,877	30
31	INTENSIVE CARE UNIT	506	61,140	154,450		7,895,967		31
34.10	NICU	1,267	16,350	25,617		2,066,144		34.10
40	SUBPROVIDER - IPF	153	23,265			2,849,110		40
43	NURSERY		11,021			1,083,043		43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	15,342	217,195		102,504	16,219,007	-102,504	50
52	DELIVERY ROOM & LABOR ROOM	421	57,299			4,315,312		52
53	ANESTHESIOLOGY	26,039	58,264			735,918		53
54	RADIOLOGY-DIAGNOSTIC	13,540	122,834			6,573,103		54
54.01	BREAST HEALTH CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	389	51,986			4,378,393		55
56	RADIOISOTOPE	82,976	38,237			1,753,043		56
56.10	ULTRASOUND	212	52,799			1,866,418		56.10
57	CT SCAN	27,489	186,140			2,292,304		57
58	MRI	13,007	31,929			888,993		58
59	CARDIAC CATHETERIZATION	17,792	100,681			2,589,810		59
60	LABORATORY	905	405,325			11,487,568		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	2,146	73,972			3,361,137		65
65.01	SLEEP LAB		5,865			434,693		65.01
66	PHYSICAL THERAPY	55	28,995			2,708,649		66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY		6,341			357,892		68
69	ELECTROCARDIOLOGY	56	70,385			1,582,480		69
69.01	C-PORT							69.01
70	ELECTROENCEPHALOGRAPHY		4,038			165,985		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	51	6,896			1,244,572		71
72	IMPL. DEV. CHARGED TO PATIENTS		51,041			4,808,125		72
73	DRUGS CHARGED TO PATIENTS	3,349,509	276,577			14,297,637		73
74	RENAL DIALYSIS	2,774	10,707			989,972		74
75.10	GI LAB	1,424	63,598			2,762,988		75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS		425			79,358		76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	446	4,451			774,510		90
90.01	PALOS DIAGNOSTIC CENTER		3,198			333,794		90.01
90.02	CARE STATIONS	11,422	17,058			2,228,467		90.02
90.03	OUTPATIENT CARE CENTER	7,471	36,956			3,087,451		90.03
91	EMERGENCY	1,796	258,459	67,964		8,004,737		91



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		15	16	17	22	24	25	
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	OUTPATIENT REHAB	14	14,094			1,936,646		93
93.10	WOUND CARE CENTER	745	14,383			737,390		93.10
	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
101	HOME HEALTH AGENCY	652	16,306			3,458,216		101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE	39,473	12,261			2,708,698		116
117	MOBILE MED	427	786			264,049		117
118	SUBTOTALS (sum of lines 1-117)	3,623,120	2,699,702	1,359,500	402,381	157,333,847	-402,381	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN					71,095		190
191.10	ADULT DAY CARE							191.10
192	PHYSICIANS' PRIVATE OFFICES					1,063,739		192
192.01	VACANT SPACE					178,625		192.01
194	FUND DEVELOPMENT					5,797		194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	3,623,120	2,699,702	1,359,500	402,381	158,653,103	-402,381	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	33,712,391				30
31	INTENSIVE CARE UNIT	7,895,967				31
34.10	NICU	2,066,144				34.10
40	SUBPROVIDER - IPF	2,849,110				40
43	NURSERY	1,083,043				43
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	16,116,503				50
52	DELIVERY ROOM & LABOR ROOM	4,315,312				52
53	ANESTHESIOLOGY	735,918				53
54	RADIOLOGY-DIAGNOSTIC	6,573,103				54
54.01	BREAST HEALTH CENTER					54.01
55	RADIOLOGY-THERAPEUTIC	4,378,393				55
56	RADIOISOTOPE	1,753,043				56
56.10	ULTRASOUND	1,866,418				56.10
57	CT SCAN	2,292,304				57
58	MRI	888,993				58
59	CARDIAC CATHETERIZATION	2,589,810				59
60	LABORATORY	11,487,568				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	RESPIRATORY THERAPY	3,361,137				65
65.01	SLEEP LAB	434,693				65.01
66	PHYSICAL THERAPY	2,708,649				66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY	357,892				68
69	ELECTROCARDIOLOGY	1,582,480				69
69.01	C-PORT					69.01
70	ELECTROENCEPHALOGRAPHY	165,985				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,244,572				71
72	IMPL. DEV. CHARGED TO PATIENTS	4,808,125				72
73	DRUGS CHARGED TO PATIENTS	14,297,637				73
74	RENAL DIALYSIS	989,972				74
75.10	GI LAB	2,762,988				75.10
76	ENTEROSTOMAL THERAPY					76
76.10	NEUROLOGY					76.10
76.20	EMG					76.20
76.30	OS SVCS	79,358				76.30
76.40	AUDIOLOGY					76.40
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	774,510				90
90.01	PALOS DIAGNOSTIC CENTER	333,794				90.01
90.02	CARE STATIONS	2,228,467				90.02
90.03	OUTPATIENT CARE CENTER	3,087,451				90.03
91	EMERGENCY	8,004,737				91



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
93	OUTPATIENT REHAB	1,936,646					93
93.10	WOUND CARE CENTER	737,390					93.10
	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
101	HOME HEALTH AGENCY	3,458,216					101
	SPECIAL PURPOSE COST CENTERS						
113	INTEREST EXPENSE						113
116	HOSPICE	2,708,698					116
117	MOBILE MED	264,049					117
118	SUBTOTALS (sum of lines 1-117)	156,931,466					118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	71,095					190
191.10	ADULT DAY CARE						191.10
192	PHYSICIANS' PRIVATE OFFICES	1,063,739					192
192.01	VACANT SPACE	178,625					192.01
194	FUND DEVELOPMENT	5,797					194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	158,250,722					202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINI- STRATIVE & 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	432	27,277	4,323	32,032	32,032		4
5	ADMINISTRATIVE & GENERAL	207,422	695,942	1,464,515	2,367,879	5,270	2,373,149	5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	12,142	583,914	278,080	874,136	1,349	139,723	7
8	LAUNDRY & LINEN SERVICE		93,041	1,868	94,909	125	11,294	8
9	HOUSEKEEPING	10,307	37,903	27,993	76,203	1,216	40,831	9
10	DIETARY	2,159	114,795	28,079	145,033	473	27,029	10
11	CAFETERIA		92,795		92,795	479	14,862	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,557	7,152	93,306	102,015	586	39,668	13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	10,310	45,260	106,746	162,316	644	51,803	15
16	MEDICAL RECORDS & LIBRARY	108	69,043	18,043	87,194	542	37,119	16
17	SOCIAL SERVICE		6,537		6,537		19,771	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		22,041		22,041		5,128	22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	1,395	1,201,193	464,063	1,666,651	6,573	383,811	30
31	INTENSIVE CARE UNIT	756	164,605	57,426	222,787	1,392	99,337	31
34.10	NICU	288	54,615	22,559	77,462	309	26,963	34.10
40	SUBPROVIDER - IPF	266	141,303	6,066	147,635	459	32,532	40
43	NURSERY		3,504	23,312	26,816	225	15,148	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	2,544	448,472	816,622	1,267,638	1,516	207,934	50
52	DELIVERY ROOM & LABOR ROOM	914	149,060	83,337	233,311	706	54,385	52
53	ANESTHESIOLOGY	266	4,662	58,254	63,182	58	9,367	53
54	RADIOLOGY-DIAGNOSTIC	2,520	337,017	292,072	631,609	727	79,832	54
54.01	BREAST HEALTH CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	536	356,794	409,559	766,889	330	49,077	55
56	RADIOISOTOPE	649	30,771	88,275	119,695	135	22,991	56
56.10	ULTRASOUND	216	21,457	121,767	143,440	311	25,846	56.10
57	CT SCAN	18	14,427	307,235	321,680	251	30,161	57
58	MRI	549		19,603	20,152	150	12,471	58
59	CARDIAC CATHETERIZATION	2,961	88,758	206,804	298,523	137	33,248	59
60	LABORATORY	1,075	135,811	216,271	353,157	1,532	158,897	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	12,176	50,035	79,601	141,812	663	44,914	65
65.01	SLEEP LAB	295	27,256	14,364	41,915	76	5,230	65.01
66	PHYSICAL THERAPY	1,188	94,609	15,444	111,241	471	35,715	66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY	19,931	2,306	1,442	23,679	58	5,114	68
69	ELECTROCARDIOLOGY	432	16,590	175,040	192,062	290	21,627	69
69.01	C-PORT							69.01
70	ELECTROENCEPHALOGRAPHY		15,985	5,644	21,629	27	1,678	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,220	38,651	45,662	108,533	138	16,830	71
72	IMPL. DEV. CHARGED TO PATIENTS						71,155	72
73	DRUGS CHARGED TO PATIENTS						159,622	73
74	RENAL DIALYSIS	945	18,024	8,074	27,043	128	13,718	74
75.10	GI LAB	324	79,003	102,344	181,671	328	35,918	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS						1,181	76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	216	36,376	13,597	50,189	130	9,603	90
90.01	PALOS DIAGNOSTIC CENTER	48,096		3,828	51,924	96	4,945	90.01
90.02	CARE STATIONS	233,868		50,874	284,742	526	32,881	90.02
90.03	OUTPATIENT CARE CENTER	235,260		695,313	930,573	343	45,467	90.03



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINI- STRATIVE & GENERAL	
		0	1	2	2A	4	5	
91	EMERGENCY	414	189,914	53,436	243,764	1,500	101,322	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	OUTPATIENT REHAB	216	159,092	4,126	163,434	313	21,289	93
93.10	WOUND CARE CENTER	468	12,296	29,954	42,718	116	9,857	93.10
	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
101	HOME HEALTH AGENCY	2,510	41,756	22,242	66,508	598	48,322	101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE	231,431	11,343	2,345	245,119	534	37,978	116
117	MOBILE MED					45	3,783	117
118	SUBTOTALS (sum of lines 1-117)	1,071,380	5,741,385	6,539,508	13,352,273	31,875	2,357,377	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		18,475		18,475		317	190
191.10	ADULT DAY CARE							191.10
192	PHYSICIANS' PRIVATE OFFICES	198	28,240	4,280	32,718	157	14,633	192
192.01	VACANT SPACE		46,418		46,418		796	192.01
194	FUND DEVELOPMENT		1,506		1,506		26	194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,071,578	5,836,024	6,543,788	13,451,390	32,032	2,373,149	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	1,015,208						7
8	LAUNDRY & LINEN SERVICE	20,856	127,184					8
9	HOUSEKEEPING	8,496	414	127,160				9
10	DIETARY	25,733	6	3,319	201,593			10
11	CAFETERIA	20,801		2,683		131,620		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,603		207		3,611	147,690	13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	10,146		1,309		3,969		15
16	MEDICAL RECORDS & LIBRARY	15,477		1,996		3,336		16
17	SOCIAL SERVICE	1,465		189		2,118		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	4,941		637				22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	269,262	31,417	34,730	163,398	40,483	58,649	30
31	INTENSIVE CARE UNIT	36,898	5,909	4,759	22,969	8,576	12,425	31
34.10	NICU	12,243	561	1,579		1,905	2,760	34.10
40	SUBPROVIDER - IPF	31,675	985	4,086	15,226	2,827	4,096	40
43	NURSERY	786		101		1,384	2,005	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	100,531	58,374	12,967		9,339	13,530	50
52	DELIVERY ROOM & LABOR ROOM	33,414	8,371	4,310		4,351	6,304	52
53	ANESTHESIOLOGY	1,045		135		355	514	53
54	RADIOLOGY-DIAGNOSTIC	75,547	3,738	9,744		4,478	6,488	54
54.01	BREAST HEALTH CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	79,980	1,049	10,316		2,033	2,946	55
56	RADIOISOTOPE	6,898	500	890		833		56
56.10	ULTRASOUND	4,810	1,266	620		1,913		56.10
57	CT SCAN	3,234	1,162	417		1,549		57
58	MRI		212			922		58
59	CARDIAC CATHETERIZATION	19,896	99	2,566		845		59
60	LABORATORY	30,444	284	3,927		9,436		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	11,216	8	1,447		4,085	5,919	65
65.01	SLEEP LAB	6,110	151	788		468		65.01
66	PHYSICAL THERAPY	21,208	1,184	2,735		2,902		66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY	517		67		360		68
69	ELECTROCARDIOLOGY	3,719	599	480		1,788		69
69.01	C-PORT							69.01
70	ELECTROENCEPHALOGRAPHY	3,583	76	462		168	243	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,664		1,118		852		71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS	4,040	437	521		788		74
75.10	GI LAB	17,709	1,396	2,284		2,023	2,932	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS							76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	8,154	74	1,052		800	1,159	90
90.01	PALOS DIAGNOSTIC CENTER		4					90.01
90.02	CARE STATIONS		231					90.02
90.03	OUTPATIENT CARE CENTER		446					90.03
91	EMERGENCY	42,572	7,648	5,491		9,239	13,386	91



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	OUTPATIENT REHAB	35,662		4,600		1,928	2,793	93
93.10	WOUND CARE CENTER	2,756	576	356		715	1,036	93.10
	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
101	HOME HEALTH AGENCY	9,360		1,207			5,341	101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE	2,543		328			4,764	116
117	MOBILE MED					276	400	117
118	SUBTOTALS (sum of lines 1-117)	993,994	127,177	124,423	201,593	130,655	147,690	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,141		534				190
191.10	ADULT DAY CARE							191.10
192	PHYSICIANS' PRIVATE OFFICES	6,330	7	817		965		192
192.01	VACANT SPACE	10,405		1,342				192.01
194	FUND DEVELOPMENT	338		44				194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,015,208	127,184	127,160	201,593	131,620	147,690	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		15	16	17	22	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							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	230,187						15
16	MEDICAL RECORDS & LIBRARY		145,664					16
17	SOCIAL SERVICE			30,080				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					32,747		22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	294	15,594	24,592		2,695,454		30
31	INTENSIVE CARE UNIT	32	3,305	3,417		421,806		31
34.10	NICU	81	884	567		125,314		34.10
40	SUBPROVIDER - IPF	10	1,258			240,789		40
43	NURSERY		596			47,061		43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	975	11,742			1,684,546		50
52	DELIVERY ROOM & LABOR ROOM	27	3,098			348,277		52
53	ANESTHESIOLOGY	1,654	3,150			79,460		53
54	RADIOLOGY-DIAGNOSTIC	860	6,641			819,664		54
54.01	BREAST HEALTH CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	25	2,811			915,456		55
56	RADIOISOTOPE	5,272	2,067			159,281		56
56.10	ULTRASOUND	13	2,854			181,073		56.10
57	CT SCAN	1,746	10,063			370,263		57
58	MRI	826	1,726			36,459		58
59	CARDIAC CATHETERIZATION	1,130	5,443			361,887		59
60	LABORATORY	57	21,623			579,357		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	136	3,999			214,199		65
65.01	SLEEP LAB		317			55,055		65.01
66	PHYSICAL THERAPY	4	1,568			177,028		66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY		343			30,138		68
69	ELECTROCARDIOLOGY	4	3,805			224,374		69
69.01	C-PORT							69.01
70	ELECTROENCEPHALOGRAPHY		218			28,084		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	3	373			136,511		71
72	IMPL. DEV. CHARGED TO PATIENTS		2,759			73,914		72
73	DRUGS CHARGED TO PATIENTS	212,805	14,953			387,380		73
74	RENAL DIALYSIS	176	579			47,430		74
75.10	GI LAB	90	3,438			247,789		75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS		23			1,204		76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	28	241			71,430		90
90.01	PALOS DIAGNOSTIC CENTER		173			57,142		90.01
90.02	CARE STATIONS	726	922			320,028		90.02
90.03	OUTPATIENT CARE CENTER	475	1,998			979,302		90.03
91	EMERGENCY	114	13,973	1,504		440,513		91



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		15	16	17	22	24	25	
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	OUTPATIENT REHAB	1	762			230,782		93
93.10	WOUND CARE CENTER	47	778			58,955		93.10
	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
101	HOME HEALTH AGENCY	41	882			132,259		101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE	2,508	663			294,437		116
117	MOBILE MED	27	42			4,573		117
118	SUBTOTALS (sum of lines 1-117)	230,187	145,664	30,080		13,278,674		118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN					23,467		190
191.10	ADULT DAY CARE							191.10
192	PHYSICIANS' PRIVATE OFFICES					55,627		192
192.01	VACANT SPACE					58,961		192.01
194	FUND DEVELOPMENT					1,914		194
200	CROSS FOOT ADJUSTMENTS				32,747	32,747		200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	230,187	145,664	30,080	32,747	13,451,390		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	2,695,454					30
31	INTENSIVE CARE UNIT	421,806					31
34.10	NICU	125,314					34.10
40	SUBPROVIDER - IPF	240,789					40
43	NURSERY	47,061					43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	1,684,546					50
52	DELIVERY ROOM & LABOR ROOM	348,277					52
53	ANESTHESIOLOGY	79,460					53
54	RADIOLOGY-DIAGNOSTIC	819,664					54
54.01	BREAST HEALTH CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	915,456					55
56	RADIOISOTOPE	159,281					56
56.10	ULTRASOUND	181,073					56.10
57	CT SCAN	370,263					57
58	MRI	36,459					58
59	CARDIAC CATHETERIZATION	361,887					59
60	LABORATORY	579,357					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	214,199					65
65.01	SLEEP LAB	55,055					65.01
66	PHYSICAL THERAPY	177,028					66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY	30,138					68
69	ELECTROCARDIOLOGY	224,374					69
69.01	C-PORT						69.01
70	ELECTROENCEPHALOGRAPHY	28,084					70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	136,511					71
72	IMPL. DEV. CHARGED TO PATIENTS	73,914					72
73	DRUGS CHARGED TO PATIENTS	387,380					73
74	RENAL DIALYSIS	47,430					74
75.10	GI LAB	247,789					75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	1,204					76.30
76.40	AUDIOLOGY						76.40
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	71,430					90
90.01	PALOS DIAGNOSTIC CENTER	57,142					90.01
90.02	CARE STATIONS	320,028					90.02
90.03	OUTPATIENT CARE CENTER	979,302					90.03
91	EMERGENCY	440,513					91



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
93	OUTPATIENT REHAB	230,782					93
93.10	WOUND CARE CENTER	58,955					93.10
	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
101	HOME HEALTH AGENCY	132,259					101
	SPECIAL PURPOSE COST CENTERS						
113	INTEREST EXPENSE						113
116	HOSPICE	294,437					116
117	MOBILE MED	4,573					117
118	SUBTOTALS (sum of lines 1-117)	13,278,674					118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	23,467					190
191.10	ADULT DAY CARE						191.10
192	PHYSICIANS' PRIVATE OFFICES	55,627					192
192.01	VACANT SPACE	58,961					192.01
194	FUND DEVELOPMENT	1,914					194
200	CROSS FOOT ADJUSTMENTS	32,747					200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	13,451,390					202

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP-REL COSTS MOV EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT T FTE'S SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	569,546						1
2	CAP REL COSTS-MVBLE EQUIP		6,570,208					2
4	EMPLOYEE BENEFITS DEPARTMENT	2,662	4,340	2,956,087				4
5	ADMINISTRATIVE & GENERAL	67,918	1,470,431	486,362	-20,264,916	138,388,187		5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	56,985	279,203	124,448		8,148,047	441,981	7
8	LAUNDRY & LINEN SERVICE	9,080	1,876	11,538		658,645	9,080	8
9	HOUSEKEEPING	3,699	28,106	112,251		2,381,075	3,699	9
10	DIETARY	11,203	28,192	43,648		1,576,202	11,203	10
11	CAFETERIA	9,056		44,218		866,691	9,056	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	698	93,683	54,094		2,313,279	698	13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	4,417	107,177	59,462		3,020,942	4,417	15
16	MEDICAL RECORDS & LIBRARY	6,738	18,116	49,981		2,164,644	6,738	16
17	SOCIAL SERVICE	638				1,152,974	638	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	2,151				299,042	2,151	22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	117,226	465,937	606,436		22,378,448	117,226	30
31	INTENSIVE CARE UNIT	16,064	57,658	128,475		5,792,945	16,064	31
34.10	NICU	5,330	22,650	28,540		1,572,355	5,330	34.10
40	SUBPROVIDER - IPF	13,790	6,090	42,356		1,897,112	13,790	40
43	NURSERY	342	23,406	20,730		883,387	342	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	43,767	819,919	139,901		12,125,864	43,767	50
52	DELIVERY ROOM & LABOR ROOM	14,547	83,673	65,185		3,171,504	14,547	52
53	ANESTHESIOLOGY	455	58,489	5,316		546,255	455	53
54	RADIOLOGY-DIAGNOSTIC	32,890	293,251	67,088		4,655,450	32,890	54
54.01	BREAST HEALTH CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	34,820	411,212	30,461		2,861,963	34,820	55
56	RADIOISOTOPE	3,003	88,631	12,473		1,340,764	3,003	56
56.10	ULTRASOUND	2,094	122,259	28,658		1,507,218	2,094	56.10
57	CT SCAN	1,408	308,475	23,200		1,758,845	1,408	57
58	MRI		19,682	13,819		727,259		58
59	CARDIAC CATHETERIZATION	8,662	207,639	12,656		1,938,891	8,662	59
60	LABORATORY	13,254	217,144	141,364		9,266,192	13,254	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	4,883	79,922	61,199		2,619,194	4,883	65
65.01	SLEEP LAB	2,660	14,422	7,016		304,976	2,660	65.01
66	PHYSICAL THERAPY	9,233	15,506	43,468		2,082,758	9,233	66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY	225	1,448	5,393		298,245	225	68
69	ELECTROCARDIOLOGY	1,619	175,747	26,788		1,261,173	1,619	69
69.01	C-PORT							69.01
70	ELECTROENCEPHALOGRAPHY	1,560	5,667	2,512		97,830	1,560	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,772	45,846	12,768		981,428	3,772	71
72	IMPL. DEV. CHARGED TO PATIENTS					4,149,458		72
73	DRUGS CHARGED TO PATIENTS					9,308,466		73
74	RENAL DIALYSIS	1,759	8,107	11,810		799,949	1,759	74
75.10	GI LAB	7,710	102,757	30,313		2,094,574	7,710	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS					68,851		76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	3,550	13,652	11,979		559,995	3,550	90
90.01	PALOS DIAGNOSTIC CENTER		3,843	8,893		288,344		90.01
90.02	CARE STATIONS		51,079	48,532		1,917,483		90.02



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP-REL COSTS MOV EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT FTE'S SALARIES)	RECON-CILIATION	ADMINI-STRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
90.03	OUTPATIENT CARE CENTER		698,120	31,676		2,651,439		90.03
91	EMERGENCY	18,534	53,652	138,410		5,908,677	18,534	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	OUTPATIENT REHAB	15,526	4,143	28,883		1,241,514	15,526	93
93.10	WOUND CARE CENTER	1,200	30,075	10,711		574,843	1,200	93.10
	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
101	HOME HEALTH AGENCY	4,075	22,332	55,230		2,817,950	4,075	101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE	1,107	2,354	49,257		2,214,738	1,107	116
117	MOBILE MED			4,137		220,593		117
118	SUBTOTALS (sum of lines 1-117)	560,310	6,565,911	2,941,635	-20,264,916	137,468,471	432,745	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,803				18,475	1,803	190
191.10	ADULT DAY CARE							191.10
192	PHYSICIANS' PRIVATE OFFICES	2,756	4,297	14,452		853,317	2,756	192
192.01	VACANT SPACE	4,530				46,418	4,530	192.01
194	FUND DEVELOPMENT	147				1,506	147	194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	5,836,024	6,543,788	1,956,054		20,264,916	9,341,206	202
203	UNIT COST MULT-WS B PT I	10.246800	0.995979	0.661704		0.146435	21.134859	203
204	COST TO BE ALLOC PER B PT II			32,032		2,373,149	1,015,208	204
205	UNIT COST MULT-WS B PT II			0.010836		0.017148	2.296949	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA PAID HOURS	NURSING ADMINISTRATION (DIRECT NRSG HRS)	PHARMACY (COSTED REQUIS)	
		8	9	10	11	13	15	
	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	1,026,995						8
9	HOUSEKEEPING	3,345	429,202					9
10	DIETARY	50	11,203	173,539				10
11	CAFETERIA		9,056		1,971,769			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		698		54,094	1,527,119		13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY		4,417		59,462		10,068,839	15
16	MEDICAL RECORDS & LIBRARY		6,738		49,981			16
17	SOCIAL SERVICE		638		31,735			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		2,151					22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	253,687	117,226	140,659	606,436	606,436	12,841	30
31	INTENSIVE CARE UNIT	47,714	16,064	19,773	128,475	128,475	1,405	31
34.10	NICU	4,530	5,330		28,540	28,540	3,522	34.10
40	SUBPROVIDER - IPF	7,954	13,790	13,107	42,356	42,356	424	40
43	NURSERY		342		20,730	20,730		43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	471,371	43,767		139,901	139,901	42,636	50
52	DELIVERY ROOM & LABOR ROOM	67,592	14,547		65,185	65,185	1,169	52
53	ANESTHESIOLOGY		455		5,316	5,316	72,365	53
54	RADIOLOGY-DIAGNOSTIC	30,182	32,890		67,088	67,088	37,627	54
54.01	BREAST HEALTH CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	8,469	34,820		30,461	30,461	1,080	55
56	RADIOISOTOPE	4,039	3,003		12,473		230,594	56
56.10	ULTRASOUND	10,221	2,094		28,658		588	56.10
57	CT SCAN	9,384	1,408		23,200		76,392	57
58	MRI	1,715			13,819		36,146	58
59	CARDIAC CATHETERIZATION	798	8,662		12,656		49,444	59
60	LABORATORY	2,293	13,254		141,364		2,514	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	63	4,883		61,199	61,199	5,964	65
65.01	SLEEP LAB	1,220	2,660		7,016			65.01
66	PHYSICAL THERAPY	9,557	9,233		43,468		154	66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY		225		5,393			68
69	ELECTROCARDIOLOGY	4,838	1,619		26,788		156	69
69.01	C-PORT							69.01
70	ELECTROENCEPHALOGRAPHY	617	1,560		2,512	2,512		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,772		12,768		143	71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS						9,308,466	73
74	RENAL DIALYSIS	3,527	1,759		11,810		7,709	74
75.10	GI LAB	11,273	7,710		30,313	30,313	3,958	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS							76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	601	3,550		11,979	11,979	1,239	90
90.01	PALOS DIAGNOSTIC CENTER	30						90.01
90.02	CARE STATIONS	1,862					31,743	90.02
90.03	OUTPATIENT CARE CENTER	3,603					20,762	90.03



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA PAID HOURS	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	PHARMACY (COSTED REQUIS)	
		8	9	10	11	13	15	
91	EMERGENCY	61,759	18,534		138,410	138,410	4,992	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	OUTPATIENT REHAB		15,526		28,883	28,883	40	93
93.10	WOUND CARE CENTER	4,648	1,200		10,711	10,711	2,071	93.10
	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
101	HOME HEALTH AGENCY		4,075			55,230	1,811	101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE		1,107			49,257	109,698	116
117	MOBILE MED				4,137	4,137	1,186	117
118	SUBTOTALS (sum of lines 1-117)	1,026,942	419,966	173,539	1,957,317	1,527,119	10,068,839	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,803					190
191.10	ADULT DAY CARE							191.10
192	PHYSICIANS' PRIVATE OFFICES	53	2,756		14,452			192
192.01	VACANT SPACE		4,530					192.01
194	FUND DEVELOPMENT		147					194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	946,999	2,811,010	2,117,206	1,244,313	2,705,484	3,623,120	202
203	UNIT COST MULT-WS B PT I	0.922107	6.549387	12.200174	0.631064	1.771626	0.359835	203
204	COST TO BE ALLOC PER B PT II	127,184	127,160	201,593	131,620	147,690	230,187	204
205	UNIT COST MULT-WS B PT II	0.123841	0.296271	1.161658	0.066752	0.096712	0.022861	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)			
	16	17	21	22			

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	884,706,624					16
17	SOCIAL SERVICE		54,609				17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD			369			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD				369		22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	94,510,250	44,646	275	275		30
31	INTENSIVE CARE UNIT	20,032,828	6,204				31
34.10	NICU	5,357,088	1,029				34.10
40	SUBPROVIDER - IPF	7,622,777					40
43	NURSERY	3,611,096					43
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	71,164,786		94	94		50
52	DELIVERY ROOM & LABOR ROOM	18,774,158					52
53	ANESTHESIOLOGY	19,090,554					53
54	RADIOLOGY-DIAGNOSTIC	40,247,063					54
54.01	BREAST HEALTH CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	17,033,474					55
56	RADIOISOTOPE	12,528,506					56
56.10	ULTRASOUND	17,299,886					56.10
57	CT SCAN	60,989,575					57
58	MRI	10,461,735					58
59	CARDIAC CATHETERIZATION	32,988,453					59
60	LABORATORY	132,944,695					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	24,237,331					65
65.01	SLEEP LAB	1,921,743					65.01
66	PHYSICAL THERAPY	9,500,490					66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY	2,077,688					68
69	ELECTROCARDIOLOGY	23,061,838					69
69.01	C-PORT						69.01
70	ELECTROENCEPHALOGRAPHY	1,322,930					70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,259,645					71
72	IMPL. DEV. CHARGED TO PATIENTS	16,723,671					72
73	DRUGS CHARGED TO PATIENTS	90,621,533					73
74	RENAL DIALYSIS	3,508,082					74
75.10	GI LAB	20,838,221					75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	139,212					76.30
76.40	AUDIOLOGY						76.40
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1,458,485					90
90.01	PALOS DIAGNOSTIC CENTER	1,047,814					90.01



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)			
		16	17	21	22			
90.02	CARE STATIONS	5,589,067						90.02
90.03	OUTPATIENT CARE CENTER	12,108,813						90.03
91	EMERGENCY	84,685,216	2,730					91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	OUTPATIENT REHAB	4,617,818						93
93.10	WOUND CARE CENTER	4,712,661						93.10
	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
101	HOME HEALTH AGENCY	5,342,687						101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE	4,017,261						116
117	MOBILE MED	257,494						117
118	SUBTOTALS (sum of lines 1-117)	884,706,624	54,609	369	369			118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
191.10	ADULT DAY CARE							191.10
192	PHYSICIANS' PRIVATE OFFICES							192
192.01	VACANT SPACE							192.01
194	FUND DEVELOPMENT							194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	2,699,702	1,359,500		402,381			202
203	UNIT COST MULT-WS B PT I	0.003052	24.895164		1,090.463415			203
204	COST TO BE ALLOC PER B PT II	145,664	30,080		32,747			204
205	UNIT COST MULT-WS B PT II	0.000165	0.550825		88.745257			205



COMPU-MAX

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

		WORKSHEET		
DESCRIPTION		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	TOTAL COST (from Wkst. B, Part I, col. 26)	THERAPY LIMIT ADJ.	COSTS		
				TOTAL COSTS	RCE DISALLOW- ANCE	
		1	2	3	4	5
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS	33,712,391		33,712,391		33,712,391 30
31	INTENSIVE CARE UNIT	7,895,967		7,895,967		7,895,967 31
34.10	NICU	2,066,144		2,066,144	13,588	2,079,732 34.10
40	SUBPROVIDER - IPF	2,849,110		2,849,110	6,667	2,855,777 40
43	NURSERY	1,083,043		1,083,043		1,083,043 43
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	16,116,503		16,116,503	146,983	16,263,486 50
52	DELIVERY ROOM & LABOR ROOM	4,315,312		4,315,312	15,430	4,330,742 52
53	ANESTHESIOLOGY	735,918		735,918	1,794	737,712 53
54	RADIOLOGY-DIAGNOSTIC	6,573,103		6,573,103		6,573,103 54
54.01	BREAST HEALTH CENTER					54.01
55	RADIOLOGY-THERAPEUTIC	4,378,393		4,378,393		4,378,393 55
56	RADIOISOTOPE	1,753,043		1,753,043		1,753,043 56
56.10	ULTRASOUND	1,866,418		1,866,418		1,866,418 56.10
57	CT SCAN	2,292,304		2,292,304		2,292,304 57
58	MRI	888,993		888,993		888,993 58
59	CARDIAC CATHETERIZATION	2,589,810		2,589,810	22,575	2,612,385 59
60	LABORATORY	11,487,568		11,487,568		11,487,568 60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	RESPIRATORY THERAPY	3,361,137		3,361,137	55,829	3,416,966 65
65.01	SLEEP LAB	434,693		434,693		434,693 65.01
66	PHYSICAL THERAPY	2,708,649		2,708,649		2,708,649 66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY	357,892		357,892		357,892 68
69	ELECTROCARDIOLOGY	1,582,480		1,582,480	75,649	1,658,129 69
69.01	C-PORT					69.01
70	ELECTROENCEPHALOGRAPHY	165,985		165,985		165,985 70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,244,572		1,244,572		1,244,572 71
72	IMPL. DEV. CHARGED TO PATIENTS	4,808,125		4,808,125		4,808,125 72
73	DRUGS CHARGED TO PATIENTS	14,297,637		14,297,637		14,297,637 73
74	RENAL DIALYSIS	989,972		989,972	8,091	998,063 74
75.10	GI LAB	2,762,988		2,762,988		2,762,988 75.10
76	ENTEROSTOMAL THERAPY					76
76.10	NEUROLOGY					76.10
76.20	EMG					76.20
76.30	OS SVCS	79,358		79,358		79,358 76.30
76.40	AUDIOLOGY					76.40
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	774,510		774,510		774,510 90
90.01	PALOS DIAGNOSTIC CENTER	333,794		333,794		333,794 90.01
90.02	CARE STATIONS	2,228,467		2,228,467		2,228,467 90.02
90.03	OUTPATIENT CARE CENTER	3,087,451		3,087,451	870	3,088,321 90.03
91	EMERGENCY	8,004,737		8,004,737	81,556	8,086,293 91
92	OBSERVATION BEDS (NON-DISTINCT PART)	2,695,486		2,695,486		2,695,486 92
93	OUTPATIENT REHAB	1,936,646		1,936,646	2,222	1,938,868 93
93.10	WOUND CARE CENTER	737,390		737,390	18,221	755,611 93.10
	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
101	HOME HEALTH AGENCY	3,458,216		3,458,216		3,458,216 101
113	INTEREST EXPENSE					113
116	HOSPICE	2,708,698		2,708,698		2,708,698 116
117	MOBILE MED	264,049		264,049		264,049 117
200	SUBTOTAL (SEE INSTRUCTIONS)	159,626,952		159,626,952	449,475	160,076,427 200
201	LESS OBSERVATION BEDS	2,695,486		2,695,486		2,695,486 201
202	TOTAL (SEE INSTRUCTIONS)	156,931,466		156,931,466		157,380,941 202



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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	87,805,136		87,805,136				30
31	INTENSIVE CARE UNIT	20,032,828		20,032,828				31
34.10	NICU	5,357,088		5,357,088				34.10
40	SUBPROVIDER - IPF	7,622,777		7,622,777				40
43	NURSERY	3,611,096		3,611,096				43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	32,627,150	38,537,636	71,164,786	0.226467	0.226467	0.228533	50
52	DELIVERY ROOM & LABOR ROOM	13,217,906	5,556,252	18,774,158	0.229854	0.229854	0.230676	52
53	ANESTHESIOLOGY	10,089,229	9,001,325	19,090,554	0.038549	0.038549	0.038643	53
54	RADIOLOGY-DIAGNOSTIC	18,722,901	21,524,162	40,247,063	0.163319	0.163319	0.163319	54
54.01	BREAST HEALTH CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	1,114,745	15,918,729	17,033,474	0.257046	0.257046	0.257046	55
56	RADIOISOTOPE	4,471,815	8,056,691	12,528,506	0.139924	0.139924	0.139924	56
56.10	ULTRASOUND	6,096,956	11,202,930	17,299,886	0.107886	0.107886	0.107886	56.10
57	CT SCAN	24,446,003	36,543,572	60,989,575	0.037585	0.037585	0.037585	57
58	MRI	4,977,030	5,484,705	10,461,735	0.084976	0.084976	0.084976	58
59	CARDIAC CATHETERIZATION	20,079,915	12,908,538	32,988,453	0.078507	0.078507	0.079191	59
60	LABORATORY	60,864,493	72,080,202	132,944,695	0.086409	0.086409	0.086409	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	20,973,575	3,263,756	24,237,331	0.138676	0.138676	0.140979	65
65.01	SLEEP LAB	2,586	1,919,157	1,921,743	0.226197	0.226197	0.226197	65.01
66	PHYSICAL THERAPY	3,934,055	5,566,435	9,500,490	0.285106	0.285106	0.285106	66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY	1,396,511	681,177	2,077,688	0.172255	0.172255	0.172255	68
69	ELECTROCARDIOLOGY	12,859,217	10,202,621	23,061,838	0.068619	0.068619	0.071899	69
69.01	C-PORT							69.01
70	ELECTROENCEPHALOGRAPHY	383,879	939,051	1,322,930	0.125468	0.125468	0.125468	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,875,222	384,423	2,259,645	0.550782	0.550782	0.550782	71
72	IMPL. DEV. CHARGED TO PATIENTS	10,996,885	5,726,786	16,723,671	0.287504	0.287504	0.287504	72
73	DRUGS CHARGED TO PATIENTS	56,172,526	34,449,007	90,621,533	0.157773	0.157773	0.157773	73
74	RENAL DIALYSIS	3,140,263	367,819	3,508,082	0.282198	0.282198	0.284504	74
75.10	GI LAB	5,128,682	15,709,539	20,838,221	0.132592	0.132592	0.132592	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS	132,084	7,128	139,212	0.570051	0.570051	0.570051	76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	135,059	1,323,426	1,458,485	0.531037	0.531037	0.531037	90
90.01	PALOS DIAGNOSTIC CENTER	2,031	1,045,783	1,047,814	0.318562	0.318562	0.318562	90.01
90.02	CARE STATIONS	20,096	5,568,971	5,589,067	0.398719	0.398719	0.398719	90.02
90.03	OUTPATIENT CARE CENTER	87,580	12,021,233	12,108,813	0.254976	0.254976	0.255047	90.03
91	EMERGENCY	29,494,651	55,190,565	84,685,216	0.094523	0.094523	0.095486	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	827,933	5,877,181	6,705,114	0.402004	0.402004	0.402004	92
93	OUTPATIENT REHAB	2,030	4,615,788	4,617,818	0.419386	0.419386	0.419867	93
93.10	WOUND CARE CENTER	17,592	4,695,069	4,712,661	0.156470	0.156470	0.160336	93.10
	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
101	HOME HEALTH AGENCY	5,520	5,337,167	5,342,687				101
113	INTEREST EXPENSE							113
116	HOSPICE		4,017,261	4,017,261				116
117	MOBILE MED		257,494	257,494				117
200	SUBTOTAL (SEE INSTRUCTIONS)	468,725,045	415,981,579	884,706,624				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	468,725,045	415,981,579	884,706,624				202



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 Version: 2014.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26))	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	2,695,454		2,695,454	47,789	56.40	23,280	1,312,992	30
31	INTENSIVE CARE UNIT	421,806		421,806	6,255	67.44	3,341	225,317	31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
34.10	NICU	125,314		125,314	1,460	85.83			34.10
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF	240,789		240,789	4,185	57.54	1,848	106,334	40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY	47,061		47,061	2,219	21.21			43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	3,530,424		3,530,424	61,908		28,469	1,644,643	200

(A) Worksheet A line numbers



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0179

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	1,684,546	71,164,786	0.023671	11,715,896	277,327	50
52	DELIVERY ROOM & LABOR ROOM	348,277	18,774,158	0.018551	49,888	925	52
53	ANESTHESIOLOGY	79,460	19,090,554	0.004162	3,237,833	13,476	53
54	RADIOLOGY-DIAGNOSTIC	819,664	40,247,063	0.020366	10,614,801	216,181	54
54.01	BREAST HEALTH CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	915,456	17,033,474	0.053745	610,698	32,822	55
56	RADIOISOTOPE	159,281	12,528,506	0.012713	2,681,782	34,093	56
56.10	ULTRASOUND	181,073	17,299,886	0.010467	3,184,264	33,330	56.10
57	CT SCAN	370,263	60,989,575	0.006071	13,145,805	79,808	57
58	MRI	36,459	10,461,735	0.003485	2,428,340	8,463	58
59	CARDIAC CATHETERIZATION	361,887	32,988,453	0.010970	8,908,494	97,726	59
60	LABORATORY	579,357	132,944,695	0.004358	30,286,792	131,990	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	214,199	24,237,331	0.008838	11,573,002	102,282	65
65.01	SLEEP LAB	55,055	1,921,743	0.028648	1,247	36	65.01
66	PHYSICAL THERAPY	177,028	9,500,490	0.018634	2,491,717	46,431	66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY	30,138	2,077,688	0.014506	910,984	13,215	68
69	ELECTROCARDIOLOGY	224,374	23,061,838	0.009729	6,826,827	66,418	69
69.01	C-PORT						69.01
70	ELECTROENCEPHALOGRAPHY	28,084	1,322,930	0.021229	208,556	4,427	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	136,511	2,259,645	0.060413	961,868	58,109	71
72	IMPL. DEV. CHARGED TO PATIENTS	73,914	16,723,671	0.004420	6,330,901	27,983	72
73	DRUGS CHARGED TO PATIENTS	387,380	90,621,533	0.004275	28,111,150	120,175	73
74	RENAL DIALYSIS	47,430	3,508,082	0.013520	2,077,290	28,085	74
75.10	GI LAB	247,789	20,838,221	0.011891	2,963,441	35,238	75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	1,204	139,212	0.008649	68,924	596	76.30
76.40	AUDIOLOGY						76.40
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	71,430	1,458,485	0.048975	34,417	1,686	90
90.01	PALOS DIAGNOSTIC CENTER	57,142	1,047,814	0.054534	1,702	93	90.01
90.02	CARE STATIONS	320,028	5,589,067	0.057260	14,696	841	90.02
90.03	OUTPATIENT CARE CENTER	979,302	12,108,813	0.080875	59,563	4,817	90.03
91	EMERGENCY	440,513	84,685,216	0.005202	15,250,036	79,331	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	215,515	6,705,114	0.032142	661,489	21,262	92
93	OUTPATIENT REHAB	230,782	4,617,818	0.049976	178	9	93
93.10	WOUND CARE CENTER	58,955	4,712,661	0.012510	16,852	211	93.10
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	9,532,496	750,660,257		165,429,433	1,537,386	200

(A) Worksheet A line numbers



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 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 ADJUST- MENT AMOUNT (see instruct- ions)	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
34.10	NICU						34.10
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



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 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	TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	47,789		23,280		30
31	INTENSIVE CARE UNIT	6,255		3,341		31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
34.10	NICU	1,460				34.10
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF	4,185		1,848		40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	2,219				43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	61,908		28,469		200

(A) Worksheet A line numbers



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0179

**WORKSHEET D
PART IV**

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

(A)	COST CENTER DESCRIPTION	NON PHYSICIAN 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
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	BREAST HEALTH CENTER							54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
56.10	ULTRASOUND							56.10
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY							65
65.01	SLEEP LAB							65.01
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
69.01	C-PORT							69.01
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
75.10	GI LAB							75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS							76.30
76.40	AUDIOLOGY							76.40
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	PALOS DIAGNOSTIC CENTER							90.01
90.02	CARE STATIONS							90.02
90.03	OUTPATIENT CARE CENTER							90.03
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	OUTPATIENT REHAB							93
93.10	WOUND CARE CENTER							93.10
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0179

**WORKSHEET D
PART IV**

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

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5 ÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6 ÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	71,164,786			11,715,896		11,552,724	50
52	DELIVERY ROOM & LABOR ROOM	18,774,158			49,888		17,626	52
53	ANESTHESIOLOGY	19,090,554			3,237,833		2,902,275	53
54	RADIOLOGY-DIAGNOSTIC	40,247,063			10,614,801		5,398,632	54
54.01	BREAST HEALTH CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	17,033,474			610,698		8,442,545	55
56	RADIOISOTOPE	12,528,506			2,681,782		3,622,181	56
56.10	ULTRASOUND	17,299,886			3,184,264		2,575,867	56.10
57	CT SCAN	60,989,575			13,145,805		11,534,724	57
58	MRI	10,461,735			2,428,340		1,534,534	58
59	CARDIAC CATHETERIZATION	32,988,453			8,908,494		5,436,028	59
60	LABORATORY	132,944,695			30,286,792		5,463,996	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	24,237,331			11,573,002		698,606	65
65.01	SLEEP LAB	1,921,743			1,247		633,258	65.01
66	PHYSICAL THERAPY	9,500,490			2,491,717		23	66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY	2,077,688			910,984		52	68
69	ELECTROCARDIOLOGY	23,061,838			6,826,827		3,940,175	69
69.01	C-PORT							69.01
70	ELECTROENCEPHALOGRAPHY	1,322,930			208,556		270,306	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,259,645			961,868		133,256	71
72	IMPL. DEV. CHARGED TO PATIENTS	16,723,671			6,330,901		2,738,349	72
73	DRUGS CHARGED TO PATIENTS	90,621,533			28,111,150		15,172,394	73
74	RENAL DIALYSIS	3,508,082			2,077,290		181,681	74
75.10	GI LAB	20,838,221			2,963,441		5,613,832	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS	139,212			68,924		1,518	76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1,458,485			34,417		568,934	90
90.01	PALOS DIAGNOSTIC CENTER	1,047,814			1,702		539,329	90.01
90.02	CARE STATIONS	5,589,067			14,696		525,193	90.02
90.03	OUTPATIENT CARE CENTER	12,108,813			59,563		3,395,737	90.03
91	EMERGENCY	84,685,216			15,250,036		10,043,018	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	6,705,114			661,489		1,801,309	92
93	OUTPATIENT REHAB	4,617,818			178		3,073	93
93.10	WOUND CARE CENTER	4,712,661			16,852		2,312,488	93.10
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)	750,660,257			165,429,433		107,053,663	200

(A) Worksheet A line numbers



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0179

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	0.226467	11,552,724			2,616,311		50	
52	DELIVERY ROOM & LABOR ROOM	0.229854	17,626			4,051		52	
53	ANESTHESIOLOGY	0.038549	2,902,275			111,880		53	
54	RADIOLOGY-DIAGNOSTIC	0.163319	5,398,632			881,699		54	
54.01	BREAST HEALTH CENTER							54.01	
55	RADIOLOGY-THERAPEUTIC	0.257046	8,442,545			2,170,122		55	
56	RADIOISOTOPE	0.139924	3,622,181			506,830		56	
56.10	ULTRASOUND	0.107886	2,575,867			277,900		56.10	
57	CT SCAN	0.037585	11,534,724			433,533		57	
58	MRI	0.084976	1,534,534			130,399		58	
59	CARDIAC CATHETERIZATION	0.078507	5,436,028			426,766		59	
60	LABORATORY	0.086409	5,463,996	2,854		472,138	247	60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65	RESPIRATORY THERAPY	0.138676	698,606			96,880		65	
65.01	SLEEP LAB	0.226197	633,258			143,241		65.01	
66	PHYSICAL THERAPY	0.285106	23			7		66	
67	OCCUPATIONAL THERAPY							67	
68	SPEECH PATHOLOGY	0.172255	52			9		68	
69	ELECTROCARDIOLOGY	0.068619	3,940,175			270,371		69	
69.01	C-PORT							69.01	
70	ELECTROENCEPHALOGRAPHY	0.125468	270,306			33,915		70	
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.550782	133,256			73,395		71	
72	IMPL. DEV. CHARGED TO PATIENTS	0.287504	2,738,349			787,286		72	
73	DRUGS CHARGED TO PATIENTS	0.157773	15,172,394		67,002	2,393,794	10,571	73	
74	RENAL DIALYSIS	0.282198	181,681			51,270		74	
75.10	GI LAB	0.132592	5,613,832			744,349		75.10	
76	ENTEROSTOMAL THERAPY							76	
76.10	NEUROLOGY							76.10	
76.20	EMG							76.20	
76.30	OS SVCS	0.570051	1,518			865		76.30	
76.40	AUDIOLOGY							76.40	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	0.531037	568,934			302,125		90	
90.01	PALOS DIAGNOSTIC CENTER	0.318562	539,329			171,810		90.01	
90.02	CARE STATIONS	0.398719	525,193			209,404		90.02	
90.03	OUTPATIENT CARE CENTER	0.254976	3,395,737			865,831		90.03	
91	EMERGENCY	0.094523	10,043,018			949,296		91	
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.402004	1,801,309			724,133		92	
93	OUTPATIENT REHAB	0.419386	3,073			1,289		93	
93.10	WOUND CARE CENTER	0.156470	2,312,488			361,835		93.10	
OTHER REIMBURSABLE COST CENTERS									
200	SUBTOTAL (see instructions)		107,053,663	2,854	67,002	16,212,734	247	10,571	
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								
202	NET CHARGES (line 200 - line 201)		107,053,663	2,854	67,002	16,212,734	247	10,571	

(A) Worksheet A line numbers



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S179

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	1,684,546	71,164,786	0.023671			50
52	DELIVERY ROOM & LABOR ROOM	348,277	18,774,158	0.018551			52
53	ANESTHESIOLOGY	79,460	19,090,554	0.004162			53
54	RADIOLOGY-DIAGNOSTIC	819,664	40,247,063	0.020366	58,059	1,182	54
54.01	BREAST HEALTH CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	915,456	17,033,474	0.053745			55
56	RADIOISOTOPE	159,281	12,528,506	0.012713			56
56.10	ULTRASOUND	181,073	17,299,886	0.010467	3,392	36	56.10
57	CT SCAN	370,263	60,989,575	0.006071	99,495	604	57
58	MRI	36,459	10,461,735	0.003485	14,651	51	58
59	CARDIAC CATHETERIZATION	361,887	32,988,453	0.010970			59
60	LABORATORY	579,357	132,944,695	0.004358	760,414	3,314	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	214,199	24,237,331	0.008838	119,703	1,058	65
65.01	SLEEP LAB	55,055	1,921,743	0.028648			65.01
66	PHYSICAL THERAPY	177,028	9,500,490	0.018634	31,875	594	66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY	30,138	2,077,688	0.014506	3,605	52	68
69	ELECTROCARDIOLOGY	224,374	23,061,838	0.009729	77,129	750	69
69.01	C-PORT						69.01
70	ELECTROENCEPHALOGRAPHY	28,084	1,322,930	0.021229	2,433	52	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	136,511	2,259,645	0.060413	2,442	148	71
72	IMPL. DEV. CHARGED TO PATIENTS	73,914	16,723,671	0.004420			72
73	DRUGS CHARGED TO PATIENTS	387,380	90,621,533	0.004275	431,757	1,846	73
74	RENAL DIALYSIS	47,430	3,508,082	0.013520	43,440	587	74
75.10	GI LAB	247,789	20,838,221	0.011891			75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	1,204	139,212	0.008649			76.30
76.40	AUDIOLOGY						76.40
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	71,430	1,458,485	0.048975	985	48	90
90.01	PALOS DIAGNOSTIC CENTER	57,142	1,047,814	0.054534			90.01
90.02	CARE STATIONS	320,028	5,589,067	0.057260			90.02
90.03	OUTPATIENT CARE CENTER	979,302	12,108,813	0.080875			90.03
91	EMERGENCY	440,513	84,685,216	0.005202	362,719	1,887	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		6,705,114				92
93	OUTPATIENT REHAB	230,782	4,617,818	0.049976			93
93.10	WOUND CARE CENTER	58,955	4,712,661	0.012510			93.10
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	9,316,981	750,660,257		2,012,099	12,209	200

(A) Worksheet A line numbers



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S179

**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	
		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
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	BREAST HEALTH CENTER							54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
56.10	ULTRASOUND							56.10
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY							65
65.01	SLEEP LAB							65.01
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
69.01	C-PORT							69.01
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
75.10	GI LAB							75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS							76.30
76.40	AUDIOLOGY							76.40
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	PALOS DIAGNOSTIC CENTER							90.01
90.02	CARE STATIONS							90.02
90.03	OUTPATIENT CARE CENTER							90.03
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	OUTPATIENT REHAB							93
93.10	WOUND CARE CENTER							93.10
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S179

**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	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5 ÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6 ÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)
7	8	9	10	11	12	13		
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	71,164,786						50
52	DELIVERY ROOM & LABOR ROOM	18,774,158						52
53	ANESTHESIOLOGY	19,090,554						53
54	RADIOLOGY-DIAGNOSTIC	40,247,063			58,059			54
54.01	BREAST HEALTH CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	17,033,474						55
56	RADIOISOTOPE	12,528,506						56
56.10	ULTRASOUND	17,299,886			3,392			56.10
57	CT SCAN	60,989,575			99,495			57
58	MRI	10,461,735			14,651			58
59	CARDIAC CATHETERIZATION	32,988,453						59
60	LABORATORY	132,944,695			760,414			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	24,237,331			119,703			65
65.01	SLEEP LAB	1,921,743						65.01
66	PHYSICAL THERAPY	9,500,490			31,875			66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY	2,077,688			3,605			68
69	ELECTROCARDIOLOGY	23,061,838			77,129			69
69.01	C-PORT							69.01
70	ELECTROENCEPHALOGRAPHY	1,322,930			2,433			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,259,645			2,442			71
72	IMPL. DEV. CHARGED TO PATIENTS	16,723,671						72
73	DRUGS CHARGED TO PATIENTS	90,621,533			431,757			73
74	RENAL DIALYSIS	3,508,082			43,440			74
75.10	GI LAB	20,838,221						75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS	139,212						76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	1,458,485			985			90
90.01	PALOS DIAGNOSTIC CENTER	1,047,814						90.01
90.02	CARE STATIONS	5,589,067						90.02
90.03	OUTPATIENT CARE CENTER	12,108,813						90.03
91	EMERGENCY	84,685,216			362,719			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	6,705,114						92
93	OUTPATIENT REHAB	4,617,818						93
93.10	WOUND CARE CENTER	4,712,661						93.10
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	750,660,257			2,012,099			200

(A) Worksheet A line numbers



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S179

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	0.226467						50	
52	DELIVERY ROOM & LABOR ROOM	0.229854						52	
53	ANESTHESIOLOGY	0.038549						53	
54	RADIOLOGY-DIAGNOSTIC	0.163319						54	
54.01	BREAST HEALTH CENTER							54.01	
55	RADIOLOGY-THERAPEUTIC	0.257046						55	
56	RADIOISOTOPE	0.139924						56	
56.10	ULTRASOUND	0.107886						56.10	
57	CT SCAN	0.037585						57	
58	MRI	0.084976						58	
59	CARDIAC CATHETERIZATION	0.078507						59	
60	LABORATORY	0.086409						60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65	RESPIRATORY THERAPY	0.138676						65	
65.01	SLEEP LAB	0.226197						65.01	
66	PHYSICAL THERAPY	0.285106						66	
67	OCCUPATIONAL THERAPY							67	
68	SPEECH PATHOLOGY	0.172255						68	
69	ELECTROCARDIOLOGY	0.068619						69	
69.01	C-PORT							69.01	
70	ELECTROENCEPHALOGRAPHY	0.125468						70	
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.550782						71	
72	IMPL. DEV. CHARGED TO PATIENTS	0.287504						72	
73	DRUGS CHARGED TO PATIENTS	0.157773						73	
74	RENAL DIALYSIS	0.282198						74	
75.10	GI LAB	0.132592						75.10	
76	ENTEROSTOMAL THERAPY							76	
76.10	NEUROLOGY							76.10	
76.20	EMG							76.20	
76.30	OS SVCS	0.570051						76.30	
76.40	AUDIOLOGY							76.40	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	0.531037						90	
90.01	PALOS DIAGNOSTIC CENTER	0.318562						90.01	
90.02	CARE STATIONS	0.398719						90.02	
90.03	OUTPATIENT CARE CENTER	0.254976						90.03	
91	EMERGENCY	0.094523						91	
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.402004						92	
93	OUTPATIENT REHAB	0.419386						93	
93.10	WOUND CARE CENTER	0.156470						93.10	
	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



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 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)	2,695,454		2,695,454	47,789	56.40	5,515	311,046	30
31	INTENSIVE CARE UNIT	421,806		421,806	6,255	67.44	836	56,380	31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
34.10	NICU	125,314		125,314	1,460	85.83	747	64,115	34.10
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF	240,789		240,789	4,185	57.54			40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY	47,061		47,061	2,219	21.21	1,175	24,922	43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	3,530,424		3,530,424	61,908		8,273	456,463	200

(A) Worksheet A line numbers



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0179

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	1,684,546	71,164,786	0.023671			50
52	DELIVERY ROOM & LABOR ROOM	348,277	18,774,158	0.018551			52
53	ANESTHESIOLOGY	79,460	19,090,554	0.004162			53
54	RADIOLOGY-DIAGNOSTIC	819,664	40,247,063	0.020366			54
54.01	BREAST HEALTH CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	915,456	17,033,474	0.053745			55
56	RADIOISOTOPE	159,281	12,528,506	0.012713			56
56.10	ULTRASOUND	181,073	17,299,886	0.010467			56.10
57	CT SCAN	370,263	60,989,575	0.006071			57
58	MRI	36,459	10,461,735	0.003485			58
59	CARDIAC CATHETERIZATION	361,887	32,988,453	0.010970			59
60	LABORATORY	579,357	132,944,695	0.004358			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	214,199	24,237,331	0.008838			65
65.01	SLEEP LAB	55,055	1,921,743	0.028648			65.01
66	PHYSICAL THERAPY	177,028	9,500,490	0.018634			66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY	30,138	2,077,688	0.014506			68
69	ELECTROCARDIOLOGY	224,374	23,061,838	0.009729			69
69.01	C-PORT						69.01
70	ELECTROENCEPHALOGRAPHY	28,084	1,322,930	0.021229			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	136,511	2,259,645	0.060413			71
72	IMPL. DEV. CHARGED TO PATIENTS	73,914	16,723,671	0.004420			72
73	DRUGS CHARGED TO PATIENTS	387,380	90,621,533	0.004275			73
74	RENAL DIALYSIS	47,430	3,508,082	0.013520			74
75.10	GI LAB	247,789	20,838,221	0.011891			75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	1,204	139,212	0.008649			76.30
76.40	AUDIOLOGY						76.40
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	71,430	1,458,485	0.048975			90
90.01	PALOS DIAGNOSTIC CENTER	57,142	1,047,814	0.054534			90.01
90.02	CARE STATIONS	320,028	5,589,067	0.057260			90.02
90.03	OUTPATIENT CARE CENTER	979,302	12,108,813	0.080875			90.03
91	EMERGENCY	440,513	84,685,216	0.005202			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	215,515	6,705,114	0.032142			92
93	OUTPATIENT REHAB	230,782	4,617,818	0.049976			93
93.10	WOUND CARE CENTER	58,955	4,712,661	0.012510			93.10
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	9,532,496	750,660,257				200

(A) Worksheet A line numbers



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 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
34.10	NICU						34.10
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



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 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	TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	47,789		5,515		30
31	INTENSIVE CARE UNIT	6,255		836		31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
34.10	NICU	1,460		747		34.10
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF	4,185				40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	2,219		1,175		43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	61,908		8,273		200

(A) Worksheet A line numbers



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0179

**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	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
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	BREAST HEALTH CENTER							54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
56.10	ULTRASOUND							56.10
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY							65
65.01	SLEEP LAB							65.01
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
69.01	C-PORT							69.01
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
75.10	GI LAB							75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS							76.30
76.40	AUDIOLOGY							76.40
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	PALOS DIAGNOSTIC CENTER							90.01
90.02	CARE STATIONS							90.02
90.03	OUTPATIENT CARE CENTER							90.03
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	OUTPATIENT REHAB							93
93.10	WOUND CARE CENTER							93.10
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 Version: 2014.10
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0179

**WORKSHEET D
PART IV**

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

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5 ÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6 ÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	71,164,786							50
52	DELIVERY ROOM & LABOR ROOM	18,774,158							52
53	ANESTHESIOLOGY	19,090,554							53
54	RADIOLOGY-DIAGNOSTIC	40,247,063							54
54.01	BREAST HEALTH CENTER								54.01
55	RADIOLOGY-THERAPEUTIC	17,033,474							55
56	RADIOISOTOPE	12,528,506							56
56.10	ULTRASOUND	17,299,886							56.10
57	CT SCAN	60,989,575							57
58	MRI	10,461,735							58
59	CARDIAC CATHETERIZATION	32,988,453							59
60	LABORATORY	132,944,695							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	24,237,331							65
65.01	SLEEP LAB	1,921,743							65.01
66	PHYSICAL THERAPY	9,500,490							66
67	OCCUPATIONAL THERAPY								67
68	SPEECH PATHOLOGY	2,077,688							68
69	ELECTROCARDIOLOGY	23,061,838							69
69.01	C-PORT								69.01
70	ELECTROENCEPHALOGRAPHY	1,322,930							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,259,645							71
72	IMPL. DEV. CHARGED TO PATIENTS	16,723,671							72
73	DRUGS CHARGED TO PATIENTS	90,621,533							73
74	RENAL DIALYSIS	3,508,082							74
75.10	GI LAB	20,838,221							75.10
76	ENTEROSTOMAL THERAPY								76
76.10	NEUROLOGY								76.10
76.20	EMG								76.20
76.30	OS SVCS	139,212							76.30
76.40	AUDIOLOGY								76.40
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	1,458,485							90
90.01	PALOS DIAGNOSTIC CENTER	1,047,814							90.01
90.02	CARE STATIONS	5,589,067							90.02
90.03	OUTPATIENT CARE CENTER	12,108,813							90.03
91	EMERGENCY	84,685,216							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	6,705,114							92
93	OUTPATIENT REHAB	4,617,818							93
93.10	WOUND CARE CENTER	4,712,661							93.10
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (sum of lines 50-199)	750,660,257							200

(A) Worksheet A line numbers



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0179

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	0.226467						50	
52	DELIVERY ROOM & LABOR ROOM	0.229854						52	
53	ANESTHESIOLOGY	0.038549						53	
54	RADIOLOGY-DIAGNOSTIC	0.163319						54	
54.01	BREAST HEALTH CENTER							54.01	
55	RADIOLOGY-THERAPEUTIC	0.257046						55	
56	RADIOISOTOPE	0.139924						56	
56.10	ULTRASOUND	0.107886						56.10	
57	CT SCAN	0.037585						57	
58	MRI	0.084976						58	
59	CARDIAC CATHETERIZATION	0.078507						59	
60	LABORATORY	0.086409						60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65	RESPIRATORY THERAPY	0.138676						65	
65.01	SLEEP LAB	0.226197						65.01	
66	PHYSICAL THERAPY	0.285106						66	
67	OCCUPATIONAL THERAPY							67	
68	SPEECH PATHOLOGY	0.172255						68	
69	ELECTROCARDIOLOGY	0.068619						69	
69.01	C-PORT							69.01	
70	ELECTROENCEPHALOGRAPHY	0.125468						70	
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.550782						71	
72	IMPL. DEV. CHARGED TO PATIENTS	0.287504						72	
73	DRUGS CHARGED TO PATIENTS	0.157773						73	
74	RENAL DIALYSIS	0.282198						74	
75.10	GI LAB	0.132592						75.10	
76	ENTEROSTOMAL THERAPY							76	
76.10	NEUROLOGY							76.10	
76.20	EMG							76.20	
76.30	OS SVCS	0.570051						76.30	
76.40	AUDIOLOGY							76.40	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	0.531037						90	
90.01	PALOS DIAGNOSTIC CENTER	0.318562						90.01	
90.02	CARE STATIONS	0.398719						90.02	
90.03	OUTPATIENT CARE CENTER	0.254976						90.03	
91	EMERGENCY	0.094523						91	
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.402004						92	
93	OUTPATIENT REHAB	0.419386						93	
93.10	WOUND CARE CENTER	0.156470						93.10	
	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



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0179

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	47,789	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	47,789	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)	43,968	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)	23,280	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)	33,712,391	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	33,712,391	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)	33,712,391	37



COMPU-MAX

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0179

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

							1	
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)		
		1	2	3	4	5		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					705.44	38	
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					16,422,643	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)					16,422,643	41	
42	NURSERY (Titles V and XIX only)						42	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	7,895,967	6,255	1,262.34	3,341	4,217,478	43	
44	CORONARY CARE UNIT						44	
45	BURN INTENSIVE CARE UNIT						45	
46	SURGICAL INTENSIVE CARE UNIT						46	
46.10	NICU	2,079,732	1,460	1,424.47			46.10	
47	OTHER SPECIAL CARE (SPECIFY)						47	

							1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					22,035,651	48	
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					42,675,772	49	

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					1,538,309	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					1,537,386	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					3,075,695	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					39,600,077	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: 14-0179

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)					3,821	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)					705.44	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)					2,695,486	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	2,695,454	33,712,391	0.079954	2,695,486	215,515	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-S179

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)	4,185	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	4,185	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)	4,185	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	1,848	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)	2,855,777	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	2,855,777	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)	2,855,777	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S179

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	682.38	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	1,261,038	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)	1,261,038	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	229,957	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	1,490,995	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	106,334	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	12,209	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	118,543	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)	1,372,452	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: 14-0179

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)	47,789	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	47,789	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)	43,968	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)	5,515	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)	2,219	15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)	1,175	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)	33,712,391	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	33,712,391	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)	33,712,391	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0179

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)		
		1	2	3	4	5		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					705.44	38	
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					3,890,502	39	
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)						40	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)					3,890,502	41	
42	NURSERY (Titles V and XIX only)	1,083,043	2,219	488.08	1,175	573,494	42	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	7,895,967	6,255	1,262.34	836	1,055,316	43	
44	CORONARY CARE UNIT						44	
45	BURN INTENSIVE CARE UNIT						45	
46	SURGICAL INTENSIVE CARE UNIT						46	
46.10	NICU	2,066,144	1,460	1,415.17	747	1,057,132	46.10	
47	OTHER SPECIAL CARE (SPECIFY)						47	

							1	
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)					6,576,444	49	

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					456,463	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)					456,463	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)						53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0179

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)					3.821	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: 14-0179

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		46,862,809		30
31	INTENSIVE CARE UNIT		10,797,152		31
34.10	NICU				34.10
40	SUBPROVIDER - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.228533	11,715,896	2,677,469	50
52	DELIVERY ROOM & LABOR ROOM	0.230676	49,888	11,508	52
53	ANESTHESIOLOGY	0.038643	3,237,833	125,120	53
54	RADIOLOGY-DIAGNOSTIC	0.163319	10,614,801	1,733,599	54
54.01	BREAST HEALTH CENTER				54.01
55	RADIOLOGY-THERAPEUTIC	0.257046	610,698	156,977	55
56	RADIOISOTOPE	0.139924	2,681,782	375,246	56
56.10	ULTRASOUND	0.107886	3,184,264	343,538	56.10
57	CT SCAN	0.037585	13,145,805	494,085	57
58	MRI	0.084976	2,428,340	206,351	58
59	CARDIAC CATHETERIZATION	0.079191	8,908,494	705,473	59
60	LABORATORY	0.086409	30,286,792	2,617,051	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.140979	11,573,002	1,631,550	65
65.01	SLEEP LAB	0.226197	1,247	282	65.01
66	PHYSICAL THERAPY	0.285106	2,491,717	710,403	66
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY	0.172255	910,984	156,922	68
69	ELECTROCARDIOLOGY	0.071899	6,826,827	490,842	69
69.01	C-PORT				69.01
70	ELECTROENCEPHALOGRAPHY	0.125468	208,556	26,167	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.550782	961,868	529,780	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.287504	6,330,901	1,820,159	72
73	DRUGS CHARGED TO PATIENTS	0.157773	28,111,150	4,435,180	73
74	RENAL DIALYSIS	0.284504	2,077,290	590,997	74
75.10	GI LAB	0.132592	2,963,441	392,929	75.10
76	ENTEROSTOMAL THERAPY				76
76.10	NEUROLOGY				76.10
76.20	EMG				76.20
76.30	OS SVCS	0.570051	68,924	39,290	76.30
76.40	AUDIOLOGY				76.40
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.531037	34,417	18,277	90
90.01	PALOS DIAGNOSTIC CENTER	0.318562	1,702	542	90.01
90.02	CARE STATIONS	0.398719	14,696	5,860	90.02
90.03	OUTPATIENT CARE CENTER	0.255047	59,563	15,191	90.03
91	EMERGENCY	0.095486	15,250,036	1,456,165	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.402004	661,489	265,921	92
93	OUTPATIENT REHAB	0.419867	178	75	93
93.10	WOUND CARE CENTER	0.160336	16,852	2,702	93.10
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		165,429,433	22,035,651	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		165,429,433		202

(A) Worksheet A line numbers



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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S179

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
34.10	NICU				34.10
40	SUBPROVIDER - IPF		3,361,701		40
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.228533			50
52	DELIVERY ROOM & LABOR ROOM	0.230676			52
53	ANESTHESIOLOGY	0.038643			53
54	RADIOLOGY-DIAGNOSTIC	0.163319	58,059	9,482	54
54.01	BREAST HEALTH CENTER				54.01
55	RADIOLOGY-THERAPEUTIC	0.257046			55
56	RADIOISOTOPE	0.139924			56
56.10	ULTRASOUND	0.107886	3,392	366	56.10
57	CT SCAN	0.037585	99,495	3,740	57
58	MRI	0.084976	14,651	1,245	58
59	CARDIAC CATHETERIZATION	0.079191			59
60	LABORATORY	0.086409	760,414	65,707	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.140979	119,703	16,876	65
65.01	SLEEP LAB	0.226197			65.01
66	PHYSICAL THERAPY	0.285106	31,875	9,088	66
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY	0.172255	3,605	621	68
69	ELECTROCARDIOLOGY	0.071899	77,129	5,545	69
69.01	C-PORT				69.01
70	ELECTROENCEPHALOGRAPHY	0.125468	2,433	305	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.550782	2,442	1,345	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.287504			72
73	DRUGS CHARGED TO PATIENTS	0.157773	431,757	68,120	73
74	RENAL DIALYSIS	0.284504	43,440	12,359	74
75.10	GI LAB	0.132592			75.10
76	ENTEROSTOMAL THERAPY				76
76.10	NEUROLOGY				76.10
76.20	EMG				76.20
76.30	OS SVCS	0.570051			76.30
76.40	AUDIOLOGY				76.40
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.531037	985	523	90
90.01	PALOS DIAGNOSTIC CENTER	0.318562			90.01
90.02	CARE STATIONS	0.398719			90.02
90.03	OUTPATIENT CARE CENTER	0.255047			90.03
91	EMERGENCY	0.095486	362,719	34,635	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.402004			92
93	OUTPATIENT REHAB	0.419867			93
93.10	WOUND CARE CENTER	0.160336			93.10
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		2,012,099	229,957	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		2,012,099		202

(A) Worksheet A line numbers



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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0179

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
34.10	NICU				34.10
40	SUBPROVIDER - IPF				40
43	NURSERY				43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.226467			50
52	DELIVERY ROOM & LABOR ROOM	0.229854			52
53	ANESTHESIOLOGY	0.038549			53
54	RADIOLOGY-DIAGNOSTIC	0.163319			54
54.01	BREAST HEALTH CENTER				54.01
55	RADIOLOGY-THERAPEUTIC	0.257046			55
56	RADIOISOTOPE	0.139924			56
56.10	ULTRASOUND	0.107886			56.10
57	CT SCAN	0.037585			57
58	MRI	0.084976			58
59	CARDIAC CATHETERIZATION	0.078507			59
60	LABORATORY	0.086409			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.138676			65
65.01	SLEEP LAB	0.226197			65.01
66	PHYSICAL THERAPY	0.285106			66
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY	0.172255			68
69	ELECTROCARDIOLOGY	0.068619			69
69.01	C-PORT				69.01
70	ELECTROENCEPHALOGRAPHY	0.125468			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.550782			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.287504			72
73	DRUGS CHARGED TO PATIENTS	0.157773			73
74	RENAL DIALYSIS	0.282198			74
75.10	GI LAB	0.132592			75.10
76	ENTEROSTOMAL THERAPY				76
76.10	NEUROLOGY				76.10
76.20	EMG				76.20
76.30	OS SVCS	0.570051			76.30
76.40	AUDIOLOGY				76.40
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.531037			90
90.01	PALOS DIAGNOSTIC CENTER	0.318562			90.01
90.02	CARE STATIONS	0.398719			90.02
90.03	OUTPATIENT CARE CENTER	0.254976			90.03
91	EMERGENCY	0.094523			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.402004			92
93	OUTPATIENT REHAB	0.419386			93
93.10	WOUND CARE CENTER	0.156470			93.10
	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

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 Version: 2014.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL
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)	10,919,623			1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (see instructions)	32,758,869			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)	321,985			2
2.01	OUTLIER RECONCILIATION AMOUNT				2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (see instructions)				
3	MANAGED CARE SIMULATED PAYMENTS	7,351,110			3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	263.53			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)	3.09			5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)				6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105(f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS	0.25			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	1.74			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)	4.58			9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	4.18			10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS				11
12	CURRENT YEAR ALLOWABLE FTE (see instructions)	4.18			12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	3.69			13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	4.89			14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	4.25			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	4.25			18
19	CURRENT YEAR RESIDENT TO BED RATIO (line 18 divided by line 4)	0.016127			19
20	PRIOR YEAR RESIDENT TO BED RATIO (see instructions)	0.014675			20
21	ENTER THE LESSER OF LINES 19 OR 20 (see instructions)	0.014675			21
22	IME PAYMENT ADJUSTMENT (see instructions)	407.675			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)	-0.40			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)	407.675			29
	DISPROPORTIONATE SHARE ADJUSTMENT				
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (see instructions)	0.0430			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (see instructions)	0.1873			31
32	SUM OF LINES 30 AND 31	0.2303			32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0821			33
34	DISPROPORTIONATE SHARE ADJUSTMENT (see instructions)	1,568,877			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 [XX] HOSPITAL
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)		0.000301786		35.01
35.02	HOSPITAL UNCOMPENSATED CARE PAYMENT (if line 34 is zero, enter zero on this line) (see instructions)		2,730,071		35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (see instructions)		2,041,943		35.03
36	TOTAL UNCOMPENSATED CARE (sum of columns 1 and 2 on line 35.03)	2,041,943			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)	48,018,972			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)	48,018,972			49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (from Wkst L, Parts I, II, as applicable)	3,709,055			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)	238,364			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)	51,966,391			59
60	PRIMARY PAYER PAYMENTS	28,380			60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (line 59 minus line 60)	51,938,011			61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,350,208			62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	283,096			63
64	ALLOWABLE BAD DEBTS (see instructions)	1,110,981			64
65	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	722,138			65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	786,781			66
67	SUBTOTAL (line 61 plus line 65 minus lines 62 and 63)	48,026,845			67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (see instructions)				68
69	OUTLIER PAYMENTS RECONCILIATION				69
70	OTHER ADJUSTMENTS (IME REIMBURSEMENT)				70
70.93	HVBP PAYMENT ADJUSTMENT (see instructions)	82,074			70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (see instructions)	-352,059			70.94
71	AMOUNT DUE PROVIDER (see instructions)	47,756,860			71
71.01	SEQUESTRATION ADJUSTMENT (see instructions)	955,137			71.01
72	INTERIM PAYMENTS	46,524,550			72
73	TENTATIVE SETTLEMENT (for contractor use only)				73
74	BALANCE DUE PROVIDER/PROGRAM (line 71 minus lines 71.01, 72 and 73)	277,173			74
75	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	200,104			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



COMPU-MAX

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL
 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: 14-0179

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)	10,818			1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (see instructions)	16,212,734			2
3	PPS PAYMENTS	17,251,420			3
4	OUTLIER PAYMENT (see instructions)	54,090			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)	10,818			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES	69,856			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)	69,856			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)	69,856			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))	59,038			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)	10,818			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)	17,305,510			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)				25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)	3,879,821			26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	13,436,507			27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)	87,610			28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)	13,524,117			30
31	PRIMARY PAYER PAYMENTS	674			31
32	SUBTOTAL (line 30 minus line 31)	13,523,443			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)	742,324			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	482,511			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	569,995			36
37	SUBTOTAL (see instructions)	14,005,954			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS ()				39
40	SUBTOTAL (see instructions)	14,005,954			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	280,119			40.01
41	INTERIM PAYMENTS	13,970,310			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	-244,475			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-S179

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 ()				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: 14-0179

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		46,564,540		13,970,310	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
			02/24/2014	39,990		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)			-39,990		3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)			46,524,550	13,970,310	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-S179

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	AMOUNT	mm/dd/yyyy	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,379,027			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)	.99				3.99
4 TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,379,027			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)	.99				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	12,255	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	26,621	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	4,459	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	51,683	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	884,706.624	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	27,816.417	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)	2,620,943	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)	52,419	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)	2,568,524	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	2,650,442	30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)	-81,918	32



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S179

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)	1,599,712	1
2	NET IPF PPS OUTLIER PAYMENT	1,400	2
3	NET IPF PPS ECT PAYMENT	2,559	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)	11.465753	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)	1,603,671	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)	1,603,671	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (line 16 less line 17)	1,603,671	18
19	DEDUCTIBLES	163,008	19
20	SUBTOTAL (line 18 minus line 19)	1,440,663	20
21	COINSURANCE	33,480	21
22	SUBTOTAL (line 20 minus line 21)	1,407,183	22
23	ALLOWABLE BAD DEBTS (exclude bad debts for professional services) (see instructions)	101,409	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	65,916	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	82,843	25
26	SUBTOTAL (sum of lines 22 and 24)	1,473,099	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)	1,473,099	31
31.01	SEQUESTRATION ADJUSTMENT (see instructions)	29,462	31.01
32	INTERIM PAYMENTS	1,379,027	32
33	TENTATIVE SETTLEMENT (for contractor use only)		33
34	BALANCE DUE PROVIDER/PROGRAM (line 31 minus lines 31.01, 32 and 33)	64,610	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



COMPU-MAX

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0179

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	6,576,444	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (certified transplant centers only)		3
4	SUBTOTAL (sum of lines 1, 2 and 3)	6,576,444	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)	6,576,444	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)	6,576,444	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)	6,576,444	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			3.09	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			0.25	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))			1.74	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)			4.58	5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (see instructions)			5.70	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			4.58	7
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	2.18	2.00	4.18	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	1.75	1.61	3.36	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		0.00		10
11	TOTAL WEIGHTED FTE COUNT	1.75	1.61		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	1.81	1.88		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	1.71	3.18		13
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	1.76	2.22		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	1.76	2.22		17
18	PER RESIDENT AMOUNT	142,100.00	141,085.00		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	250,096	313,209	563,305	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)			1.12	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)			563,305	25
		INPATIENT PART A	MANAGED CARE		
26	INPATIENT DAYS	28,469	4,496		26
27	TOTAL INPATIENT DAYS (see instructions)	55,868	55,868		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.509576	0.080475		28
29	PROGRAM DIRECT GME AMOUNT	287,047	45,332		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		6,405		30
31	NET PROGRAM DIRECT GME AMOUNT			325,974	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)			3,508,082	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)			44,166,767	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)			28,380	40
41	TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40)			44,138,387	41
PART B REASONABLE COST					
42	REASONABLE COST (see instructions)			16,223,552	42
43	PRIMARY PAYER PAYMENTS (see instructions)			674	43
44	TOTAL PART B REASONABLE COST (line 42 minus line 43)			16,222,878	44
45	TOTAL REASONABLE COST (sum of lines 41 and 44)			60,361,265	45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45)			0.731237	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)	0.268763	47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48	TOTAL PROGRAM GME PAYMENT (line 31)	325,974	48
49	PART A MEDICARE GME PAYMENT (line 46 x line 48) (Title XVIII only) (see instructions)	238,364	49
50	PART B MEDICARE GME PAYMENT (line 47 x line 48) (Title XVIII only) (see instructions)	87,610	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	7,098	1,635		26
27	TOTAL INPATIENT DAYS (see instructions)	55,868	55,868		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.127049	0.029265		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



COMPU-MAX

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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	9,294,781				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	27,476,872				4
5	OTHER RECEIVABLES					5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE					6
7	INVENTORY					7
8	PREPAID EXPENSES	5,755,400				8
9	OTHER CURRENT ASSETS	336,408				9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	42,863,461				11
FIXED ASSETS						
12	LAND	8,954,323				12
13	LAND IMPROVEMENTS	9,426,376				13
14	ACCUMULATED DEPRECIATION					14
15	BUILDINGS	236,699,089				15
16	ACCUMULATED DEPRECIATION	-152,890,668				16
17	LEASEHOLD IMPROVEMENTS					17
18	ACCUMULATED AMORTIZATION					18
19	FIXED EQUIPMENT					19
20	ACCUMULATED DEPRECIATION					20
21	AUTOMOBILES AND TRUCKS					21
22	ACCUMULATED DEPRECIATION					22
23	MAJOR MOVABLE EQUIPMENT	93,617,747				23
24	ACCUMULATED DEPRECIATION					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)	195,806,867				30
OTHER ASSETS						
31	INVESTMENTS	543,944,393	2,256,845			31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	146,908,517				34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	690,852,910	2,256,845			35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	929,523,238	2,256,845			36
LIABILITIES AND FUND BALANCES						
	(Omit Cents)	1	2	3	4	
CURRENT LIABILITIES						
37	ACCOUNTS PAYABLE	8,950,893				37
38	SALARIES, WAGES & FEES PAYABLE	30,489,824				38
39	PAYROLL TAXES PAYABLE					39
40	NOTES & LOANS PAYABLE (short term)	4,225,000				40
41	DEFERRED INCOME					41
42	ACCELERATED PAYMENTS					42
43	DUE TO OTHER FUNDS					43
44	OTHER CURRENT LIABILITIES	23,027,546				44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	66,693,263				45
LONG TERM LIABILITIES						
46	MORTGAGE PAYABLE	180,557,254				46
47	NOTES PAYABLE					47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES	88,031,236				49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	268,588,490				50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	335,281,753				51
CAPITAL ACCOUNTS						
52	GENERAL FUND BALANCE	594,241,485				52
53	SPECIFIC PURPOSE FUND BALANCE		2,256,845			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)	594,241,485	2,256,845			59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	929,523,238	2,256,845			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		500,087,851		2,516,853	1
2	NET INCOME (loss) (from Worksheet G-3, line 29)		90,916,855			2
3	TOTAL (sum of line 1 and line 2)		591,004,706		2,516,853	3
4	ADDITIONS (credit adjustments)					4
5						5
6	NET ASSESTS RELEASED FROM RESTR	1,800,000				6
7	RESTR CONT AND GAINS ON NVEST	2,256,250				7
8	PENSION-RELATED CHANGES	13,385,444				8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)		17,441,694			10
11	SUBTOTAL (line 3 plus line 10)		608,446,400		2,516,853	11
12	DEDUCTIONS (debit adjustments)					12
13						13
14	RESTR ASSETS REL FOR OPER	2,256,150		260,008		14
15	NET ASSET TRANSFER	5,283,658				15
16						16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)		7,539,808		260,008	18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		600,906,592		2,256,845	19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	FUND BALANCES AT BEGINNING OF PERIOD					1
2	NET INCOME (loss) (from Worksheet G-3, line 29)					2
3	TOTAL (sum of line 1 and line 2)					3
4	ADDITIONS (credit adjustments)					4
5						5
6	NET ASSESTS RELEASED FROM RESTR					6
7	RESTR CONT AND GAINS ON NVEST					7
8	PENSION-RELATED CHANGES					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	RESTR ASSETS REL FOR OPER					14
15	NET ASSET TRANSFER					15
16						16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)					18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)					19



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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	91,716,992		91,716,992	1
2	SUBPROVIDER IPF	7,561,302		7,561,302	2
3	SUBPROVIDER IRF				3
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY				7
8	NURSING FACILITY				8
9	OTHER LONG TERM CARE				9
10	TOTAL GENERAL INPATIENT CARE SERVICES (sum of lines 1-9)	99,278,294		99,278,294	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	INTENSIVE CARE UNIT	19,909,958		19,909,958	11
12	CORONARY CARE UNIT				12
13	BURN INTENSIVE CARE UNIT				13
14	SURGICAL INTENSIVE CARE UNIT				14
14.10	NICU	4,299,867		4,299,867	14.10
15	OTHER SPECIAL CARE (SPECIFY)				15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (sum of lines 11-15)	24,209,825		24,209,825	16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	123,488,119		123,488,119	17
18	ANCILLARY SERVICES	361,921,829	409,063,714	770,985,543	18
19	OUTPATIENT SERVICES		4,427,244	4,427,244	19
20	RHC				20
21	FQHC				21
22	HOME HEALTH AGENCY		5,397,809	5,397,809	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)	485,409,948	418,888,767	904,298,715	28

PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)		189,713,218	29
30	ADD (SPECIFY)			30
31				31
32	RECONCILE EXPENSES TO INCOME STATEM	230,250		32
33				33
34				34
35				35
36	TOTAL ADDITIONS (sum of lines 30-35)		230,250	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)		189,943,468	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)	904,298,715	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	712,039,681	2
3	NET PATIENT REVENUES (line 1 minus line 2)	192,259,034	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	189,943,468	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	2,315,566	5

OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	786,250	6
7	INCOME FROM INVESTMENTS	16,719,196	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES	245,431	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	696,448	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	47,167	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	46,214	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	2,887	18
19	TUITION (fees, sale of textbooks, uniforms, etc.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	12,000	20
21	RENTAL OF VENDING MACHINES	14,119	21
22	RENTAL OF HOSPITAL SPACE	42,300	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (ENGINEERING MISC REV)	2,512	24
24.0	OTHER (CREDIT CARD REBATE)	44,833	24.0
2			2
24.0	OTHER (AFFILIATE SERVICES)	693,280	24.0
3			3
24.0	OTHER (HEALTH PROMOTION)	118,147	24.0
4			4
24.0	OTHER (LAB OTHER REVENUE)	8,777	24.0
5			5
24.0	OTHER (MISCELLANEOUS REVENUE)	297,191	24.0
7			7
24.0	OTHER (SELF INSURANCE INVESTMENT INCOME)	2,300,605	24.0
8			8
24.0	OTHER (MATERNAL EDUCATION)	5,360	24.0
9			9
24.1	OTHER (SCRAP SILVER REVENUE)	1,618	24.1
0			0
24.1	OTHER (MEDICAL STAFFAPPLICATIONS)	26,500	24.1
1			1
24.1	OTHER (VOTIVE LIGHT REVENUE)	9,980	24.1
2			2
24.1	OTHER (VOLUNTEER IMPUTED SALARIES)	784,683	24.1
7			7
24.1	OTHER (EKG REVENUE)	15	24.1
8			8
24.2	OTHER (UNREALIZED GAIN ON INVESTMENTS)	30,063,027	24.2
0			0
24.2	OTHER (REALIZED GAIN ON INVESTMENTS)	38,737,679	24.2
1			1
24.2	OTHER (OTHER NON-OPERATING REVENUE)	1,454,622	24.2
2			2
25	TOTAL OTHER INCOME (sum of lines 6-24)	93,160,841	25
26	TOTAL (line 5 plus line 25)	95,476,407	26
27.0	OTHER EXPENSES (DEMOLITION COSTS)	3,946,047	27.0
1			1
27.0	OTHER EXPENSES (LOSS ON DEFEASANCE OF DEBT)	613,505	27.0
2			2
28	TOTAL OTHER EXPENSES (sum of line 27 and subscripts)	4,559,552	28
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	90,916,855	29



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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7404

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED-BLDGS & FIXTURES						1
2	CAPITAL RELATED-MOVABLE EQUIPMENT						2
3	PLANT OPERATION & MAINTENANCE						3
4	TRANSPORTATION (see instructions)						4
5	ADMINISTRATIVE AND GENERAL	635,160	126,819			192,677	5
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	879,801	175,665	52,716			6
7	PHYSICAL THERAPY	205,585	41,048	12,998	215,845		7
8	OCCUPATIONAL THERAPY	31,297	6,249	2,400	16,475		8
9	SPEECH PATHOLOGY				9,617		9
10	MEDICAL SOCIAL SERVICES	19,390	3,871	780			10
11	HOME HEALTH AIDE	20,417	4,076	1,891			11
12	SUPPLIES (see instructions)					145,866	12
13	DRUGS						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SERVICES						15
16	RESPIRATORY THERAPY						16
17	PRIVATE DUTY NURSING						17
18	CLINIC						18
19	HEALTH PROMOTION ACTIVITIES						19
20	DAY CARE PROGRAM						20
21	HOME DELIVERED MEALS PROGRAM						21
22	HOMEMAKER SERVICE						22
23	ALL OTHERS						23
23.50	TELEMEDICINE						23.50
24	TOTAL (sum of lines 1-23)	1,791,650	357,728	70,785	241,937	338,543	24



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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7404

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENT S	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED-BLDGS & FIXTURES						1
2	CAPITAL RELATED-MOVABLE EQUIPMENT						2
3	PLANT OPERATION & MAINTENANCE						3
4	TRANSPORTATION (see instructions)						4
5	ADMINISTRATIVE AND GENERAL	954,656	-83,237	871,419		871,419	5
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	1,108,182		1,108,182		1,108,182	6
7	PHYSICAL THERAPY	475,476		475,476		475,476	7
8	OCCUPATIONAL THERAPY	56,421		56,421		56,421	8
9	SPEECH PATHOLOGY	9,617		9,617		9,617	9
10	MEDICAL SOCIAL SERVICES	24,041		24,041		24,041	10
11	HOME HEALTH AIDE	26,384		26,384		26,384	11
12	SUPPLIES (see instructions)	145,866		145,866		145,866	12
13	DRUGS						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SERVICES						15
16	RESPIRATORY THERAPY						16
17	PRIVATE DUTY NURSING						17
18	CLINIC						18
19	HEALTH PROMOTION ACTIVITIES						19
20	DAY CARE PROGRAM						20
21	HOME DELIVERED MEALS PROGRAM						21
22	HOMEMAKER SERVICE						22
23	ALL OTHERS						23
23.50	TELEMEDICINE						23.50
24	TOTAL (sum of lines 1-23)	2,800,643	-83,237	2,717,406		2,717,406	24

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



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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7404

WORKSHEET H-1
PART I

	NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	CAPITAL RELATED COSTS			
		BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANC E	
	0	1	2	3	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDGS & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION (see instructions)					4
5 ADMINISTRATIVE AND GENERAL	871,419				5
HHA REIMBURSABLE SERVICES					
6 SKILLED NURSING CARE	1,108,182				6
7 PHYSICAL THERAPY	475,476				7
8 OCCUPATIONAL THERAPY	56,421				8
9 SPEECH PATHOLOGY	9,617				9
10 MEDICAL SOCIAL SERVICES	24,041				10
11 HOME HEALTH AIDE	26,384				11
12 SUPPLIES (see instructions)	145,866				12
13 DRUGS					13
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL (sum of lines 1-23)	2,717,406				24



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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7404

WORKSHEET H-1
PART I

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED-BLDGS & FIXTURES					1
2	CAPITAL RELATED-MOVABLE EQUIPMENT					2
3	PLANT OPERATION & MAINTENANCE					3
4	TRANSPORTATION (see instructions)					4
5	ADMINISTRATIVE AND GENERAL		871,419	871,419		5
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE		1,108,182	523,129	1,631,311	6
7	PHYSICAL THERAPY		475,476	224,454	699,930	7
8	OCCUPATIONAL THERAPY		56,421	26,634	83,055	8
9	SPEECH PATHOLOGY		9,617	4,540	14,157	9
10	MEDICAL SOCIAL SERVICES		24,041	11,349	35,390	10
11	HOME HEALTH AIDE		26,384	12,455	38,839	11
12	SUPPLIES (see instructions)		145,866	68,858	214,724	12
13	DRUGS					13
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SERVICES					15
16	RESPIRATORY THERAPY					16
17	PRIVATE DUTY NURSING					17
18	CLINIC					18
19	HEALTH PROMOTION ACTIVITIES					19
20	DAY CARE PROGRAM					20
21	HOME DELIVERED MEALS PROGRAM					21
22	HOMEMAKER SERVICE					22
23	ALL OTHERS					23
23.50	TELEMEDICINE					23.50
24	TOTAL (sum of lines 1-23)		2,717,406		2,717,406	24



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COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 14-7404

WORKSHEET H-1
PART II

	CAPITAL RELATED COSTS					RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
	BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)				
	1	2	3	4	5A	5		
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDGS & FIXTURES							1	
2 CAPITAL RELATED-MOVABLE EQUIPMENT							2	
3 PLANT OPERATION & MAINTENANCE							3	
4 TRANSPORTATION (see instructions)							4	
5 ADMINISTRATIVE AND GENERAL					-871,419	1,845,987	5	
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE						1,108,182	6	
7 PHYSICAL THERAPY						475,476	7	
8 OCCUPATIONAL THERAPY						56,421	8	
9 SPEECH PATHOLOGY						9,617	9	
10 MEDICAL SOCIAL SERVICES						24,041	10	
11 HOME HEALTH AIDE						26,384	11	
12 SUPPLIES (see instructions)						145,866	12	
13 DRUGS							13	
14 DME							14	
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES							15	
16 RESPIRATORY THERAPY							16	
17 PRIVATE DUTY NURSING							17	
18 CLINIC							18	
19 HEALTH PROMOTION ACTIVITIES							19	
20 DAY CARE PROGRAM							20	
21 HOME DELIVERED MEALS PROGRAM							21	
22 HOMEMAKER SERVICE							22	
23 ALL OTHERS							23	
23.50 TELEMEDICINE							23.50	
24 TOTAL (sum of lines 1-23)					-871,419	1,845,987	24	
25 COST TO BE ALLOC (per Worksheet H-1, Part I)						871,419	25	
26 UNIT COST MULTIPLIER						0.472061	26	



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7404

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINI- STRATIVE & GENERAL	
		0	1	2	4	4A	5	
1	ADMINISTRATIVE AND GENERAL		41,756	22,242	13,873	77,871	11,403	1
2	SKILLED NURSING CARE	1,631,311			16,902	1,648,213	241,357	2
3	PHYSICAL THERAPY	699,930			3,730	703,660	103,040	3
4	OCCUPATIONAL THERAPY	83,055			564	83,619	12,245	4
5	SPEECH PATHOLOGY	14,157				14,157	2,073	5
6	MEDICAL SOCIAL SERVICES	35,390			468	35,858	5,251	6
7	HOME HEALTH AIDE	38,839			1,009	39,848	5,835	7
8	SUPPLIES	214,724				214,724	31,443	8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)	2,717,406	41,756	22,242	36,546	2,817,950	412,647	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

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



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7404

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	MAINTEN- ANCE AND REPAIRS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
1	ADMINISTRATIVE AND GENERAL		86,125		26,689			1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)		86,125		26,689			20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

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



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7404

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	MAINT OF PERSONNEL	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12	13	14	15	16	17	
1	ADMINISTRATIVE AND GENERAL		37,144		652	16,306		1
2	SKILLED NURSING CARE		45,250					2
3	PHYSICAL THERAPY		9,987					3
4	OCCUPATIONAL THERAPY		1,511					4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES		1,253					6
7	HOME HEALTH AIDE		2,702					7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)		97,847		652	16,306		20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

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



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7404

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	NONPHYSI- CIAN ANES- THETISTS	NURSING SCHOOL	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED ED	SUBTOTAL (sum of col.4A-23)	
		19	20	21	22	23	24	
1	ADMINISTRATIVE AND GENERAL						256,190	1
2	SKILLED NURSING CARE						1,934,820	2
3	PHYSICAL THERAPY						816,687	3
4	OCCUPATIONAL THERAPY						97,375	4
5	SPEECH PATHOLOGY						16,230	5
6	MEDICAL SOCIAL SERVICES						42,362	6
7	HOME HEALTH AIDE						48,385	7
8	SUPPLIES						246,167	8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTALS (sum of lines 1-19)(2)						3,458,216	20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.							21

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



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7404

WORKSHEET H-2
PART I

	HHA COST CENTER (omit cents)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (sum of col.4A-23)	ALLOCATED HHA A&G (see Pt.2)	TOTAL HHA COSTS		
		25	26	27	28		
1	ADMINISTRATIVE AND GENERAL		256,190				1
2	SKILLED NURSING CARE		1,934,820	154,802	2,089,622		2
3	PHYSICAL THERAPY		816,687	65,342	882,029		3
4	OCCUPATIONAL THERAPY		97,375	7,791	105,166		4
5	SPEECH PATHOLOGY		16,230	1,299	17,529		5
6	MEDICAL SOCIAL SERVICES		42,362	3,389	45,751		6
7	HOME HEALTH AIDE		48,385	3,871	52,256		7
8	SUPPLIES		246,167	19,696	265,863		8
9	DRUGS						9
10	DME						10
11	HOME DIALYSIS AIDE SERVICES						11
12	RESPIRATORY THERAPY						12
13	PRIVATE DUTY NURSING						13
14	CLINIC						14
15	HEALTH PROMOTION ACTIVITIES						15
16	DAY CARE PROGRAM						16
17	HOME DELIVERED MEALS PROGRAM						17
18	HOMEMAKER SERVICE						18
19	ALL OTHERS						19
20	TOTALS (sum of lines 1-19)(2)		3,458,216	256,190	3,458,216		20
21	UNIT COST MULTIPLIER: COLUMN 26, LINE 1 DIVIDED BY THE SUM OF COLUMN 26, LINE 20 MINUS COLUMN 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.			0.080009			21

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



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7404

WORKSHEET H-2
PART II

	HHA COST CENTER	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP-REL COSTS MOV EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT FTE'S SALARIES)	RECON-CILIATION	ADMINI-STRATIVE & GENERAL ACCUM COST	MAINTEN-ANCE AND REPAIRS (SQUARE FEET)	
		1	2	4	4A	5	6	
1	ADMINISTRATIVE AND GENERAL	4,075	22,332	20,966		77,871		1
2	SKILLED NURSING CARE			25,542		1,648,213		2
3	PHYSICAL THERAPY			5,637		703,660		3
4	OCCUPATIONAL THERAPY			853		83,619		4
5	SPEECH PATHOLOGY					14,157		5
6	MEDICAL SOCIAL SERVICES			707		35,858		6
7	HOME HEALTH AIDE			1,525		39,848		7
8	SUPPLIES					214,724		8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)	4,075	22,332	55,230		2,817,950		20
21	TOTAL COST TO BE ALLOCATED	41,756	22,242	36,546		412,647		21
22	UNIT COST MULTIPLIER	10.246871		0.661706		0.146435		22
22	UNIT COST MULTIPLIER		0.995970					22



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7404

WORKSHEET H-2
PART II

	HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA PAID HOURS	MAINT OF PERSONNEL (NUMBER HOUSED)	
		7	8	9	10	11	12	
1	ADMINISTRATIVE AND GENERAL	4,075		4,075				1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)	4,075		4,075				20
21	TOTAL COST TO BE ALLOCATED	86,125		26,689				21
22	UNIT COST MULTIPLIER	21.134969		6.549448				22
22	UNIT COST MULTIPLIER							22



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7404

WORKSHEET H-2
PART II

	HHA COST CENTER	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	NONPHYSI- CIAN ANES- THETISTS (ASSIGNED TIME)	
		13	14	15	16	17	19	
1	ADMINISTRATIVE AND GENERAL	20,966		1,811	5,342,687			1
2	SKILLED NURSING CARE	25,542						2
3	PHYSICAL THERAPY	5,637						3
4	OCCUPATIONAL THERAPY	853						4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES	707						6
7	HOME HEALTH AIDE	1,525						7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)	55,230		1,811	5,342,687			20
21	TOTAL COST TO BE ALLOCATED	97,847		652	16,306			21
22	UNIT COST MULTIPLIER	1.771628		0.360022				22
22	UNIT COST MULTIPLIER				0.003052			22



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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7404

WORKSHEET H-2
PART II

	HHA COST CENTER	NURSING SCHOOL (ASSIGNED TIME)	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	PARAMED ED (ASSIGNED TIME)			
		20	21	22	23			
1	ADMINISTRATIVE AND GENERAL							1
2	SKILLED NURSING CARE							2
3	PHYSICAL THERAPY							3
4	OCCUPATIONAL THERAPY							4
5	SPEECH PATHOLOGY							5
6	MEDICAL SOCIAL SERVICES							6
7	HOME HEALTH AIDE							7
8	SUPPLIES							8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING							13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
19.50	TELEMEDICINE							19.50
20	TOTALS (sum of lines 1-19)							20
21	TOTAL COST TO BE ALLOCATED							21
22	UNIT COST MULTIPLIER							22
22	UNIT COST MULTIPLIER							22



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 Version: 2014.10
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7404

WORKSHEET H-3
PARTS I & II

CHECK APPLICABLE BOX: TITLE V TITLE XVIII TITLE XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION							
	PATIENT SERVICES	FROM WKST. H-2, PART I, COL. 28, LINE	FACILITY COSTS (from Wkst. H-2, Part I)	SHARED ANCILLARY COSTS (from Part II)	TOTAL HHA COSTS (cols. 1 + 2)	TOTAL VISITS	AVERAGE COST PER VISIT (col. 3 ÷ col. 4)
			1	2	3	4	5
1	SKILLED NURSING CARE	2	2,089,622		2,089,622	12,102	172.67
2	PHYSICAL THERAPY	3	882,029		882,029	5,565	158.50
3	OCCUPATIONAL THERAPY	4	105,166		105,166	748	140.60
4	SPEECH PATHOLOGY	5	17,529		17,529	115	152.43
5	MEDICAL SOCIAL SERVICES	6	45,751		45,751	179	255.59
6	HOME HEALTH AIDE	7	52,256		52,256	434	120.41
7	TOTAL (sum of lines 1-6)		3,192,353		3,192,353	19,143	

LIMITATION COST COMPUTATION				PROGRAM VISITS			
	PATIENT SERVICES	CBSA NO.	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE		
		1	2	3	4		
8	SKILLED NURSING CARE	16974	1,748	7,381		8	
9	PHYSICAL THERAPY	16974	925	3,009		9	
10	OCCUPATIONAL THERAPY	16974	111	492		10	
11	SPEECH PATHOLOGY	16974	17	66		11	
12	MEDICAL SOCIAL SERVICES	16974	11	108		12	
13	HOME HEALTH AIDE	16974	58	327		13	
14	TOTAL (sum of lines 8-13)		2,870	11,383		14	

SUPPLIES AND DRUGS COSTS COMPUTATIONS							
	OTHER PATIENT SERVICES	FROM WKST. H-2, PART I, COL. 28, LINE	FACILITY COSTS (from Wkst. H-2, Part I)	SHARED ANCILLARY COSTS (from Part II)	TOTAL HHA COSTS (cols. 1 + 2)	TOTAL CHARGES (from HHA Record)	RATIO (col. 3 ÷ col. 4)
			1	2	3	4	5
15	COST OF MEDICAL SUPPLIES	8	265,863		265,863	402,861	0.659937
16	COST OF DRUGS	9					

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

		FROM WKST. C, PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (from provider records)	HHA SHARED ANCILLARY COSTS (col. 1 x col. 2)	TRANSFER TO PART I AS INDICATED
			1	2	3	4
1	PHYSICAL THERAPY	66	0.285106			col. 2, line 2
2	OCCUPATIONAL THERAPY	67				col. 2, line 3
3	SPEECH PATHOLOGY	68	0.172255			col. 2, line 4
4	MEDICAL SUPPLIES CHARGED TO PAT	71	0.550782			col. 2, line 15
5	DRUGS CHARGED TO PATIENTS	73	0.157773			col. 2, line 16



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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7404

WORKSHEET H-3
PARTS I & II

CHECK APPLICABLE BOX: TITLE V TITLE XVIII TITLE XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		PROGRAM VISITS			COST OF SERVICES				
		PART B			PART B				
	PATIENT SERVICES	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	TOTAL PROGRAM COST (sum of cols 9-10)	
		6	7	8	9	10	11	12	
1	SKILLED NURSING CARE	1,748	7,381		301,827	1,274,477		1,576,304	1
2	PHYSICAL THERAPY	925	3,009		146,613	476,927		623,540	2
3	OCCUPATIONAL THERAPY	111	492		15,607	69,175		84,782	3
4	SPEECH PATHOLOGY	17	66		2,591	10,060		12,651	4
5	MEDICAL SOCIAL SERVICES	11	108		2,811	27,604		30,415	5
6	HOME HEALTH AIDE	58	327		6,984	39,374		46,358	6
7	TOTAL (sum of lines 1-6)	2,870	11,383		476,433	1,897,617		2,374,050	7

SUPPLIES AND DRUGS COSTS COMPUTATIONS		PROGRAM COVERED CHARGES			COST OF SERVICES				
		PART B			PART B				
	OTHER PATIENT SERVICES	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	PART A	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE		
		6	7	8	9	10	11		
15	COST OF MEDICAL SUPPLIES								15
16	COST OF DRUGS								16



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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 14-7404

WORKSHEET H-4
PARTS I & II

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

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

	DESCRIPTION	PART A 1	PART B		
			NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
	REASONABLE COST OF PART A & PART B SERVICES				
1	REASONABLE COST OF SERVICES (see instructions)				1
2	TOTAL CHARGES	704,278			2
	CUSTOMARY CHARGES				
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (from your records)				3
4	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(b)				4
5	RATIO OF LINE 3 TO LINE 4 (not to exceed 1.000000)				5
6	TOTAL CUSTOMARY CHARGES (see instructions)	704,278			6
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (complete only if line 6 exceeds line 1)	704,278			7
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 1 exceeds line 6)				8
9	PRIMARY PAYER PAYMENTS				9

COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10	TOTAL REASONABLE COST (see instructions)			10
11	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	448,157	1,716,203	11
12	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	10,696	60,158	12
13	TOTAL PPS REIMBURSEMENT - LUPA EPISODES	6,422	53,340	13
14	TOTAL PPS REIMBURSEMENT - PEP EPISODES	9,529	25,754	14
15	TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			15
16	TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
17	TOTAL OTHER PAYMENTS			17
18	DME PAYMENTS			18
19	OXYGEN PAYMENTS			19
20	PROSTHETIC AND ORTHOTIC PAYMENTS			20
21	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (exclude coinsurance)			21
22	SUBTOTAL (sum of lines 10-20 minus line 21)	474,804	1,855,455	22
23	EXCESS REASONABLE COST (from line 8)			23
24	SUBTOTAL (line 22 minus line 23)	474,804	1,855,455	24
25	COINSURANCE BILLED TO PROGRAM PATIENTS (from your records)			25
26	NET COST (line 24 minus line 25)	474,804	1,855,455	26
27	REIMBURSABLE BAD DEBTS (from your records)			27
28	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)			28
29	TOTAL COSTS - CURRENT COST REPORTING PERIOD (line 26 plus line 27)	474,804	1,855,455	29
30	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			30
31	SUBTOTAL (line 29 plus/minus line 30)	474,804	1,855,455	31
31.01	SEQUESTRATION ADJUSTMENT (see instructions)			31.01
32	INTERIM PAYMENTS (see instructions)	474,804	1,855,455	32
33	TENTATIVE SETTLEMENT (for contractor use only)			33
34	BALANCE DUE PROVIDER/PROGRAM (line 31 minus lines 31.01, 32 and 33)			34
35	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115-2			35



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

HHA CCN: 14-7404

WORKSHEET H-5

			PART A		PART B		
DESCRIPTION			mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
			1	2	3	4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			474,804		1,855,455	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		.01				3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM		.02				3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM	.03				3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	TO	.04				3.04
	(1)	PROVIDER	.05				3.05
			.06				3.06
			.07				3.07
			.08				3.08
			.09				3.09
			.10				3.10
			.50				3.50
			.51				3.51
		PROVIDER	.52				3.52
		TO	.53				3.53
		PROGRAM	.54				3.54
			.55				3.55
			.56				3.56
			.57				3.57
			.58				3.58
			.59				3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99				3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)			474,804		1,855,455	4
TO BE COMPLETED BY CONTRACTOR							
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT		.01				5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.		.02				5.02
	IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM	.03				5.03
		TO	.04				5.04
		PROVIDER	.05				5.05
			.06				5.06
			.07				5.07
			.08				5.08
			.09				5.09
			.10				5.10
			.50				5.50
			.51				5.51
		PROVIDER	.52				5.52
		TO	.53				5.53
		PROGRAM	.54				5.54
			.55				5.55
			.56				5.56
			.57				5.57
			.58				5.58
			.59				5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99				5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due)		.01				6.01
	BASED ON THE COST REPORT (1)		.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)						7
8	NAME OF CONTRACTOR			CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)	8

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



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ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE CCN: 14-1511

WORKSHEET K

	COST CENTER DESCRIPTIONS	SALARIES (from Wkst. K-1)	EMPLOYEE BENEFITS (from Wkst. K-2)	TRANSPOR- TATION (see inst.)	CONTRACTED SERVICES (from Wkst. K-3)	OTHER	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL	333,598	57,600			164,833	6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	VISITING SERVICES						
9	PHYSICIAN SERVICES	40,022	6,910				9
10	NURSING CARE	623,496	107,654	27,853			10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY	742	129	155			12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES	53,434	9,226	1,926			15
16	SPIRITUAL COUNSELING	127,997	22,100	7,985			16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER	133,783	23,099	20,159			19
20	HH AIDE & HOMEMAKER - CONT. HOME CARE						20
21	OTHER						21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THERAPY					109,968	22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN					231,431	26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES					70,535	30
31	OUTPATIENT SERVICES (including E/R Dept.)						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	BEREAVEMENT PROGRAM COSTS	14,567	2,515				35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)	1,327,639	229,233	58,078		576,767	39



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ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE CCN: 14-1511

WORKSHEET K

	TOTAL (cols. 1-5) 6	RECLASSI- FICATION 7	SUBTOTAL (col. 6 ± col. 7) 8	ADJUST- MENTS 9	TOTAL (col. 8 ± col. 9) 10	
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3 PLANT OPERATION AND MAINTENANCE						3
4 TRANSPORTATION - STAFF						4
5 VOLUNTEER SERVICE COORDINATION						5
6 ADMINISTRATIVE AND GENERAL	556,031	-23,261	532,770		532,770	6
INPATIENT CARE SERVICE						
7 INPATIENT - GENERAL CARE						7
8 INPATIENT - RESPITE CARE						8
VISITING SERVICES						
9 PHYSICIAN SERVICES	46,932		46,932		46,932	9
10 NURSING CARE	759,003		759,003		759,003	10
11 NURSING CARE-CONTINUOUS HOME CARE						11
12 PHYSICAL THERAPY	1,026		1,026		1,026	12
13 OCCUPATIONAL THERAPY						13
14 SPEECH/LANGUAGE PATHOLOGY						14
15 MEDICAL SOCIAL SERVICES	64,586		64,586		64,586	15
16 SPIRITUAL COUNSELING	158,082		158,082		158,082	16
17 DIETARY COUNSELING						17
18 COUNSELING - OTHER						18
19 HOME HEALTH AIDE AND HOMEMAKER	177,041		177,041		177,041	19
20 HH AIDE & HOMEMAKER - CONT. HOME CARE						20
21 OTHER						21
OTHER HOSPICE SERVICE COSTS						
22 DRUGS, BIOLOGICAL AND INFUSION THERAPY	109,968		109,968		109,968	22
23 ANALGESICS						23
24 SEDATIVES/HYPNOTICS						24
25 OTHER - SPECIFY						25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN	231,431		231,431		231,431	26
27 PATIENT TRANSPORTATION						27
28 IMAGING SERVICES						28
29 LABS AND DIAGNOSTICS						29
30 MEDICAL SUPPLIES	70,535		70,535		70,535	30
31 OUTPATIENT SERVICES (including E/R Dept.)						31
32 RADIATION THERAPY						32
33 CHEMOTHERAPY						33
34 OTHER						34
HOSPICE NONREIMBURSABLE SERVICE						
35 BEREAVEMENT PROGRAM COSTS	17,082		17,082		17,082	35
36 VOLUNTEER PROGRAM COSTS						36
37 FUNDRAISING						37
38 OTHER PROGRAM COSTS						38
39 TOTAL (sum of lines 1-38)	2,191,717	-46,522	2,168,456		2,168,456	39



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 Version: 2014.10
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HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

HOSPICE CCN: 14-1511

WORKSHEET K-1

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIX						1
2	CAPITAL RELATED COSTS-MOVABLE EQUI						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL		35,856		65,309		6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	VISITING SERVICES						
9	PHYSICIAN SERVICES						9
10	NURSING CARE					623,496	10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES						15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME C						20
21	OTHER						21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THE						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)		35,856		65,309	623,496	39

(1) Transfer the amount in column 9 to Wkst. K, column 1.



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HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

HOSPICE CCN: 14-1511

WORKSHEET K-1

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	6	7	8	9	
GENERAL SERVICE COST CENTER					
1					1
2					2
3					3
4					4
5					5
6			232,433	333,598	6
INPATIENT CARE SERVICE					
7					7
8					8
VISITING SERVICES					
9			40,022	40,022	9
10				623,496	10
11					11
12	742			742	12
13					13
14					14
15			53,434	53,434	15
16			127,997	127,997	16
17					17
18					18
19		133,783		133,783	19
20					20
21					21
OTHER HOSPICE SERVICE COSTS					
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
HOSPICE NONREIMBURSABLE SERVICE					
35			14,567	14,567	35
36					36
37					37
38					38
39	742	133,783	468,453	1,327,639	39

(1) Transfer the amount in column 9 to Wkst. K, column 1.



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 Version: 2014.10
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HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE CCN: 14-1511

WORKSHEET K-2

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIX						1
2	CAPITAL RELATED COSTS-MOVABLE EQUI						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL		6,191		11,276		6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	VISITING SERVICES						
9	PHYSICIAN SERVICES						9
10	NURSING CARE					107,654	10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES						15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME C						20
21	OTHER						21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THE						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)		6,191		11,276	107,654	39

(1) Transfer the amount in column 9 to Wkst. K, column 2.



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HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE CCN: 14-1511

WORKSHEET K-2

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)		
	6	7	8	9		
GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIX				1	
2	CAPITAL RELATED COSTS-MOVABLE EQUI				2	
3	PLANT OPERATION AND MAINTENANCE				3	
4	TRANSPORTATION - STAFF				4	
5	VOLUNTEER SERVICE COORDINATION				5	
6	ADMINISTRATIVE AND GENERAL		40,133	57,600	6	
INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE				7	
8	INPATIENT - RESPITE CARE				8	
VISITING SERVICES						
9	PHYSICIAN SERVICES		6,910	6,910	9	
10	NURSING CARE			107,654	10	
11	NURSING CARE-CONTINUOUS HOME CARE				11	
12	PHYSICAL THERAPY		129	129	12	
13	OCCUPATIONAL THERAPY				13	
14	SPEECH/LANGUAGE PATHOLOGY				14	
15	MEDICAL SOCIAL SERVICES		9,226	9,226	15	
16	SPIRITUAL COUNSELING		22,100	22,100	16	
17	DIETARY COUNSELING				17	
18	COUNSELING - OTHER				18	
19	HOME HEALTH AIDE AND HOME MAKER	23,099		23,099	19	
20	HH AIDE & HOME MAKER - CONT. HOME C				20	
21	OTHER				21	
OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THE				22	
23	ANALGESICS				23	
24	SEDATIVES/HYPNOTICS				24	
25	OTHER - SPECIFY				25	
26	DURABLE MEDICAL EQUIPMENT/OXYGEN				26	
27	PATIENT TRANSPORTATION				27	
28	IMAGING SERVICES				28	
29	LABS AND DIAGNOSTICS				29	
30	MEDICAL SUPPLIES				30	
31	OUTPATIENT SERVICES (including E/R				31	
32	RADIATION THERAPY				32	
33	CHEMOTHERAPY				33	
34	OTHER				34	
HOSPICE NONREIMBURSABLE SERVICE						
35	BEREAVEMENT PROGRAM COSTS		2,515	2,515	35	
36	VOLUNTEER PROGRAM COSTS				36	
37	FUNDRAISING				37	
38	OTHER PROGRAM COSTS				38	
39	TOTAL (sum of lines 1-38)		23,099	81,013	229,233	39

(1) Transfer the amount in column 9 to Wkst. K, column 2.



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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 14-1511

WORKSHEET K-3

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED COSTS-BLDG AND FIX						1
2	CAPITAL RELATED COSTS-MOVABLE EQUI						2
3	PLANT OPERATION AND MAINTENANCE						3
4	TRANSPORTATION - STAFF						4
5	VOLUNTEER SERVICE COORDINATION						5
6	ADMINISTRATIVE AND GENERAL						6
	INPATIENT CARE SERVICE						
7	INPATIENT - GENERAL CARE						7
8	INPATIENT - RESPITE CARE						8
	VISITING SERVICES						
9	PHYSICIAN SERVICES						9
10	NURSING CARE						10
11	NURSING CARE-CONTINUOUS HOME CARE						11
12	PHYSICAL THERAPY						12
13	OCCUPATIONAL THERAPY						13
14	SPEECH/LANGUAGE PATHOLOGY						14
15	MEDICAL SOCIAL SERVICES						15
16	SPIRITUAL COUNSELING						16
17	DIETARY COUNSELING						17
18	COUNSELING - OTHER						18
19	HOME HEALTH AIDE AND HOMEMAKER						19
20	HH AIDE & HOMEMAKER - CONT. HOME C						20
21	OTHER						21
	OTHER HOSPICE SERVICE COSTS						
22	DRUGS, BIOLOGICAL AND INFUSION THE						22
23	ANALGESICS						23
24	SEDATIVES/HYPNOTICS						24
25	OTHER - SPECIFY						25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27	PATIENT TRANSPORTATION						27
28	IMAGING SERVICES						28
29	LABS AND DIAGNOSTICS						29
30	MEDICAL SUPPLIES						30
31	OUTPATIENT SERVICES (including E/R						31
32	RADIATION THERAPY						32
33	CHEMOTHERAPY						33
34	OTHER						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	BEREAVEMENT PROGRAM COSTS						35
36	VOLUNTEER PROGRAM COSTS						36
37	FUNDRAISING						37
38	OTHER PROGRAM COSTS						38
39	TOTAL (sum of lines 1-38)						39

(1) Transfer the amount in column 9 to Wkst. K, column 4.



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 Version: 2014.10
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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 14-1511

WORKSHEET K-3

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)
	6	7	8	9
GENERAL SERVICE COST CENTER				
1 CAPITAL RELATED COSTS-BLDG AND FIX				1
2 CAPITAL RELATED COSTS-MOVABLE EQUI				2
3 PLANT OPERATION AND MAINTENANCE				3
4 TRANSPORTATION - STAFF				4
5 VOLUNTEER SERVICE COORDINATION				5
6 ADMINISTRATIVE AND GENERAL				6
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				7
8 INPATIENT - RESPITE CARE				8
VISITING SERVICES				
9 PHYSICIAN SERVICES				9
10 NURSING CARE				10
11 NURSING CARE-CONTINUOUS HOME CARE				11
12 PHYSICAL THERAPY				12
13 OCCUPATIONAL THERAPY				13
14 SPEECH/LANGUAGE PATHOLOGY				14
15 MEDICAL SOCIAL SERVICES				15
16 SPIRITUAL COUNSELING				16
17 DIETARY COUNSELING				17
18 COUNSELING - OTHER				18
19 HOME HEALTH AIDE AND HOME MAKER				19
20 HH AIDE & HOME MAKER - CONT. HOME C				20
21 OTHER				21
OTHER HOSPICE SERVICE COSTS				
22 DRUGS, BIOLOGICAL AND INFUSION THE				22
23 ANALGESICS				23
24 SEDATIVES/HYPNOTICS				24
25 OTHER - SPECIFY				25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN				26
27 PATIENT TRANSPORTATION				27
28 IMAGING SERVICES				28
29 LABS AND DIAGNOSTICS				29
30 MEDICAL SUPPLIES				30
31 OUTPATIENT SERVICES (including E/R				31
32 RADIATION THERAPY				32
33 CHEMOTHERAPY				33
34 OTHER				34
HOSPICE NONREIMBURSABLE SERVICE				
35 BEREAVEMENT PROGRAM COSTS				35
36 VOLUNTEER PROGRAM COSTS				36
37 FUNDRAISING				37
38 OTHER PROGRAM COSTS				38
39 TOTAL (sum of lines 1-38)				39

(1) Transfer the amount in column 9 to Wkst. K, column 4.



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COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE CCN: 14-1511

**WORKSHEET K-4
PART I**

	COST CENTER DESCRIPTIONS	CAPITAL RELATED COSTS				
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	
		0	1	2	3	4
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED COSTS-BLDG AND FIX					1
2	CAPITAL RELATED COSTS-MOVABLE EQUI					2
3	PLANT OPERATION AND MAINTENANCE					3
4	TRANSPORTATION - STAFF					4
5	VOLUNTEER SERVICE COORDINATION					5
6	ADMINISTRATIVE AND GENERAL	532,770				6
	INPATIENT CARE SERVICE					
7	INPATIENT - GENERAL CARE					7
8	INPATIENT - RESPITE CARE					8
	VISITING SERVICES					
9	PHYSICIAN SERVICES	46,932				9
10	NURSING CARE	759,003				10
11	NURSING CARE-CONTINUOUS HOME CARE					11
12	PHYSICAL THERAPY	1,026				12
13	OCCUPATIONAL THERAPY					13
14	SPEECH/LANGUAGE PATHOLOGY					14
15	MEDICAL SOCIAL SERVICES	64,586				15
16	SPIRITUAL COUNSELING	158,082				16
17	DIETARY COUNSELING					17
18	COUNSELING - OTHER					18
19	HOME HEALTH AIDE AND HOMEMAKER	177,041				19
20	HH AIDE & HOMEMAKER - CONT. HOME C					20
21	OTHER					21
	OTHER HOSPICE SERVICE COSTS					
22	DRUGS, BIOLOGICAL AND INFUSION THE	109,968				22
23	ANALGESICS					23
24	SEDATIVES/HYPNOTICS					24
25	OTHER - SPECIFY					25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN	231,431				26
27	PATIENT TRANSPORTATION					27
28	IMAGING SERVICES					28
29	LABS AND DIAGNOSTICS					29
30	MEDICAL SUPPLIES	70,535				30
31	OUTPATIENT SERVICES (including E/R					31
32	RADIATION THERAPY					32
33	CHEMOTHERAPY					33
34	OTHER					34
	HOSPICE NONREIMBURSABLE SERVICE					
35	BEREAVEMENT PROGRAM COSTS	17,082				35
36	VOLUNTEER PROGRAM COSTS					36
37	FUNDRAISING					37
38	OTHER PROGRAM COSTS					38
39	TOTAL (sum of lines 1-38)	2,168,456				39



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 Version: 2014.10
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COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE CCN: 14-1511

WORKSHEET K-4
PART I

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5 ± col. 6)	
		5	5A	6	7	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED COSTS-BLDG AND FIX					1
2	CAPITAL RELATED COSTS-MOVABLE EQUI					2
3	PLANT OPERATION AND MAINTENANCE					3
4	TRANSPORTATION - STAFF					4
5	VOLUNTEER SERVICE COORDINATION					5
6	ADMINISTRATIVE AND GENERAL		532,770	532,770		6
	INPATIENT CARE SERVICE					
7	INPATIENT - GENERAL CARE					7
8	INPATIENT - RESPITE CARE					8
	VISITING SERVICES					
9	PHYSICIAN SERVICES		46,932	15,287	62,219	9
10	NURSING CARE		759,003	247,220	1,006,223	10
11	NURSING CARE-CONTINUOUS HOME CARE					11
12	PHYSICAL THERAPY		1,026	334	1,360	12
13	OCCUPATIONAL THERAPY					13
14	SPEECH/LANGUAGE PATHOLOGY					14
15	MEDICAL SOCIAL SERVICES		64,586	21,037	85,623	15
16	SPIRITUAL COUNSELING		158,082	51,490	209,572	16
17	DIETARY COUNSELING					17
18	COUNSELING - OTHER					18
19	HOME HEALTH AIDE AND HOME MAKER		177,041	57,665	234,706	19
20	HH AIDE & HOME MAKER - CONT. HOME C					20
21	OTHER					21
	OTHER HOSPICE SERVICE COSTS					
22	DRUGS, BIOLOGICAL AND INFUSION THE		109,968	35,818	145,786	22
23	ANALGESICS					23
24	SEDATIVES/HYPNOTICS					24
25	OTHER - SPECIFY					25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN		231,431	75,381	306,812	26
27	PATIENT TRANSPORTATION					27
28	IMAGING SERVICES					28
29	LABS AND DIAGNOSTICS					29
30	MEDICAL SUPPLIES		70,535	22,974	93,509	30
31	OUTPATIENT SERVICES (including E/R					31
32	RADIATION THERAPY					32
33	CHEMOTHERAPY					33
34	OTHER					34
	HOSPICE NONREIMBURSABLE SERVICE					
35	BEREAVEMENT PROGRAM COSTS		17,082	5,564	22,646	35
36	VOLUNTEER PROGRAM COSTS					36
37	FUNDRAISING					37
38	OTHER PROGRAM COSTS					38
39	TOTAL (sum of lines 1-38)		2,168,456		2,168,456	39



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COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE CCN: 14-1511

**WORKSHEET K-4
PART II**

	COST CENTER DESCRIPTIONS	CAPITAL RELATED COSTS					RECONCILIATION	ADMINISTRATIVE & GENERAL (Acc. Cost)	
		BUILDINGS & FIXTURES (Sq. Ft.)	MOVABLE EQUIPMENT (\$ Value)	PLANT OPERATION & MAINT. (Sq. Ft.)	TRANSPORTATION (Mileage)	VOLUNTEER SERVICES COORDINATOR (Hours)			
		1	2	3	4	5	6A	6	
	GENERAL SERVICE COST CENTER								
1	CAPITAL RELATED COSTS-BLDG AND FIX								1
2	CAPITAL RELATED COSTS-MOVABLE EQUI								2
3	PLANT OPERATION AND MAINTENANCE								3
4	TRANSPORTATION - STAFF								4
5	VOLUNTEER SERVICE COORDINATION					100			5
6	ADMINISTRATIVE AND GENERAL					100	-532,770	1,635,686	6
	INPATIENT CARE SERVICE								
7	INPATIENT - GENERAL CARE								7
8	INPATIENT - RESPITE CARE								8
	VISITING SERVICES								
9	PHYSICIAN SERVICES							46,932	9
10	NURSING CARE							759,003	10
11	NURSING CARE-CONTINUOUS HOME CARE								11
12	PHYSICAL THERAPY							1,026	12
13	OCCUPATIONAL THERAPY								13
14	SPEECH/LANGUAGE PATHOLOGY								14
15	MEDICAL SOCIAL SERVICES							64,586	15
16	SPIRITUAL COUNSELING							158,082	16
17	DIETARY COUNSELING								17
18	COUNSELING - OTHER								18
19	HOME HEALTH AIDE AND HOME MAKER							177,041	19
20	HH AIDE & HOME MAKER - CONT. HOME C								20
21	OTHER								21
	OTHER HOSPICE SERVICE COSTS								
22	DRUGS, BIOLOGICAL AND INFUSION THE							109,968	22
23	ANALGESICS								23
24	SEDATIVES/HYPNOTICS								24
25	OTHER - SPECIFY								25
26	DURABLE MEDICAL EQUIPMENT/OXYGEN							231,431	26
27	PATIENT TRANSPORTATION								27
28	IMAGING SERVICES								28
29	LABS AND DIAGNOSTICS								29
30	MEDICAL SUPPLIES							70,535	30
31	OUTPATIENT SERVICES (including E/R								31
32	RADIATION THERAPY								32
33	CHEMOTHERAPY								33
34	OTHER								34
	HOSPICE NONREIMBURSABLE SERVICE								
35	BEREAVEMENT PROGRAM COSTS							17,082	35
36	VOLUNTEER PROGRAM COSTS								36
37	FUNDRAISING								37
38	OTHER PROGRAM COSTS								38
39	TOTAL (sum of lines 1-38)							532,770	39
40	UNIT COST MULTIPLIER							0.325717	40



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1511

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	HOSPICE TRIAL BALANCE(1)	NEW CAP-REL COSTS BLDG&FIXT	NEW CAP-REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	ADMINI-STRATIVE & GENERAL	
		0	1	2	4	4A	5	
1	ADMINISTRATIVE AND GENERAL		11,343	2,345	32,594	46,282	6,777	1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES	62,219				62,219	9,111	4
5	NURSING CARE	1,006,223				1,006,223	147,347	5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY	1,360				1,360	199	7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES	85,623				85,623	12,538	10
11	SPIRITUAL COUNSELING	209,572				209,572	30,689	11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER	234,706				234,706	34,369	14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH	145,786				145,786	21,348	17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN	306,812				306,812	44,928	21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES	93,509				93,509	13,693	25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS	22,646				22,646	3,316	30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)	2,168,456	11,343	2,345	32,594	2,214,738	324,315	34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1511

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	MAINTEN- ANCE AND REPAIRS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
1	ADMINISTRATIVE AND GENERAL		23,396		7,250			1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)		23,396		7,250			34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1511

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	MAINT OF PERSONNEL	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12	13	14	15	16	17	
1	ADMINISTRATIVE AND GENERAL		85,389			12,261		1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH				39,473			17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS		1,876					30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)		87,265		39,473	12,261		34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1511

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	NONPHYSI- CIAN ANES- THETISTS	NURSING SCHOOL	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED ED	SUBTOTAL (cols. 4A-23)	
		19	20	21	22	23	24	
1	ADMINISTRATIVE AND GENERAL						181,355	1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES						71,330	4
5	NURSING CARE						1,153,570	5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY						1,559	7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES						98,161	10
11	SPIRITUAL COUNSELING						240,261	11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER						269,075	14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH						206,607	17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN						351,740	21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES						107,202	25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS						27,838	30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33) (2)						2,708,698	34
35	UNIT COST MULTIPLIER (see instruc							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/24/2014 Run Time: 16:47 Version: 2014.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1511

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (cols. 24 ± 25)	ALLOC HOSP A&G (See Part II)	TOTAL HOSP COSTS (col 26 ± 27)		
		25	26	27	28		
1	ADMINISTRATIVE AND GENERAL		181,355				1
2	INPATIENT - GENERAL CARE						2
3	INPATIENT - RESPITE CARE						3
4	PHYSICIAN SERVICES		71,330	5,118	76,448		4
5	NURSING CARE		1,153,570	82,778	1,236,348		5
6	NURSING CARE-CONTINUOUS HOME CARE						6
7	PHYSICAL THERAPY		1,559	112	1,671		7
8	OCCUPATIONAL THERAPY						8
9	SPEECH/LANGUAGE PATHOLOGY						9
10	MEDICAL SOCIAL SERVICES		98,161	7,044	105,205		10
11	SPIRITUAL COUNSELING		240,261	17,240	257,501		11
12	DIETARY COUNSELING						12
13	COUNSELING - OTHER						13
14	HOME HEALTH AIDE AND HOMEMAKER		269,075	19,308	288,383		14
15	HH AIDE & HOMEMAKER - CONT. HOME						15
16	OTHER						16
17	DRUGS, BIOLOGICAL AND INFUSION TH		206,607	14,825	221,432		17
18	ANALGESICS						18
19	SEDATIVES / HYPNOTICS						19
20	OTHER - SPECIFY						20
21	DURABLE MED. EQUIPMENT/OXYGEN		351,740	25,240	376,980		21
22	PATIENT TRANSPORTATION						22
23	IMAGING SERVICES						23
24	LABS AND DIAGNOSTICS						24
25	MEDICAL SUPPLIES		107,202	7,692	114,894		25
26	OUTPATIENT SERVICES (including E/						26
27	RADIATION THERAPY						27
28	CHEMOTHERAPY						28
29	OTHER						29
30	BEREAVEMENT PROGRAM COSTS		27,838	1,998	29,836		30
31	VOLUNTEER PROGRAM COSTS						31
32	FUNDRAISING						32
33	OTHER PROGRAM COSTS						33
34	TOTALS (sum of lines 1-33) (2)		2,708,698		2,708,698		34
35	UNIT COST MULTIPLIER (see instruc			0.071757			35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1511

WORKSHEET K-5

PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP-REL COSTS MOV EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT FTE'S SALARIES)	RECON-CILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE AND REPAIRS (SQUARE FEET)	
		1	2	4	4A	5	6	
1	ADMINISTRATIVE AND GENERAL	1,107	2,354	49,257		46,282		1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES					62,219		4
5	NURSING CARE					1,006,223		5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY					1,360		7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES					85,623		10
11	SPIRITUAL COUNSELING					209,572		11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER					234,706		14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH					145,786		17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN					306,812		21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES					93,509		25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS					22,646		30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)	1,107	2,354	49,257		2,214,738		34
35	TOTAL COST TO BE ALLOCATED	11,343	2,345	32,594		324,315		35
36	UNIT COST MULTIPLIER	10.246612		0.661713		0.146435		36
36	UNIT COST MULTIPLIER		0.996177					36



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1511

WORKSHEET K-5

PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA PAID HOURS	MAINT OF PERSONNEL (NUMBER HOUSED)	
		7	8	9	10	11	12	
1	ADMINISTRATIVE AND GENERAL	1,107		1,107				1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)	1,107		1,107				34
35	TOTAL COST TO BE ALLOCATED	23,396		7,250				35
36	UNIT COST MULTIPLIER	21.134598		6.549232				36
36	UNIT COST MULTIPLIER							36



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1511

WORKSHEET K-5

PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	NURSING ADMINISTRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13	14	15	16	17	19	
1	ADMINISTRATIVE AND GENERAL	49,257			4,017,261			1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH			109,698				17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS	1,082						30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)	50,339		109,698	4,017,261			34
35	TOTAL COST TO BE ALLOCATED	87,265		39,473	12,261			35
36	UNIT COST MULTIPLIER	1.733547		0.359833				36
36	UNIT COST MULTIPLIER				0.003052			36



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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1511

WORKSHEET K-5

PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	NURSING SCHOOL (ASSIGNED TIME)	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	PARAMED ED (ASSIGNED TIME)			
		20	21	22	23			
1	ADMINISTRATIVE AND GENERAL							1
2	INPATIENT - GENERAL CARE							2
3	INPATIENT - RESPITE CARE							3
4	PHYSICIAN SERVICES							4
5	NURSING CARE							5
6	NURSING CARE-CONTINUOUS HOME CARE							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HEALTH AIDE AND HOMEMAKER							14
15	HH AIDE & HOMEMAKER - CONT. HOME							15
16	OTHER							16
17	DRUGS, BIOLOGICAL AND INFUSION TH							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
21	DURABLE MED. EQUIPMENT/OXYGEN							21
22	PATIENT TRANSPORTATION							22
23	IMAGING SERVICES							23
24	LABS AND DIAGNOSTICS							24
25	MEDICAL SUPPLIES							25
26	OUTPATIENT SERVICES (including E/							26
27	RADIATION THERAPY							27
28	CHEMOTHERAPY							28
29	OTHER							29
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (sum of lines 1-33)							34
35	TOTAL COST TO BE ALLOCATED							35
36	UNIT COST MULTIPLIER							36
36	UNIT COST MULTIPLIER							36



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APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE CCN: 14-1511

WORKSHEET K-5
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	COST CENTER	WKST C, PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HOSPICE CHARGES (Provider Records)	HOSPICE SHARED ANCILLARY COSTS (cols. 1 x 2)	
		0	1	2	3	
	ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	66	0.285106			1
2	OCCUPATIONAL THERAPY	67				2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.172255			3
4	DRUGS, BIOLOGICAL AND INFUSION THERAPY	73	0.157773			4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96				5
6	LABS AND DIAGNOSTICS	60	0.086409			6
7	MEDICAL SUPPLIES	71	0.550782			7
8	OUTPATIENT SERVICES (including E/R Dept.)	93	0.419386			8
8.10	WOUND CARE CENTER	93.10	0.156470			8.10
9	RADIATION THERAPY	55	0.257046			9
10	ENTEROSTOMAL THERAPY	76				10
10.1 0	NEUROLOGY	76.10				10.1 0
10.2 0	EMG	76.20				10.2 0
10.3 0	OS SVCS	76.30	0.570051			10.3 0
10.4 0	AUDIOLOGY	76.40				10.4 0
10.9 7	CARDIAC REHABILITATION	76.97				10.9 7
10.9 8	HYPERBARIC OXYGEN THERAPY	76.98				10.9 8
10.9 9	LITHOTRIPSY	76.99				10.9 9
11	TOTALS (sum of lines 1-10)					11



COMPU-MAX

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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE CCN: 14-1511

WORKSHEET K-6

COMPUTATION OF PER DIEM COSTS		TITLE XVIII	TITLE XIX	OTHER	TOTAL	
		1	2	3	4	
1	TOTAL COST (see instructions)				2,708,698	1
2	TOTAL UNDUPLICATED DAYS (Worksheet S-9, column 6, line 5)				19,779	2
3	AVERAGE COST PER DIEM (line 1 divided by line 2)				136.95	3
4	UNDUPLICATED MEDICARE DAYS (Worksheet S-9, column 1, line 5)	19,110				4
5	AGGREGATE MEDICARE COST (line 3 times line 4)	2,617,115				5
6	UNDUPLICATED MEDICAID DAYS (Worksheet S-9, column 2, line 5)					6
7	AGGREGATE MEDICAID COST (line 3 times line 6)					7
8	UNDUPLICATED SNF DAYS (Worksheet S-9, column 3, line 5)					8
9	AGGREGATE SNF COST (line 3 times line 8)					9
10	UNDUPLICATED NF DAYS (Worksheet S-9, column 4, line 5)					10
11	AGGREGATE NF COST (line 3 times line 10)					11
12	OTHER UNDUPLICATED DAYS (Worksheet S-9, column 5, line 5)			669		12
13	AGGREGATE COST FOR OTHER DAYS (line 3 times line 12)			91,620		13

Note: The data for the SNF and NF on lines 8 through 11 are included in the Medicare and Medicaid lines 4 through 7.



COMPU-MAX

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0179

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER	3,486,351	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS	26,771	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)	142.31	3
4	NUMBER OF INTERNS & RESIDENTS (see instructions)	4.25	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (see instructions)	0.85	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (multiply line 5 by the sum of lines 1 and 1.01)	29,634	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (Worksheet E, Part A line 30) (see instructions)	0.0430	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)	0.1873	8
9	SUM OF LINES 7 AND 8	0.2303	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0477	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)	166,299	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	3,709,055	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
34.10	NICU						34.10
40	SUBPROVIDER - IPF						40
43	NURSERY						43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM						50
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
54.01	BREAST HEALTH CENTER						54.01
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
56.10	ULTRASOUND						56.10
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION						59
60	LABORATORY						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY						65
65.01	SLEEP LAB						65.01
66	PHYSICAL THERAPY						66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY						69
69.01	C-PORT						69.01
70	ELECTROENCEPHALOGRAPHY						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS						74
75.10	GI LAB						75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS						76.30
76.40	AUDIOLOGY						76.40
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	PALOS DIAGNOSTIC CENTER						90.01
90.02	CARE STATIONS						90.02
90.03	OUTPATIENT CARE CENTER						90.03
91	EMERGENCY						91



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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		
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	OUTPATIENT REHAB							93
93.10	WOUND CARE CENTER							93.10
	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
101	HOME HEALTH AGENCY							101
	SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE							113
116	HOSPICE							116
117	MOBILE MED							117
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
191.10	ADULT DAY CARE							191.10
192	PHYSICIANS' PRIVATE OFFICES							192
192.01	VACANT SPACE							192.01
194	FUND DEVELOPMENT							194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)							202

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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	48.71		11.54				60.25	30
31	INTENSIVE CARE UNIT	53.41		13.37				66.78	31
34.10	NICU			51.16				51.16	34.10
43	NURSERY			52.95				52.95	43
	UTILIZATION PERCENTAGES BASED ON CHARGES								
50	OPERATING ROOM	16.46	16.23					32.69	50
52	DELIVERY ROOM & LABOR ROOM	0.27	0.09					0.36	52
53	ANESTHESIOLOGY	16.96	15.20					32.16	53
54	RADIOLOGY-DIAGNOSTIC	26.37	13.41					39.78	54
55	RADIOLOGY-THERAPEUTIC	3.59	49.56					53.15	55
56	RADIOISOTOPE	21.41	28.91					50.32	56
56.10	ULTRASOUND	18.41	14.89					33.30	56.10
57	CT SCAN	21.55	18.91					40.46	57
58	MRI	23.21	14.67					37.88	58
59	CARDIAC CATHETERIZATION	27.00	16.48					43.48	59
60	LABORATORY	22.78	4.11					26.89	60
65	RESPIRATORY THERAPY	47.75	2.88					50.63	65
65.01	SLEEP LAB	0.06	32.95					33.01	65.01
66	PHYSICAL THERAPY	26.23						26.23	66
68	SPEECH PATHOLOGY	43.85						43.85	68
69	ELECTROCARDIOLOGY	29.60	17.09					46.69	69
70	ELECTROENCEPHALOGRAPHY	15.76	20.43					36.19	70
71	MEDICAL SUPPLIES CHARGED TO PAT	42.57	5.90					48.47	71
72	IMPL. DEV. CHARGED TO PATIENTS	37.86	16.37					54.23	72
73	DRUGS CHARGED TO PATIENTS	31.02	16.82					47.84	73
74	RENAL DIALYSIS	59.21	5.18					64.39	74
75.10	GI LAB	14.22	26.94					41.16	75.10
76.30	OS SVCS	49.51	1.09					50.60	76.30
90	CLINIC	2.36	39.01					41.37	90
90.01	PALOS DIAGNOSTIC CENTER	0.16	51.47					51.63	90.01
90.02	CARE STATIONS	0.26	9.40					9.66	90.02
90.03	OUTPATIENT CARE CENTER	0.49	28.04					28.53	90.03
91	EMERGENCY	18.01	11.86					29.87	91
92	OBSERVATION BEDS (NON-DISTINCT	9.87	26.86					36.73	92
93	OUTPATIENT REHAB		0.07					0.07	93
93.10	WOUND CARE CENTER	0.36	49.07					49.43	93.10
200	TOTAL CHARGES	22.04	14.27					36.31	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	44.16						44.16	40
	UTILIZATION PERCENTAGES BASED ON CHARGES								
54	RADIOLOGY-DIAGNOSTIC	0.14						0.14	54
56.10	ULTRASOUND	0.02						0.02	56.10
57	CT SCAN	0.16						0.16	57
58	MRI	0.14						0.14	58
60	LABORATORY	0.57						0.57	60
65	RESPIRATORY THERAPY	0.49						0.49	65
66	PHYSICAL THERAPY	0.34						0.34	66
68	SPEECH PATHOLOGY	0.17						0.17	68
69	ELECTROCARDIOLOGY	0.33						0.33	69
70	ELECTROENCEPHALOGRAPHY	0.18						0.18	70
71	MEDICAL SUPPLIES CHARGED TO PAT	0.11						0.11	71
73	DRUGS CHARGED TO PATIENTS	0.48						0.48	73
74	RENAL DIALYSIS	1.24						1.24	74
90	CLINIC	0.07						0.07	90
91	EMERGENCY	0.43						0.43	91
200	TOTAL CHARGES	0.27						0.27	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	5,836,024	3.68	-5,836,024	-11.07			1
2	CAP REL COSTS-MVBLE EQUIP	6,543,788	4.12	-6,543,788	-12.41			2
3	OTHER CAP REL COSTS							3
4	EMPLOYEE BENEFITS DEPARTMENT	1,924,454	1.21	-1,924,454	-3.65			4
5	ADMINISTRATIVE & GENERAL	17,782,631	11.21	-17,782,631	-33.74			5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	7,203,705	4.54	-7,203,705	-13.67			7
8	LAUNDRY & LINEN SERVICE	556,101	0.35	-556,101	-1.05			8
9	HOUSEKEEPING	2,240,902	1.41	-2,240,902	-4.25			9
10	DIETARY	1,404,446	0.89	-1,404,446	-2.66			10
11	CAFETERIA	744,637	0.47	-744,637	-1.41			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	2,177,027	1.37	-2,177,027	-4.13			13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	2,829,590	1.78	-2,829,590	-5.37			15
16	MEDICAL RECORDS & LIBRARY	2,044,485	1.29	-2,044,485	-3.88			16
17	SOCIAL SERVICE	1,146,437	0.72	-1,146,437	-2.17			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	277,001	0.17	-277,001	-0.53			22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	ADULTS & PEDIATRICS	20,311,914	12.80	13,700,354	25.99	34,012,268	21.44	30
31	INTENSIVE CARE UNIT	5,485,902	3.46	2,410,065	4.57	7,895,967	4.98	31
	NICU	1,476,296	0.93	589,848	1.12	2,066,144	1.30	34.10
40	SUBPROVIDER - IPF	1,721,716	1.09	1,127,394	2.14	2,849,110	1.80	40
43	NURSERY	842,854	0.53	240,189	0.46	1,083,043	0.68	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	10,768,197	6.79	5,450,810	10.34	16,219,007	10.22	50
52	DELIVERY ROOM & LABOR ROOM	2,895,974	1.83	1,419,338	2.69	4,315,312	2.72	52
53	ANESTHESIOLOGY	479,821	0.30	256,097	0.49	735,918	0.46	53
54	RADIOLOGY-DIAGNOSTIC	3,981,969	2.51	2,591,134	4.92	6,573,103	4.14	54
	BREAST HEALTH CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	2,075,454	1.31	2,302,939	4.37	4,378,393	2.76	55
56	RADIOISOTOPE	1,213,465	0.76	539,578	1.02	1,753,043	1.10	56
	ULTRASOUND	1,345,031	0.85	521,387	0.99	1,866,418	1.18	56.10
57	CT SCAN	1,421,831	0.90	870,473	1.65	2,292,304	1.44	57
58	MRI	698,512	0.44	190,481	0.36	888,993	0.56	58
59	CARDIAC CATHETERIZATION	1,634,954	1.03	954,856	1.81	2,589,810	1.63	59
60	LABORATORY	8,820,569	5.56	2,666,999	5.06	11,487,568	7.24	60
	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	2,449,062	1.54	912,075	1.73	3,361,137	2.12	65
	SLEEP LAB	258,713	0.16	175,980	0.33	434,693	0.27	65.01
66	PHYSICAL THERAPY	1,943,942	1.23	764,707	1.45	2,708,649	1.71	66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY	290,928	0.18	66,964	0.13	357,892	0.23	68
69	ELECTROCARDIOLOGY	1,051,817	0.66	530,663	1.01	1,582,480	1.00	69
	C-PORT							69.01
70	ELECTROENCEPHALOGRAPHY	74,539	0.05	91,446	0.17	165,985	0.10	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	888,666	0.56	355,906	0.68	1,244,572	0.78	71
72	IMPL. DEV. CHARGED TO PATIENTS	4,149,458	2.62	658,667	1.25	4,808,125	3.03	72
73	DRUGS CHARGED TO PATIENTS	9,308,466	5.87	4,989,171	9.47	14,297,637	9.01	73
74	RENAL DIALYSIS	766,036	0.48	223,936	0.42	989,972	0.62	74
	GI LAB	1,893,169	1.19	869,819	1.65	2,762,988	1.74	75.10
76	ENTEROSTOMAL THERAPY							76
	NEUROLOGY							76.10
	EMG							76.20
76.30	OS SVCS	68,851	0.04	10,507	0.02	79,358	0.05	76.30
76.40	AUDIOLOGY							76.40



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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	
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
90	CLINIC	502,095	0.32	272,415	0.52	774,510	0.49	90
90.01	PALOS DIAGNOSTIC CENTER	278,631	0.18	55,163	0.10	333,794	0.21	90.01
90.02	CARE STATIONS	1,834,495	1.16	393,972	0.75	2,228,467	1.40	90.02
90.03	OUTPATIENT CARE CENTER	1,935,166	1.22	1,152,285	2.19	3,087,451	1.95	90.03
91	EMERGENCY	5,573,741	3.51	2,430,996	4.61	8,004,737	5.05	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93	OUTPATIENT REHAB	1,059,184	0.67	877,462	1.66	1,936,646	1.22	93
93.10	WOUND CARE CENTER	525,505	0.33	211,885	0.40	737,390	0.46	93.10
	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
101	HOME HEALTH AGENCY	2,717,406	1.71	740,810	1.41	3,458,216	2.18	101
	SPECIAL PURPOSE COST CENTERS							
116	HOSPICE	2,168,456	1.37	540,242	1.02	2,708,698	1.71	116
117	MOBILE MED	217,856	0.14	46,193	0.09	264,049	0.17	117
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN			71,095	0.13	71,095	0.04	190
191.10	ADULT DAY CARE							191.10
192	PHYSICIANS' PRIVATE OFFICES	811,234	0.51	252,505	0.48	1,063,739	0.67	192
192.01	VACANT SPACE			178,625	0.34	178,625	0.11	192.01
194	FUND DEVELOPMENT			5,797	0.01	5,797		194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	158,653,103	100.00			158,653,103	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	1,684,546	71,164,786	0.023671	11,715,896	277,327	50
52	DELIVERY ROOM & LABOR ROOM	348,277	18,774,158	0.018551	49,888	925	52
53	ANESTHESIOLOGY	79,460	19,090,554	0.004162	3,237,833	13,476	53
54	RADIOLOGY-DIAGNOSTIC	819,664	40,247,063	0.020366	10,614,801	216,181	54
54.01	BREAST HEALTH CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	915,456	17,033,474	0.053745	610,698	32,822	55
56	RADIOISOTOPE	159,281	12,528,506	0.012713	2,681,782	34,093	56
56.10	ULTRASOUND	181,073	17,299,886	0.010467	3,184,264	33,330	56.10
57	CT SCAN	370,263	60,989,575	0.006071	13,145,805	79,808	57
58	MRI	36,459	10,461,735	0.003485	2,428,340	8,463	58
59	CARDIAC CATHETERIZATION	361,887	32,988,453	0.010970	8,908,494	97,726	59
60	LABORATORY	579,357	132,944,695	0.004358	30,286,792	131,990	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	214,199	24,237,331	0.008838	11,573,002	102,282	65
65.01	SLEEP LAB	55,055	1,921,743	0.028648	1,247	36	65.01
66	PHYSICAL THERAPY	177,028	9,500,490	0.018634	2,491,717	46,431	66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY	30,138	2,077,688	0.014506	910,984	13,215	68
69	ELECTROCARDIOLOGY	224,374	23,061,838	0.009729	6,826,827	66,418	69
69.01	C-PORT						69.01
70	ELECTROENCEPHALOGRAPHY	28,084	1,322,930	0.021229	208,556	4,427	70
71	MEDICAL SUPPLIES CHARGED TO PAT	136,511	2,259,645	0.060413	961,868	58,109	71
72	IMPL. DEV. CHARGED TO PATIENTS	73,914	16,723,671	0.004420	6,330,901	27,983	72
73	DRUGS CHARGED TO PATIENTS	387,380	90,621,533	0.004275	28,111,150	120,175	73
74	RENAL DIALYSIS	47,430	3,508,082	0.013520	2,077,290	28,085	74
75.10	GI LAB	247,789	20,838,221	0.011891	2,963,441	35,238	75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	1,204	139,212	0.008649	68,924	596	76.30
76.40	AUDIOLOGY						76.40
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	71,430	1,458,485	0.048975	34,417	1,686	90
90.01	PALOS DIAGNOSTIC CENTER	57,142	1,047,814	0.054534	1,702	93	90.01
90.02	CARE STATIONS	320,028	5,589,067	0.057260	14,696	841	90.02
90.03	OUTPATIENT CARE CENTER	979,302	12,108,813	0.080875	59,563	4,817	90.03
91	EMERGENCY	440,513	84,685,216	0.005202	15,250,036	79,331	91
92	OBSERVATION BEDS (NON-DISTINCT	215,515	6,705,114	0.032142	661,489	21,262	92
93	OUTPATIENT REHAB	230,782	4,617,818	0.049976	178	9	93
93.10	WOUND CARE CENTER	58,955	4,712,661	0.012510	16,852	211	93.10
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL	9,532,496	750,660,257		165,429,433	1,537,386	200



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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	2,695,454		2,695,454	47,789	56.40	23,280	1,312,992	30
31	INTENSIVE CARE UNIT	421,806		421,806	6,255	67.44	3,341	225,317	31
	NICU	125,314		125,314	1,460	85.83			
34.10									34.10
200	TOTAL	3,242,574		3,242,574	55,504		26,621	1,538,309	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	1,538,309
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	1,537,386
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	3,075,695
MEDICARE DISCHARGES (Worksheet S-3, Part I, line 14, column 13)	5,544
MEDICARE PATIENT DAYS (Worksheet S-3, Part I, line 14, column 6 - Worksheet S-3, Part I, line 5, column 6)	26,621
PER DISCHARGE CAPITAL COSTS	554.78



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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)	39,600,077
2. HOSPITAL PART A TITLE XVIII CHARGES (sum of inpatient charges and ancillary charges on Worksheet D-3 for hospital Title XVIII component)	223,089,394
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.178

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))	1,490,995
2. TOTAL MEDICARE CHARGES (Worksheet D-3, line 40, column 2 plus Worksheet D-3, line 202, column 2) (see CR 5619)	5,373,800
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.277

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)	3,075,695
2. RATIO OF COST TO CHARGES (line II-1 / line I-2)	0.014

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)	16,161,448
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)	106,871,907
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.151