

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

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

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report Date: 11/30/2015 Time: 13:57	
	2. <input type="checkbox"/> Manually submitted cost report	
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report	
	4. <input checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.	
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN
		10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by

(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		119,806	-30,442	269,174		1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		119,806	-30,442	269,174		200

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 503 N MAPLE	P.O. Box:								1
2	City: EFFINGHAM	State: IL	ZIP Code: 62401-	County: EFFINGHAM						2

Hospital and Hospital-Based Component Identification:

Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
0	1	2	3	4	5	6	7	8		
3	Hospital	ST. ANTHONY'S MEMORIAL HOSPITAL	14-0032	41180	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTTC									11
12	Hospital-Based HHA	ST. ANTHONY'S MEMORIAL HOSPITAL HHA	14-7661	41180		02 / 17 / 1997	N	P	N	12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2014	To: 06 / 30 / 2015							20
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21	Type of control (see instructions)	1								21
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Inpatient PPS Information

		1	2	3	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	Y	N		22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	2	N		23

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
	1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,338	540				24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.						25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	2					26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2					27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status is 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 is in effect in the cost reporting period.						37
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:			38

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

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

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

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

**WORKSHEET S-2
PART I**

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

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

Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))		
67	1	2	3	4	5		67

Inpatient Psychiatric Facility PPS

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

Inpatient Rehabilitation Facility PPS

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

Long Term Care Hospital PPS

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

TEFRA Providers

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

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

Rural Providers

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

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	Y			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	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
118.01	List amounts of malpractice premiums and paid losses:	Premiums	Paid Losses	Self Insurance	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.	N			121

Transplant Center Information

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

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**WORKSHEET S-2
PART I**

All Providers

		1	2	
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	Y		140

If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.

141	Name: HOSPITAL SISTERS HEALTH SYSTEM	Contractor's Name:	Contractor's Number:	141
142	Street: 4936 LAVERNA ROAD	P.O. Box:		142
143	City: SPRINGFIELD, IL 62707	State:	ZIP Code:	143
144	Are provider based physicians' costs included in Worksheet A?	Y		144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y		145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)					168.01
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			06 / 02 / 2012	08 / 30 / 2012	170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)				N	171

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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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
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N		2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3

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

		Y/N	Y/N
Approved Educational Activities			
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N	6
7	Are costs claimed for allied health programs? If yes, see instructions.	N	7
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	N	8
9	Are costs claimed for Interns and Residents in approved GME programs claimed on the current cost report? If yes, see instructions.	N	9
10	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N	10
11	Are GME costs directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N	11

		Y/N
Bad Debts		
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y
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
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N

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

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

KPMG LLP Compu-Max 2552-10

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

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

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

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

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

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

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

Cost Report Preparer Contact Information				
41	First name: RICK	Last name: SCHUMACHER	Title: BUSINESS OFFICE MANAGER	41
42	Employer: ST ANTHONY'S MEMORIAL HOSPITAL			42
43	Phone number: 217-347-1299	E-mail Address: RICK.SCHUMACHER@HSHS.ORG		43

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips			Total All Patients	
						Title V	Title XVIII	Title XIX		
		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	123	44,895			10,328	3,093	17,153	1
2	HMO and other (see instructions)						294			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)		123	44,895			10,328	3,093	17,153	7
8	Intensive Care Unit	31	10	3,650			1,163	135	1,807	8
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43						494	1,430	13
14	Total (see instructions)		133	48,545			11,491	3,722	20,390	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41								17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101					24,432	1,145	34,027	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)		133							27
28	Observation Bed Days								1,847	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)									32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

KPMG LLP Compu-Max 2552-10

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					2,829	1,117	5,516	1
2	HMO and other (see instructions)					71			2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)		664.87			2,829	1,117	5,516	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)		664.87						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

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ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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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	34,959,459		34,959,459	1,286,121.00	27.18
2	Non-physician anesthetist Part A						
3	Non-physician anesthetest Part B						
4	Physician-Part A - Administrative						
4.01	Physician-Part A - Teaching						
5	Physician-Part B						
6	Non-physician-Part B						
7	Interns & residents (in an approved program)	21					
7.01	Contracted interns & residents (in an approved program)						
8	Home office personnel						
9	SNF	44					
10	Excluded area salaries (see instructions)		3,352,915		3,352,915	111,351.00	30.11
OTHER WAGES & RELATED COSTS							
11	Contract labor (see instructions)		1,686,425		1,686,425	29,969.00	56.27
12	Contract management and administrative services						
13	Contract labor: Physician-Part A - Administrative						
14	Home office salaries & wage-related costs		4,017,504		4,017,504	59,023.00	68.07
15	Home office: Physician Part A - Administrative						
16	Home office & Contract Physicians Part A - Teaching						
WAGE-RELATED COSTS							
17	Wage-related costs (core)(see instructions)		14,052,920		14,052,920		
18	Wage-related costs (other)(see instructions)						
19	Excluded areas		1,284,682		1,284,682		
20	Non-physician anesthetist Part A						
21	Non-physician anesthetist Part B						
22	Physician Part A - Administrative						
22.01	Physician Part A - Teaching						
23	Physician Part B						
24	Wage-related costs (RHC/FOHC)						
25	Interns & residents (in an approved program)						
OVERHEAD COSTS - DIRECT SALARIES							
26	Employee Benefits Department		6,855	178,073	184,928	5,796.00	31.91
27	Administrative & General		4,632,610	-178,073	4,454,537	189,876.00	23.46
28	Administrative & General under contract (see instructions)						
29	Maintenance & Repairs					26,405.00	
30	Operation of Plant		799,841		799,841	9,635.00	83.01
31	Laundry & Linen Service		73,562		73,562	4,973.00	14.79
32	Housekeeping		641,965		641,965	53,293.00	12.05
33	Housekeeping under contract (see instructions)						
34	Dietary		645,646	-471,547	174,099	41,567.00	4.19
35	Dietary under contract (see instructions)						
36	Cafeteria		67,777	471,547	539,324	5,565.00	96.91
37	Maintenance of Personnel						
38	Nursing Administration		866,091		866,091	21,587.00	40.12
39	Central Services and Supply		12,715		12,715	674.00	18.86
40	Pharmacy		1,147,261		1,147,261	27,107.00	42.32
41	Medical Records & Medical Records Library		2,105,356		2,105,356	62,840.00	33.50
42	Social Service						
43	Other General Service						

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		34,959,459		34,959,459	1,286,121.00	27.18	1
2	Excluded area salaries (see instructions)		3,352,915		3,352,915	111,351.00	30.11	2
3	Subtotal salaries (line 1 minus line 2)		31,606,544		31,606,544	1,174,770.00	26.90	3
4	Subtotal other wages & related costs (see instructions)		5,703,929		5,703,929	88,992.00	64.09	4
5	Subtotal wage-related costs (see instructions)		14,052,920		14,052,920		44.46%	5
6	Total (sum of lines 3 through 5)		51,363,393		51,363,393	1,263,762.00	40.64	6
7	Total overhead cost (see instructions)		10,999,679		10,999,679	449,318.00	24.48	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
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)	2,924,933	4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)	8,231,911	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan		10
11	Life Insurance (If employee is owner or beneficiary)		11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)		13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	476,249	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	2,309,176	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	53,583	19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	63,777	23
24	Total Wage Related cost (Sum of lines 1-23)	14,059,629	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)	710,964	25
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ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	Supporting Exhibit for Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)

EXHIBIT 3

STEP 1: DETERMINE THE 3-YEAR AVERAGING PERIOD			
1	Wage Index Fiscal Year Ending Date		1
2	Provider's Cost Reporting Period Used for Wage Index Year on Line 1 (FYB in Col. 1, FYE in Col. 2)		2
3	Midpoint of Provider's Cost Reporting Period Shown on Line 2, Adjusted to First of Month		3
4	Date Beginning the 3-Year Averaging Period (subtract 18 months from midpoint shown on Line 3)		4
5	Date Ending the 3-Year Averaging Period (add 18 months to midpoint shown on Line 3)		5
STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)			
6	Effective Date of Pension Plan		6
7	First Day of the Provider Cost Reporting Period Containing the Pension Plan Effective Date		7
8	Starting Date of the Adjusted Averaging Period (date on Line 7, adjusted to first of month)		8

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

STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD			
9	Beginning Date of Averaging Period from Line 4 or Line 8, as Applicable		9
10	Ending Date of Averaging Period from Line 5		10
11	Enter Provider Contributions Made During Averaging Period on Lines 9 & 10	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: 14-7661

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

County: EFFINGHAM

	Description	Title V 1	Title XVIII 2	Title XIX 3	Other 4	Total 5	
1	Home Health Aide Hours		9,575	210	1,370	11,155	1
2	Unduplicated Census Count (see instructions)		1,072.00	147.00	302.00	1,468.00	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	Contract	Total
		1	2	3
3	Administrator and Assistant Administrator(s)			3
4	Director(s) and Assistant Director(s)			4
5	Other Administrative Personnel		4.11	4.11
6	Direct Nursing Service		27.91	27.91
7	Nursing Supervisor			7
8	Physical Therapy Service		6.02	6.02
9	Physical Therapy Supervisor			9
10	Occupational Therapy Service		2.88	2.88
11	Occupational Therapy Supervisor			11
12	Speech Pathology Service		0.35	0.35
13	Speech Pathology Supervisor			13
14	Medical Social Service		0.94	0.94
15	Medical Social Service Supervisor			15
16	Home Health Aide		5.35	5.35
17	Home Health Aide Supervisor			17
18	Other (specify)			18

HOME HEALTH AGENCY CBSA CODES

19	Enter the number of CBSAs where you provided services during the cost reporting period.	1	19
20	List those CBSA code(s) serviced during this cost reporting period (line 20 contains the first code).	99914	20

PPS ACTIVITY

	Description	Full Episodes		LUPA Episodes	PEP only Episodes	Total (columns 1 through 4)	
		Without Outliers	With Outliers				
		1	2	3	4	5	
21	Skilled Nursing Visits	11,102	2,658	218	94	14,072	21
22	Skilled Nursing Visit Charges	2,290,884	547,796	44,859	19,418	2,902,957	22
23	Physical Therapy Visits	4,838	244	19	56	5,157	23
24	Physical Therapy Visit Charges	1,049,937	53,460	3,290	12,280	1,118,967	24
25	Occupational Therapy Visits	2,285	106	9	32	2,432	25
26	Occupational Therapy Visit Charges	493,430	23,270	1,760	7,030	525,490	26
27	Speech Pathology Visits	118	22	2		142	27
28	Speech Pathology Visit Charges	25,960	4,830	440		31,230	28
29	Medical Social Service Visits	148	16	3	6	173	29
30	Medical Social Service Visit Charges	40,248	4,329	819	1,638	47,034	30
31	Home Health Aide Visits	2,056	375	7	18	2,456	31
32	Home Health Aide Visit Charges	204,775	37,385	700	1,800	244,660	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	20,547	3,421	258	206	24,432	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	4,105,234	671,070	51,868	42,166	4,870,338	35
36	Total Number of Episodes (standard/non-outlier)	1,145		86	14	1,245	36
37	Total Number of Ourlier Episodes		75			75	37
38	Total Non-Routine Medical Supply Charges	53,511	22,349	440	859	77,159	38

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HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

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

ESRD PPS

		1	2	
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter 'Y' for yes or 'N' for no. (see instructions)			10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter 'Y' for yes or 'N' for no. (see instructions for 'new' providers)			10.02
10.03	If you responded 'N' to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)		4	10.03

TRANSPLANT INFORMATION

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

EPOETIN

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

ARANESP

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

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

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

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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)		0.297462	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		8,539,294	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		60,667,919	6
7	Medicaid cost (line 1 times line 6)		18,046,401	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.		9,507,107	8

State Children's Health Insurance Program (SCHIP)(see instructions for each line)

9	Net revenue from stand-alone SCHIP			9
10	Stand-alone SCHIP charges			10
11	Stand-alone SCHIP cost (line 1 times line 10)			11
12	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9). If line 11 is less than line 9, then enter zero.			12

Other state or local government indigent care program (see instructions for each line)

13	Net revenue from state or local indigent care program (not included on lines 2, 5, or 9)			13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)			14
15	State or local indigent care program cost (line 1 times line 14)			15
16	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13). If line 15 is less than line 13, then enter zero.			16

Uncompensated care (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundnig 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)		9,507,107		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	4,475,166	925,254	5,400,420	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,331,192	275,228	1,606,420	21
22	Partial payment by patients approved for charity care				22
23	Cost of charity care (line 21 minus line 22)	1,331,192	275,228	1,606,420	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)			5,172,199	26
27	Medicare bad debts for the entire hospital complex (see instructions)			659,630	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			4,512,569	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			1,342,318	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			2,948,738	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			12,455,845	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- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		1,987,959	1,987,959	594,406	2,582,365	704,027	3,286,392	1
2	00200	Cap Rel Costs-Mvble Equip		5,746,477	5,746,477	125,636	5,872,113	-359,581	5,512,532	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	6,855	13,432,836	13,439,691	285,159	13,724,850	-131,746	13,593,104	4
5	00500	Administrative & General	4,632,610	17,527,379	22,159,989	-368,999	21,790,990	-1,726,878	20,064,112	5
6	00600	Maintenance & Repairs		1,189,160	1,189,160		1,189,160	-17,579	1,171,581	6
7	00700	Operation of Plant	799,841	616,451	1,416,292		1,416,292	-1,471	1,414,821	7
8	00800	Laundry & Linen Service	73,562	414,336	487,898		487,898		487,898	8
9	00900	Housekeeping	641,965	272,699	914,664		914,664	-25	914,639	9
10	01000	Dietary	645,646	420,424	1,066,070	-803,618	262,452	-41,142	221,310	10
11	01100	Cafeteria	67,777	283	68,060	803,618	871,678		871,678	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	866,091	49,603	915,694		915,694	-1,590	914,104	13
14	01400	Central Services & Supply	12,715	1,322,556	1,335,271	-1,302,672	32,599		32,599	14
15	01500	Pharmacy	1,147,261	3,427,220	4,574,481	-3,334,267	1,240,214	-5,300	1,234,914	15
16	01600	Medical Records & Library	2,105,356	940,594	3,045,950		3,045,950	-76,051	2,969,899	16
17	01700	Social Service		3,987	3,987		3,987		3,987	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd								21
22	02200	I&R Services-Other Prgm Costs Apprvd								22
23	02300	Paramed Ed Prgm-(specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	5,736,088	1,304,719	7,040,807		7,040,807	-28,339	7,012,468	30
31	03100	Intensive Care Unit	1,241,281	157,522	1,398,803		1,398,803		1,398,803	31
43	04300	Nursery		17,322	17,322		17,322		17,322	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	3,382,359	10,142,529	13,524,888		13,524,888	-2,766,173	10,758,715	50
52	05200	Delivery Room & Labor Room	150,696	100,755	251,451		251,451		251,451	52
53	05300	Anesthesiology	1,480,909	1,682,722	3,163,631		3,163,631	-1,498,633	1,664,998	53
54	05400	Radiology-Diagnostic	1,664,920	635,087	2,300,007		2,300,007	-10,634	2,289,373	54
54.01	03630	ULTRASOUND	175,355	31,722	207,077		207,077		207,077	54.01
54.02	03450	NUCLEAR MEDICINE-DIAGNOSTIC	161,108	305,928	467,036		467,036		467,036	54.02
54.04	03480	RADIATION ONC								54.04
54.06	05401	PET SCAN		112,590	112,590		112,590		112,590	54.06
57	05700	CT Scan	224,341	340,706	565,047		565,047		565,047	57
58	05800	MRI	189,035	224,521	413,556		413,556		413,556	58
59	05900	Cardiac Catheterization	230,821	478,542	709,363		709,363		709,363	59
60	06000	Laboratory	1,302,073	1,892,678	3,194,751		3,194,751	-29,923	3,164,828	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	686,126	93,807	779,933		779,933	-29,302	750,631	65
66	06600	Physical Therapy	998,421	96,675	1,095,096		1,095,096		1,095,096	66
67	06700	Occupational Therapy	192,726	52,005	244,731		244,731		244,731	67
69	06900	Electrocardiology	459,053	370,843	829,896		829,896	-180,936	648,960	69
70	07000	Electroencephalography	87,907	102,551	190,458		190,458	-82,775	107,683	70
71	07100	Medical Supplies Charged to Patients				1,302,672	1,302,672	-3,495	1,299,177	71
73	07300	Drugs Charged to Patients				3,334,267	3,334,267	-37,552	3,296,715	73
74	07400	Renal Dialysis		41,388	41,388		41,388		41,388	74
76	03050	BACTERIOLOGY & MICROBIOLOGY								76
76.01	03650	VASCULAR LAB	212,166	31,467	243,633		243,633		243,633	76.01
76.02	03951	CARDIAC REHAB								76.02
76.03	03950	WOUND CARE	245,290	962,050	1,207,340		1,207,340	-253,116	954,224	76.03
76.97	07697	CARDIAC REHABILITATION	73,284	5,405	78,689		78,689		78,689	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	64,259	195,702	259,961		259,961		259,961	90
91	09100	Emergency	1,648,647	1,410,923	3,059,570		3,059,570	-836,259	2,223,311	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
101	10100	Home Health Agency	2,803,030	774,662	3,577,692		3,577,692		3,577,692	101
		SPECIAL PURPOSE COST CENTERS								
113	11300	Interest Expense		636,202	636,202	-636,202				113
116	11600	Hospice	470,454	263,059	733,513		733,513		733,513	116
118		SUBTOTALS (sum of lines 1-117)	34,880,028	69,816,046	104,696,074		104,696,074	-7,414,473	97,281,601	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen		5,819	5,819		5,819		5,819	190

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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- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
194	07950	PHILANTHROPY DEVELOPMENT	79,431	-89,316	-9,885		-9,885	9,885		194
194.01	07951	VENDING								194.01
194.02	07952	MEALS ON WHEELS								194.02
194.03	07953	PRAIRIE CARDIOVASCULAR		3,261,512	3,261,512		3,261,512		3,261,512	194.03
200		TOTAL (sum of lines 118-199)	34,959,459	72,994,061	107,953,520		107,953,520	-7,404,588	100,548,932	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	PERSONNEL COSTS	A	Employee Benefits Department	4	178,073	107,086	1
500	Total reclassifications				178,073	107,086	500
	Code Letter - A						
1	CAFETERIA COSTS	B	Cafeteria	11	471,547	332,071	1
500	Total reclassifications				471,547	332,071	500
	Code Letter - B						
1	PHARMACY DRUGS	C	Drugs Charged to Patients	73		3,334,267	1
500	Total reclassifications					3,334,267	500
	Code Letter - C						
1	CENTRAL SUPPLY	D	Medical Supplies Charged to P	71		1,302,672	1
500	Total reclassifications					1,302,672	500
	Code Letter - D						
1	BUSINESS PROPERTY INSURANCE	E	Cap Rel Costs-Bldg & Fixt	1		83,840	1
500	Total reclassifications					83,840	500
	Code Letter - E						
1	INTEREST EXPENSE	F	Cap Rel Costs-Bldg & Fixt	1		510,566	1
2	INTEREST EXPENSE	F	Cap Rel Costs-Mvble Equip	2		125,636	2
500	Total reclassifications					636,202	500
	Code Letter - F						
	GRAND TOTAL (Increases)				649,620	5,796,138	

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

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	PERSONNEL COSTS	A	Administrative & General	5	178,073	107,086		
500	Total reclassifications				178,073	107,086	1	
	Code letter - A						500	
1	CAFETERIA COSTS	B	Dietary	10	471,547	332,071		
500	Total reclassifications				471,547	332,071	1	
	Code letter - B						500	
1	PHARMACY DRUGS	C	Pharmacy	15		3,334,267		
500	Total reclassifications					3,334,267	1	
	Code letter - C						500	
1	CENTRAL SUPPLY	D	Central Services & Supply	14		1,302,672		
500	Total reclassifications					1,302,672	1	
	Code letter - D						500	
1	BUSINESS PROPERTY INSURANCE	E	Administrative & General	5		83,840		
500	Total reclassifications					83,840	9	
	Code letter - E						1	
1	INTEREST EXPENSE	F					9	
2	INTEREST EXPENSE	F	Interest Expense	113		636,202	9	
500	Total reclassifications					636,202	2	
	Code letter - F						500	
	GRAND TOTAL (Decreases)				649,620	5,796,138		

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

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RECONCILIATION OF CAPITAL COST CENTERS

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

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	3,026,628				151,097	2,875,531		1
2	Land Improvements	3,431,092					3,431,092	1,800,869	2
3	Buildings and Fixtures	65,461,262	3,632,890		3,632,890	311,933	68,782,219	25,595,668	3
4	Building Improvements								4
5	Fixed Equipment	15,071,210					15,071,210	13,608,921	5
6	Movable Equipment	68,311,238	4,564,992		4,564,992		72,876,230	57,733,019	6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	155,301,430	8,197,882		8,197,882	463,030	163,036,282	98,738,477	8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	155,301,430	8,197,882		8,197,882	463,030	163,036,282	98,738,477	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 instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	1,987,959						1,987,959	1	
2	Cap Rel Costs-Mvble Equip	4,634,458	1,112,019					5,746,477	2	
3	Total (sum of lines 1-2)	6,622,417	1,112,019					7,734,436	3	

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi				0.000000					1
2	Cap Rel Costs-Mvble Equip				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 instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	3,410,037		-123,645				3,286,392	1	
2	Cap Rel Costs-Mvble Equip	4,757,927	1,112,019	-357,414				5,512,532	2	
3	Total (sum of lines 1-2)	8,167,964	1,112,019	-481,059				8,798,924	3	

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

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref.
				COST CENTER	LINE#		
1	2	1	2	3	4	5	
1	Investment income-buildings & fixtures (chapter 2)	B	-123,645	Cap Rel Costs-Bldg & Fixt	1	11	1
2	Investment income-movable equipment (chapter 2)	B	-357,414	Cap Rel Costs-Mvble Equip	2	11	2
3	Investment income-other (chapter 2)						3
4	Trade, quantity, and time discounts (chapter 8)	B	-3,537	Administrative & General	5		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	-2,168	Cap Rel Costs-Mvble Equip	2	9	7
8	Television and radio service (chapter 21)						8
9	Parking lot (chapter 21)						9
10	Provider-based physician adjustment	Wkst A-8-2	-3,706,535				10
11	Sale of scrap, waste, etc. (chapter 23)	B	-133	Radiology-Diagnostic	54		11
12	Related organization transactions (chapter 10)	Wkst A-8-1	549,791				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	-76,051	Medical Records & Library	16		18
19	Nursing school (tuition,fees,books,etc.)						19
20	Vending machines						20
21	Income from imposition of interest, finance or penalty charges (chapter 21)						21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments						22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65		23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66		24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114		25
26	Depreciation--buildings & fixtures	A	827,672	Cap Rel Costs-Bldg & Fixt	1	9	26
27	Depreciation--movable equipment	A	1	Cap Rel Costs-Mvble Equip	2	9	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						32
33	TELEPHONE EMPLOYEE BENEFITS	A	-4,932	Employee Benefits Department	4		33
34	TELEPHONE A&G SALARIES	A	-12,249	Administrative & General	5		34
35	TELEPHONE A&G EXPENSES	A	-557	Administrative & General	5		35
36	TELEVISION EMPLOYEE BENEFITS	A	-877	Employee Benefits Department	4		36
37	TELEVISION MAINTENANCE SALARIES	A	-2,178	Maintenance & Repairs	6		37
38	TELEVISION MAINTENANCE CABLE	A	-15,401	Maintenance & Repairs	6		38
39	TELEVISION PLANT ELECTRIC	A	-506	Operation of Plant	7		39
40	RECYCLING	B	-965	Operation of Plant	7		40
41							41
42	NON-OPERATING BUILDINGS	A	-32,746	Administrative & General	5		42
43	PHYSICIAN EXPENSE	A	-20,762	Administrative & General	5		43
44	COMMUNITY RELATION ADVERTISING	A	-766,924	Administrative & General	5		44
45	HOUSEKEEPING	B	-25	Housekeeping	9		45
45.04	LOBBYING EXPENSE	A	-32,680	Administrative & General	5		45.04
45.06	NAME BADGES	B	-350	Employee Benefits Department	4		45.06
45.07	PHYSICIAN APPLICATIONS	B	-7,100	Administrative & General	5		45.07
45.08	GUEST MEALS	B	-4,498	Dietary	10		45.08
45.10	PHYSICIAN RECRUITMENT	A	-177,832	Administrative & General	5		45.10
45.11	REBATES	B	13,204	Administrative & General	5		45.11
45.12	REBATES	B	-13,228	Dietary	10		45.12
45.13	REBATES	B	-37,552	Drugs Charged to Patients	73		45.13
45.14	REBATES	B	-28,339	Adults & Pediatrics	30		45.14
45.15	REBATES	B	-4,373	Laboratory	60		45.15
45.16	REBATES	B	-21	Electrocardiology	69		45.16
45.17	REBATES	B	-3,495	Medical Supplies Charged to Patients	71		45.17
45.18	REBATES	B	-160,569	Operating Room	50		45.18
45.20	REBATES	B	-6,178	Radiology-Diagnostic	54		45.20
45.22	ALCOHOLIC BEVERAGES	A	-3,118	Administrative & General	5		45.22
45.26	IN-SERVICE	B	-282	Administrative & General	5		45.26
45.30	IN-SERVICE	B	-1,590	Nursing Administration	13		45.30
45.40	MISC INC	B	-550	Laboratory	60		45.40
45.43	DRUGS NON PATIENT	B	-5,300	Pharmacy	15		45.43
45.47	PHYSICIAN DUES	B	-14,300	Administrative & General	5		45.47

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref. 5
				COST CENTER	LINE#		
		1	2	3	4		
45.48	DIABETES INSTRUCTION	B	-23,416	Dietary	10		45.48
45.53	CRNA SALARIES	B	-1,805,029	Operating Room	50		45.53
45.54	MISC INCOME	B	-40	Administrative & General	5		45.54
45.57	BOUTIQUE SALES	B	-4,323	Radiology-Diagnostic	54		45.57
45.58	SURG TECH FEE	B	-500	Operating Room	50		45.58
45.59	PPIC STOCK SALE	B	-250,300	Administrative & General	5		45.59
45.60	ED CASH SHORT	B	460	Emergency	91		45.60
46							46
47	FOUNDATION EXPENSE	B	9,885	PHILANTHROPY DEVELOPMENT	194		47
48							48
49	MEANINGFUL USE FUNDS	B	-1,093,033	Administrative & General	5		49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-7,404,588				50

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

(2) Basis for adjustment (see instructions)

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

B. Amount Received - if cost cannot be determined

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

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

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

WORKSHEET A-8-1

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

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	5	Administrative & General	MANAGEMENT FEES	2,009,227	7,580,704	-5,571,477		1
2	5	Administrative & General	CCC (FAMIS) FEE	6,246,855		6,246,855		2
3	4	Employee Benefits Department	EMPLOYEE BENEFITS	9,929,237	10,054,824	-125,587		3
4								4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			18,185,319	17,635,528	549,791		5

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

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

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

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		Type of Business	
				Name	Percentage of Ownership		
	1	2	3	4	5	6	
6	G	HSHS		HSHS		CORPORATE OFFICE	6
7							7
8							8
9							9
10							10

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

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

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	91	Emergency EMERGENCY	836,719	836,719						1
2	53	Anesthesiology ANESTHESIA	1,498,633	1,498,633						2
3	69	Electrocardiology CARDIOLOGY	180,915	180,915						3
4	65	Respiratory Therapy RESPIRATORY CAR	29,302	29,302						4
5	76.01	VASCULAR LAB VASCULAR LAB								5
6	60	Laboratory LABORATORY	25,000	25,000						6
7	76.03	WOUND CARE WOUND CARE	253,116	253,116						7
8	54	Radiology-Diagnostic WOMENS WELLNESS								8
9	70	Electroencephalogram NEUROLOGY	82,775	82,775						9
10	69	Electrocardiology PRAIRIE CARDIOV								10
11	50	Operating Room HSHS MEDICAL GR	800,075	800,075						11
12	66	Physical Therapy SPEECH THERAPIS								12
13	54.04	RADIATION ONC RADIATION ONCOL								13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	3,706,535	3,706,535						200

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ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	91	Emergency EMERGENCY							836,719	1
2	53	Anesthesiology ANESTHESIA							1,498,633	2
3	69	Electrocardiology CARDIOLOGY							180,915	3
4	65	Respiratory Therapy RESPIRATORY CAR							29,302	4
5	76.01	VASCULAR LAB VASCULAR LAB								5
6	60	Laboratory LABORATORY							25,000	6
7	76.03	WOUND CARE WOUND CARE							253,116	7
8	54	Radiology-Diagnostic WOMENS WELLNESS								8
9	70	Electroencephalogram NEUROLOGY							82,775	9
10	69	Electrocardiology PRAIRIE CARDIOV								10
11	50	Operating Room HSHS MEDICAL GR							800,075	11
12	66	Physical Therapy SPEECH THERAPIS								12
13	54.04	RADIATION ONC RADIATION ONCOL								13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL							3,706,535	200

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	3,286,392	3,286,392					1
2	Cap Rel Costs-Mvble Equip	5,512,532		5,512,532				2
4	Employee Benefits Department	13,593,104	12,640		13,605,744			4
5	Administrative & General	20,064,112	886,815	1,026,208	1,742,864	23,719,999	23,719,999	5
6	Maintenance & Repairs	1,171,581	43,711	16,379	250,644	1,482,315	457,647	6
7	Operation of Plant	1,414,821	525,649	258,371	62,298	2,261,139	698,100	7
8	Laundry & Linen Service	487,898	31,289	2,638	28,782	550,607	169,993	8
9	Housekeeping	914,639	37,920	1,291	251,173	1,205,023	372,036	9
10	Dietary	221,310	47,650	24,268	68,117	361,345	111,561	10
11	Cafeteria	871,678	15,956	1,773	211,014	1,100,421	339,742	11
12	Maintenance of Personnel							12
13	Nursing Administration	914,104	24,766	4,984	338,863	1,282,717	396,023	13
14	Central Services & Supply	32,599	59,944		4,975	97,518	30,108	14
15	Pharmacy	1,234,914	33,446	285,250	448,873	2,002,483	618,243	15
16	Medical Records & Library	2,969,899	56,965	82,165	823,733	3,932,762	1,214,193	16
17	Social Service	3,987				3,987	1,231	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	7,012,468	424,924	267,776	2,303,240	10,008,408	3,089,976	30
31	Intensive Care Unit	1,398,803	42,978	138,019	485,659	2,065,459	637,686	31
43	Nursery	17,322	7,889	3,374		28,585	8,825	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	10,758,715	305,155	989,240	1,323,368	13,376,478	4,129,814	50
52	Delivery Room & Labor Room	251,451	46,304	66,058		363,813	112,323	52
53	Anesthesiology	1,664,998	1,940	115,360	579,415	2,361,713	729,151	53
54	Radiology-Diagnostic	2,289,373	136,003	767,944	651,410	3,844,730	1,187,014	54
54.01	ULTRASOUND	207,077	5,424	76,055	68,609	357,165	110,270	54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	467,036	24,063	55,493	63,034	609,626	188,215	54.02
54.04	RADIATION ONC							54.04
54.06	PET SCAN	112,590	1,980			114,570	35,372	54.06
57	CT Scan	565,047	13,868	186,651	87,775	853,341	263,459	57
58	MRI	413,556	47,937	271,233	73,961	806,687	249,055	58
59	Cardiac Catheterization	709,363	18,332	37,302	90,310	855,307	264,066	59
60	Laboratory	3,164,828	71,169	185,369	509,444	3,930,811	1,213,590	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	750,631	19,262	84,467	268,451	1,122,811	346,654	65
66	Physical Therapy	1,095,096	43,721	12,609	390,638	1,542,064	476,094	66
67	Occupational Therapy	244,731	6,998		75,405	327,134	100,999	67
69	Electrocardiology	648,960	40,078	200,438	179,607	1,069,083	330,067	69
70	Electroencephalography	107,683	6,761	8,465	34,394	157,303	48,565	70
71	Medical Supplies Charged to Patients	1,299,177				1,299,177	401,105	71
73	Drugs Charged to Patients	3,296,715				3,296,715	1,017,821	73
74	Renal Dialysis	41,388	4,425			45,813	14,144	74
76	BACTERIOLOGY & MICROBIOLOGY							76
76.01	VASCULAR LAB	243,633	3,771	94,365	83,011	424,780	131,146	76.01
76.02	CARDIAC REHAB							76.02
76.03	WOUND CARE	954,224	44,117	21,332	95,971	1,115,644	344,442	76.03
76.97	CARDIAC REHABILITATION	78,689	6,533	1,728	28,673	115,623	35,697	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	259,961	13,363		25,142	298,466	92,148	90
91	Emergency	2,223,311	90,451	102,810	645,043	3,061,615	945,237	91
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	3,577,692	34,456	119,408	1,096,702	4,828,258	1,490,667	101
SPECIAL PURPOSE COST CENTERS								
113	Interest Expense							113
116	Hospice	733,513	9,027		184,068	926,608	286,079	116
118	SUBTOTALS (sum of lines 1-117)	97,281,601	3,247,680	5,508,823	13,574,666	97,208,102	22,688,558	118
NONREIMBURSABLE COST CENTERS								
190	Gift, Flower, Coffee Shop & Canteen	5,819	5,474	3,709		15,002	4,632	190
194	PHILANTHROPY DEVELOPMENT		2,009		31,078	33,087	10,215	194
194.01	VENDING		1,584			1,584	489	194.01

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINIS- TRATIVE & GENERAL	
		0	1	2	4	4A	5	
194.02	MEALS ON WHEELS							194.02
194.03	PRAIRIE CARDIOVASCULAR	3,261,512	29,645			3,291,157	1,016,105	194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	100,548,932	3,286,392	5,512,532	13,605,744	100,548,932	23,719,999	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs	1,939,962						6
7	Operation of Plant	618,629	3,577,868					7
8	Laundry & Linen Service	20,496	61,591	802,687				8
9	Housekeeping	23,423	74,646	32,645	1,707,773			9
10	Dietary	50,402	93,799	4,541	47,350	668,998		10
11	Cafeteria	9,411	31,409		15,855		1,496,838	11
12	Maintenance of Personnel							12
13	Nursing Administration	55,003	48,751		24,608		40,818	13
14	Central Services & Supply		117,999		59,563			14
15	Pharmacy	17,149	65,839		33,233		51,287	15
16	Medical Records & Library	20,077	112,134		56,599		100,012	16
17	Social Service	11,503						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	309,733	836,454	277,927	422,213	609,105	415,843	30
31	Intensive Care Unit	80,518	84,602	32,910	42,705	59,893	72,387	31
43	Nursery	14,640	15,529		7,839			43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	308,060	600,692	193,079	303,212		230,970	50
52	Delivery Room & Labor Room	46,638	91,149	48,682	46,010			52
53	Anesthesiology	17,358	3,819		1,928		31,490	53
54	Radiology-Diagnostic	80,309	267,719	27,114	135,137		54,634	54
54.01	ULTRASOUND	209	10,678	3,519	5,390		9,014	54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	7,529	47,367	2,746	23,909		9,800	54.02
54.04	RADIATION ONC							54.04
54.06	PET SCAN		3,897		1,968			54.06
57	CT Scan		27,298	8,817	13,779		15,938	57
58	MRI	2,928	94,364	16,576	47,632		9,682	58
59	Cardiac Catheterization	12,967	36,086	84	18,215		14,405	59
60	Laboratory	30,952	140,095	490	70,715		113,317	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	53,539	37,917	11,519	19,139		44,244	65
66	Physical Therapy	18,613	86,064	5,679	43,442		63,799	66
67	Occupational Therapy	837	13,776	1,239	6,954		10,429	67
69	Electrocardiology	14,849	78,893	3,230	39,821		42,115	69
70	Electroencephalography	837	13,308	48	6,717		5,706	70
71	Medical Supplies Charged to Patients							71
73	Drugs Charged to Patients			849				73
74	Renal Dialysis		8,710		4,396			74
76	BACTERIOLOGY & MICROBIOLOGY							76
76.01	VASCULAR LAB	3,346	7,424	820	3,748		12,361	76.01
76.02	CARDIAC REHAB							76.02
76.03	WOUND CARE	8,784	86,843	9,995	43,835		19,993	76.03
76.97	CARDIAC REHABILITATION	6,274	12,860	516	6,491		4,252	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	13,385	26,304	812	13,277			90
91	Emergency	67,970	178,051	115,363	89,878		124,342	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	8,575	67,826		34,236			101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice		17,770	2,413	8,970			116
118	SUBTOTALS (sum of lines 1-117)	1,934,943	3,501,663	801,613	1,698,764	668,998	1,496,838	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		10,775		5,439			190
194	PHILANTHROPY DEVELOPMENT		3,955		1,996			194
194.01	VENDING		3,118		1,574			194.01
194.02	MEALS ON WHEELS							194.02
194.03	PRAIRIE CARDIOVASCULAR	5,019	58,357	1,074				194.03

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,939,962	3,577,868	802,687	1,707,773	668,998	1,496,838	202

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	
		13	14	15	16	17	24	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	1,847,920						13
14	Central Services & Supply		305,188					14
15	Pharmacy		6,391	2,794,625				15
16	Medical Records & Library				5,435,794			16
17	Social Service					16,721		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	756,987	3,677	8,832	4,917,763	15,127	21,672,045	30
31	Intensive Care Unit	131,741	633	1,054	518,031	1,594	3,729,213	31
43	Nursery		303				75,721	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	356,201	203,560	3,974			19,706,040	50
52	Delivery Room & Labor Room		1,595				710,210	52
53	Anesthesiology		1,035	40,711			3,187,205	53
54	Radiology-Diagnostic		3,610	4,130			5,604,397	54
54.01	ULTRASOUND		676				496,921	54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC		5,060	8,737			902,989	54.02
54.04	RADIATION ONC							54.04
54.06	PET SCAN						155,807	54.06
57	CT Scan		2,381				1,185,013	57
58	MRI		1,059				1,227,983	58
59	Cardiac Catheterization		8,674	302			1,210,106	59
60	Laboratory		26,943	22			5,526,934	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		1,889	206			1,637,918	65
66	Physical Therapy		188				2,235,943	66
67	Occupational Therapy		506				461,874	67
69	Electrocardiology		446	405			1,578,909	69
70	Electroencephalography		215				232,699	70
71	Medical Supplies Charged to Patients		28,540	51			1,728,873	71
73	Drugs Charged to Patients			2,671,975			6,987,360	73
74	Renal Dialysis		6				73,069	74
76	BACTERIOLOGY & MICROBIOLOGY							76
76.01	VASCULAR LAB		315	260			584,200	76.01
76.02	CARDIAC REHAB							76.02
76.03	WOUND CARE		2,625	9,569			1,641,730	76.03
76.97	CARDIAC REHABILITATION		38				181,751	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		91				444,483	90
91	Emergency	226,317	1,864	3,308			4,813,945	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	322,994	2,652	1,270			6,756,478	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	53,680	196	39,819			1,335,535	116
118	SUBTOTALS (sum of lines 1-117)	1,847,920	305,185	2,794,625	5,435,794	16,721	96,085,351	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen						35,848	190
194	PHILANTHROPY DEVELOPMENT						49,253	194
194.01	VENDING						6,765	194.01
194.02	MEALS ON WHEELS							194.02
194.03	PRAIRIE CARDIOVASCULAR		3				4,371,715	194.03

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	
		13	14	15	16	17	24	
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,847,920	305,188	2,794,625	5,435,794	16,721	100,548,932	202

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		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		21,672,045				30
31	Intensive Care Unit		3,729,213				31
43	Nursery		75,721				43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room		19,706,040				50
52	Delivery Room & Labor Room		710,210				52
53	Anesthesiology		3,187,205				53
54	Radiology-Diagnostic		5,604,397				54
54.01	ULTRASOUND		496,921				54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC		902,989				54.02
54.04	RADIATION ONC						54.04
54.06	PET SCAN		155,807				54.06
57	CT Scan		1,185,013				57
58	MRI		1,227,983				58
59	Cardiac Catheterization		1,210,106				59
60	Laboratory		5,526,934				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		1,637,918				65
66	Physical Therapy		2,235,943				66
67	Occupational Therapy		461,874				67
69	Electrocardiology		1,578,909				69
70	Electroencephalography		232,699				70
71	Medical Supplies Charged to Patients		1,728,873				71
73	Drugs Charged to Patients		6,987,360				73
74	Renal Dialysis		73,069				74
76	BACTERIOLOGY & MICROBIOLOGY						76
76.01	VASCULAR LAB		584,200				76.01
76.02	CARDIAC REHAB						76.02
76.03	WOUND CARE		1,641,730				76.03
76.97	CARDIAC REHABILITATION		181,751				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic		444,483				90
91	Emergency		4,813,945				91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency		6,756,478				101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice		1,335,535				116
118	SUBTOTALS (sum of lines 1-117)		96,085,351				118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen		35,848				190
194	PHILANTHROPY DEVELOPMENT		49,253				194
194.01	VENDING		6,765				194.01
194.02	MEALS ON WHEELS						194.02
194.03	PRAIRIE CARDIOVASCULAR		4,371,715				194.03

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL					
		25	26					
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		100,548,932					202

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ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		12,640		12,640	12,640		4
5	Administrative & General		886,815	1,026,208	1,913,023	1,617	1,914,640	5
6	Maintenance & Repairs		43,711	16,379	60,090	233	36,941	6
7	Operation of Plant		525,649	258,371	784,020	58	56,350	7
8	Laundry & Linen Service		31,289	2,638	33,927	27	13,722	8
9	Housekeeping		37,920	1,291	39,211	233	30,030	9
10	Dietary		47,650	24,268	71,918	63	9,005	10
11	Cafeteria		15,956	1,773	17,729	196	27,424	11
12	Maintenance of Personnel							12
13	Nursing Administration		24,766	4,984	29,750	314	31,967	13
14	Central Services & Supply		59,944		59,944	5	2,430	14
15	Pharmacy		33,446	285,250	318,696	416	49,904	15
16	Medical Records & Library		56,965	82,165	139,130	764	98,008	16
17	Social Service						99	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		424,924	267,776	692,700	2,153	249,420	30
31	Intensive Care Unit		42,978	138,019	180,997	451	51,473	31
43	Nursery		7,889	3,374	11,263		712	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		305,155	989,240	1,294,395	1,228	333,340	50
52	Delivery Room & Labor Room		46,304	66,058	112,362		9,067	52
53	Anesthesiology		1,940	115,360	117,300	538	58,856	53
54	Radiology-Diagnostic		136,003	767,944	903,947	604	95,815	54
54.01	ULTRASOUND		5,424	76,055	81,479	64	8,901	54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC		24,063	55,493	79,556	58	15,192	54.02
54.04	RADIATION ONC							54.04
54.06	PET SCAN		1,980		1,980		2,855	54.06
57	CT Scan		13,868	186,651	200,519	81	21,266	57
58	MRI		47,937	271,233	319,170	69	20,103	58
59	Cardiac Catheterization		18,332	37,302	55,634	84	21,315	59
60	Laboratory		71,169	185,369	256,538	473	97,960	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		19,262	84,467	103,729	249	27,982	65
66	Physical Therapy		43,721	12,609	56,330	362	38,430	66
67	Occupational Therapy		6,998		6,998	70	8,153	67
69	Electrocardiology		40,078	200,438	240,516	167	26,643	69
70	Electroencephalography		6,761	8,465	15,226	32	3,920	70
71	Medical Supplies Charged to Patients						32,377	71
73	Drugs Charged to Patients						82,157	73
74	Renal Dialysis		4,425		4,425		1,142	74
76	BACTERIOLOGY & MICROBIOLOGY							76
76.01	VASCULAR LAB		3,771	94,365	98,136	77	10,586	76.01
76.02	CARDIAC REHAB							76.02
76.03	WOUND CARE		44,117	21,332	65,449	89	27,803	76.03
76.97	CARDIAC REHABILITATION		6,533	1,728	8,261	27	2,881	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		13,363		13,363	23	7,438	90
91	Emergency		90,451	102,810	193,261	598	76,299	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency		34,456	119,408	153,864	1,017	120,325	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice		9,027		9,027	171	23,092	116
118	SUBTOTALS (sum of lines 1-117)		3,247,680	5,508,823	8,756,503	12,611	1,831,383	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		5,474	3,709	9,183		374	190
194	PHILANTHROPY DEVELOPMENT		2,009		2,009	29	825	194
194.01	VENDING		1,584		1,584		39	194.01
194.02	MEALS ON WHEELS							194.02
194.03	PRAIRIE CARDIOVASCULAR		29,645		29,645		82,019	194.03

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		3,286,392	5,512,532	8,798,924	12,640	1,914,640	202

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ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs	97,264						6
7	Operation of Plant	31,017	871,445					7
8	Laundry & Linen Service	1,028	15,001	63,705				8
9	Housekeeping	1,174	18,181	2,591	91,420			9
10	Dietary	2,527	22,846	360	2,535	109,254		10
11	Cafeteria	472	7,650		849		54,320	11
12	Maintenance of Personnel							12
13	Nursing Administration	2,758	11,874		1,317		1,481	13
14	Central Services & Supply		28,740		3,188			14
15	Pharmacy	860	16,036		1,779		1,861	15
16	Medical Records & Library	1,007	27,312		3,030		3,629	16
17	Social Service	577						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	15,529	203,736	22,057	22,600	99,473	15,092	30
31	Intensive Care Unit	4,037	20,606	2,612	2,286	9,781	2,627	31
43	Nursery	734	3,782		420			43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	15,445	146,308	15,324	16,231		8,382	50
52	Delivery Room & Labor Room	2,338	22,201	3,864	2,463			52
53	Anesthesiology	870	930		103		1,143	53
54	Radiology-Diagnostic	4,026	65,207	2,152	7,234		1,983	54
54.01	ULTRASOUND	10	2,601	279	289		327	54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	377	11,537	218	1,280		356	54.02
54.04	RADIATION ONC							54.04
54.06	PET SCAN		949		105			54.06
57	CT Scan		6,649	700	738		578	57
58	MRI	147	22,984	1,316	2,550		351	58
59	Cardiac Catheterization	650	8,789	7	975		523	59
60	Laboratory	1,552	34,122	39	3,786		4,112	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,684	9,235	914	1,025		1,606	65
66	Physical Therapy	933	20,962	451	2,326		2,315	66
67	Occupational Therapy	42	3,355	98	372		378	67
69	Electrocardiology	744	19,216	256	2,132		1,528	69
70	Electroencephalography	42	3,241	4	360		207	70
71	Medical Supplies Charged to Patients							71
73	Drugs Charged to Patients			67				73
74	Renal Dialysis		2,121		235			74
76	BACTERIOLOGY & MICROBIOLOGY							76
76.01	VASCULAR LAB	168	1,808	65	201		449	76.01
76.02	CARDIAC REHAB							76.02
76.03	WOUND CARE	440	21,152	793	2,347		726	76.03
76.97	CARDIAC REHABILITATION	315	3,132	41	347		154	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	671	6,407	64	711			90
91	Emergency	3,408	43,367	9,156	4,811		4,512	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	430	16,520		1,833			101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice		4,328	192	480			116
118	SUBTOTALS (sum of lines 1-117)	97,012	852,885	63,620	90,938	109,254	54,320	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		2,624		291			190
194	PHILANTHROPY DEVELOPMENT		963		107			194
194.01	VENDING		759		84			194.01
194.02	MEALS ON WHEELS							194.02
194.03	PRAIRIE CARDIOVASCULAR	252	14,214	85				194.03

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	97,264	871,445	63,705	91,420	109,254	54,320	202

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	
		13	14	15	16	17	24	
	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	79,461						13
14	Central Services & Supply		94,307					14
15	Pharmacy		1,975	391,527				15
16	Medical Records & Library		5		272,885			16
17	Social Service					676		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	32,550	1,136	1,237	246,879	612	1,605,174	30
31	Intensive Care Unit	5,665	196	148	26,006	64	306,949	31
43	Nursery		94				17,005	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	15,317	62,904	557			1,909,431	50
52	Delivery Room & Labor Room		493				152,788	52
53	Anesthesiology		320	5,704			185,764	53
54	Radiology-Diagnostic		1,116	579			1,082,663	54
54.01	ULTRASOUND		209				94,159	54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC		1,563	1,224			111,361	54.02
54.04	RADIATION ONC							54.04
54.06	PET SCAN						5,889	54.06
57	CT Scan		736				231,267	57
58	MRI		327				367,017	58
59	Cardiac Catheterization		2,680	42			90,699	59
60	Laboratory		8,325	3			406,910	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		584	29			148,037	65
66	Physical Therapy		58				122,167	66
67	Occupational Therapy		156				19,622	67
69	Electrocardiology		138	57			291,397	69
70	Electroencephalography		66				23,098	70
71	Medical Supplies Charged to Patients		8,819	7			41,203	71
73	Drugs Charged to Patients			374,343			456,567	73
74	Renal Dialysis		2				7,925	74
76	BACTERIOLOGY & MICROBIOLOGY							76
76.01	VASCULAR LAB		97	36			111,623	76.01
76.02	CARDIAC REHAB							76.02
76.03	WOUND CARE		811	1,341			120,951	76.03
76.97	CARDIAC REHABILITATION		12				15,170	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		28				28,705	90
91	Emergency	9,732	576	463			346,183	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	13,889	819	178			308,875	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	2,308	61	5,579			45,238	116
118	SUBTOTALS (sum of lines 1-117)	79,461	94,306	391,527	272,885	676	8,653,837	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen						12,472	190
194	PHILANTHROPY DEVELOPMENT						3,933	194
194.01	VENDING						2,466	194.01
194.02	MEALS ON WHEELS							194.02
194.03	PRAIRIE CARDIOVASCULAR		1				126,216	194.03

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	
		13	14	15	16	17	24	
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	79,461	94,307	391,527	272,885	676	8,798,924	202

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
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		1,605,174				30
31	Intensive Care Unit		306,949				31
43	Nursery		17,005				43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room		1,909,431				50
52	Delivery Room & Labor Room		152,788				52
53	Anesthesiology		185,764				53
54	Radiology-Diagnostic		1,082,663				54
54.01	ULTRASOUND		94,159				54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC		111,361				54.02
54.04	RADIATION ONC						54.04
54.06	PET SCAN		5,889				54.06
57	CT Scan		231,267				57
58	MRI		367,017				58
59	Cardiac Catheterization		90,699				59
60	Laboratory		406,910				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		148,037				65
66	Physical Therapy		122,167				66
67	Occupational Therapy		19,622				67
69	Electrocardiology		291,397				69
70	Electroencephalography		23,098				70
71	Medical Supplies Charged to Patients		41,203				71
73	Drugs Charged to Patients		456,567				73
74	Renal Dialysis		7,925				74
76	BACTERIOLOGY & MICROBIOLOGY						76
76.01	VASCULAR LAB		111,623				76.01
76.02	CARDIAC REHAB						76.02
76.03	WOUND CARE		120,951				76.03
76.97	CARDIAC REHABILITATION		15,170				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic		28,705				90
91	Emergency		346,183				91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency		308,875				101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice		45,238				116
118	SUBTOTALS (sum of lines 1-117)		8,653,837				118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen		12,472				190
194	PHILANTHROPY DEVELOPMENT		3,933				194
194.01	VENDING		2,466				194.01
194.02	MEALS ON WHEELS						194.02
194.03	PRAIRIE CARDIOVASCULAR		126,216				194.03

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL					
		25	26					
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		8,798,924					202

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS MAINT. HOURS	
		1	2	4	5A	5	6	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	332,016						1
2	Cap Rel Costs-Mvble Equip		5,746,477					2
4	Employee Benefits Department	1,277		34,774,531				4
5	Administrative & General	89,593	1,069,759	4,454,537	-23,719,999	76,828,933		5
6	Maintenance & Repairs	4,416	17,074	640,615		1,482,315	9,276	6
7	Operation of Plant	53,105	269,336	159,226		2,261,139	2,958	7
8	Laundry & Linen Service	3,161	2,750	73,562		550,607	98	8
9	Housekeeping	3,831	1,346	641,965		1,205,023	112	9
10	Dietary	4,814	25,298	174,099		361,345	241	10
11	Cafeteria	1,612	1,848	539,324		1,100,421	45	11
12	Maintenance of Personnel							12
13	Nursing Administration	2,502	5,196	866,091		1,282,717	263	13
14	Central Services & Supply	6,056		12,715		97,518		14
15	Pharmacy	3,379	297,356	1,147,261		2,002,483	82	15
16	Medical Records & Library	5,755	85,652	2,105,356		3,932,762	96	16
17	Social Service					3,987	55	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	42,929	279,140	5,886,784		10,008,408	1,481	30
31	Intensive Care Unit	4,342	143,876	1,241,281		2,065,459	385	31
43	Nursery	797	3,517			28,585	70	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	30,829	1,031,222	3,382,359		13,376,478	1,473	50
52	Delivery Room & Labor Room	4,678	68,861			363,813	223	52
53	Anesthesiology	196	120,256	1,480,909		2,361,713	83	53
54	Radiology-Diagnostic	13,740	800,535	1,664,920		3,844,730	384	54
54.01	ULTRASOUND	548	79,283	175,355		357,165	1	54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	2,431	57,848	161,108		609,626	36	54.02
54.04	RADIATION ONC							54.04
54.06	PET SCAN	200				114,570		54.06
57	CT Scan	1,401	194,572	224,341		853,341		57
58	MRI	4,843	282,744	189,035		806,687	14	58
59	Cardiac Catheterization	1,852	38,885	230,821		855,307	62	59
60	Laboratory	7,190	193,236	1,302,073		3,930,810	148	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	1,946	88,052	686,126		1,122,811	256	65
66	Physical Therapy	4,417	13,144	998,421		1,542,064	89	66
67	Occupational Therapy	707		327,726		327,134	4	67
69	Electrocardiology	4,049	208,944	459,053		1,069,083	71	69
70	Electroencephalography	683	8,824	87,907		157,303	4	70
71	Medical Supplies Charged to Patients					1,299,177		71
73	Drugs Charged to Patients					3,296,715		73
74	Renal Dialysis	447				45,813		74
76	BACTERIOLOGY & MICROBIOLOGY							76
76.01	VASCULAR LAB	381	98,370	212,166		424,780	16	76.01
76.02	CARDIAC REHAB							76.02
76.03	WOUND CARE	4,457	22,237	245,290		1,115,644	42	76.03
76.97	CARDIAC REHABILITATION	660	1,801	73,284		115,623	30	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,350		64,259		298,466	64	90
91	Emergency	9,138	107,173	1,648,647		3,061,615	325	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	3,481	124,476	2,803,030		4,828,258	41	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	912		470,454		926,608		116
118	SUBTOTALS (sum of lines 1-117)	328,105	5,742,611	34,695,100	-23,719,999	73,488,103	9,252	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	553	3,866			15,002		190
194	PHILANTHROPY DEVELOPMENT	203		79,431		33,087		194
194.01	VENDING	160				1,584		194.01
194.02	MEALS ON WHEELS							194.02
194.03	PRAIRIE CARDIOVASCULAR	2,995				3,291,157	24	194.03

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS MAINT. HOURS	
		1	2	4	5A	5	6	
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,286,392	5,512,532	13,605,744		23,719,999	1,939,962	202
203	Unit Cost Multiplier (Wkst. B, Part I)	9.898294	0.959289	0.391256		0.308738	209.137775	203
204	Cost to be allocated (Per Wkst. B, Part II)			12,640		1,914,640	97,264	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.000363		0.024921	10.485554	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	
		OF PLANT	& LINEN	KEEPING			ADMINIS-	
		SQUARE	SERVICE	HOURS OF	MEALS	MEALS	TRATION	
		FEET	POUNDS OF	SERVICE	SERVED	SERVED	DIRECT	
		7	LAUNDRY		10	11	NRSING	13
			8	9			HRS	
	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	183,625						7
8	Laundry & Linen Service	3,161	857,867					8
9	Housekeeping	3,831	34,889	1,501,548				9
10	Dietary	4,814	4,853	41,632	64,406			10
11	Cafeteria	1,612		13,940		228,495		11
12	Maintenance of Personnel							12
13	Nursing Administration	2,502		21,636		6,231	536,445	13
14	Central Services & Supply	6,056		52,370				14
15	Pharmacy	3,379		29,220		7,829		15
16	Medical Records & Library	5,755		49,764		15,267		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	42,929	297,035	371,231	58,640	63,479	219,751	30
31	Intensive Care Unit	4,342	35,172	37,548	5,766	11,050	38,244	31
43	Nursery	797		6,892				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	30,829	206,352	266,597		35,258	103,404	50
52	Delivery Room & Labor Room	4,678	52,029	40,454				52
53	Anesthesiology	196		1,695		4,807		53
54	Radiology-Diagnostic	13,740	28,978	118,818		8,340		54
54.01	ULTRASOUND	548	3,761	4,739		1,376		54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	2,431	2,935	21,022		1,496		54.02
54.04	RADIATION ONC							54.04
54.06	PET SCAN	200		1,730				54.06
57	CT Scan	1,401	9,423	12,115		2,433		57
58	MRI	4,843	17,715	41,880		1,478		58
59	Cardiac Catheterization	1,852	90	16,015		2,199		59
60	Laboratory	7,190	524	62,176		17,298		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	1,946	12,311	16,828		6,754		65
66	Physical Therapy	4,417	6,069	38,196		9,739		66
67	Occupational Therapy	707	1,324	6,114		1,592		67
69	Electrocardiology	4,049	3,452	35,012		6,429		69
70	Electroencephalography	683	51	5,906		871		70
71	Medical Supplies Charged to Patients							71
73	Drugs Charged to Patients		907					73
74	Renal Dialysis	447		3,865				74
76	BACTERIOLOGY & MICROBIOLOGY							76
76.01	VASCULAR LAB	381	876	3,295		1,887		76.01
76.02	CARDIAC REHAB							76.02
76.03	WOUND CARE	4,457	10,682	38,542		3,052		76.03
76.97	CARDIAC REHABILITATION	660	551	5,707		649		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,350	868	11,674				90
91	Emergency	9,138	123,293	79,025		18,981	65,699	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	3,481		30,102			93,764	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	912	2,579	7,887			15,583	116
118	SUBTOTALS (sum of lines 1-117)	179,714	856,719	1,493,627	64,406	228,495	536,445	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	553		4,782				190
194	PHILANTHROPY DEVELOPMENT	203		1,755				194
194.01	VENDING	160		1,384				194.01
194.02	MEALS ON WHEELS							194.02
194.03	PRAIRIE CARDIOVASCULAR	2,995	1,148					194.03

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	NURSING ADMINIS- TRATION DIRECT NRSING HRS	
		7	8	9	10	11	13	
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,577,868	802,687	1,707,773	668,998	1,496,838	1,847,920	202
203	Unit Cost Multiplier (Wkst. B, Part I)	19,484645	0.935678	1.137342	10,387200	6.550857	3.444752	203
204	Cost to be allocated (Per Wkst. B, Part II)	871,445	63,705	91,420	109,254	54,320	79,461	204
205	Unit Cost Multiplier (Wkst. B, Part II)	4.745786	0.074260	0.060884	1.696333	0.237729	0.148125	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT			
	14	15	16	17			

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply	13,929,329					14
15	Pharmacy	291,687	3,191,474				15
16	Medical Records & Library	773		10,000			16
17	Social Service				10,000		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	167,831	10,086	9,047	9,047		30
31	Intensive Care Unit	28,889	1,204	953	953		31
43	Nursery	13,831					43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	9,290,965	4,538				50
52	Delivery Room & Labor Room	72,799					52
53	Anesthesiology	47,241	46,492				53
54	Radiology-Diagnostic	164,783	4,716				54
54.01	ULTRASOUND	30,861					54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	230,928	9,978				54.02
54.04	RADIATION ONC						54.04
54.06	PET SCAN						54.06
57	CT Scan	108,653					57
58	MRI	48,323					58
59	Cardiac Catheterization	395,890	345				59
60	Laboratory	1,229,718	25				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	86,218	235				65
66	Physical Therapy	8,565					66
67	Occupational Therapy	23,089					67
69	Electrocardiology	20,358	463				69
70	Electroencephalography	9,793					70
71	Medical Supplies Charged to Patients	1,302,613	58				71
73	Drugs Charged to Patients		3,051,408				73
74	Renal Dialysis	270					74
76	BACTERIOLOGY & MICROBIOLOGY						76
76.01	VASCULAR LAB	14,366	297				76.01
76.02	CARDIAC REHAB						76.02
76.03	WOUND CARE	119,796	10,928				76.03
76.97	CARDIAC REHABILITATION	1,753					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	4,152					90
91	Emergency	85,093	3,778				91
92	Observation Beds (Non-Distinct Part)						92
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	121,020	1,450				101
SPECIAL PURPOSE COST CENTERS							
116	Hospice	8,947	45,473				116
118	SUBTOTALS (sum of lines 1-117)	13,929,205	3,191,474	10,000	10,000		118
NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen						190
194	PHILANTHROPY DEVELOPMENT						194
194.01	VENDING						194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT			
		14	15	16	17			
194.02	MEALS ON WHEELS							194.02
194.03	PRAIRIE CARDIOVASCULAR	124						194.03
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	305,188	2,794,625	5,435,794	16,721			202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.021910	0.875653	543.579400	1.672100			203
204	Cost to be allocated (Per Wkst. B, Part II)	94,307	391,527	272,885	676			204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.006770	0.122679	27.288500	0.067600			205

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	21,672,045		21,672,045		21,672,045	30
31	Intensive Care Unit	3,729,213		3,729,213		3,729,213	31
43	Nursery	75,721		75,721		75,721	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	19,706,040		19,706,040		19,706,040	50
52	Delivery Room & Labor Room	710,210		710,210		710,210	52
53	Anesthesiology	3,187,205		3,187,205		3,187,205	53
54	Radiology-Diagnostic	5,604,397		5,604,397		5,604,397	54
54.01	ULTRASOUND	496,921		496,921		496,921	54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	902,989		902,989		902,989	54.02
54.04	RADIATION ONC						54.04
54.06	PET SCAN	155,807		155,807		155,807	54.06
57	CT Scan	1,185,013		1,185,013		1,185,013	57
58	MRI	1,227,983		1,227,983		1,227,983	58
59	Cardiac Catheterization	1,210,106		1,210,106		1,210,106	59
60	Laboratory	5,526,934		5,526,934		5,526,934	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	1,637,918		1,637,918		1,637,918	65
66	Physical Therapy	2,235,943		2,235,943		2,235,943	66
67	Occupational Therapy	461,874		461,874		461,874	67
69	Electrocardiology	1,578,909		1,578,909		1,578,909	69
70	Electroencephalography	232,699		232,699		232,699	70
71	Medical Supplies Charged to Patients	1,728,873		1,728,873		1,728,873	71
73	Drugs Charged to Patients	6,987,360		6,987,360		6,987,360	73
74	Renal Dialysis	73,069		73,069		73,069	74
76	BACTERIOLOGY & MICROBIOLOGY						76
76.01	VASCULAR LAB	584,200		584,200		584,200	76.01
76.02	CARDIAC REHAB						76.02
76.03	WOUND CARE	1,641,730		1,641,730		1,641,730	76.03
76.97	CARDIAC REHABILITATION	181,751		181,751		181,751	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	444,483		444,483		444,483	90
91	Emergency	4,813,945		4,813,945		4,813,945	91
92	Observation Beds (Non-Distinct Part)	2,106,744		2,106,744		2,106,744	92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	6,756,478		6,756,478		6,756,478	101
113	Interest Expense						113
116	Hospice	1,335,535		1,335,535		1,335,535	116
200	Subtotal (sum of lines 30 thru 199)	98,192,095		98,192,095		98,192,095	200
201	Less Observation Beds	2,106,744		2,106,744		2,106,744	201
202	Total (line 200 minus line 201)	96,085,351		96,085,351		96,085,351	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				
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	13,887,001		13,887,001				30
31	Intensive Care Unit	3,665,806		3,665,806				31
43	Nursery	1,049,671		1,049,671				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	33,177,908	48,459,693	81,637,601	0.241384	0.241384	0.241384	50
52	Delivery Room & Labor Room	2,186,966	443,763	2,630,729	0.269967	0.269967	0.269967	52
53	Anesthesiology	2,286,569	4,076,480	6,363,049	0.500893	0.500893	0.500893	53
54	Radiology-Diagnostic	2,503,087	12,323,845	14,826,932	0.377988	0.377988	0.377988	54
54.01	ULTRASOUND	371,653	2,886,312	3,257,965	0.152525	0.152525	0.152525	54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	863,312	10,860,840	11,724,152	0.077020	0.077020	0.077020	54.02
54.04	RADIATION ONC							54.04
54.06	PET SCAN	4,758	899,025	903,783	0.172394	0.172394	0.172394	54.06
57	CT Scan	5,755,662	26,873,235	32,628,897	0.036318	0.036318	0.036318	57
58	MRI	945,813	15,572,805	16,518,618	0.074339	0.074339	0.074339	58
59	Cardiac Catheterization	558,843	4,629,973	5,188,816	0.233214	0.233214	0.233214	59
60	Laboratory	8,262,685	14,571,298	22,833,983	0.242049	0.242049	0.242049	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	4,597,300	982,487	5,579,787	0.293545	0.293545	0.293545	65
66	Physical Therapy	1,131,065	2,110,383	3,241,448	0.689798	0.689798	0.689798	66
67	Occupational Therapy	345,965	487,142	833,107	0.554399	0.554399	0.554399	67
69	Electrocardiology	2,227,468	9,398,372	11,625,840	0.135810	0.135810	0.135810	69
70	Electroencephalography	21,709	1,429,030	1,450,739	0.160400	0.160400	0.160400	70
71	Medical Supplies Charged to Patients	7,491,055	9,273,939	16,764,994	0.103124	0.103124	0.103124	71
73	Drugs Charged to Patients	16,674,327	10,797,006	27,471,333	0.254351	0.254351	0.254351	73
74	Renal Dialysis	93,201	2,840	96,041	0.760810	0.760810	0.760810	74
76	BACTERIOLOGY & MICROBIOLOGY							76
76.01	VASCULAR LAB	258,911	2,269,786	2,528,697	0.231028	0.231028	0.231028	76.01
76.02	CARDIAC REHAB							76.02
76.03	WOUND CARE	17,437	5,547,367	5,564,804	0.295020	0.295020	0.295020	76.03
76.97	CARDIAC REHABILITATION	5,419	507,786	513,205	0.354149	0.354149	0.354149	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	420	483,739	484,159	0.918052	0.918052	0.918052	90
91	Emergency	3,679,904	16,939,490	20,619,394	0.233467	0.233467	0.233467	91
92	Observation Beds (Non-Distinct Part)	75,466	3,042,923	3,118,389	0.675587	0.675587	0.675587	92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency		5,173,248	5,173,248				101
113	Interest Expense							113
116	Hospice		835,342	835,342				116
200	Subtotal (sum of lines 30 thru 199)	112,139,381	210,878,149	323,017,530				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	112,139,381	210,878,149	323,017,530				202

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	1,605,174		1,605,174	19,000	84.48	10,328	872,509	30
31	Intensive Care Unit	306,949		306,949	1,807	169.87	1,163	197,559	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	17,005		17,005	1,430	11.89			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	1,929,128		1,929,128	22,237		11,491	1,070,068	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0032

**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	1,909,431	81,637,601	0.023389	17,278,171	404,119	50
52	Delivery Room & Labor Room	152,788	2,630,729	0.058078			52
53	Anesthesiology	185,764	6,363,049	0.029194	991,991	28,960	53
54	Radiology-Diagnostic	1,082,663	14,826,932	0.073020	1,565,383	114,304	54
54.01	ULTRASOUND	94,159	3,257,965	0.028901	298,444	8,625	54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	111,361	11,724,152	0.009498	597,644	5,676	54.02
54.04	RADIATION ONC						54.04
54.06	PET SCAN	5,889	903,783	0.006516			54.06
57	CT Scan	231,267	32,628,897	0.007088	3,735,958	26,480	57
58	MRI	367,017	16,518,618	0.022218	652,285	14,492	58
59	Cardiac Catheterization	90,699	5,188,816	0.017480	278,403	4,866	59
60	Laboratory	406,910	22,833,983	0.017820	5,951,130	106,049	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	148,037	5,579,787	0.026531	2,950,494	78,280	65
66	Physical Therapy	122,167	3,241,448	0.037689	792,900	29,884	66
67	Occupational Therapy	19,622	833,107	0.023553	219,766	5,176	67
69	Electrocardiology	291,397	11,625,840	0.025065	1,311,181	32,865	69
70	Electroencephalography	23,098	1,450,739	0.015922	13,397	213	70
71	Medical Supplies Charged to Pat	41,203	16,764,994	0.002458	4,204,790	10,335	71
73	Drugs Charged to Patients	456,567	27,471,333	0.016620	10,855,727	180,422	73
74	Renal Dialysis	7,925	96,041	0.082517	81,442	6,720	74
76	BACTERIOLOGY & MICROBIOLOGY						76
76.01	VASCULAR LAB	111,623	2,528,697	0.044142	171,203	7,557	76.01
76.02	CARDIAC REHAB						76.02
76.03	WOUND CARE	120,951	5,564,804	0.021735	5,907	128	76.03
76.97	CARDIAC REHABILITATION	15,170	513,205	0.029559	266	8	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	28,705	484,159	0.059288	219	13	90
91	Emergency	346,183	20,619,394	0.016789	2,221,677	37,300	91
92	Observation Beds (Non-Distinct	156,040	3,118,389	0.050039	48,559	2,430	92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	6,526,636	298,406,462		54,226,937	1,104,902	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	1 Nursing School	2 Allied Health Cost	3 All Other Medical Education Cost	4 Swing-Bed Adjustment Amount (see instructions)	5 Total Costs (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)						30
31	Intensive Care Unit						31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF						40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check [] Title V [XX] PPS
Applicable [XX] Title XVIII, Part A [] TEFRA
Boxes: [] Title XIX [] Other

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6	7	8	9			
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	19,000		10,328		30
31	Intensive Care Unit	1,807		1,163		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	1,430				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	22,237		11,491		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0032

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	ULTRASOUND							54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC							54.02
54.04	RADIATION ONC							54.04
54.06	PET SCAN							54.06
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
66	Physical Therapy							66
67	Occupational Therapy							67
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	BACTERIOLOGY & MICROBIOLOGY							76
76.01	VASCULAR LAB							76.01
76.02	CARDIAC REHAB							76.02
76.03	WOUND CARE							76.03
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
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0032

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	81,637,601			17,278,171		20,245,000		50
52	Delivery Room & Labor Room	2,630,729							52
53	Anesthesiology	6,363,049			991,991		1,925,778		53
54	Radiology-Diagnostic	14,826,932			1,565,383		2,967,591		54
54.01	ULTRASOUND	3,257,965			298,444		887,330		54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	11,724,152			597,644		4,967,438		54.02
54.04	RADIATION ONC								54.04
54.06	PET SCAN	903,783					309,719		54.06
57	CT Scan	32,628,897			3,735,958		8,937,028		57
58	MRI	16,518,618			652,285		5,160,960		58
59	Cardiac Catheterization	5,188,816			278,403		2,040,964		59
60	Laboratory	22,833,983			5,951,130		3,523,127		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	5,579,787			2,950,494		314,998		65
66	Physical Therapy	3,241,448			792,900		1,990		66
67	Occupational Therapy	833,107			219,766		4,610		67
69	Electrocardiology	11,625,840			1,311,181		3,678,604		69
70	Electroencephalography	1,450,739			13,397		455,000		70
71	Medical Supplies Charged to Pat	16,764,994			4,204,790		3,353,625		71
73	Drugs Charged to Patients	27,471,333			10,855,727		6,353,927		73
74	Renal Dialysis	96,041			81,442		2,816		74
76	BACTERIOLOGY & MICROBIOLOGY								76
76.01	VASCULAR LAB	2,528,697			171,203		1,192,688		76.01
76.02	CARDIAC REHAB								76.02
76.03	WOUND CARE	5,564,804			5,907		1,335,844		76.03
76.97	CARDIAC REHABILITATION	513,205			266		306,700		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	484,159			219		24,327		90
91	Emergency	20,619,394			2,221,677		4,443,209		91
92	Observation Beds (Non-Distinct	3,118,389			48,559		928,781		92
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	298,406,462			54,226,937		73,362,054		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0032

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/IID

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.241384	20,245,000			4,886,819			50
52	Delivery Room & Labor Room	0.269967							52
53	Anesthesiology	0.500893	1,925,778			964,609			53
54	Radiology-Diagnostic	0.377988	2,967,591			1,121,714			54
54.01	ULTRASOUND	0.152525	887,330			135,340			54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	0.077020	4,967,438			382,592			54.02
54.04	RADIATION ONC								54.04
54.06	PET SCAN	0.172394	309,719			53,394			54.06
57	CT Scan	0.036318	8,937,028			324,575			57
58	MRI	0.074339	5,160,960			383,661			58
59	Cardiac Catheterization	0.233214	2,040,964			475,981			59
60	Laboratory	0.242049	3,523,127			852,769			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.293545	314,998			92,466			65
66	Physical Therapy	0.689798	1,990			1,373			66
67	Occupational Therapy	0.554399	4,610			2,556			67
69	Electrocardiology	0.135810	3,678,604			499,591			69
70	Electroencephalography	0.160400	455,000			72,982			70
71	Medical Supplies Charged to Pat	0.103124	3,353,625			345,839			71
73	Drugs Charged to Patients	0.254351	6,353,927			1,616,128			73
74	Renal Dialysis	0.760810	2,816			2,142			74
76	BACTERIOLOGY & MICROBIOLOGY								76
76.01	VASCULAR LAB	0.231028	1,192,688			275,544			76.01
76.02	CARDIAC REHAB								76.02
76.03	WOUND CARE	0.295020	1,335,844			394,101			76.03
76.97	CARDIAC REHABILITATION	0.354149	306,700			108,617			76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.918052	24,327			22,333			90
91	Emergency	0.233467	4,443,209			1,037,343			91
92	Observation Beds (Non-Distinct	0.675587	928,781			627,472			92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		73,362,054			14,679,941			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		73,362,054			14,679,941			202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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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	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	1,605,174		1,605,174	19,000	84.48	3,093	261,297	30
31	Intensive Care Unit	306,949		306,949	1,807	169.87	135	22,932	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	17,005		17,005	1,430	11.89	494	5,874	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	1,929,128		1,929,128	22,237		3,722	290,103	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0032

**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	1,909,431	81,637,601	0.023389	2,371,336	55,463	50
52	Delivery Room & Labor Room	152,788	2,630,729	0.058078	824,585	47,890	52
53	Anesthesiology	185,764	6,363,049	0.029194	207,148	6,047	53
54	Radiology-Diagnostic	1,082,663	14,826,932	0.073020	226,397	16,532	54
54.01	ULTRASOUND	94,159	3,257,965	0.028901	64,914	1,876	54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	111,361	11,724,152	0.009498	47,429	450	54.02
54.04	RADIATION ONC						54.04
54.06	PET SCAN	5,889	903,783	0.006516			54.06
57	CT Scan	231,267	32,628,897	0.007088	636,921	4,514	57
58	MRI	367,017	16,518,618	0.022218	92,795	2,062	58
59	Cardiac Catheterization	90,699	5,188,816	0.017480	50,582	884	59
60	Laboratory	406,910	22,833,983	0.017820	816,058	14,542	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	148,037	5,579,787	0.026531	357,290	9,479	65
66	Physical Therapy	122,167	3,241,448	0.037689	41,396	1,560	66
67	Occupational Therapy	19,622	833,107	0.023553	15,570	367	67
69	Electrocardiology	291,397	11,625,840	0.025065	120,511	3,021	69
70	Electroencephalography	23,098	1,450,739	0.015922	1,357	22	70
71	Medical Supplies Charged to Pat	41,203	16,764,994	0.002458	736,005	1,809	71
73	Drugs Charged to Patients	456,567	27,471,333	0.016620	1,718,009	28,553	73
74	Renal Dialysis	7,925	96,041	0.082517			74
76	BACTERIOLOGY & MICROBIOLOGY						76
76.01	VASCULAR LAB	111,623	2,528,697	0.044142	17,007	751	76.01
76.02	CARDIAC REHAB						76.02
76.03	WOUND CARE	120,951	5,564,804	0.021735			76.03
76.97	CARDIAC REHABILITATION	15,170	513,205	0.029559	456	13	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	28,705	484,159	0.059288			90
91	Emergency	346,183	20,619,394	0.016789	362,663	6,089	91
92	Observation Beds (Non-Distinct	156,040	3,118,389	0.050039	5,108	256	92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	6,526,636	298,406,462		8,713,537	202,180	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

		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.)	
(A)	Cost Center Description	1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)						30
31	Intensive Care Unit						31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF						40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6	7	8	9			
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	19,000		3,093		30
31	Intensive Care Unit	1,807		135		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	1,430		494		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	22,237		3,722		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0032

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	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	ULTRASOUND							54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC							54.02
54.04	RADIATION ONC							54.04
54.06	PET SCAN							54.06
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
66	Physical Therapy							66
67	Occupational Therapy							67
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	BACTERIOLOGY & MICROBIOLOGY							76
76.01	VASCULAR LAB							76.01
76.02	CARDIAC REHAB							76.02
76.03	WOUND CARE							76.03
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
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0032

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	81,637,601			2,371,336				50
52	Delivery Room & Labor Room	2,630,729			824,585				52
53	Anesthesiology	6,363,049			207,148				53
54	Radiology-Diagnostic	14,826,932			226,397				54
54.01	ULTRASOUND	3,257,965			64,914				54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	11,724,152			47,429				54.02
54.04	RADIATION ONC								54.04
54.06	PET SCAN	903,783							54.06
57	CT Scan	32,628,897			636,921				57
58	MRI	16,518,618			92,795				58
59	Cardiac Catheterization	5,188,816			50,582				59
60	Laboratory	22,833,983			816,058				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	5,579,787			357,290				65
66	Physical Therapy	3,241,448			41,396				66
67	Occupational Therapy	833,107			15,570				67
69	Electrocardiology	11,625,840			120,511				69
70	Electroencephalography	1,450,739			1,357				70
71	Medical Supplies Charged to Pat	16,764,994			736,005				71
73	Drugs Charged to Patients	27,471,333			1,718,009				73
74	Renal Dialysis	96,041							74
76	BACTERIOLOGY & MICROBIOLOGY								76
76.01	VASCULAR LAB	2,528,697			17,007				76.01
76.02	CARDIAC REHAB								76.02
76.03	WOUND CARE	5,564,804							76.03
76.97	CARDIAC REHABILITATION	513,205			456				76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	484,159							90
91	Emergency	20,619,394			362,663				91
92	Observation Beds (Non-Distinct	3,118,389			5,108				92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	298,406,462			8,713,537				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0032

WORKSHEET D
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost		
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	0.241384		7,661,912			1,849,463	50
52	Delivery Room & Labor Room	0.269967		282,057			76,146	52
53	Anesthesiology	0.500893		595,923			298,494	53
54	Radiology-Diagnostic	0.377988		1,825,493			690,014	54
54.01	ULTRASOUND	0.152525		949,029			144,751	54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	0.077020		914,198			70,412	54.02
54.04	RADIATION ONC							54.04
54.06	PET SCAN	0.172394		292,045			50,347	54.06
57	CT Scan	0.036318		5,067,043			184,025	57
58	MRI	0.074339		3,334,068			247,851	58
59	Cardiac Catheterization	0.233214		590,748			137,771	59
60	Laboratory	0.242049		2,862,692			692,912	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	0.293545		176,056			51,680	65
66	Physical Therapy	0.689798		395,475			272,798	66
67	Occupational Therapy	0.554399		85,263			47,270	67
69	Electrocardiology	0.135810		1,075,773			146,101	69
70	Electroencephalography	0.160400		262,633			42,126	70
71	Medical Supplies Charged to Pat	0.103124		1,548,290			159,666	71
73	Drugs Charged to Patients	0.254351		1,590,372			404,513	73
74	Renal Dialysis	0.760810						74
76	BACTERIOLOGY & MICROBIOLOGY							76
76.01	VASCULAR LAB	0.231028		145,769			33,677	76.01
76.02	CARDIAC REHAB							76.02
76.03	WOUND CARE	0.295020		840,058			247,834	76.03
76.97	CARDIAC REHABILITATION	0.354149		3,533			1,251	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	0.918052		191,126			175,464	90
91	Emergency	0.233467		6,150,207			1,435,870	91
92	Observation Beds (Non-Distinct	0.675587		474,171			320,344	92
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)			37,313,934			7,780,780	200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)			37,313,934			7,780,780	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0032

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	19,000	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	19,000	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)	17,153	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	10,328	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	21,672,045	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	21,672,045	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	21,672,045	37

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0032

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					1,847	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,140.63	88
89	Observation bed cost (line 87 x line 88) (see instructions)					2,106,744	89
		Cost	Routine Cost (from line 27)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	1,605,174	21,672,045	0.074067	2,106,744	156,040	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0032

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	19,000	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	19,000	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)	17,153	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	3,093	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)	1,430	15
16	Nursery days (title V or XIX only)	494	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)	21,672,045	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	21,672,045	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	21,672,045	37

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0032

**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)					1,140.63	38	
39	Program general inpatient routine service cost (line 9 x line 38)					3,527,969	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)					3,527,969	41	
42	Nursery (Titles V and XIX only)	75,721	1,430	52.95	494	26,157	42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	3,729,213	1,807	2,063.76	135	278,608	43	
44	Coronary Care Unit						44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
47	Other Special Care (specify)						47	

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,000,995	48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					5,833,729	49	

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					290,103	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					202,180	51
52	Total Program excludable cost (sum of lines 50 and 51)					492,283	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0032

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					1,847	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)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0032

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/ID [] 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		7,981,183		30
31	Intensive Care Unit		2,403,297		31
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.241384	17,278,171	4,170,674	50
52	Delivery Room & Labor Room	0.269967			52
53	Anesthesiology	0.500893	991,991	496,881	53
54	Radiology-Diagnostic	0.377988	1,565,383	591,696	54
54.01	ULTRASOUND	0.152525	298,444	45,520	54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	0.077020	597,644	46,031	54.02
54.04	RADIATION ONC				54.04
54.06	PET SCAN				54.06
57	CT Scan	0.172394			
58	MRI	0.036318	3,735,958	135,683	57
59	Cardiac Catheterization	0.074339	652,285	48,490	58
60	Laboratory	0.233214	278,403	64,927	59
60	Laboratory	0.242049	5,951,130	1,440,465	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.293545	2,950,494	866,103	65
66	Physical Therapy	0.689798	792,900	546,941	66
67	Occupational Therapy	0.554399	219,766	121,838	67
69	Electrocardiology	0.135810	1,311,181	178,071	69
70	Electroencephalography	0.160400	13,397	2,149	70
71	Medical Supplies Charged to Patients	0.103124	4,204,790	433,615	71
73	Drugs Charged to Patients	0.254351	10,855,727	2,761,165	73
74	Renal Dialysis	0.760810	81,442	61,962	74
76	BACTERIOLOGY & MICROBIOLOGY				76
76.01	VASCULAR LAB	0.231028	171,203	39,553	76.01
76.02	CARDIAC REHAB				76.02
76.03	WOUND CARE	0.295020	5,907	1,743	76.03
76.97	CARDIAC REHABILITATION	0.354149	266	94	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.918052	219	201	90
91	Emergency	0.233467	2,221,677	518,688	91
92	Observation Beds (Non-Distinct Part)	0.675587	48,559	32,806	92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		54,226,937	12,605,296	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		54,226,937		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0032

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		1,527,567		30
31	Intensive Care Unit		251,637		31
43	Nursery		360,966		43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.241384	2,371,336	572,403	50
52	Delivery Room & Labor Room	0.269967	824,585	222,611	52
53	Anesthesiology	0.500893	207,148	103,759	53
54	Radiology-Diagnostic	0.377988	226,397	85,575	54
54.01	ULTRASOUND	0.152525	64,914	9,901	54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC	0.077020	47,429	3,653	54.02
54.04	RADIATION ONC				54.04
54.06	PET SCAN	0.172394			54.06
57	CT Scan	0.036318	636,921	23,132	57
58	MRI	0.074339	92,795	6,898	58
59	Cardiac Catheterization	0.233214	50,582	11,796	59
60	Laboratory	0.242049	816,058	197,526	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.293545	357,290	104,881	65
66	Physical Therapy	0.689798	41,396	28,555	66
67	Occupational Therapy	0.554399	15,570	8,632	67
69	Electrocardiology	0.135810	120,511	16,367	69
70	Electroencephalography	0.160400	1,357	218	70
71	Medical Supplies Charged to Patients	0.103124	736,005	75,900	71
73	Drugs Charged to Patients	0.254351	1,718,009	436,977	73
74	Renal Dialysis	0.760810			74
76	BACTERIOLOGY & MICROBIOLOGY				76
76.01	VASCULAR LAB	0.231028	17,007	3,929	76.01
76.02	CARDIAC REHAB				76.02
76.03	WOUND CARE	0.295020			76.03
76.97	CARDIAC REHABILITATION	0.354149	456	161	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.918052			90
91	Emergency	0.233467	362,663	84,670	91
92	Observation Beds (Non-Distinct Part)	0.675587	5,108	3,451	92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		8,713,537	2,000,995	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		8,713,537		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	4,507,148			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	15,403,550			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	186,380			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments				3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	127.94			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)				5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)				9
10	FTE count for allopathic and osteopathic programs in the current year from your records				10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)				12
13	Total allowable FTE count for the prior year				13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero				14
15	Sum of lines 12 through 14 divided by 3				15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count				18
19	Current year resident to bed ratio (line 18 divided by line 4)				19
20	Prior year resident to bed ratio (see instructions)				20
21	Enter the lesser of lines 19 or 20 (see instructions)				21
22	IME payment adjustment (see instructions)				22
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)				24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)				29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0341			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.1411			31
32	Sum of lines 30 and 31	0.1752			32
33	Allowable disproportionate share percentage (see instructions)	0.0526			33
34	Disproportionate share adjustment (see instructions)	261,826			34
		Prior to	On or after		
		October 1	October 1		
35	Total uncompensated care amount (see instructions)	9,046,380,143	7,647,644,885		35
35.01	Factor 3 (see instructions)	0.000105573	0.000096287		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	955,053	736,369		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	240,726	550,764		35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	791,490			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
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

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
47	Subtotal (see instructions)	21,150,394			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 (see instructions)	21,150,394			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	1,602,169			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)				52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies				54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)				58
59	Total (sum of amounts on lines 49 through 58)	22,752,563			59
60	Primary payer payments	14,378			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	22,738,185			61
62	Deductibles billed to program beneficiaries	2,510,196			62
63	Coinsurance billed to program beneficiaries	40,348			63
64	Allowable bad debts (see instructions)	532,535			64
65	Adjusted reimbursable bad debts (see instructions)	346,148			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	402,816			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	20,533,789			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
71	Amount due provider (see instructions)	20,533,789			71
71.01	Sequestration adjustment (see instructions)	410,676			71.01
72	Interim payments	20,003,307			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	119,806			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	33,848			75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

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

HSP Bonus Payment Amount

Prior to 10/1 On or After 10/1

100	HSP bonus amount (see instructions)				100
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HVBP Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102

HRR Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0032

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 OPSS (see instructions)	14,679,941			2
3	PPS payments	14,344,091			3
4	Outlier payment (see instructions)	38,464			4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				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, col. 4, line 69)				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 physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	14,382,555			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	3,166,172			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal ((lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)	11,216,383			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)	11,216,383			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	11,216,383			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)	482,280			34
35	Adjusted reimbursable bad debts (see instructions)	313,482			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	293,263			36
37	Subtotal (see instructions)	11,529,865			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	11,529,865			40
40.01	Sequestration adjustment (see instructions)	230,597			40.01
41	Interim payments	11,329,710			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-30,442			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0032

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		19,699,254		10,991,692	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				3.01
		.02				3.02
	Program	.03				3.03
	to	.04				3.04
	Provider	.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.14	304,053		338,018	3.14
		.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	304,053		338,018	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)		20,003,307		11,329,710	4
	TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				5.01
		.02				5.02
	Program	.03				5.03
	to	.04				5.04
	Provider	.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	Provider	.52				5.52
	to	.53				5.53
	Program	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01	119,806			6.01
		.02			-30,442	6.02
7	Total Medicare program liability (see instructions)		20,123,113		11,299,268	7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	8

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

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check applicable box: Hospital CAH

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	5,516	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	11,491	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	294	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	18,960	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	323,017,530	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	5,400,420	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)	1,362,207	8
9	Sequestration adjustment amount (see instructions)		9
10	Calculation of the HIT incentive payment after sequestration (see instructions)		10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

30	Initial/interim HIT payment(s)	1,093,033	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	269,174	32

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

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0032

WORKSHEET E-3
PART VII

Check [] Title V [XX] Hospital [] NF [] PPS
 Applicable [XX] Title XIX [] SUB (Other) [] ICF/IID [] TEFRA
 Boxes: [] SNF [XX] 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	5,833,729		1
2		7,780,780	2
3			3
4	5,833,729	7,780,780	4
5			5
6			6
7	5,833,729	7,780,780	7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8			8
9	8,713,537	37,313,934	9
10			10
11			11
12	8,713,537	37,313,934	12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16	8,713,537	37,313,934	16
17	2,879,808	29,533,154	17
18			18
19			19
20			20
21	5,833,729	7,780,780	21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29	5,833,729	7,780,780	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30			30
31	5,833,729	7,780,780	31
32			32
33			33
34			34
35			35
36	5,833,729	7,780,780	36
37			37
38	5,833,729	7,780,780	38
39			39
40	5,833,729	7,780,780	40
41	5,833,729	7,780,780	41
42			42
43			43

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
Assets (Omit Cents)		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	11,517,201				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	111,430,711				4
5	Other receivables	959,837				5
6	Allowances for uncollectible notes and accounts receivable	-82,433,695				6
7	Inventory	4,607,300				7
8	Prepaid expenses	118,754				8
9	Other current assets	9,790,791				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	55,990,899				11
FIXED ASSETS						
12	Land	2,875,531				12
13	Land improvements	3,431,092				13
14	Accumulated depreciation	-1,954,795				14
15	Buildings	83,853,429				15
16	Accumulated depreciation	-41,893,698				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment	72,876,230				19
20	Accumulated depreciation	-58,094,211				20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment					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)	61,093,578				30
OTHER ASSETS						
31	Investments	297,938,065				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	171,077				34
35	Total other assets (sum of lines 31-34)	298,109,142				35
36	Total assets (sum of lines 11, 30 and 35)	415,193,619				36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	5,159,683				37
38	Salaries, wages and fees payable					38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	7,843,366				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	15,450,932				44
45	Total current liabilities (sum of lines 37 thru 44)	28,453,981				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable	19,363,088				47
48	Unsecured loans					48
49	Other long term liabilities	8,790,342				49
50	Total long term liabilities (sum of lines 46 thru 49)	28,153,430				50
51	Total liabilities (sum of lines 45 and 50)	56,607,411				51
CAPITAL ACCOUNTS						
52	General fund balance	358,586,208				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	358,586,208				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	415,193,619				60

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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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		336,294,213			1
2	Net income (loss) (from Worksheet G-3, line 29)		25,084,734			2
3	Total (sum of line 1 and line 2)		361,378,947			3
4	Additions (credit adjustments) (specify)					4
5	REV. RECOGN. OF MIN. PENSION LIABIL					5
6	NET ASSETS RELEASED FROM RESTRICT.	521,129				6
7	CHG IN TEMP. RESTRICTED NET ASSETS	1,256,518				7
8	PROCEEDS FROM GRANT FOR EQUIP					8
9	PRAIRIE REVENUE					9
10	Total additions (sum of lines 4-9)		1,777,647			10
11	Subtotal (line 3 plus line 10)		363,156,594			11
12	Deductions (debit adjustments) (specify)					12
13	TRANSFER (TO)/FROM AFFILIATES	4,275,523				13
14	REV. RECOGN. OF MIN. PENSION LIABIL					14
15	CHG IN TEMP. RESTRICTED NET ASSETS					15
16		294,863				16
17						17
18	Total deductions (sum of lines 12-17)		4,570,386			18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		358,586,208			19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	Fund balances at beginning of period					1
2	Net income (loss) (from Worksheet G-3, line 29)					2
3	Total (sum of line 1 and line 2)					3
4	Additions (credit adjustments) (specify)					4
5	REV. RECOGN. OF MIN. PENSION LIABIL					5
6	NET ASSETS RELEASED FROM RESTRICT.					6
7	CHG IN TEMP. RESTRICTED NET ASSETS					7
8	PROCEEDS FROM GRANT FOR EQUIP					8
9	PRAIRIE REVENUE					9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)					11
12	Deductions (debit adjustments) (specify)					12
13	TRANSFER (TO)/FROM AFFILIATES					13
14	REV. RECOGN. OF MIN. PENSION LIABIL					14
15	CHG IN TEMP. RESTRICTED NET ASSETS					15
16						16
17						17
18	Total deductions (sum of lines 12-17)					18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)					19

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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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	17,628,274		17,628,274	1
2	Subprovider IPF				2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	17,628,274		17,628,274	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit				11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)				16
17	Total inpatient routine care services (sum of lines 10 and 16)	17,628,274		17,628,274	17
18	Ancillary services	93,461,437		93,461,437	18
19	Outpatient services		208,176,288	208,176,288	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		5,173,248	5,173,248	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	OTHER PATIENT REVENUES	1,049,671		1,049,671	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	112,139,382	213,349,536	325,488,918	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		107,953,520	29
30	PROVISION FOR BAD DEBT			30
31	PRAIRIE			31
32				32
33		228,371		33
34				34
35				35
36	Total additions (sum of lines 30-35)		228,371	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)		108,181,891	43

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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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)	325,488,918	1
2	Less contractual allowances and discounts on patients' accounts	199,178,019	2
3	Net patient revenues (line 1 minus line 2)	126,310,899	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	108,181,891	4
5	Net income from service to patients (line 3 minus line 4)	18,129,008	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space		22
23	Governmental appropriations		23
24	Other (AUXILIARY)		24
24.01	Other (DIABETES INSTRUCTION)		24.01
24.02	Other (HOUSEKEEPING)		24.02
24.03	Other (PHYSICIAN APPLICATION)		24.03
24.04	Other (RENTAL INCOME-900 W TEMPLE (EMC))		24.04
24.05	Other (RECYCLING)		24.05
24.06	Other (UNCLAIMED PROPERTY)		24.06
24.07	Other (PHYSICIAN DUES)		24.07
24.08	Other (PERSONNEL - NAME TAGS)		24.08
24.09	Other (LIFELINE - HOME CARE)		24.09
24.10	Other (MEDICAL OFFICE - INHOUSE)		24.10
24.11	Other (RENTAL INCOME)		24.11
24.12	Other (HOUSEKEEPING-900 W TEMPLE (EMC))		24.12
24.13	Other (NEUROLOGY - EEG)		24.13
24.14	Other (SPIRIT COMMITTEE ACTIVITIES)		24.14
24.15	Other (ASSETS RELEASED FOR OPERATIONS)		24.15
24.16	Other (COMMUNITY SERVICES - IN SERVICE)		24.16
24.17	Other (PATIENT SERVICES)		24.17
24.18	Other (QUALITY OKLAHOMA STUDY)		24.18
24.19	Other (PET SCAN ALLIANCE IMAGING SALARIES)		24.19
24.20	Other (RADIATION ONCOLOGY CARLE RN SALARIE)		24.20
24.21	Other (RADIATION ONCOLOGY - RN BENEFITS)		24.21
24.22	Other (RADIATION ONCOLOGY - RENT)		24.22
24.23	Other (ASPR)		24.23
24.24	Other (NUC MED REIMBURSEMENT STUDENT FEES)		24.24
24.25	Other (IHA GRANT T1)		24.25
24.26	Other (PHYSICAL THERAPY)		24.26
24.27	Other (LAB-SURVEILLANCE PROGRAM)		24.27
24.28	Other (RADIOLOGY FILM/SCRAP)		24.28
24.29	Other (ANESTHESIA LEASE INCOME)		24.29
24.30	Other (WOMENS WELLNESS RETAIL)		24.30
24.31	Other (NURSING SERVICE ADMIN)		24.31
24.32	Other (OCCUPATIONAL THERAPY-IN SERVICE)		24.32
24.33	Other (ADMINISTRATION-MEANINGFUL USE FUNDS)		24.33
24.34	Other (ALTAMONT DIAG CTR-MISC)		24.34
24.36		4,117,932	24.36
24.43		-1,091,039	24.43
24.44		4,194,899	24.44
24.45		-37,695	24.45
24.99	Other (GAIN/LOSS ON SALE OF FIXED ASSETS)		24.99
25	Total other income (sum of lines 6-24)	7,184,097	25
26	Total (line 5 plus line 25)	25,313,105	26
27.01	Other expenses (RENTAL PROPERTIES DEPRECIATION)		27.01
27.02	Other expenses (RENTAL PROPERTIES EXPENSE)		27.02
27.03		228,371	27.03
28	Total other expenses (sum of line 27 and subscripts)	228,371	28
29	Net income (or loss) for the period (line 26 minus line 28)	25,084,734	29

KPMG LLP Compu-Max 2552-10

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7661

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance					34,647	3
4	Transportation (see instructions)						4
5	Administrative and General	218,683		6,174	3,154	356,389	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	1,707,659		111,979			6
7	Physical Therapy	381,417		15,760	60,331		7
8	Occupational Therapy	237,434		31,589			8
9	Speech Pathology	25,975		5,390			9
10	Medical Social Services	42,384		678			10
11	Home Health Aide	189,478		25,983			11
12	Supplies (see instructions)					122,588	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)	2,803,030		197,553	63,485	513,624	24

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7661

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance	34,647		34,647		34,647	3
4	Transportation (see instructions)						4
5	Administrative and General	584,400		584,400		584,400	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	1,819,638		1,819,638		1,819,638	6
7	Physical Therapy	457,508		457,508		457,508	7
8	Occupational Therapy	269,023		269,023		269,023	8
9	Speech Pathology	31,365		31,365		31,365	9
10	Medical Social Services	43,062		43,062		43,062	10
11	Home Health Aide	215,461		215,461		215,461	11
12	Supplies (see instructions)	122,588		122,588		122,588	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)	3,577,692		3,577,692		3,577,692	24

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

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7661

WORKSHEET H-1
PART I

		CAPITAL RELATED COSTS			
		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE
		0	1	2	3
GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures				1
2	Capital Related-Movable Equipment				2
3	Plant Operation & Maintenance	34,647			34,647 3
4	Transportation (see instructions)				4
5	Administrative and General	584,400			34,647 5
HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care	1,819,638			6
7	Physical Therapy	457,508			7
8	Occupational Therapy	269,023			8
9	Speech Pathology	31,365			9
10	Medical Social Services	43,062			10
11	Home Health Aide	215,461			11
12	Supplies (see instructions)	122,588			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 Means Program				21
22	Homemaker Service				22
23	All Others				23
23.50	Telemedicine				23.50
24	Totals (sum of lines 1-23)	3,577,692			34,647 24

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7661

**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 CENTERS					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General		619,047	619,047		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		1,819,638	380,729	2,200,367	6
7	Physical Therapy		457,508	95,726	553,234	7
8	Occupational Therapy		269,023	56,288	325,311	8
9	Speech Pathology		31,365	6,563	37,928	9
10	Medical Social Services		43,062	9,010	52,072	10
11	Home Health Aide		215,461	45,082	260,543	11
12	Supplies (see instructions)		122,588	25,649	148,237	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 Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)		3,577,692		3,577,692	24

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 14-7661

WORKSHEET H-1
PART II

		CAPITAL RELATED COSTS						
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
		1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS								
1	Capital Related-Bldgs. and Fixtures	25,674						1
2	Capital Related-Movable Equipment		124,476					2
3	Plant Operation & Maintenance			34,647				3
4	Transportation (see instructions)							4
5	Administrative and General	25,674	124,476	34,647		-619,047	2,958,645	5
HHA REIMBURSABLE SERVICES								
6	Skilled Nursing Care						1,819,638	6
7	Physical Therapy						457,508	7
8	Occupational Therapy						269,023	8
9	Speech Pathology						31,365	9
10	Medical Social Services						43,062	10
11	Home Health Aide						215,461	11
12	Supplies (see instructions)						122,588	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 Means Program							21
22	Homemaker Service							22
23	All Others							23
23.50	Telemedicine							23.50
24	Totals (sum of lines 1-23)	25,674	124,476	34,647		-619,047	2,958,645	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)			34,647			619,047	25
26	Unit Cost Multiplier			1.000000			0.209233	26

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7661

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINIS- TRATIVE & GENERAL	
		0	1	2	4	4A	5	
1	Administrative and General		34,456	119,408	85,561	239,425	73,920	1
2	Skilled Nursing Care	2,200,367			668,132	2,868,499	885,614	2
3	Physical Therapy	553,234			149,232	702,466	216,878	3
4	Occupational Therapy	325,311			92,897	418,208	129,117	4
5	Speech Pathology	37,928			10,163	48,091	14,848	5
6	Medical Social Services	52,072			16,583	68,655	21,196	6
7	Home Health Aide	260,543			74,134	334,677	103,328	7
8	Supplies	148,237				148,237	45,766	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)	3,577,692	34,456	119,408	1,096,702	4,828,258	1,490,667	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7661

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
1	Administrative and General	8,575	67,826		34,236			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)	8,575	67,826		34,236			20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7661

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12	13	14	15	16	17	
1	Administrative and General		322,994	2,652	1,270			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)		322,994	2,652	1,270			20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7661

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL (sum of col.4A-23)	
		19	20	21	22	23	24	
1	Administrative and General						750,898	1
2	Skilled Nursing Care						3,754,113	2
3	Physical Therapy						919,344	3
4	Occupational Therapy						547,325	4
5	Speech Pathology						62,939	5
6	Medical Social Services						89,851	6
7	Home Health Aide						438,005	7
8	Supplies						194,003	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)						6,756,478	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7661

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (cols 23 +/- 24) 26	ALLOCATED HHA A&G (see PtII) 27	TOTAL HHA COSTS 28		
1	Administrative and General		750,898				1
2	Skilled Nursing Care		3,754,113	469,391	4,223,504		2
3	Physical Therapy		919,344	114,948	1,034,292		3
4	Occupational Therapy		547,325	68,434	615,759		4
5	Speech Pathology		62,939	7,869	70,808		5
6	Medical Social Services		89,851	11,234	101,085		6
7	Home Health Aide		438,005	54,765	492,770		7
8	Supplies		194,003	24,257	218,260		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)		6,756,478	750,898	6,756,478		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.			0.125033			21

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

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

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7661

**WORKSHEET H-2
PART II**

	HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS MAINT. HOURS	
		1	2	4	4A	5	6	
1	Administrative and General	3,481	124,476	218,683		239,425	41	1
2	Skilled Nursing Care			1,707,659		2,868,499		2
3	Physical Therapy			381,417		702,466		3
4	Occupational Therapy			237,434		418,208		4
5	Speech Pathology			25,975		48,091		5
6	Medical Social Services			42,384		68,655		6
7	Home Health Aide			189,478		334,677		7
8	Supplies					148,237		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)	3,481	124,476	2,803,030		4,828,258	41	20
21	Total cost to be allocated	34,456	119,408	1,096,702		1,490,667	8,575	21
22	Unit Cost Multiplier	9.898305		0.391256		0.308738		22
22	Unit Cost Multiplier		0.959285				209.146341	22

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7661

WORKSHEET H-2
PART II

	HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	
		7	8	9	10	11	12	
1	Administrative and General	3,481		30,102				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)	3,481		30,102				20
21	Total cost to be allocated	67,826		34,236				21
22	Unit Cost Multiplier	19.484631		1.137333				22
22	Unit Cost Multiplier							22

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7661

WORKSHEET H-2
PART II

	HHA COST CENTER	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	
		13	14	15	16	17	19	
1	Administrative and General	93,764	121,020	1,450				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)	93,764	121,020	1,450				20
21	Total cost to be allocated	322,994	2,652	1,270				21
22	Unit Cost Multiplier	3.444755		0.875862				22
22	Unit Cost Multiplier		0.021914					22

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7661

WORKSHEET H-2
PART II

	HHA COST CENTER	NURSING SCHOOL ASSIGNED TIME	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION 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

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7661

**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	4,223,504		4,223,504	20,393	207.11
2	Physical Therapy	3	1,034,292		1,034,292	7,062	146.46
3	Occupational Therapy	4	615,759		615,759	3,139	196.16
4	Speech Pathology	5	70,808		70,808	268	264.21
5	Medical Social Services	6	101,085		101,085	250	404.34
6	Home Health Aide	7	492,770		492,770	2,915	169.05
7	Total (sum of lines 1-6)		6,538,218		6,538,218	34,027	

Limitation Cost Computation				Program Visits		
	Patient Services	CBSA No.	Part A	PART B		
		1	2	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
				3	4	
8	Skilled Nursing Care	99914		14,072		
9	Physical Therapy	99914		5,157		
10	Occupational Therapy	99914		2,432		
11	Speech Pathology	99914		142		
12	Medical Social Services	99914		173		
13	Home Health Aide	99914		2,456		
14	Total (sum of lines 8-13)			24,432		

Supplies and Drugs Cost Computations							
	Other Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
		1	2	3	4	5	
15	Cost of Medical Supplies	8	218,260		218,260		15
16	Cost of Drugs	9					16

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

		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charges (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated
			1	2	3	4
1	Physical Therapy	66	0.689798			col. 2, line 2
2	Occupational Therapy	67	0.554399			col. 2, line 3
3	Speech Pathology	68				col. 2, line 4
4	Medical Supplies Charged to Pat	71	0.103124			col. 2, line 15
5	Drugs Charged to Patients	73	0.254351			col. 2, line 16

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7661

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		14,072			2,914,452		2,914,452	1
2	Physical Therapy		5,157			755,294		755,294	2
3	Occupational Therapy		2,432			477,061		477,061	3
4	Speech Pathology		142			37,518		37,518	4
5	Medical Social Services		173			69,951		69,951	5
6	Home Health Aide		2,456			415,187		415,187	6
7	Total (sum of lines 1-6)		24,432			4,669,463		4,669,463	7

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

KPMG LLP Compu-Max 2552-10

ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 14-7661

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

Check applicable box: Title V Title XVIII Title XIX

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

	Description	Part B		
		Part A 1	Not Subject to Deductibles & Coinsurance 2	
	Reasonable Cost of Part A & Part B Services			
1	Reasonable cost of services (see instructions)			1
2	Total charges			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)			6
7	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)			7
8	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)			8
9	Primary payer amounts			9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	Description	Part A Services	Part B Services	
		1	2	
10	Total reasonable cost (see instructions)			10
11	Total PPS Reimbursement - Full Episodes without Outliers	659,627	412,165	11
12	Total PPS Reimbursement - Full Episodes with Outliers	15,107	18,973	12
13	Total PPS Reimbursement - LUPA Episodes	16,027	18,300	13
14	Total PPS Reimbursement - PEP Episodes	8,486	10,739	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers	6,213	8,280	15
16	Total PPS Outlier Reimbursement - PSP 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 thru 20 minus line 21)	705,460	468,457	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)	705,460	468,457	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)	705,460	468,457	26
27	Reimbursable bad debts (from your records)			27
28	Reimbursable bad debts for dual eligible (see instructions)			28
29	Total costs - current cost reporting period (line 26 plus line 27)	705,460	468,457	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)	705,460	468,457	31
31.01	Sequestration adjustment (see instructions)			31.01
32	Interim payments (see instructions)	705,460	468,457	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

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ST. ANTHONY'S MEMORIAL HOSPITAL Provider CCN: 14-0032	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 13:57 Version: 2015.10 (11/03/2015)
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ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES HHA CCN: 14-7661

WORKSHEET H-5

	DESCRIPTION	Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1	2	3	4	
1	Total interim payments paid to provider		705,460		468,457	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero.					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				3.01
		.02				3.02
	Program	.03				3.03
	To	.04				3.04
	Provider	.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
	Provider	.52				3.52
	To	.53				3.53
	Program	.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99				3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		705,460		468,457	4
	TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				5.01
		.02				5.02
	Program	.03				5.03
	To	.04				5.04
	Provider	.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	Provider	.52				5.52
	To	.53				5.53
	Program	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determine net settlement amount (balance due) based on the cost report (see instructions)	.01				6.01
		.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)		705,460		468,457	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 CAPITAL PAYMENT

COMPONENT CCN: 14-0032

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	Capital DRG other than outlier	1,582,000	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	20,169	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)	51.95	3
4	Number of interns & residents (see instructions)		4
5	Indirect medical education percentage (see instructions)		5
6	Indirect medical education adjustment (see instructions)		6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)		7
8	Percentage of Medicaid patient days to total days (see instructions)		8
9	Sum of lines 7 and 8		9
10	Allowable disproportionate share percentage (see instructions)		10
11	Disproportionate share adjustment (see instructions)		11
12	Total prospective capital payments (see instructions)	1,602,169	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 SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
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	ULTRASOUND						54.01
54.02	NUCLEAR MEDICINE-DIAGNOSTIC						54.02
54.04	RADIATION ONC						54.04
54.06	PET SCAN						54.06
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
66	Physical Therapy						66
67	Occupational Therapy						67
69	Electrocardiology						69
70	Electroencephalography						70
71	Medical Supplies Charged to Patients						71
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76	BACTERIOLOGY & MICROBIOLOGY						76
76.01	VASCULAR LAB						76.01
76.02	CARDIAC REHAB						76.02
76.03	WOUND CARE						76.03
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
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency						101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice						116
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen						190
194	PHILANTHROPY DEVELOPMENT						194
194.01	VENDING						194.01
194.02	MEALS ON WHEELS						194.02
194.03	PRAIRIE CARDIOVASCULAR						194.03

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		0	2A	24	25	26		
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202