

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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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: 11/23/2015 Time: 17:37		
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (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 V	TITLE XVIII		HIT	TITLE XIX	
		PART A	PART B			
	1	2	3	4	5	
1 HOSPITAL		177,031	-152,896	17,893		1
2 SUBPROVIDER - IPF		6				2
3 SUBPROVIDER - IRF		45,392				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		222,429	-152,896	17,893		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 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

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PARTS I, II & III**

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: 1800 EAST LAKE SHORE DRIVE	P.O. Box:				1
2	City: DECATUR	State: IL	ZIP Code: 62521	County: MACON		2

Hospital and Hospital-Based Component Identification:

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 MARY'S HOSPITAL	14-0166	19500	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF	PSYCHIATRY UNIT	14-S166	19500	4	07 / 01 / 2011	N	P	N	4
5	Subprovider - IRF	REHABILITATION UNIT	14-T166	19500	5	07 / 01 / 2008	N	P	N	5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

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

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.	1	N		23

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in 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.	6,321	2,058			3,243		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.	108	119			15		25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1						26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1						27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							35

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**WORKSHEET S-2
PART I**

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	
		V	XVIII	XIX	
Prospective Payment System (PPS)-Capital		1	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N	48

		1	2	3	
Teaching Hospitals					
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	Y	Y		57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, 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 osteopathci 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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**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))
	1	2	3	4	5
65					65

Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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))
	1	2	3	4	5
67					67

Inpatient Psychiatric Facility PPS

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

Inpatient Rehabilitation Facility PPS

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

Long Term Care Hospital PPS

80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.	N			80
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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**WORKSHEET S-2
PART I**

Title V and XIX Services		V	XIX	
		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/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	
		Physical	Occupational	Speech	Respiratory
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.		N	N	N
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	

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.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:				118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121

Transplant Center Information

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

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**WORKSHEET S-2
PART I**

All Providers

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

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

141	Name: HOSPITAL SISTERS HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 05101		141
142	Street: STREET: 4936 LAVERNA ROAD	P.O. Box:				142
143	City: SPRINGFIELD	State: IL	ZIP Code: 62707			143
144	Are provider based physicians' costs included in Worksheet A?	Y			144	
145	If costs for renal services are claimed on 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.	N	N			145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, 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	N	N	156
157	Subprovider - IRF	N	N	N	N	157
158	Subprovider - Other					158
159	SNF	N	N			159
160	HHA	N	N			160
161	CMHC		N			161
161.10	CORF					161.10

Multicampus

165	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs? Enter 'Y' for yes or 'N' for no.	N					165
166	If line 165 is yes, for each campus, enter the name in column 0, county in column 1, state in column 2, ZIP in column 3, CBSA in column 4, FTE/campus in column 5. (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
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transitional factor. (see instructions)	0.50			169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07 / 01 / 2014	09 / 30 / 2014		
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

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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	2	
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1
		Y/N	Date	V/I
		1	2	3
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N		2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3

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

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

		Y/N
Bad Debts		Y/N
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

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

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

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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: MICHAEL	Last name: CADDICK	Title: VICE PRESIDENT	41
42	Employer: STRATEGIC REIMBURSEMENT, INC.			42
43	Phone number: 708 466-7240	E-mail Address: MICHAEL.CADDICK@SRINC.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		
						5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	184	67,160		11,576	7,212	28,602	1	
2	HMO and other (see instructions)					2,231	3,243		2	
3	HMO IPF Subprovider					138			3	
4	HMO IRF Subprovider					65	15		4	
5	Hospital Adults & Peds. Swing Bed SNF								5	
6	Hospital Adults & Peds. Swing Bed NF								6	
7	Total Adults & Peds. (exclude observation beds) (see instructions)		184	67,160		11,576	7,212	28,602	7	
8	Intensive Care Unit	31	12	4,380		1,374	234	2,316	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					798	1,659	13	
14	Total (see instructions)		196	71,540		12,950	8,244	32,577	14	
15	CAH Visits								15	
16	Subprovider - IPF	40	14	5,110		3,250	47	4,456	16	
17	Subprovider - IRF	41	20	7,300		3,373	227	4,268	17	
18	Subprovider I	42							18	
19	Skilled Nursing Facility	44							19	
20	Nursing Facility	45							20	
21	Other Long Term Care	46							21	
22	Home Health Agency	101							22	
23	ASC (Distinct Part)	115							23	
24	Hospice (Distinct Part)	116							24	
24.10	Hospice (non-distinct part)	30							24.10	
25	CMHC	99							25	
26	RHC	88							26	
27	Total (sum of lines 14-26)		230						27	
28	Observation Bed Days							1,682	28	
29	Ambulance Trips								29	
30	Employee discount days (see instructions)							403	30	
31	Employee discount days-IRF							80	31	
32	Labor & delivery (see instructions)						135	214	32	
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32.01	
33	LTCH non-covered days								33	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	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)					2,985	2,007	7,477	1
2	HMO and other (see instructions)					489			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)	0.86	778.40			2,985	2,007	7,477	14
15	CAH Visits								15
16	Subprovider - IPF		17.46			205	5	293	16
17	Subprovider - IRF		19.42			295	17	377	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)	0.86	815.28						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

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HOSPITAL WAGE INDEX INFORMATION

**WORKSHEET S-3
PARTS II-III**

Part II - Wage Data

		Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
		1	2	3	4	5	6	
SALARIES								
1	Total salaries (see instructions)	200	41,420,267		41,420,267	1,695,781.00	24.43	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetist Part B		1,772,353		1,772,353	17,889.00	99.08	3
4	Physician-Part A - Administrative							4
4.01	Physician-Part A - Teaching							4.01
5	Physician-Part B							5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21						7
7.01	Contracted interns & residents (in an approved program)							7.01
8	Home office personnel							8
9	SNF	44						9
10	Excluded area salaries (see instructions)		2,472,164		2,472,164	107,152.00	23.07	10
OTHER WAGES & RELATED COSTS								
11	Contract labor (see instructions)		1,344,625		1,344,625	16,557.00	81.21	11
12	Contract management and administrative services							12
13	Contract labor: Physician-Part A - Administrative		98,630		98,630	773.00	127.59	13
14	Home office salaries & wage-related costs		5,410,356		5,410,356	73,662.00	73.45	14
15	Home office: Physician Part A - Administrative							15
16	Home office & Contract Physicians Part A - Teaching							16
WAGE-RELATED COSTS								
17	Wage-related costs (core)(see instructions)		14,192,572		14,192,572			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		943,797		943,797			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B		270,987		270,987			21
22	Physician Part A - Administrative							22
22.01	Physician Part A - Teaching							22.01
23	Physician Part B							23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)							25
OVERHEAD COSTS - DIRECT SALARIES								
26	Employee Benefits Department		273,385		273,385	8,338.00	32.79	26
27	Administrative & General		5,485,985		5,485,985	236,314.00	23.21	27
28	Administrative & General under contract (see instructions)		170,241		170,241	685.00	248.53	28
29	Maintenance & Repairs							29
30	Operation of Plant		1,002,024		1,002,024	50,889.00	19.69	30
31	Laundry & Linen Service		32,292		32,292	2,918.00	11.07	31
32	Housekeeping		935,346		935,346	82,322.00	11.36	32
33	Housekeeping under contract (see instructions)							33
34	Dietary		1,059,476	-795,827	263,649	21,572.00	12.22	34
35	Dietary under contract (see instructions)							35
36	Cafeteria			795,827	795,827	65,117.00	12.22	36
37	Maintenance of Personnel							37
38	Nursing Administration		481,138		481,138	14,026.00	34.30	38
39	Central Services and Supply		172,258		172,258	10,312.00	16.70	39
40	Pharmacy		1,734,058		1,734,058	43,720.00	39.66	40
41	Medical Records & Medical Records Library		872,502		872,502	49,547.00	17.61	41
42	Social Service							42
43	Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		39,818,155		39,818,155	1,678,577.00	23.72	1
2	Excluded area salaries (see instructions)		2,472,164		2,472,164	107,152.00	23.07	2
3	Subtotal salaries (line 1 minus line 2)		37,345,991		37,345,991	1,571,425.00	23.77	3
4	Subtotal other wages & related costs (see instructions)		6,853,611		6,853,611	90,992.00	75.32	4
5	Subtotal wage-related costs (see instructions)		14,192,572		14,192,572		38.00%	5
6	Total (sum of lines 3 through 5)		58,392,174		58,392,174	1,662,417.00	35.12	6
7	Total overhead cost (see instructions)		12,218,705		12,218,705	585,760.00	20.86	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	31,844	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)	3,523,296	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)	8,052,407	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)	71,644	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	696,638	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	2,935,716	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	7,377	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	88,434	23
24	Total Wage Related cost (Sum of lines 1-23)	15,407,356	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTS (SPECIFY)		25
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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	60/30/2015	1
2	Provider's Cost Reporting Period Used for Wage Index Year on Line 1 (FYB in Col. 1, FYE in Col. 2)	07/01/2014	06/30/2015
3	Midpoint of Provider's Cost Reporting Period Shown on Line 2, Adjusted to First of Month	1/01/2015	3
4	Date Beginning the 3-Year Averaging Period (subtract 18 months from midpoint shown on Line 3)	7/01/2013	4
5	Date Ending the 3-Year Averaging Period (add 18 months to midpoint shown on Line 3)	7/01/2016	5
STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)			
6	Effective Date of Pension Plan		6
7	First Day of the Provider Cost Reporting Period Containing the Pension Plan Effective Date		7
8	Starting Date of the Adjusted Averaging Period (date on Line 7, adjusted to first of month)		8

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

STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD			
9	Beginning Date of Averaging Period from Line 4 or Line 8, as Applicable	7/01/2013	9
10	Ending Date of Averaging Period from Line 5	7/01/2016	10
11	Enter Provider Contributions Made During Averaging Period on Lines 9 & 10	DEPOSIT DATE(S)	CONTRIB-UTION(S)
11.01		01/01/2013	4,432,648
11.02		01/01/2014	3,099,035
11.03		01/01/2015	3,038,218
12	Total Calendar Months Included in Averaging Period (36 unless Step 2 completed)	36	12
13	Total Contributions Made During Averaging Period	10,569,901	13
14	Average Monthly Contribution (Line 13 divided by Line 12)	293,608	14
15	Number of MOnths in Provider Cost Reporting Period on Line 2	12	15
16	Average Pension Contributions (Line 14 times Line 15)	3,523,296	16
STEP 4: TOTAL PENSION COST FOR WAGE INDEX			
17	Annual Prefunding Installment (see instructions)		17
18	Reportable Prefunding Installment ((Line 17 times Line 15) divided by 12)		18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	3,523,296	19

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HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

	Component	Contract Labor 1	Benefit Cost 2	
	0			
1	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 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)		0.200941	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		11,782,891	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		114,217,833	6
7	Medicaid cost (line 1 times line 6)		22,951,046	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.		11,168,155	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 fundng 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)		11,168,155	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	11,153,495	1,803,944	12,957,439	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,241,194	362,486	2,603,680	21
22	Partial payment by patients approved for charity care	1,823,502	293,105	2,116,607	22
23	Cost of charity care (line 21 minus line 22)	417,692	69,381	487,073	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)		3,626,808	26
27	Medicare bad debts for the entire hospital complex (see instructions)		599,456	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		3,027,352	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		608,319	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)		1,095,392	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,263,547	31

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		9,183,184	9,183,184	4,698,161	13,881,345	-301,229	13,580,116	1
2	00200	Cap Rel Costs-Mvble Equip				5,092,601	5,092,601		5,092,601	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	273,385	15,820,028	16,093,413		16,093,413	-4,915,824	11,177,589	4
5	00500	Administrative & General	5,485,985	30,459,996	35,945,981	-9,599,720	26,346,261	-11,654,977	14,691,284	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	1,002,024	2,471,783	3,473,807		3,473,807		3,473,807	7
8	00800	Laundry & Linen Service	32,292	653,111	685,403		685,403	-8,039	677,364	8
9	00900	Housekeeping	935,346	488,859	1,424,205		1,424,205		1,424,205	9
10	01000	Dietary	1,059,476	366,729	1,426,205	-1,157,153	269,052		269,052	10
11	01100	Cafeteria				1,157,153	1,157,153	-5,994	1,151,159	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	481,138	39,397	520,535		520,535	-228	520,307	13
14	01400	Central Services & Supply	172,258	260,424	432,682	-122,870	309,812		309,812	14
15	01500	Pharmacy	1,734,058	4,416,618	6,150,676	-4,429,634	1,721,042	-56	1,720,986	15
16	01600	Medical Records & Library	872,502	838,356	1,710,858		1,710,858	-5,227	1,705,631	16
17	01700	Social Service								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				10,000	10,000		10,000	22
23	02300	Paramed Ed Prgm-(specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	7,024,928	1,336,433	8,361,361	-1,793	8,359,568	-441,608	7,917,960	30
31	03100	Intensive Care Unit	1,315,385	209,578	1,524,963	-4,950	1,520,013	-10	1,520,003	31
40	04000	Subprovider - IPF	762,139	230,854	992,993		992,993		992,993	40
41	04100	Subprovider - IRF	1,009,702	731,546	1,741,248		1,741,248	-598	1,740,650	41
43	04300	Nursery	181,923	311,034	492,957		492,957	-34	492,923	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	1,321,044	5,476,118	6,797,162	-5,027,521	1,769,641	-745	1,768,896	50
50.01	05001	STONE CENTER								50.01
50.02	05002	ENDOSCOPY	311,014	205,891	516,905		516,905		516,905	50.02
51	05100	Recovery Room	414,322	51,649	465,971		465,971		465,971	51
52	05200	Delivery Room & Labor Room	1,011,577	190,969	1,202,546		1,202,546	-1,055	1,201,491	52
53	05300	Anesthesiology	2,137,662	1,232,892	3,370,554		3,370,554	-2,732,919	637,635	53
53.01	05301	PAIN CENTER	389,699	99,436	489,135		489,135		489,135	53.01
54	05400	Radiology-Diagnostic	1,691,284	627,327	2,318,611	-35,818	2,282,793	-174	2,282,619	54
56	05600	Radioisotope	109,918	316,402	426,320		426,320		426,320	56
57	05700	CT Scan	361,376	403,111	764,487		764,487	-9,421	755,066	57
58	05800	MRI	225,459	159,540	384,999		384,999		384,999	58
59	05900	Cardiac Catheterization	1,272,442	5,811,134	7,083,576	-4,414,563	2,669,013	-1,288,909	1,380,104	59
60	06000	Laboratory	1,933,879	2,986,175	4,920,054	-24,566	4,895,488	-71,747	4,823,741	60
62	06200	Whole Blood & Packed Red Blood Cells	63,906	432,319	496,225		496,225	-28	496,197	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	620,801	1,584,258	2,205,059	-16,943	2,188,116		2,188,116	65
66	06600	Physical Therapy	1,879,387	80,871	1,960,258	-11,692	1,948,566	-1,974	1,946,592	66
69	06900	Electrocardiology	697,148	1,194,265	1,891,413	-102,535	1,788,878	-351,140	1,437,738	69
70	07000	Electroencephalography	304,695	32,558	337,253	-345	336,908	-4,910	331,998	70
71	07100	Medical Supplies Charged to Patients				3,107,180	3,107,180		3,107,180	71
72	07200	Impl. Dev. Charged to Patients				6,457,774	6,457,774		6,457,774	72
73	07300	Drugs Charged to Patients				4,429,634	4,429,634		4,429,634	73
75	07500	ASC (Non-Distinct Part)	470,733	46,207	516,940		516,940		516,940	75
76	03950	TREATMENT CENTER								76
76.97	07697	CARDIAC REHABILITATION	130,815	8,620	139,435		139,435		139,435	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90.01	09001	PRENATAL CLINIC								90.01
90.02	09002	OUTPATIENT PSYCHIATRIC	179,931	1,759	181,690		181,690	-175	181,515	90.02
90.03	09003	WOUND CLINIC	172,684	58,460	231,144		231,144	-371	230,773	90.03
90.04	09004	NEUROSURGERY								90.04
90.05	09005	DR. JATOI								90.05
90.06	09006	UROLOGY PHYSICIAN								90.06
90.07	09007	DR. CHU								90.07

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
90.08	09008	SPORTS MEDICINE CLINIC								90.08
90.09	09009	DR. SHANKER								90.09
90.10	09010	DR MIRMIRA								90.10
90.11	09011	DR TOKHI								90.11
90.12	09012	CT/PET	28,013	187,407	215,420		215,420		215,420	90.12
90.13	09013	RADIATION ONCOLOGY	302,050	377,264	679,314		679,314	-780	678,534	90.13
90.14	09014	SPORTS MED-REHAB								90.14
90.15	09015	MACON COUNT MEDICAL ASSOCIATES								90.15
90.16	09016	DR BRITT								90.16
90.17	09017	ARTHUR FAMILY MEDICINE CENTER								90.17
90.18	09018	DR BOCK								90.18
90.19	09019	PEDIATRIC PROF SERVICES								90.19
90.20	09020	DR ANDERSON								90.20
90.21	09021	DR HABIB								90.21
90.22	09022	DR HANNEKEN								90.22
90.23	09023	DR MUNESSES								90.23
90.24	09024	DR KOHLI								90.24
90.25	09025	DR DUNCAN								90.25
90.26	09026	MT ZION FAMILY PRACTICE								90.26
90.27	09027	DR POWELL								90.27
90.28	09028	CHEMOTHEROPY								90.28
91	09100	Emergency	2,347,564	2,529,241	4,876,805	-2,400	4,874,405	-2,058,311	2,816,094	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	40,719,944	91,911,803	132,631,747		132,631,747	-23,856,483	108,775,264	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen	62,895	122,156	185,051		185,051		185,051	190
192	19200	Physicians' Private Offices	85,082	780,830	865,912		865,912		865,912	192
194	07950	SENIOR SERVICES	27,439	88,530	115,969		115,969		115,969	194
194.0	07951	ADULT DAY CARE	114,407	32,066	146,473		146,473		146,473	194.0
1										1
194.0	07952	SPORTS MEDICINE REHAB	226,503	6,958	233,461		233,461		233,461	194.0
2										2
194.0	07953	CANCER CARE		33,124	33,124		33,124		33,124	194.0
4										4
194.0	07954	RESIDENTIAL PROPERTIES								194.0
5										5
194.0	07976	BLUE MOUND	12	8,090	8,102		8,102		8,102	194.0
7										7
194.0	07955	ARTHUR CLINIC	57	54,087	54,144		54,144		54,144	194.0
8										8
194.0	07974	OCCUPATIONAL HEALTH								194.0
9										9
194.1	07956	2981 NORTH MAIN	1,078	3,597	4,675		4,675		4,675	194.1
1										1
194.1	07957	MEDICAL OFFICE BUILDING 1750	126	230,177	230,303		230,303		230,303	194.1
3										3
194.1	07958	MEDICAL ARTS								194.1
4										4
194.1	07959	MT. ZION CLINIC	339	-9,241	-8,902		-8,902		-8,902	194.1
5										5
194.1	07960	CERRO GORDO	133	25,042	25,175		25,175		25,175	194.1
6										6
194.1	07961	LIFELINE								194.1
7										7
194.1	07980	COUNTY JAIL CONTRACT								194.1
8										8
194.1	07962	ST. JOHN'S HOME HEALTH								194.1
9										9
194.2	07963	ST. MARY'S SURGERY CENTER								194.2
3										3

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
194.2 4	07964	FIELDS WRIGHT MEDICAL PRACTICE	5,353	116,761	122,114		122,114		122,114	194.2 4
194.2 5	07965	3915 N COWGILL		-3,174	-3,174		-3,174		-3,174	194.2 5
194.2 8	07975	LAUNDRY OUTSIDE SERVICES								194.2 8
194.3 5	07966	MEDICAL MANAGEMENT SYSTEM								194.3 5
194.3 6	07967	LAKE SHORE MEDICAL OFFICE BUILDING		385,845	385,845		385,845		385,845	194.3 6
194.3 7	07968	DAY CARE CENTER								194.3 7
194.3 8	07969	SCHOOL HEALTH SERVICES	176,790	6,030	182,820		182,820		182,820	194.3 8
194.4 0	07977	PRAIRIE CARDIOVASCULAR		2,003	2,003		2,003		2,003	194.4 0
194.4 1	07978	G I SUITES								194.4 1
194.4 2	07979	RESPIRATORY CARE NURSING HOME								194.4 2
194.4 3	07970	VACANT SPACE								194.4 3
194.4 4	07971	PHYSICIAN POOL								194.4 4
194.4 8	07972	MRI BUILDING	109		109		109		109	194.4 8
194.4 9	07973	FUND DEVELOPMENT								194.4 9
194.5 0	07981	CENTRAL ILLINOIS LUNG								194.5 0
200		TOTAL (sum of lines 118-199)	41,420,267	93,794,684	135,214,951		135,214,951	-23,856,483	111,358,468	200

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	DEPRECIATION EXPENSE	A	Cap Rel Costs-Bldg & Fixt	1		3,825,739	1
2			Cap Rel Costs-Mvble Equip	2		4,607,086	2
500	Total reclassifications					8,432,825	500
	Code Letter - A						
1	CAFETERIA RECLASS	B	Cafeteria	11	795,827	361,326	1
500	Total reclassifications				795,827	361,326	500
	Code Letter - B						
1	RESIDENT COSTS	C	I&R Services-Other Prgm Costs	22		10,000	1
500	Total reclassifications					10,000	500
	Code Letter - C						
1	LEASE EXPENSE	D	Cap Rel Costs-Mvble Equip	2		485,515	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
500	Total reclassifications					485,515	500
	Code Letter - D						
1	RECLASS BOND ISSUANCE EXPENSE	E	Administrative & General	5		201,084	1
500	Total reclassifications					201,084	500
	Code Letter - E						
1	CHARGEABLE DRUGS	F	Drugs Charged to Patients	73		4,429,634	1
500	Total reclassifications					4,429,634	500
	Code Letter - F						
1	INTEREST EXPENSE	G	Cap Rel Costs-Bldg & Fixt	1		914,589	1
500	Total reclassifications					914,589	500
	Code Letter - G						
1	MEDICAL SUPPLIES	H	Medical Supplies Charged to P	71		3,107,180	1
2							2
3							3
500	Total reclassifications					3,107,180	500
	Code Letter - H						
1	IMPLANT SUPPLIES	I	Impl. Dev. Charged to Patient	72		6,457,774	1
2							2
500	Total reclassifications					6,457,774	500
	Code Letter - I						
1	PROPERTY INSURANCE	K	Cap Rel Costs-Bldg & Fixt	1		158,917	1
500	Total reclassifications					158,917	500
	Code Letter - K						
	GRAND TOTAL (Increases)				795,827	24,558,844	

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

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	DEPRECIATION EXPENSE	A					9	1
2			Administrative & General	5		8,432,825	9	2
500	Total reclassifications					8,432,825		500
	Code letter - A							
1	CAFETERIA RECLASS	B	Dietary	10	795,827	361,326		1
500	Total reclassifications				795,827	361,326		500
	Code letter - B							
1	RESIDENT COSTS	C	Administrative & General	5		10,000		1
500	Total reclassifications					10,000		500
	Code letter - C							
1	LEASE EXPENSE	D	Administrative & General	5		284,473	9	1
2			Adults & Pediatrics	30		1,793	9	2
3			Intensive Care Unit	31		4,950	9	3
4			Radiology-Diagnostic	54		35,818	9	4
5			Laboratory	60		24,566	9	5
6			Respiratory Therapy	65		16,943	9	6
7			Physical Therapy	66		11,692	9	7
8			Electrocardiology	69		102,535	9	8
9			Electroencephalography	70		345	9	9
10			Emergency	91		2,400	9	10
500	Total reclassifications					485,515		500
	Code letter - D							
1	RECLASS BOND ISSUANCE EXPENSE	E	Cap Rel Costs-Bldg & Fixt	1		201,084	9	1
500	Total reclassifications					201,084		500
	Code letter - E							
1	CHARGEABLE DRUGS	F	Pharmacy	15		4,429,634		1
500	Total reclassifications					4,429,634		500
	Code letter - F							
1	INTEREST EXPENSE	G	Administrative & General	5		914,589	9	1
500	Total reclassifications					914,589		500
	Code letter - G							
1	MEDICAL SUPPLIES	H	Central Services & Supply	14		122,870		1
2			Operating Room	50		1,522,799		2
3			Cardiac Catheterization	59		1,461,511		3
500	Total reclassifications					3,107,180		500
	Code letter - H							
1	IMPLANT SUPPLIES	I	Operating Room	50		3,504,722		1
2			Cardiac Catheterization	59		2,953,052		2
500	Total reclassifications					6,457,774		500
	Code letter - I							
1	PROPERTY INSURANCE	K	Administrative & General	5		158,917	9	1
500	Total reclassifications					158,917		500
	Code letter - K							
	GRAND TOTAL (Decreases)					795,827	24,558,844	

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

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RECONCILIATION OF CAPITAL COST CENTERS

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

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	3,295,160					3,295,160		1
2	Land Improvements	5,810,288					5,810,288		2
3	Buildings and Fixtures	90,635,564	1,797,347		1,797,347		92,432,911		3
4	Building Improvements								4
5	Fixed Equipment	36,461,765	301,738		301,738	49,000	36,714,503		5
6	Movable Equipment	69,874,988	4,763,744		4,763,744	17,241,186	57,397,546		6
7	HIT-designated Assets	11,830,249					11,830,249		7
8	Subtotal (sum of lines 1-7)	217,908,014	6,862,829		6,862,829	17,290,186	207,480,657		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	217,908,014	6,862,829		6,862,829	17,290,186	207,480,657		10

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

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	9,183,184							9,183,184	1
2	Cap Rel Costs-Mvble Equip									2
3	Total (sum of lines 1-2)	9,183,184							9,183,184	3

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

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see 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 Equ				0.000000					2
3	Total (sum of lines 1-2)				0.000000					3

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	13,580,116							13,580,116	1
2	Cap Rel Costs-Mvble Equip	5,092,601							5,092,601	2
3	Total (sum of lines 1-2)	18,672,717							18,672,717	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	3	4	5	
1	Investment income-buildings & fixtures (chapter 2)	B	-44,228	Cap Rel Costs-Bldg & Fixt	1	9	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2		2
3	Investment income-other (chapter 2)						3
4	Trade, quantity, and time discounts (chapter 8)						4
5	Refunds and rebates of expenses (chapter 8)						5
6	Rental of provider space by suppliers (chapter 8)						6
7	Telephone services (pay stations excl) (chapter 21)						7
8	Television and radio service (chapter 21)						8
9	Parking lot (chapter 21)						9
10	Provider-based physician adjustment	Wkst A-8-2	-5,141,314				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	1,791,870				12
13	Laundry and linen service						13
14	Cafeteria - employees and guests	B	-5,994	Cafeteria	11		14
15	Rental of quarters to employees & others	B	-6,501	Cap Rel Costs-Bldg & Fixt	1	9	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	-5,019	Medical Records & Library	16		18
19	Nursing school (tuition,fees,books,etc.)						19
20	Vending machines						20
21	Income from imposition of interest, finance or penalty charges (chapter 21)						21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments						22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65		23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66		24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114		25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1		26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2		27
28	Non-physician anesthetist			Nonphysician Anesthetists	19		28
29	Physicians' assistant						29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67		30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68		31
32	CAH HIT Adj for Depreciation						32
33	OTHER REVENUE	B	-488	Adults & Pediatrics	30		33
34							34
35	WORKSHOP	B	-35,914	Emergency	91		35
36							36
37	SERVICES	B	-6,589	Cardiac Catheterization	59		37
38							38
39							39
40							40
41							41
42							42
43							43
44	MEDICAID TAX	A	-5,131,084	Administrative & General	5		44
44.03	LINEN OTHER REV	B	-8,039	Laundry & Linen Service	8		44.03
45	GOODWILL	A	-250,500	Cap Rel Costs-Bldg & Fixt	1	9	45
45.06	ADVERTISING	A	-574,526	Administrative & General	5		45.06
45.08	PHYSICIAN RECRUITMENT	A	-68,380	Administrative & General	5		45.08
45.11	LOBBYING COSTS	A	-44,581	Administrative & General	5		45.11
45.14	SELF INSURED HEALTH PREMIUMS	A	-4,545,109	Employee Benefits Department	4		45.14
45.21	CRNA SALARIES	A	-1,772,353	Anesthesiology	53		45.21
45.22	CRNA BENEFITS	A	-250,308	Employee Benefits Department	4		45.22
45.27	TRANSPORTATION	A	-22,491	Administrative & General	5		45.27
45.29	TRANSPORTATION	A	-228	Nursing Administration	13		45.29
45.30	TRANSPORTATION	A	-56	Pharmacy	15		45.30
45.31	TRANSPORTATION	A	-208	Medical Records & Library	16		45.31
45.32	TRANSPORTATION	A	-1,200	Adults & Pediatrics	30		45.32

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED				
	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
45.33	TRANSPORTATION	A	-598	Subprovider - IRF	41	45.33
45.34	TRANSPORTATION	A	-567	Operating Room	50	45.34
45.35	PURCHASED SERVICES HSHS MEDICAL GR	A	-7,694,166	Administrative & General	5	45.35
45.36	SPONSORSHIP COSTS	A	-30,996	Administrative & General	5	45.36
45.39	TRANSPORTATION	A	-810	Delivery Room & Labor Room	52	45.39
45.40	TRANSPORTATION	A	-174	Radiology-Diagnostic	54	45.40
45.41	TRANSPORTATION	A	-1,651	Laboratory	60	45.41
45.42	TRANSPORTATION	A	-28	Whole Blood & Packed Red Blood Cells	62	45.42
45.43	TRANSPORTATION	A	-1,974	Physical Therapy	66	45.43
45.44	TRANSPORTATION	A	-138	Electrocardiology	69	45.44
45.45	TRANSPORTATION	A	-175	OUTPATIENT PSYCHIATRIC	90.02	45.45
45.46	TRANSPORTATION	A	-371	WOUND CLINIC	90.03	45.46
45.47	TRANSPORTATION	A	-780	RADIATION ONCOLOGY	90.13	45.47
45.48	TRANSPORTATION	A	-815	Emergency	91	45.48
46						46
47						47
48						48
49						49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-23,856,483			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		10,618,358	8,706,081	1,912,277	1
2	4	Employee Benefits Department	HEALTH INSURANCE COSTS	9,433,614	9,554,021	-120,407	2
3							3
4							4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			20,051,972	18,260,102	1,791,870	5

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

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

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

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
				Name	Percentage of Ownership	Type of Business
	1	2	3	4	5	6
6	B	ST. MARY'S HOSPITAL		HSHS		HEALTH CARE
7						
8						
9						
10						

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

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

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	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	5	Administrative & Gen	MEDICAL DIRECTO	2,463					
	2	30	Adults & Pediatrics	AGGREGATE	439,920	439,920				
	3	31	Intensive Care Unit	AGGREGATE	52		42	219,500	6	633
	4	43	Nursery	AGGREGATE	671		671	165,600	8	637
	5	50	Operating Room	AGGREGATE	1,452		1,452	165,600	16	1,274
	6	52	Delivery Room & Labo	AGGREGATE	1,200		1,200	165,600	12	955
	7	53	Anesthesiology	AGGREGATE	960,566	960,566				
	8	57	CT Scan	AGGREGATE	10,754		10,754	231,100	12	1,333
	9	59	Cardiac Catheterizat	CATH LAB	1,282,320	1,282,320				
	10	60	Laboratory	PATHOLOGY	144,072	68,370	75,702	219,500	701	73,976
	11									
	12	69	Electrocardiology	CARDIOLOGY	351,002	351,002		196,400		
	13	70	Electroencephalograp	EEG	5,388		5,388	165,600	6	478
	14	91	Emergency	EMER ROOM	2,021,582	2,021,582				
	15									
	16									
	17									
	18									
	19									
	20									
	200		TOTAL		5,221,442	5,123,760	97,672		779	80,719
									4,038	200

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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	5	Administrative & Gen MEDICAL DIRECTO					1,433	1,030	1,030	1
2	30	Adults & Pediatrics AGGREGATE							439,920	2
3	31	Intensive Care Unit AGGREGATE					633		10	3
4	43	Nursery AGGREGATE					637	34	34	4
5	50	Operating Room AGGREGATE					1,274	178	178	5
6	52	Delivery Room & Labo AGGREGATE					955	245	245	6
7	53	Anesthesiology AGGREGATE							960,566	7
8	57	CT Scan AGGREGATE					1,333	9,421	9,421	8
9	59	Cardiac Catheterizat CATH LAB							1,282,320	9
10	60	Laboratory PATHOLOGY					73,976	1,726	70,096	10
11										11
12	69	Electrocardiology CARDIOLOGY							351,002	12
13	70	Electroencephalograp EEG					478	4,910	4,910	13
14	91	Emergency EMER ROOM							2,021,582	14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					80,719	17,544	5,141,314	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	13,580,116	13,580,116					1
2	Cap Rel Costs-Mvble Equip	5,092,601		5,092,601				2
4	Employee Benefits Department	11,177,589	51,687	19,383	11,248,659			4
5	Administrative & General	14,691,284	1,753,122	657,428	1,499,748	18,601,582	18,601,582	5
6	Maintenance & Repairs		100,638	37,740		138,378	27,747	6
7	Operation of Plant	3,473,807	1,140,942	427,858	273,931	5,316,538	1,066,046	7
8	Laundry & Linen Service	677,364	452,557	169,711	8,828	1,308,460	262,366	8
9	Housekeeping	1,424,205	163,045	61,142	255,703	1,904,095	381,800	9
10	Dietary	269,052	461,451	173,046	72,076	975,625	195,627	10
11	Cafeteria	1,151,159	109,732	41,150	217,562	1,519,603	304,703	11
12	Maintenance of Personnel							12
13	Nursing Administration	520,307	50,832	19,062	131,533	721,734	144,718	13
14	Central Services & Supply	309,812	278,821	104,559	47,092	740,284	148,438	14
15	Pharmacy	1,720,986	108,848	40,819	474,053	2,344,706	470,149	15
16	Medical Records & Library	1,705,631	243,983	91,494	238,523	2,279,631	457,100	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	10,000				10,000	2,005	22
23	Paramed Ed Prgm-(specify)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	7,917,960	2,338,331	876,884	1,920,468	13,053,643	2,617,481	30
31	Intensive Care Unit	1,520,003	169,203	63,452	359,597	2,112,255	423,539	31
40	Subprovider - IPF	992,993	198,909	74,592	208,352	1,474,846	295,729	40
41	Subprovider - IRF	1,740,650	327,714	122,894	276,030	2,467,288	494,728	41
43	Nursery	492,923	65,600	24,600	49,734	632,857	126,897	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	1,768,896	501,507	188,067	361,144	2,819,614	565,375	50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY	516,905	94,622	35,484	85,024	732,035	146,784	50.02
51	Recovery Room	465,971	64,602	24,226	113,267	668,066	133,957	51
52	Delivery Room & Labor Room	1,201,491	269,698	101,138	276,543	1,848,870	370,726	52
53	Anesthesiology	637,635	8,980	3,368	584,390	1,234,373	247,510	53
53.01	PAIN CENTER	489,135	99,982	37,494	106,535	733,146	147,007	53.01
54	Radiology-Diagnostic	2,282,619	409,593	153,599	462,360	3,308,171	663,338	54
56	Radioisotope	426,320	18,902	7,088	30,049	482,359	96,720	56
57	CT Scan	755,066	15,908	5,966	98,792	875,732	175,597	57
58	MRI	384,999	25,174	9,440	61,636	481,249	96,498	58
59	Cardiac Catheterization	1,380,104	142,176	53,317	347,858	1,923,455	385,682	59
60	Laboratory	4,823,741	1,011,966	379,491	528,680	6,743,878	1,352,249	60
62	Whole Blood & Packed Red Blood Cells	496,197	7,755	2,908	17,470	524,330	105,136	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,188,116	21,582	8,093	169,713	2,387,504	478,730	65
66	Physical Therapy	1,946,592	391,775	146,917	513,783	2,999,067	601,358	66
69	Electrocardiology	1,437,738	107,737	40,402	190,585	1,776,462	356,207	69
70	Electroencephalography	331,998	75,093	28,160	83,297	518,548	103,977	70
71	Medical Supplies Charged to Patients	3,107,180				3,107,180	623,036	71
72	Impl. Dev. Charged to Patients	6,457,774				6,457,774	1,294,881	72
73	Drugs Charged to Patients	4,429,634				4,429,634	888,208	73
75	ASC (Non-Distinct Part)	516,940			128,688	645,628	129,458	75
76	TREATMENT CENTER							76
76.97	CARDIAC REHABILITATION	139,435			35,762	175,197	35,130	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	PRENATAL CLINIC							90.01
90.02	OUTPATIENT PSYCHIATRIC	181,515	102,006	38,253	49,189	370,963	74,384	90.02
90.03	WOUND CLINIC	230,773			47,208	277,981	55,739	90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
90.11	DR TOKHI							90.11
90.12	CT/PET	215,420			7,658	223,078	44,730	90.12
90.13	RADIATION ONCOLOGY	678,534			82,574	761,108	152,614	90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY							90.28
91	Emergency	2,816,094	1,070,182	401,323	641,772	4,929,371	988,413	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	108,775,264	12,454,655	4,670,548	11,057,207	107,036,298	17,732,517	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	185,051	14,967	5,613	17,194	222,825	44,680	190
192	Physicians' Private Offices	865,912			23,260	889,172	178,292	192
194	SENIOR SERVICES	115,969			7,501	123,470	24,758	194
194.0	ADULT DAY CARE	146,473			31,276	177,749	35,641	194.0
1								1
194.0	SPORTS MEDICINE REHAB	233,461			61,921	295,382	59,229	194.0
2								2
194.0	CANCER CARE	33,124				33,124	6,642	194.0
4								4
194.0	RESIDENTIAL PROPERTIES							194.0
5								5
194.0	BLUE MOUND	8,102			3	8,105	1,625	194.0
7								7
194.0	ARTHUR CLINIC	54,144			16	54,160	10,860	194.0
8								8
194.0	OCCUPATIONAL HEALTH							194.0
9								9
194.1	2981 NORTH MAIN	4,675			295	4,970	997	194.1
1								1
194.1	MEDICAL OFFICE BUILDING 1750	230,303			34	230,337	46,186	194.1
3								3
194.1	MEDICAL ARTS							194.1
4								4
194.1	MT. ZION CLINIC	-8,902			93	-8,809		194.1
5								5
194.1	CERRO GORDO	25,175			36	25,211	5,055	194.1
6								6
194.1	LIFELINE							194.1
7								7
194.1	COUNTY JAIL CONTRACT							194.1
8								8
194.1	ST. JOHN'S HOME HEALTH		145,141	54,428		199,569	40,017	194.1
9								9
194.2	ST. MARY'S SURGERY CENTER							194.2
3								3
194.2	FIELDS WRIGHT MEDICAL PRACTICE	122,114			1,463	123,577	24,779	194.2
4								4
194.2	3915 N COWGILL	-3,174				-3,174		194.2
5								5

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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	
194.28	LAUNDRY OUTSIDE SERVICES							194.28
194.35	MEDICAL MANAGEMENT SYSTEM							194.35
194.36	LAKE SHORE MEDICAL OFFICE BUILDING	385,845				385,845	77,368	194.36
194.37	DAY CARE CENTER							194.37
194.38	SCHOOL HEALTH SERVICES	182,820			48,330	231,150	46,349	194.38
194.40	PRAIRIE CARDIOVASCULAR	2,003	153,979	57,743		213,725	42,855	194.40
194.41	G I SUITES							194.41
194.42	RESPIRATORY CARE NURSING HOME							194.42
194.43	VACANT SPACE		712,732	267,278		980,010	196,507	194.43
194.44	PHYSICIAN POOL							194.44
194.48	MRI BUILDING	109			30	139	28	194.48
194.49	FUND DEVELOPMENT		28,623	10,734		39,357	7,892	194.49
194.50	CENTRAL ILLINOIS LUNG		70,019	26,257		96,276	19,305	194.50
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	111,358,468	13,580,116	5,092,601	11,248,659	111,358,468	18,601,582	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	166,125						6
7	Operation of Plant	16,235	6,398,819					7
8	Laundry & Linen Service	6,440	274,910	1,852,176				8
9	Housekeeping	2,320	99,043		2,387,258			9
10	Dietary	6,566	280,313		111,070	1,569,201		10
11	Cafeteria	1,561	66,658		26,412		1,918,937	11
12	Maintenance of Personnel							12
13	Nursing Administration	723	30,878		12,235		28,294	13
14	Central Services & Supply	3,967	169,373		67,111		10,130	14
15	Pharmacy	1,549	66,121		26,199		101,973	15
16	Medical Records & Library	3,472	148,210		58,726		51,308	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	33,276	1,420,445	1,336,359	562,827	1,132,190	413,102	30
31	Intensive Care Unit	2,408	102,784	108,209	40,726	91,677	77,353	31
40	Subprovider - IPF	2,830	120,829	208,196	47,877	176,388	44,818	40
41	Subprovider - IRF	4,663	199,073	199,412	78,880	168,946	59,377	41
43	Nursery	933	39,849		15,790		10,698	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	7,136	304,645		120,711		77,685	50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY	1,346	57,479		22,775		18,289	50.02
51	Recovery Room	919	39,243		15,549		24,365	51
52	Delivery Room & Labor Room	3,838	163,831		64,915		59,487	52
53	Anesthesiology	128	5,455		2,162		125,707	53
53.01	PAIN CENTER	1,423	60,735		24,065		22,917	53.01
54	Radiology-Diagnostic	5,828	248,811		98,588		99,458	54
56	Radioisotope	269	11,482		4,550		6,464	56
57	CT Scan	226	9,664		3,829		21,251	57
58	MRI	358	15,292		6,059		13,258	58
59	Cardiac Catheterization	2,023	86,366		34,221		74,827	59
60	Laboratory	14,400	614,729		243,577		113,724	60
62	Whole Blood & Packed Red Blood Cells	110	4,711		1,866		3,758	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	307	13,110		5,195		36,507	65
66	Physical Therapy	5,575	237,987		94,299		110,519	66
69	Electrocardiology	1,533	65,446		25,932		40,996	69
70	Electroencephalography	1,069	45,616		18,075		17,918	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
75	ASC (Non-Distinct Part)						27,682	75
76	TREATMENT CENTER							76
76.97	CARDIAC REHABILITATION						7,693	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	PRENATAL CLINIC							90.01
90.02	OUTPATIENT PSYCHIATRIC	1,452	61,965		24,553		10,581	90.02
90.03	WOUND CLINIC						10,155	90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CTPET						1,647	90.12

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE-KEEPING 9	DIETARY 10	CAFETERIA 11	
90.13	RADIATION ONCOLOGY						17,762	90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY							90.28
91	Emergency	15,228	650,093		257,589		138,051	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	150,111	5,715,146	1,852,176	2,116,363	1,569,201	1,877,754	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	213	9,092		3,603		3,699	190
192	Physicians' Private Offices						5,003	192
194	SENIOR SERVICES						1,614	194
194.0 1	ADULT DAY CARE						6,728	194.0 1
194.0 2	SPORTS MEDICINE REHAB						13,320	194.0 2
194.0 4	CANCER CARE							194.0 4
194.0 5	RESIDENTIAL PROPERTIES							194.0 5
194.0 7	BLUE MOUND						1	194.0 7
194.0 8	ARTHUR CLINIC						3	194.0 8
194.0 9	OCCUPATIONAL HEALTH							194.0 9
194.1 1	2981 NORTH MAIN						63	194.1 1
194.1 3	MEDICAL OFFICE BUILDING 1750						7	194.1 3
194.1 4	MEDICAL ARTS							194.1 4
194.1 5	MT. ZION CLINIC						20	194.1 5
194.1 6	CERRO GORDO						8	194.1 6
194.1 7	LIFELINE							194.1 7
194.1 8	COUNTY JAIL CONTRACT							194.1 8
194.1 9	ST. JOHN'S HOME HEALTH	2,065	88,167		34,935			194.1 9
194.2 3	ST. MARY'S SURGERY CENTER							194.2 3
194.2 4	FIELDS WRIGHT MEDICAL PRACTICE						315	194.2 4
194.2 5	3915 N COWGILL							194.2 5
194.2 8	LAUNDRY OUTSIDE SERVICES							194.2 8
194.3 5	MEDICAL MANAGEMENT SYSTEM							194.3 5

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
194.3 6	LAKE SHORE MEDICAL OFFICE BUILDING							194.3 6
194.3 7	DAY CARE CENTER							194.3 7
194.3 8	SCHOOL HEALTH SERVICES						10,396	194.3 8
194.4 0	PRAIRIE CARDIOVASCULAR	2,191	93,536		37,062			194.4 0
194.4 1	G I SUITES							194.4 1
194.4 2	RESPIRATORY CARE NURSING HOME							194.4 2
194.4 3	VACANT SPACE	10,142	432,956		171,552			194.4 3
194.4 4	PHYSICIAN POOL							194.4 4
194.4 8	MRI BUILDING						6	194.4 8
194.4 9	FUND DEVELOPMENT	407	17,388		6,890			194.4 9
194.5 0	CENTRAL ILLINOIS LUNG	996	42,534		16,853			194.5 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	166,125	6,398,819	1,852,176	2,387,258	1,569,201	1,918,937	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	I&R PROGRAM COSTS	SUBTOTAL	
		13	14	15	16	22	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	938,582						13
14	Central Services & Supply		1,139,303					14
15	Pharmacy			3,010,697				15
16	Medical Records & Library		145		2,998,592			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					12,005		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	325,268	36,852		151,163	12,005	21,094,611	30
31	Intensive Care Unit	60,905	12,269		21,594		3,053,719	31
40	Subprovider - IPF	35,289	1,069		19,569		2,427,440	40
41	Subprovider - IRF	46,751	4,002		31,081		3,754,201	41
43	Nursery	8,423	3,304		6,420		845,171	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	61,167	233		167,827		4,124,393	50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY	14,401	13,994		26,472		1,033,575	50.02
51	Recovery Room	19,184	3,660		30,979		935,922	51
52	Delivery Room & Labor Room	46,838	9,969		25,931		2,594,405	52
53	Anesthesiology	98,978	17,272		42,236		1,773,821	53
53.01	PAIN CENTER	18,044	6,295		40,083		1,053,715	53.01
54	Radiology-Diagnostic	78,310	8,906		150,125		4,661,535	54
56	Radioisotope		20,088		9,680		631,612	56
57	CT Scan		9,674		314,137		1,410,110	57
58	MRI		2,448		82,557		697,719	58
59	Cardiac Catheterization				199,165		2,705,739	59
60	Laboratory		131,087		460,042		9,673,686	60
62	Whole Blood & Packed Red Blood Cells		33,904		12,311		686,126	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		6,373		66,814		2,994,540	65
66	Physical Therapy		1,121		138,613		4,188,539	66
69	Electrocardiology		27,508		167,577		2,461,661	69
70	Electroencephalography		913		26,862		732,978	70
71	Medical Supplies Charged to Patients		245,309		44,683		4,020,208	71
72	Impl. Dev. Charged to Patients		509,844		124,291		8,386,790	72
73	Drugs Charged to Patients		2,735	3,010,697	284,381		8,615,655	73
75	ASC (Non-Distinct Part)		96		11,407		814,271	75
76	TREATMENT CENTER							76
76.97	CARDIAC REHABILITATION		394		2,937		221,351	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	PRENATAL CLINIC							90.01
90.02	OUTPATIENT PSYCHIATRIC	8,331	511		4,115		556,855	90.02
90.03	WOUND CLINIC	7,996			4,678		356,549	90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CTPET		2,184		8,692		280,331	90.12

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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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	I&R PROGRAM COSTS	SUBTOTAL	
		13	14	15	16	22	24	
90.13	RADIATION ONCOLOGY		528		32,152		964,164	90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY							90.28
91	Emergency	108,697	25,648		290,018		7,403,108	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	938,582	1,138,335	3,010,697	2,998,592	12,005	105,154,500	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		2				284,114	190
192	Physicians' Private Offices		755				1,073,222	192
194	SENIOR SERVICES						149,842	194
194.0 1	ADULT DAY CARE		58				220,176	194.0 1
194.0 2	SPORTS MEDICINE REHAB		84				368,015	194.0 2
194.0 4	CANCER CARE						39,766	194.0 4
194.0 5	RESIDENTIAL PROPERTIES							194.0 5
194.0 7	BLUE MOUND						9,731	194.0 7
194.0 8	ARTHUR CLINIC						65,023	194.0 8
194.0 9	OCCUPATIONAL HEALTH							194.0 9
194.1 1	2981 NORTH MAIN						6,030	194.1 1
194.1 3	MEDICAL OFFICE BUILDING 1750		4				276,534	194.1 3
194.1 4	MEDICAL ARTS							194.1 4
194.1 5	MT. ZION CLINIC						-8,789	194.1 5
194.1 6	CERRO GORDO						30,274	194.1 6
194.1 7	LIFELINE							194.1 7
194.1 8	COUNTY JAIL CONTRACT							194.1 8
194.1 9	ST. JOHN'S HOME HEALTH						364,753	194.1 9
194.2 3	ST. MARY'S SURGERY CENTER							194.2 3
194.2 4	FIELDS WRIGHT MEDICAL PRACTICE		11				148,682	194.2 4
194.2 5	3915 N COWGILL						-3,174	194.2 5
194.2 8	LAUNDRY OUTSIDE SERVICES							194.2 8
194.3 5	MEDICAL MANAGEMENT SYSTEM							194.3 5

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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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	I&R PROGRAM COSTS	SUBTOTAL	
		13	14	15	16	22	24	
194.3 6	LAKE SHORE MEDICAL OFFICE BUILDING		52				463,265	194.3 6
194.3 7	DAY CARE CENTER							194.3 7
194.3 8	SCHOOL HEALTH SERVICES						287,895	194.3 8
194.4 0	PRAIRIE CARDIOVASCULAR						389,369	194.4 0
194.4 1	G I SUITES		2				2	194.4 1
194.4 2	RESPIRATORY CARE NURSING HOME							194.4 2
194.4 3	VACANT SPACE						1,791,167	194.4 3
194.4 4	PHYSICIAN POOL							194.4 4
194.4 8	MRI BUILDING						173	194.4 8
194.4 9	FUND DEVELOPMENT						71,934	194.4 9
194.5 0	CENTRAL ILLINOIS LUNG						175,964	194.5 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	938,582	1,139,303	3,010,697	2,998,592	12,005	111,358,468	202

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26			
	GENERAL SERVICE COST CENTERS					
1	Cap Rel Costs-Bldg & Fixt					1
2	Cap Rel Costs-Mvble Equip					2
4	Employee Benefits Department					4
5	Administrative & General					5
6	Maintenance & Repairs					6
7	Operation of Plant					7
8	Laundry & Linen Service					8
9	Housekeeping					9
10	Dietary					10
11	Cafeteria					11
12	Maintenance of Personnel					12
13	Nursing Administration					13
14	Central Services & Supply					14
15	Pharmacy					15
16	Medical Records & Library					16
17	Social Service					17
19	Nonphysician Anesthetists					19
20	Nursing School					20
21	I&R Services-Salary & Fringes Apprvd					21
22	I&R Services-Other Prgm Costs Apprvd					22
23	Paramed Ed Prgm-(specify)					23
	INPATIENT ROUTINE SERV COST CENTERS					
30	Adults & Pediatrics	-12,005	21,082,606			30
31	Intensive Care Unit		3,053,719			31
40	Subprovider - IPF		2,427,440			40
41	Subprovider - IRF		3,754,201			41
43	Nursery		845,171			43
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room		4,124,393			50
50.01	STONE CENTER					50.01
50.02	ENDOSCOPY		1,033,575			50.02
51	Recovery Room		935,922			51
52	Delivery Room & Labor Room		2,594,405			52
53	Anesthesiology		1,773,821			53
53.01	PAIN CENTER		1,053,715			53.01
54	Radiology-Diagnostic		4,661,535			54
56	Radioisotope		631,612			56
57	CT Scan		1,410,110			57
58	MRI		697,719			58
59	Cardiac Catheterization		2,705,739			59
60	Laboratory		9,673,686			60
62	Whole Blood & Packed Red Blood Cells		686,126			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy		2,994,540			65
66	Physical Therapy		4,188,539			66
69	Electrocardiology		2,461,661			69
70	Electroencephalography		732,978			70
71	Medical Supplies Charged to Patients		4,020,208			71
72	Impl. Dev. Charged to Patients		8,386,790			72
73	Drugs Charged to Patients		8,615,655			73
75	ASC (Non-Distinct Part)		814,271			75
76	TREATMENT CENTER					76
76.97	CARDIAC REHABILITATION		221,351			76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90.01	PRENATAL CLINIC					90.01
90.02	OUTPATIENT PSYCHIATRIC		556,855			90.02
90.03	WOUND CLINIC		356,549			90.03
90.04	NEUROSURGERY					90.04
90.05	DR JATOI					90.05
90.06	UROLOGY PHYSICIAN					90.06
90.07	DR. CHU					90.07
90.08	SPORTS MEDICINE CLINIC					90.08
90.09	DR. SHANKER					90.09
90.10	DR MIRMIRA					90.10
90.11	DR TOKHI					90.11
90.12	CTPET		280,331			90.12

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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		
90.13	RADIATION ONCOLOGY		964,164		90.13
90.14	SPORTS MED-REHAB				90.14
90.15	MACON COUNT MEDICAL ASSOCIATES				90.15
90.16	DR BRITT				90.16
90.17	ARTHUR FAMILY MEDICINE CENTER				90.17
90.18	DR BOCK				90.18
90.19	PEDIATRIC PROF SERVICES				90.19
90.20	DR ANDERSON				90.20
90.21	DR HABIB				90.21
90.22	DR HANNEKEN				90.22
90.23	DR MUNESSES				90.23
90.24	DR KOHLI				90.24
90.25	DR DUNCAN				90.25
90.26	MT ZION FAMILY PRACTICE				90.26
90.27	DR POWELL				90.27
90.28	CHEMOTHEROPY				90.28
91	Emergency		7,403,108		91
92	Observation Beds (Non-Distinct Part)				92
	OTHER REIMBURSABLE COST CENTERS				
99.10	CORF				99.10
99.20	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	OUTPATIENT SPEECH PATHOLOGY				99.40
	SPECIAL PURPOSE COST CENTERS				
118	SUBTOTALS (sum of lines 1-117)	-12,005	105,142,495		118
	NONREIMBURSABLE COST CENTERS				
190	Gift, Flower, Coffee Shop & Canteen		284,114		190
192	Physicians' Private Offices		1,073,222		192
194	SENIOR SERVICES		149,842		194
194.0	ADULT DAY CARE		220,176		194.0
1					1
194.0	SPORTS MEDICINE REHAB		368,015		194.0
2					2
194.0	CANCER CARE		39,766		194.0
4					4
194.0	RESIDENTIAL PROPERTIES				194.0
5					5
194.0	BLUE MOUND		9,731		194.0
7					7
194.0	ARTHUR CLINIC		65,023		194.0
8					8
194.0	OCCUPATIONAL HEALTH				194.0
9					9
194.1	2981 NORTH MAIN		6,030		194.1
1					1
194.1	MEDICAL OFFICE BUILDING 1750		276,534		194.1
3					3
194.1	MEDICAL ARTS				194.1
4					4
194.1	MT. ZION CLINIC		-8,789		194.1
5					5
194.1	CERRO GORDO		30,274		194.1
6					6
194.1	LIFELINE				194.1
7					7
194.1	COUNTY JAIL CONTRACT				194.1
8					8
194.1	ST. JOHN'S HOME HEALTH		364,753		194.1
9					9
194.2	ST. MARY'S SURGERY CENTER				194.2
3					3
194.2	FIELDS WRIGHT MEDICAL PRACTICE		148,682		194.2
4					4
194.2	3915 N COWGILL		-3,174		194.2
5					5
194.2	LAUNDRY OUTSIDE SERVICES				194.2
8					8
194.3	MEDICAL MANAGEMENT SYSTEM				194.3
5					5

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ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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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				
194.3 6	LAKE SHORE MEDICAL OFFICE BUILDING		463,265				194.3 6
194.3 7	DAY CARE CENTER						194.3 7
194.3 8	SCHOOL HEALTH SERVICES		287,895				194.3 8
194.4 0	PRAIRIE CARDIOVASCULAR		389,369				194.4 0
194.4 1	G I SUITES		2				194.4 1
194.4 2	RESPIRATORY CARE NURSING HOME						194.4 2
194.4 3	VACANT SPACE		1,791,167				194.4 3
194.4 4	PHYSICIAN POOL						194.4 4
194.4 8	MRI BUILDING		173				194.4 8
194.4 9	FUND DEVELOPMENT		71,934				194.4 9
194.5 0	CENTRAL ILLINOIS LUNG		175,964				194.5 0
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	-12,005	111,346,463				202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDG & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		51,687	19,383	71,070	71,070		4
5	Administrative & General	2,116,517	1,753,122	657,428	4,527,067	9,474	4,536,541	5
6	Maintenance & Repairs		100,638	37,740	138,378		6,767	6
7	Operation of Plant		1,140,942	427,858	1,568,800	1,730	259,989	7
8	Laundry & Linen Service		452,557	169,711	622,268	56	63,986	8
9	Housekeeping		163,045	61,142	224,187	1,615	93,114	9
10	Dietary		461,451	173,046	634,497	455	47,710	10
11	Cafeteria		109,732	41,150	150,882	1,374	74,312	11
12	Maintenance of Personnel							12
13	Nursing Administration		50,832	19,062	69,894	831	35,294	13
14	Central Services & Supply		278,821	104,559	383,380	297	36,201	14
15	Pharmacy		108,848	40,819	149,667	2,995	114,661	15
16	Medical Records & Library		243,983	91,494	335,477	1,507	111,479	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						489	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		2,338,331	876,884	3,215,215	12,143	638,307	30
31	Intensive Care Unit		169,203	63,452	232,655	2,272	103,293	31
40	Subprovider - IPF		198,909	74,592	273,501	1,316	72,123	40
41	Subprovider - IRF		327,714	122,894	450,608	1,744	120,655	41
43	Nursery		65,600	24,600	90,200	314	30,948	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		501,507	188,067	689,574	2,281	137,885	50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY		94,622	35,484	130,106	537	35,798	50.02
51	Recovery Room		64,602	24,226	88,828	716	32,670	51
52	Delivery Room & Labor Room		269,698	101,138	370,836	1,747	90,413	52
53	Anesthesiology		8,980	3,368	12,348	3,692	60,363	53
53.01	PAIN CENTER		99,982	37,494	137,476	673	35,852	53.01
54	Radiology-Diagnostic		409,593	153,599	563,192	2,921	161,776	54
56	Radioisotope		18,902	7,088	25,990	190	23,588	56
57	CT Scan		15,908	5,966	21,874	624	42,825	57
58	MRI		25,174	9,440	34,614	389	23,534	58
59	Cardiac Catheterization		142,176	53,317	195,493	2,198	94,061	59
60	Laboratory		1,011,966	379,491	1,391,457	3,340	329,789	60
62	Whole Blood & Packed Red Blood Cells		7,755	2,908	10,663	110	25,641	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		21,582	8,093	29,675	1,072	116,754	65
66	Physical Therapy		391,775	146,917	538,692	3,246	146,660	66
69	Electrocardiology		107,737	40,402	148,139	1,204	86,873	69
70	Electroencephalography		75,093	28,160	103,253	526	25,358	70
71	Medical Supplies Charged to Patients						151,947	71
72	Impl. Dev. Charged to Patients						315,798	72
73	Drugs Charged to Patients						216,618	73
75	ASC (Non-Distinct Part)					813	31,573	75
76	TREATMENT CENTER							76
76.97	CARDIAC REHABILITATION					226	8,567	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	PRENATAL CLINIC							90.01
90.02	OUTPATIENT PSYCHIATRIC		102,006	38,253	140,259	311	18,141	90.02
90.03	WOUND CLINIC					298	13,594	90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
90.12	CT/PET					48	10,909	90.12
90.13	RADIATION ONCOLOGY					522	37,220	90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY							90.28
91	Emergency		1,070,182	401,323	1,471,505	4,054	241,056	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,116,517	12,454,655	4,670,548	19,241,720	69,861	4,324,591	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		14,967	5,613	20,580	109	10,897	190
192	Physicians' Private Offices					147	43,482	192
194	SENIOR SERVICES					47	6,038	194
194.0	ADULT DAY CARE					198	8,692	194.0
1								1
194.0	SPORTS MEDICINE REHAB					391	14,445	194.0
2								2
194.0	CANCER CARE						1,620	194.0
4								4
194.0	RESIDENTIAL PROPERTIES							194.0
5								5
194.0	BLUE MOUND						396	194.0
7								7
194.0	ARTHUR CLINIC						2,649	194.0
8								8
194.0	OCCUPATIONAL HEALTH							194.0
9								9
194.1	2981 NORTH MAIN					2	243	194.1
1								1
194.1	MEDICAL OFFICE BUILDING 1750						11,264	194.1
3								3
194.1	MEDICAL ARTS							194.1
4								4
194.1	MT. ZION CLINIC					1		194.1
5								5
194.1	CERRO GORDO						1,233	194.1
6								6
194.1	LIFELINE							194.1
7								7
194.1	COUNTY JAIL CONTRACT							194.1
8								8
194.1	ST. JOHN'S HOME HEALTH		145,141	54,428	199,569		9,759	194.1
9								9
194.2	ST. MARY'S SURGERY CENTER							194.2
3								3
194.2	FIELDS WRIGHT MEDICAL PRACTICE					9	6,043	194.2
4								4
194.2	3915 N COWGILL							194.2
5								5
194.2	LAUNDRY OUTSIDE SERVICES							194.2
8								8

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
194.3 5	MEDICAL MANAGEMENT SYSTEM							194.3 5
194.3 6	LAKE SHORE MEDICAL OFFICE BUILDING						18,869	194.3 6
194.3 7	DAY CARE CENTER							194.3 7
194.3 8	SCHOOL HEALTH SERVICES					305	11,304	194.3 8
194.4 0	PRAIRIE CARDIOVASCULAR		153,979	57,743	211,722		10,452	194.4 0
194.4 1	G I SUITES							194.4 1
194.4 2	RESPIRATORY CARE NURSING HOME							194.4 2
194.4 3	VACANT SPACE		712,732	267,278	980,010		47,924	194.4 3
194.4 4	PHYSICIAN POOL							194.4 4
194.4 8	MRI BUILDING						7	194.4 8
194.4 9	FUND DEVELOPMENT		28,623	10,734	39,357		1,925	194.4 9
194.5 0	CENTRAL ILLINOIS LUNG		70,019	26,257	96,276		4,708	194.5 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,116,517	13,580,116	5,092,601	20,789,234	71,070	4,536,541	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs	145,145						6
7	Operation of Plant	14,185	1,844,704					7
8	Laundry & Linen Service	5,626		79,253				8
9	Housekeeping	2,027	28,553		349,496			9
10	Dietary	5,737	80,811		16,261	785,471		10
11	Cafeteria	1,364	19,217		3,867		251,016	11
12	Maintenance of Personnel							12
13	Nursing Administration	632	8,902		1,791		3,701	13
14	Central Services & Supply	3,466	48,828		9,825		1,325	14
15	Pharmacy	1,353	19,062				3,836	15
16	Medical Records & Library	3,033	42,727		8,597		6,711	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	29,073	409,497	556,419	82,402	566,723	54,053	30
31	Intensive Care Unit	2,104	29,631	45,055	5,962	45,889	10,118	31
40	Subprovider - IPF	2,473	34,834	86,686	7,009	88,292	5,862	40
41	Subprovider - IRF	4,074	57,391	83,029	11,548	84,567	7,767	41
43	Nursery	816	11,488		2,312		1,399	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	6,235	87,826		17,672		10,161	50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY	1,176	16,571		3,334		2,392	50.02
51	Recovery Room	803	11,313		2,276		3,187	51
52	Delivery Room & Labor Room	3,353	47,230		9,504		7,781	52
53	Anesthesiology	112	1,573		316		16,443	53
53.01	PAIN CENTER	1,243	17,509		3,523		2,998	53.01
54	Radiology-Diagnostic	5,092	71,729		14,433		13,009	54
56	Radioisotope	235	3,310		666		845	56
57	CT Scan	198	2,786		561		2,780	57
58	MRI	313	4,409		887		1,734	58
59	Cardiac Catheterization	1,768	24,898		5,010		9,788	59
60	Laboratory	12,581	177,219		35,660		14,875	60
62	Whole Blood & Packed Red Blood Cells	96	1,358		273		492	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	268	3,779		760		4,775	65
66	Physical Therapy	4,871	68,609		13,805		14,456	66
69	Electrocardiology	1,339	18,867		3,796		5,362	69
70	Electroencephalography	934	13,151		2,646		2,344	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
75	ASC (Non-Distinct Part)						3,621	75
76	TREATMENT CENTER							76
76.97	CARDIAC REHABILITATION						1,006	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	PRENATAL CLINIC							90.01
90.02	OUTPATIENT PSYCHIATRIC	1,268	17,864		3,595		1,384	90.02
90.03	WOUND CLINIC						1,328	90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CTPET						215	90.12

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE-KEEPING 9	DIETARY 10	CAFETERIA 11	
90.13	RADIATION ONCOLOGY						2,323	90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY							90.28
91	Emergency	13,305	187,414		37,711		18,057	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	131,153	1,647,609	771,189	309,838	785,471	245,630	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	186	2,621		527		484	190
192	Physicians' Private Offices						654	192
194	SENIOR SERVICES						211	194
194.0 1	ADULT DAY CARE						880	194.0 1
194.0 2	SPORTS MEDICINE REHAB						1,742	194.0 2
194.0 4	CANCER CARE							194.0 4
194.0 5	RESIDENTIAL PROPERTIES							194.0 5
194.0 7	BLUE MOUND							194.0 7
194.0 8	ARTHUR CLINIC							194.0 8
194.0 9	OCCUPATIONAL HEALTH							194.0 9
194.1 1	2981 NORTH MAIN						8	194.1 1
194.1 3	MEDICAL OFFICE BUILDING 1750						1	194.1 3
194.1 4	MEDICAL ARTS							194.1 4
194.1 5	MT. ZION CLINIC						3	194.1 5
194.1 6	CERRO GORDO						1	194.1 6
194.1 7	LIFELINE							194.1 7
194.1 8	COUNTY JAIL CONTRACT							194.1 8
194.1 9	ST. JOHN'S HOME HEALTH	1,804	25,418		5,114			194.1 9
194.2 3	ST. MARY'S SURGERY CENTER							194.2 3
194.2 4	FIELDS WRIGHT MEDICAL PRACTICE						41	194.2 4
194.2 5	3915 N COWGILL							194.2 5
194.2 8	LAUNDRY OUTSIDE SERVICES							194.2 8
194.3 5	MEDICAL MANAGEMENT SYSTEM							194.3 5

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE-KEEPING 9	DIETARY 10	CAFETERIA 11	
194.3 6	LAKE SHORE MEDICAL OFFICE BUILDING							194.3 6
194.3 7	DAY CARE CENTER							194.3 7
194.3 8	SCHOOL HEALTH SERVICES						1,360	194.3 8
194.4 0	PRAIRIE CARDIOVASCULAR	1,914	26,965		5,426			194.4 0
194.4 1	G I SUITES							194.4 1
194.4 2	RESPIRATORY CARE NURSING HOME							194.4 2
194.4 3	VACANT SPACE	8,861	124,816		25,115			194.4 3
194.4 4	PHYSICIAN POOL							194.4 4
194.4 8	MRI BUILDING						1	194.4 8
194.4 9	FUND DEVELOPMENT	356	5,013		1,009			194.4 9
194.5 0	CENTRAL ILLINOIS LUNG	871	12,262		2,467			194.5 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	145,145	1,844,704	771,189	349,496	785,471	251,016	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	I&R PROGRAM COSTS 22	SUBTOTAL 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	121,045						13
14	Central Services & Supply		483,322					14
15	Pharmacy			304,912				15
16	Medical Records & Library		61		509,592			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					489		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	41,954	15,633		25,691		5,647,110	30
31	Intensive Care Unit	7,854	5,205		3,670		493,708	31
40	Subprovider - IPF	4,551	454		3,326		580,427	40
41	Subprovider - IRF	6,029	1,698		5,282		834,392	41
43	Nursery	1,086	1,402		1,091		141,056	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	7,888	99		28,523		988,144	50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY	1,857	5,937		4,499		202,207	50.02
51	Recovery Room	2,474	1,553		5,265		149,085	51
52	Delivery Room & Labor Room	6,040	4,229		4,407		545,540	52
53	Anesthesiology	12,764	7,327		7,178		122,116	53
53.01	PAIN CENTER	2,327	2,670		6,812		211,083	53.01
54	Radiology-Diagnostic	10,099	3,778		25,514		871,543	54
56	Radioisotope		8,522		1,645		64,991	56
57	CT Scan		4,104		53,389		129,141	57
58	MRI		1,039		14,031		80,950	58
59	Cardiac Catheterization				33,849		367,065	59
60	Laboratory		55,610		78,159		2,098,690	60
62	Whole Blood & Packed Red Blood Cells		14,383		2,092		55,108	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		2,704		11,355		171,142	65
66	Physical Therapy		476		23,558		814,373	66
69	Electrocardiology		11,670		28,480		305,730	69
70	Electroencephalography		387		4,565		153,164	70
71	Medical Supplies Charged to Patients		104,066		7,594		263,607	71
72	Impl. Dev. Charged to Patients		216,288		21,124		553,210	72
73	Drugs Charged to Patients		1,160	304,912	48,331		571,021	73
75	ASC (Non-Distinct Part)		41		1,939		37,987	75
76	TREATMENT CENTER							76
76.97	CARDIAC REHABILITATION		167		499		10,465	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	PRENATAL CLINIC							90.01
90.02	OUTPATIENT PSYCHIATRIC	1,074	217		699		184,812	90.02
90.03	WOUND CLINIC	1,031			795		17,046	90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CTPET		926		1,477		13,575	90.12

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ALLOCATION OF CAPITAL-RELATED COSTS

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PART II**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	I&R PROGRAM COSTS	SUBTOTAL	
		13	14	15	16	22	24	
90.13	RADIATION ONCOLOGY		224		5,464		45,753	90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY							90.28
91	Emergency	14,017	10,880		49,289		2,047,288	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	121,045	482,910	304,912	509,592		18,771,529	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		1				35,405	190
192	Physicians' Private Offices		320				44,603	192
194	SENIOR SERVICES						6,296	194
194.0 1	ADULT DAY CARE		25				9,795	194.0 1
194.0 2	SPORTS MEDICINE REHAB		36				16,614	194.0 2
194.0 4	CANCER CARE						1,620	194.0 4
194.0 5	RESIDENTIAL PROPERTIES							194.0 5
194.0 7	BLUE MOUND						396	194.0 7
194.0 8	ARTHUR CLINIC						2,649	194.0 8
194.0 9	OCCUPATIONAL HEALTH							194.0 9
194.1 1	2981 NORTH MAIN						253	194.1 1
194.1 3	MEDICAL OFFICE BUILDING 1750		2				11,267	194.1 3
194.1 4	MEDICAL ARTS							194.1 4
194.1 5	MT. ZION CLINIC						4	194.1 5
194.1 6	CERRO GORDO						1,234	194.1 6
194.1 7	LIFELINE							194.1 7
194.1 8	COUNTY JAIL CONTRACT							194.1 8
194.1 9	ST. JOHN'S HOME HEALTH						241,664	194.1 9
194.2 3	ST. MARY'S SURGERY CENTER							194.2 3
194.2 4	FIELDS WRIGHT MEDICAL PRACTICE		5				6,098	194.2 4
194.2 5	3915 N COWGILL							194.2 5
194.2 8	LAUNDRY OUTSIDE SERVICES							194.2 8
194.3 5	MEDICAL MANAGEMENT SYSTEM							194.3 5

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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	I&R PROGRAM COSTS	SUBTOTAL	
		13	14	15	16	22	24	
194.3 6	LAKE SHORE MEDICAL OFFICE BUILDING		22				18,891	194.3 6
194.3 7	DAY CARE CENTER							194.3 7
194.3 8	SCHOOL HEALTH SERVICES						12,969	194.3 8
194.4 0	PRAIRIE CARDIOVASCULAR						256,479	194.4 0
194.4 1	G I SUITES		1				1	194.4 1
194.4 2	RESPIRATORY CARE NURSING HOME							194.4 2
194.4 3	VACANT SPACE						1,186,726	194.4 3
194.4 4	PHYSICIAN POOL							194.4 4
194.4 8	MRI BUILDING						8	194.4 8
194.4 9	FUND DEVELOPMENT						47,660	194.4 9
194.5 0	CENTRAL ILLINOIS LUNG						116,584	194.5 0
200	Cross Foot Adjustments					489	489	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	121,045	483,322	304,912	509,592	489	20,789,234	202

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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		5,647,110			30
31	Intensive Care Unit		493,708			31
40	Subprovider - IPF		580,427			40
41	Subprovider - IRF		834,392			41
43	Nursery		141,056			43
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room		988,144			50
50.01	STONE CENTER					50.01
50.02	ENDOSCOPY		202,207			50.02
51	Recovery Room		149,085			51
52	Delivery Room & Labor Room		545,540			52
53	Anesthesiology		122,116			53
53.01	PAIN CENTER		211,083			53.01
54	Radiology-Diagnostic		871,543			54
56	Radioisotope		64,991			56
57	CT Scan		129,141			57
58	MRI		80,950			58
59	Cardiac Catheterization		367,065			59
60	Laboratory		2,098,690			60
62	Whole Blood & Packed Red Blood Cells		55,108			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy		171,142			65
66	Physical Therapy		814,373			66
69	Electrocardiology		305,730			69
70	Electroencephalography		153,164			70
71	Medical Supplies Charged to Patients		263,607			71
72	Impl. Dev. Charged to Patients		553,210			72
73	Drugs Charged to Patients		571,021			73
75	ASC (Non-Distinct Part)		37,987			75
76	TREATMENT CENTER					76
76.97	CARDIAC REHABILITATION		10,465			76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90.01	PRENATAL CLINIC					90.01
90.02	OUTPATIENT PSYCHIATRIC		184,812			90.02
90.03	WOUND CLINIC		17,046			90.03
90.04	NEUROSURGERY					90.04
90.05	DR JATOI					90.05
90.06	UROLOGY PHYSICIAN					90.06
90.07	DR. CHU					90.07
90.08	SPORTS MEDICINE CLINIC					90.08
90.09	DR. SHANKER					90.09
90.10	DR MIRMIRA					90.10
90.11	DR TOKHI					90.11
90.12	CTPET		13,575			90.12

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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			
90.13	RADIATION ONCOLOGY		45,753			90.13
90.14	SPORTS MED-REHAB					90.14
90.15	MACON COUNT MEDICAL ASSOCIATES					90.15
90.16	DR BRITT					90.16
90.17	ARTHUR FAMILY MEDICINE CENTER					90.17
90.18	DR BOCK					90.18
90.19	PEDIATRIC PROF SERVICES					90.19
90.20	DR ANDERSON					90.20
90.21	DR HABIB					90.21
90.22	DR HANNEKEN					90.22
90.23	DR MUNESSES					90.23
90.24	DR KOHLI					90.24
90.25	DR DUNCAN					90.25
90.26	MT ZION FAMILY PRACTICE					90.26
90.27	DR POWELL					90.27
90.28	CHEMOTHEROPY					90.28
91	Emergency		2,047,288			91
92	Observation Beds (Non-Distinct Part)					92
	OTHER REIMBURSABLE COST CENTERS					
99.10	CORF					99.10
99.20	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	OUTPATIENT SPEECH PATHOLOGY					99.40
	SPECIAL PURPOSE COST CENTERS					
118	SUBTOTALS (sum of lines 1-117)		18,771,529			118
	NONREIMBURSABLE COST CENTERS					
190	Gift, Flower, Coffee Shop & Canteen		35,405			190
192	Physicians' Private Offices		44,603			192
194	SENIOR SERVICES		6,296			194
194.0	ADULT DAY CARE		9,795			194.0
1						1
194.0	SPORTS MEDICINE REHAB		16,614			194.0
2						2
194.0	CANCER CARE		1,620			194.0
4						4
194.0	RESIDENTIAL PROPERTIES					194.0
5						5
194.0	BLUE MOUND		396			194.0
7						7
194.0	ARTHUR CLINIC		2,649			194.0
8						8
194.0	OCCUPATIONAL HEALTH					194.0
9						9
194.1	2981 NORTH MAIN		253			194.1
1						1
194.1	MEDICAL OFFICE BUILDING 1750		11,267			194.1
3						3
194.1	MEDICAL ARTS					194.1
4						4
194.1	MT. ZION CLINIC		4			194.1
5						5
194.1	CERRO GORDO		1,234			194.1
6						6
194.1	LIFELINE					194.1
7						7
194.1	COUNTY JAIL CONTRACT					194.1
8						8
194.1	ST. JOHN'S HOME HEALTH		241,664			194.1
9						9
194.2	ST. MARY'S SURGERY CENTER					194.2
3						3
194.2	FIELDS WRIGHT MEDICAL PRACTICE		6,098			194.2
4						4
194.2	3915 N COWGILL					194.2
5						5
194.2	LAUNDRY OUTSIDE SERVICES					194.2
8						8
194.3	MEDICAL MANAGEMENT SYSTEM					194.3
5						5

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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				
194.3 6	LAKE SHORE MEDICAL OFFICE BUILDING		18,891				194.3 6
194.3 7	DAY CARE CENTER						194.3 7
194.3 8	SCHOOL HEALTH SERVICES		12,969				194.3 8
194.4 0	PRAIRIE CARDIOVASCULAR		256,479				194.4 0
194.4 1	G I SUITES		1				194.4 1
194.4 2	RESPIRATORY CARE NURSING HOME						194.4 2
194.4 3	VACANT SPACE		1,186,726				194.4 3
194.4 4	PHYSICIAN POOL						194.4 4
194.4 8	MRI BUILDING		8				194.4 8
194.4 9	FUND DEVELOPMENT		47,660				194.4 9
194.5 0	CENTRAL ILLINOIS LUNG		116,584				194.5 0
200	Cross Foot Adjustments		489				200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)		20,789,234				202

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	476,340						1
2	Cap Rel Costs-Mvble Equip		476,340					2
4	Employee Benefits Department	1,813	1,813	41,146,882				4
5	Administrative & General	61,493	61,493	5,485,985	-18,601,582	92,768,869		5
6	Maintenance & Repairs	3,530	3,530			138,378	409,504	6
7	Operation of Plant	40,020	40,020	1,002,024		5,316,538	40,020	7
8	Laundry & Linen Service	15,874	15,874	32,292		1,308,460	15,874	8
9	Housekeeping	5,719	5,719	935,346		1,904,095	5,719	9
10	Dietary	16,186	16,186	263,649		975,625	16,186	10
11	Cafeteria	3,849	3,849	795,827		1,519,603	3,849	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,783	1,783	481,138		721,734	1,783	13
14	Central Services & Supply	9,780	9,780	172,258		740,284	9,780	14
15	Pharmacy	3,818	3,818	1,734,058		2,344,706	3,818	15
16	Medical Records & Library	8,558	8,558	872,502		2,279,631	8,558	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd					10,000		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	82,020	82,020	7,024,928		13,053,643	82,020	30
31	Intensive Care Unit	5,935	5,935	1,315,385		2,112,255	5,935	31
40	Subprovider - IPF	6,977	6,977	762,139		1,474,846	6,977	40
41	Subprovider - IRF	11,495	11,495	1,009,702		2,467,288	11,495	41
43	Nursery	2,301	2,301	181,923		632,857	2,301	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	17,591	17,591	1,321,044		2,819,614	17,591	50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY	3,319	3,319	311,014		732,035	3,319	50.02
51	Recovery Room	2,266	2,266	414,322		668,066	2,266	51
52	Delivery Room & Labor Room	9,460	9,460	1,011,577		1,848,870	9,460	52
53	Anesthesiology	315	315	2,137,662		1,234,373	315	53
53.01	PAIN CENTER	3,507	3,507	389,699		733,146	3,507	53.01
54	Radiology-Diagnostic	14,367	14,367	1,691,284		3,308,171	14,367	54
56	Radioisotope	663	663	109,918		482,359	663	56
57	CT Scan	558	558	361,376		875,732	558	57
58	MRI	883	883	225,459		481,249	883	58
59	Cardiac Catheterization	4,987	4,987	1,272,442		1,923,455	4,987	59
60	Laboratory	35,496	35,496	1,933,879		6,743,878	35,496	60
62	Whole Blood & Packed Red Blood Cells	272	272	63,906		524,330	272	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	757	757	620,801		2,387,504	757	65
66	Physical Therapy	13,742	13,742	1,879,387		2,999,067	13,742	66
69	Electrocardiology	3,779	3,779	697,148		1,776,462	3,779	69
70	Electroencephalography	2,634	2,634	304,695		518,548	2,634	70
71	Medical Supplies Charged to Patients					3,107,180		71
72	Impl. Dev. Charged to Patients					6,457,774		72
73	Drugs Charged to Patients					4,429,634		73
75	ASC (Non-Distinct Part)			470,733		645,628		75
76	TREATMENT CENTER							76
76.97	CARDIAC REHABILITATION			130,815		175,197		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	PRENATAL CLINIC							90.01
90.02	OUTPATIENT PSYCHIATRIC	3,578	3,578	179,931		370,963	3,578	90.02
90.03	WOUND CLINIC			172,684		277,981		90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
90.11	DR TOKHI							90.11
90.12	CT/PET			28,013		223,078		90.12
90.13	RADIATION ONCOLOGY			302,050		761,108		90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY							90.28
91	Emergency	37,538	37,538	2,347,564		4,929,371	37,538	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	436,863	436,863	40,446,559	-18,601,582	88,434,716	370,027	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	525	525	62,895		222,825	525	190
192	Physicians' Private Offices			85,082		889,172		192
194	SENIOR SERVICES			27,439		123,470		194
194.0	ADULT DAY CARE			114,407		177,749		194.0
1								1
194.0	SPORTS MEDICINE REHAB			226,503		295,382		194.0
2								2
194.0	CANCER CARE					33,124		194.0
4								4
194.0	RESIDENTIAL PROPERTIES							194.0
5								5
194.0	BLUE MOUND			12		8,105		194.0
7								7
194.0	ARTHUR CLINIC			57		54,160		194.0
8								8
194.0	OCCUPATIONAL HEALTH							194.0
9								9
194.1	2981 NORTH MAIN			1,078		4,970		194.1
1								1
194.1	MEDICAL OFFICE BUILDING 1750			126		230,337		194.1
3								3
194.1	MEDICAL ARTS							194.1
4								4
194.1	MT. ZION CLINIC			339	8,809			194.1
5								5
194.1	CERRO GORDO			133		25,211		194.1
6								6
194.1	LIFELINE							194.1
7								7
194.1	COUNTY JAIL CONTRACT							194.1
8								8
194.1	ST. JOHN'S HOME HEALTH	5,091	5,091			199,569	5,091	194.1
9								9
194.2	ST. MARY'S SURGERY CENTER							194.2
3								3
194.2	FIELDS WRIGHT MEDICAL PRACTICE			5,353		123,577		194.2
4								4
194.2	3915 N COWGILL				3,174			194.2
5								5

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
194.28	LAUNDRY OUTSIDE SERVICES							194.28
194.35	MEDICAL MANAGEMENT SYSTEM							194.35
194.36	LAKE SHORE MEDICAL OFFICE BUILDING					385,845		194.36
194.37	DAY CARE CENTER							194.37
194.38	SCHOOL HEALTH SERVICES			176,790		231,150		194.38
194.40	PRAIRIE CARDIOVASCULAR	5,401	5,401			213,725	5,401	194.40
194.41	G I SUITES							194.41
194.42	RESPIRATORY CARE NURSING HOME							194.42
194.43	VACANT SPACE	25,000	25,000			980,010	25,000	194.43
194.44	PHYSICIAN POOL							194.44
194.48	MRI BUILDING			109		139		194.48
194.49	FUND DEVELOPMENT	1,004	1,004			39,357	1,004	194.49
194.50	CENTRAL ILLINOIS LUNG	2,456	2,456			96,276	2,456	194.50
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	13,580,116	5,092,601	11,248,659		18,601,582	166,125	202
203	Unit Cost Multiplier (Wkst. B, Part I)	28.509292	10.691105	0.273378		0.200515	0.405674	203
204	Cost to be allocated (Per Wkst. B, Part II)			71,070		4,536,541	145,145	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.001727		0.048902	0.354441	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE-KEEPING SQUARE FEET	DIETARY PATIENT DAYS	CAFETERIA GROSS SALARIES	NURSING ADMINISTRATION GROSS SALARIES	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	369,484						7
8	Laundry & Linen Service	15,874	39,642					8
9	Housekeeping	5,719		347,891				9
10	Dietary	16,186		16,186	39,642			10
11	Cafeteria	3,849		3,849		32,631,759		11
12	Maintenance of Personnel							12
13	Nursing Administration	1,783		1,783		481,138	20,270,858	13
14	Central Services & Supply	9,780		9,780		172,258		14
15	Pharmacy	3,818		3,818		1,734,058		15
16	Medical Records & Library	8,558		8,558		872,502		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	82,020	28,602	82,020	28,602	7,024,928	7,024,928	30
31	Intensive Care Unit	5,935	2,316	5,935	2,316	1,315,385	1,315,385	31
40	Subprovider - IPF	6,977	4,456	6,977	4,456	762,139	762,139	40
41	Subprovider - IRF	11,495	4,268	11,495	4,268	1,009,702	1,009,702	41
43	Nursery	2,301		2,301		181,923	181,923	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	17,591		17,591		1,321,044	1,321,044	50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY	3,319		3,319		311,014	311,014	50.02
51	Recovery Room	2,266		2,266		414,322	414,322	51
52	Delivery Room & Labor Room	9,460		9,460		1,011,577	1,011,577	52
53	Anesthesiology	315		315		2,137,662	2,137,662	53
53.01	PAIN CENTER	3,507		3,507		389,699	389,699	53.01
54	Radiology-Diagnostic	14,367		14,367		1,691,284	1,691,284	54
56	Radioisotope	663		663		109,918		56
57	CT Scan	558		558		361,376		57
58	MRI	883		883		225,459		58
59	Cardiac Catheterization	4,987		4,987		1,272,442		59
60	Laboratory	35,496		35,496		1,933,879		60
62	Whole Blood & Packed Red Blood Cells	272		272		63,906		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	757		757		620,801		65
66	Physical Therapy	13,742		13,742		1,879,387		66
69	Electrocardiology	3,779		3,779		697,148		69
70	Electroencephalography	2,634		2,634		304,695		70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
75	ASC (Non-Distinct Part)					470,733		75
76	TREATMENT CENTER							76
76.97	CARDIAC REHABILITATION					130,815		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	PRENATAL CLINIC							90.01
90.02	OUTPATIENT PSYCHIATRIC	3,578		3,578		179,931	179,931	90.02
90.03	WOUND CLINIC					172,684	172,684	90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE-KEEPING SQUARE FEET	DIETARY PATIENT DAYS	CAFETERIA GROSS SALARIES	NURSING ADMINISTRATION GROSS SALARIES	
		7	8	9	10	11	13	
90.12	CT/PET					28,013		90.12
90.13	RADIATION ONCOLOGY					302,050		90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY							90.28
91	Emergency	37,538		37,538		2,347,564	2,347,564	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	330,007	39,642	308,414	39,642	31,931,436	20,270,858	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	525		525		62,895		190
192	Physicians' Private Offices					85,082		192
194	SENIOR SERVICES					27,439		194
194.0	ADULT DAY CARE					114,407		194.0
1								1
194.0	SPORTS MEDICINE REHAB					226,503		194.0
2								2
194.0	CANCER CARE							194.0
4								4
194.0	RESIDENTIAL PROPERTIES							194.0
5								5
194.0	BLUE MOUND					12		194.0
7								7
194.0	ARTHUR CLINIC					57		194.0
8								8
194.0	OCCUPATIONAL HEALTH							194.0
9								9
194.1	2981 NORTH MAIN					1,078		194.1
1								1
194.1	MEDICAL OFFICE BUILDING 1750					126		194.1
3								3
194.1	MEDICAL ARTS							194.1
4								4
194.1	MT. ZION CLINIC					339		194.1
5								5
194.1	CERRO GORDO					133		194.1
6								6
194.1	LIFELINE							194.1
7								7
194.1	COUNTY JAIL CONTRACT							194.1
8								8
194.1	ST. JOHN'S HOME HEALTH	5,091		5,091				194.1
9								9
194.2	ST. MARY'S SURGERY CENTER							194.2
3								3
194.2	FIELDS WRIGHT MEDICAL PRACTICE					5,353		194.2
4								4
194.2	3915 N COWGILL							194.2
5								5
194.2	LAUNDRY OUTSIDE SERVICES							194.2
8								8

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE-KEEPING SQUARE FEET	DIETARY PATIENT DAYS	CAFETERIA GROSS SALARIES	NURSING ADMINISTRATION GROSS SALARIES	
		7	8	9	10	11	13	
194.35	MEDICAL MANAGEMENT SYSTEM							194.35
194.36	LAKE SHORE MEDICAL OFFICE BUILDING							194.36
194.37	DAY CARE CENTER							194.37
194.38	SCHOOL HEALTH SERVICES					176,790		194.38
194.40	PRAIRIE CARDIOVASCULAR	5,401		5,401				194.40
194.41	G I SUITES							194.41
194.42	RESPIRATORY CARE NURSING HOME							194.42
194.43	VACANT SPACE	25,000		25,000				194.43
194.44	PHYSICIAN POOL							194.44
194.48	MRI BUILDING					109		194.48
194.49	FUND DEVELOPMENT	1,004		1,004				194.49
194.50	CENTRAL ILLINOIS LUNG	2,456		2,456				194.50
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	6,398,819	1,852,176	2,387,258	1,569,201	1,918,937	938,582	202
203	Unit Cost Multiplier (Wkst. B, Part I)	17.318257	46.722567	6.862086	39.584305	0.058806	0.046302	203
204	Cost to be allocated (Per Wkst. B, Part II)	1,844,704	771,189	349,496	785,471	251,016	121,045	204
205	Unit Cost Multiplier (Wkst. B, Part II)	4.992649	19.453837	1.004614	19.814111	0.007692	0.005971	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	I&R PROGRAM COSTS ASSIGNED TIME
	14	15	16	22

GENERAL SERVICE COST CENTERS				
1	Cap Rel Costs-Bldg & Fixt			1
2	Cap Rel Costs-Mvble Equip			2
4	Employee Benefits Department			4
5	Administrative & General			5
6	Maintenance & Repairs			6
7	Operation of Plant			7
8	Laundry & Linen Service			8
9	Housekeeping			9
10	Dietary			10
11	Cafeteria			11
12	Maintenance of Personnel			12
13	Nursing Administration			13
14	Central Services & Supply	14,430,868		14
15	Pharmacy		100,000	15
16	Medical Records & Library	1,836	523,249,935	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	466,782	26,376,443	30
31	Intensive Care Unit	155,402	3,767,949	31
40	Subprovider - IPF	13,544	3,414,538	40
41	Subprovider - IRF	50,689	5,423,290	41
43	Nursery	41,851	1,120,164	43
ANCILLARY SERVICE COST CENTERS				
50	Operating Room	2,957	29,284,090	50
50.01	STONE CENTER			50.01
50.02	ENDOSCOPY	177,257	4,619,116	50.02
51	Recovery Room	46,363	5,405,513	51
52	Delivery Room & Labor Room	126,269	4,524,762	52
53	Anesthesiology	218,780	7,369,696	53
53.01	PAIN CENTER	79,731	6,994,063	53.01
54	Radiology-Diagnostic	112,804	26,195,325	54
56	Radioisotope	254,437	1,688,996	56
57	CT Scan	122,534	54,813,692	57
58	MRI	31,013	14,405,263	58
59	Cardiac Catheterization		34,752,146	59
60	Laboratory	1,660,404	80,299,719	60
62	Whole Blood & Packed Red Blood Cells	429,444	2,148,194	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65	Respiratory Therapy	80,724	11,658,373	65
66	Physical Therapy	14,198	24,186,464	66
69	Electrocardiology	348,430	29,240,387	69
70	Electroencephalography	11,566	4,687,160	70
71	Medical Supplies Charged to Patients	3,107,180	7,796,706	71
72	Impl. Dev. Charged to Patients	6,457,884	21,687,524	72
73	Drugs Charged to Patients	34,642	49,621,477	73
75	ASC (Non-Distinct Part)	1,217	1,990,320	75
76	TREATMENT CENTER			76
76.97	CARDIAC REHABILITATION	4,985	512,466	76.97
76.98	HYPERBARIC OXYGEN THERAPY			76.98
76.99	LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS				
90.01	PRENATAL CLINIC			90.01
90.02	OUTPATIENT PSYCHIATRIC	6,478	718,013	90.02
90.03	WOUND CLINIC		816,182	90.03
90.04	NEUROSURGERY			90.04
90.05	DR JATOI			90.05
90.06	UROLOGY PHYSICIAN			90.06
90.07	DR. CHU			90.07
90.08	SPORTS MEDICINE CLINIC			90.08
90.09	DR. SHANKER			90.09

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	I&R PROGRAM COSTS ASSIGNED TIME		
		14	15	16	22		
90.10	DR MIRMIRA						90.10
90.11	DR TOKHI						90.11
90.12	CT/PET	27,659		1,516,593			90.12
90.13	RADIATION ONCOLOGY	6,688		5,610,123			90.13
90.14	SPORTS MED-REHAB						90.14
90.15	MACON COUNT MEDICAL ASSOCIATES						90.15
90.16	DR BRITT						90.16
90.17	ARTHUR FAMILY MEDICINE CENTER						90.17
90.18	DR BOCK						90.18
90.19	PEDIATRIC PROF SERVICES						90.19
90.20	DR ANDERSON						90.20
90.21	DR HABIB						90.21
90.22	DR HANNEKEN						90.22
90.23	DR MUNESSES						90.23
90.24	DR KOHLI						90.24
90.25	DR DUNCAN						90.25
90.26	MT ZION FAMILY PRACTICE						90.26
90.27	DR POWELL						90.27
90.28	CHEMOTHEROPY						90.28
91	Emergency	324,862		50,605,188			91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	14,418,610	100,000	523,249,935	100		118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	20					190
192	Physicians' Private Offices	9,561					192
194	SENIOR SERVICES						194
194.0	ADULT DAY CARE	736					194.0
1							1
194.0	SPORTS MEDICINE REHAB	1,069					194.0
2							2
194.0	CANCER CARE						194.0
4							4
194.0	RESIDENTIAL PROPERTIES						194.0
5							5
194.0	BLUE MOUND						194.0
7							7
194.0	ARTHUR CLINIC						194.0
8							8
194.0	OCCUPATIONAL HEALTH						194.0
9							9
194.1	2981 NORTH MAIN						194.1
1							1
194.1	MEDICAL OFFICE BUILDING 1750	48					194.1
3							3
194.1	MEDICAL ARTS						194.1
4							4
194.1	MT. ZION CLINIC						194.1
5							5
194.1	CERRO GORDO						194.1
6							6
194.1	LIFELINE						194.1
7							7
194.1	COUNTY JAIL CONTRACT						194.1
8							8
194.1	ST. JOHN'S HOME HEALTH						194.1
9							9
194.2	ST. MARY'S SURGERY CENTER						194.2
3							3
194.2	FIELDS WRIGHT MEDICAL PRACTICE	138					194.2
4							4
194.2	3915 N COWGILL						194.2
5							5

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	I&R PROGRAM COSTS ASSIGNED TIME 22			
194.28	LAUNDRY OUTSIDE SERVICES							194.28
194.35	MEDICAL MANAGEMENT SYSTEM							194.35
194.36	LAKE SHORE MEDICAL OFFICE BUILDING	655						194.36
194.37	DAY CARE CENTER							194.37
194.38	SCHOOL HEALTH SERVICES							194.38
194.40	PRAIRIE CARDIOVASCULAR							194.40
194.41	G I SUITES	31						194.41
194.42	RESPIRATORY CARE NURSING HOME							194.42
194.43	VACANT SPACE							194.43
194.44	PHYSICIAN POOL							194.44
194.48	MRI BUILDING							194.48
194.49	FUND DEVELOPMENT							194.49
194.50	CENTRAL ILLINOIS LUNG							194.50
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,139,303	3,010,697	2,998,592	12,005			202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.078949	30.106970	0.005731	120.050000			203
204	Cost to be allocated (Per Wkst. B, Part II)	483,322	304,912	509,592	489			204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.033492	3.049120	0.000974	4.890000			205

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	WORKSHEET			
DESCRIPTION	PART	LINE NO.	AMOUNT	
1	2	3	4	

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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	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	21,082,606		21,082,606		21,082,606 30
31	Intensive Care Unit	3,053,719		3,053,719		3,053,719 31
40	Subprovider - IPF	2,427,440		2,427,440		2,427,440 40
41	Subprovider - IRF	3,754,201		3,754,201		3,754,201 41
43	Nursery	845,171		845,171	34	845,205 43
ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,124,393		4,124,393	178	4,124,571 50
50.01	STONE CENTER					50.01
50.02	ENDOSCOPY	1,033,575		1,033,575		1,033,575 50.02
51	Recovery Room	935,922		935,922		935,922 51
52	Delivery Room & Labor Room	2,594,405		2,594,405	245	2,594,650 52
53	Anesthesiology	1,773,821		1,773,821		1,773,821 53
53.01	PAIN CENTER	1,053,715		1,053,715		1,053,715 53.01
54	Radiology-Diagnostic	4,661,535		4,661,535		4,661,535 54
56	Radioisotope	631,612		631,612		631,612 56
57	CT Scan	1,410,110		1,410,110	9,421	1,419,531 57
58	MRI	697,719		697,719		697,719 58
59	Cardiac Catheterization	2,705,739		2,705,739		2,705,739 59
60	Laboratory	9,673,686		9,673,686	1,726	9,675,412 60
62	Whole Blood & Packed Red Blood Cells	686,126		686,126		686,126 62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	2,994,540		2,994,540		2,994,540 65
66	Physical Therapy	4,188,539		4,188,539		4,188,539 66
69	Electrocardiology	2,461,661		2,461,661		2,461,661 69
70	Electroencephalography	732,978		732,978	4,910	737,888 70
71	Medical Supplies Charged to Patients	4,020,208		4,020,208		4,020,208 71
72	Impl. Dev. Charged to Patients	8,386,790		8,386,790		8,386,790 72
73	Drugs Charged to Patients	8,615,655		8,615,655		8,615,655 73
75	ASC (Non-Distinct Part)	814,271		814,271		814,271 75
76	TREATMENT CENTER					76
76.97	CARDIAC REHABILITATION	221,351		221,351		221,351 76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	PRENATAL CLINIC					90.01
90.02	OUTPATIENT PSYCHIATRIC	556,855		556,855		556,855 90.02
90.03	WOUND CLINIC	356,549		356,549		356,549 90.03
90.04	NEUROSURGERY					90.04
90.05	DR JATOI					90.05
90.06	UROLOGY PHYSICIAN					90.06
90.07	DR. CHU					90.07
90.08	SPORTS MEDICINE CLINIC					90.08
90.09	DR. SHANKER					90.09
90.10	DR MIRMIRA					90.10
90.11	DR TOKHI					90.11
90.12	CT/PET	280,331		280,331		280,331 90.12
90.13	RADIATION ONCOLOGY	964,164		964,164		964,164 90.13
90.14	SPORTS MED-REHAB					90.14
90.15	MACON COUNT MEDICAL ASSOCIATES					90.15
90.16	DR BRITT					90.16
90.17	ARTHUR FAMILY MEDICINE CENTER					90.17
90.18	DR BOCK					90.18
90.19	PEDIATRIC PROF SERVICES					90.19
90.20	DR ANDERSON					90.20
90.21	DR HABIB					90.21
90.22	DR HANNEKEN					90.22
90.23	DR MUNESSES					90.23
90.24	DR KOHLI					90.24
90.25	DR DUNCAN					90.25
90.26	MT ZION FAMILY PRACTICE					90.26
90.27	DR POWELL					90.27
90.28	CHEMOTHEROPY					90.28
91	Emergency	7,403,108		7,403,108		7,403,108 91
92	Observation Beds (Non-Distinct Part)	1,170,941		1,170,941		1,170,941 92
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF					99.10

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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	COSTS			
				Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
200	Subtotal (sum of lines 30 thru 199)	106,313,436		106,313,436	16,514	106,329,950	200
201	Less Observation Beds	1,170,941		1,170,941		1,170,941	201
202	Total (line 200 minus line 201)	105,142,495		105,142,495		105,159,009	202

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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	24,434,337		24,434,337				30
31	Intensive Care Unit	3,767,949		3,767,949				31
40	Subprovider - IPF	3,414,538		3,414,538				40
41	Subprovider - IRF	5,423,290		5,423,290				41
43	Nursery	1,120,164		1,120,164				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	14,473,540	14,810,550	29,284,090	0.140841	0.140841	0.140847	50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY	663,579	3,955,537	4,619,116	0.223760	0.223760	0.223760	50.02
51	Recovery Room	1,603,785	3,801,728	5,405,513	0.173142	0.173142	0.173142	51
52	Delivery Room & Labor Room	3,635,434	889,328	4,524,762	0.573379	0.573379	0.573433	52
53	Anesthesiology	3,801,106	3,568,590	7,369,696	0.240691	0.240691	0.240691	53
53.01	PAIN CENTER	43,642	6,950,421	6,994,063	0.150658	0.150658	0.150658	53.01
54	Radiology-Diagnostic	5,845,269	20,350,056	26,195,325	0.177953	0.177953	0.177953	54
56	Radioisotope	546,169	1,142,827	1,688,996	0.373957	0.373957	0.373957	56
57	CT Scan	14,550,482	40,263,210	54,813,692	0.025726	0.025726	0.025897	57
58	MRI	2,553,147	11,852,116	14,405,263	0.048435	0.048435	0.048435	58
59	Cardiac Catheterization	13,945,295	20,806,851	34,752,146	0.077858	0.077858	0.077858	59
60	Laboratory	33,074,779	47,224,940	80,299,719	0.120470	0.120470	0.120491	60
62	Whole Blood & Packed Red Blood Cells	1,378,869	769,325	2,148,194	0.319397	0.319397	0.319397	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	9,989,399	1,668,974	11,658,373	0.256857	0.256857	0.256857	65
66	Physical Therapy	14,204,972	9,981,492	24,186,464	0.173177	0.173177	0.173177	66
69	Electrocardiology	6,754,929	22,485,458	29,240,387	0.084187	0.084187	0.084187	69
70	Electroencephalography	212,602	4,474,558	4,687,160	0.156380	0.156380	0.157428	70
71	Medical Supplies Charged to Patients	4,019,774	3,776,932	7,796,706	0.515629	0.515629	0.515629	71
72	Impl. Dev. Charged to Patients	13,293,476	8,394,048	21,687,524	0.386710	0.386710	0.386710	72
73	Drugs Charged to Patients	30,460,311	19,161,166	49,621,477	0.173628	0.173628	0.173628	73
75	ASC (Non-Distinct Part)	17,481	1,972,839	1,990,320	0.409116	0.409116	0.409116	75
76	TREATMENT CENTER							76
76.97	CARDIAC REHABILITATION	4,628	507,838	512,466	0.431933	0.431933	0.431933	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	PRENATAL CLINIC							90.01
90.02	OUTPATIENT PSYCHIATRIC		718,013	718,013	0.775550	0.775550	0.775550	90.02
90.03	WOUND CLINIC	279,624	536,558	816,182	0.436850	0.436850	0.436850	90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CT/PET		1,516,593	1,516,593	0.184843	0.184843	0.184843	90.12
90.13	RADIATION ONCOLOGY	21,150	5,588,973	5,610,123	0.171861	0.171861	0.171861	90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY							90.28
91	Emergency	12,225,659	38,379,529	50,605,188	0.146291	0.146291	0.146291	91
92	Observation Beds (Non-Distinct Part)	294,446	1,647,660	1,942,106	0.602923	0.602923	0.602923	92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10

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ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
200	Subtotal (sum of lines 30 thru 199)	226,053,825	297,196,110	523,249,935				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	226,053,825	297,196,110	523,249,935				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 Adjust-ment	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)	5,647,110		5,647,110	30,284	186.47	11,576	2,158,577	30
31	Intensive Care Unit	493,708		493,708	2,316	213.17	1,374	292,896	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	580,427		580,427	4,456	130.26	3,250	423,345	40
41	Subprovider - IRF	834,392		834,392	4,268	195.50	3,373	659,422	41
42	Subprovider I								42
43	Nursery	141,056		141,056	1,659	85.02			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	7,696,693		7,696,693	42,983		19,573	3,534,240	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0166

**WORKSHEET D
PART II**

Check Title V Hospital SUB (Other) PPS
 Applicable Title XVIII, Part A IPF
 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	6	7	
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	988,144	29,284,090	0.033743	8,035,069	271,127	50
50.01	STONE CENTER						50.01
50.02	ENDOSCOPY	202,207	4,619,116	0.043776	336,632	14,736	50.02
51	Recovery Room	149,085	5,405,513	0.027580	710,007	19,582	51
52	Delivery Room & Labor Room	545,540	4,524,762	0.120568	9,511	1,147	52
53	Anesthesiology	122,116	7,369,696	0.016570	1,618,400	26,817	53
53.01	PAIN CENTER	211,083	6,994,063	0.030180	369	11	53.01
54	Radiology-Diagnostic	871,543	26,195,325	0.033271	3,334,928	110,956	54
56	Radioisotope	64,991	1,688,996	0.038479	358,975	13,813	56
57	CT Scan	129,141	54,813,692	0.002356	7,937,148	18,700	57
58	MRI	80,950	14,405,263	0.005619	1,329,253	7,469	58
59	Cardiac Catheterization	367,065	34,752,146	0.010562	6,832,418	72,164	59
60	Laboratory	2,098,690	80,299,719	0.026136	15,108,992	394,889	60
62	Whole Blood & Packed Red Blood	55,108	2,148,194	0.025653	627,986	16,110	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	171,142	11,658,373	0.014680	6,169,381	90,567	65
66	Physical Therapy	814,373	24,186,464	0.033671	2,957,080	99,568	66
69	Electrocardiology	305,730	29,240,387	0.010456	3,748,943	39,199	69
70	Electroencephalography	153,164	4,687,160	0.032677	119,102	3,892	70
71	Medical Supplies Charged to Pat	263,607	7,796,706	0.033810	2,235,908	75,596	71
72	Impl. Dev. Charged to Patients	553,210	21,687,524	0.025508	6,941,946	177,075	72
73	Drugs Charged to Patients	571,021	49,621,477	0.011508	13,832,974	159,190	73
75	ASC (Non-Distinct Part)	37,987	1,990,320	0.019086	11,271	215	75
76	TREATMENT CENTER						76
76.97	CARDIAC REHABILITATION	10,465	512,466	0.020421	2,576	53	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	PRENATAL CLINIC						90.01
90.02	OUTPATIENT PSYCHIATRIC	184,812	718,013	0.257394			90.02
90.03	WOUND CLINIC	17,046	816,182	0.020885	146,711	3,064	90.03
90.04	NEUROSURGERY						90.04
90.05	DR JATOI						90.05
90.06	UROLOGY PHYSICIAN						90.06
90.07	DR. CHU						90.07
90.08	SPORTS MEDICINE CLINIC						90.08
90.09	DR. SHANKER						90.09
90.10	DR MIRMIRA						90.10
90.11	DR TOKHI						90.11
90.12	CT/PET	13,575	1,516,593	0.008951			90.12
90.13	RADIATION ONCOLOGY	45,753	5,610,123	0.008155	12,331	101	90.13
90.14	SPORTS MED-REHAB						90.14
90.15	MACON COUNT MEDICAL ASSOCIATES						90.15
90.16	DR BRITT						90.16
90.17	ARTHUR FAMILY MEDICINE CENTER						90.17
90.18	DR BOCK						90.18
90.19	PEDIATRIC PROF SERVICES						90.19
90.20	DR ANDERSON						90.20
90.21	DR HABIB						90.21
90.22	DR HANNEKEN						90.22
90.23	DR MUNESSES						90.23
90.24	DR KOHLI						90.24
90.25	DR DUNCAN						90.25
90.26	MT ZION FAMILY PRACTICE						90.26
90.27	DR POWELL						90.27
90.28	CHEMOTHEROPY						90.28
91	Emergency	2,047,288	50,605,188	0.040456	5,608,860	226,912	91
92	Observation Beds (Non-Distinct	313,644	1,942,106	0.161497	130,530	21,080	92
OTHER REIMBURSABLE COST CENTERS							

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ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0166

**WORKSHEET D
PART II**

Check Title v Hospital SUB (Other) PPS
 Applicable Title XVIII, Part A IPF TEFRA
 Boxes: Title XIX IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
200	Total (sum of lines 50-199)	11,388,480	485,089,657		88,157,301	1,864,033	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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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	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)
		1	2	3	4	5
	INPATIENT ROUTINE 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 MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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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)	30,284		11,576	30
31	Intensive Care Unit	2,316		1,374	31
32	Coronary Care Unit				32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit				34
35	Other Special Care (specify)				35
40	Subprovider - IPF	4,456		3,250	40
41	Subprovider - IRF	4,268		3,373	41
42	Subprovider I				42
43	Nursery	1,659			43
44	Skilled Nursing Facility				44
45	Nursing Facility				45
200	Total (lines 30-199)	42,983		19,573	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0166

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthet- ist 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
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY							50.02
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
53.01	PAIN CENTER							53.01
54	Radiology-Diagnostic							54
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62	Whole Blood & Packed Red Blood							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
75	ASC (Non-Distinct Part)							75
76	TREATMENT CENTER							76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	PRENATAL CLINIC							90.01
90.02	OUTPATIENT PSYCHIATRIC							90.02
90.03	WOUND CLINIC							90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CTPET							90.12
90.13	RADIATION ONCOLOGY							90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY							90.28
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0166

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)
(A)	Cost Center Description	1	2	3	4	5	6

(A) Worksheet A line numbers

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ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0166

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	29,284,090			8,035,069		2,857,888	50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY	4,619,116			336,632		1,436,791	50.02
51	Recovery Room	5,405,513			710,007		1,061,112	51
52	Delivery Room & Labor Room	4,524,762			9,511		423	52
53	Anesthesiology	7,369,696			1,618,400		847,472	53
53.01	PAIN CENTER	6,994,063			369		3,248,696	53.01
54	Radiology-Diagnostic	26,195,325			3,334,928		5,164,840	54
56	Radioisotope	1,688,996			358,975		472,453	56
57	CT Scan	54,813,692			7,937,148		12,271,411	57
58	MRI	14,405,263			1,329,253		4,002,198	58
59	Cardiac Catheterization	34,752,146			6,832,418		12,123,268	59
60	Laboratory	80,299,719			15,108,992		6,227,512	60
62	Whole Blood & Packed Red Blood	2,148,194			627,986		169,195	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	11,658,373			6,169,381		575,170	65
66	Physical Therapy	24,186,464			2,957,080		71,165	66
69	Electrocardiology	29,240,387			3,748,943		10,362,375	69
70	Electroencephalography	4,687,160			119,102		1,693,652	70
71	Medical Supplies Charged to Pat	7,796,706			2,235,908		1,458,352	71
72	Impl. Dev. Charged to Patients	21,687,524			6,941,946		4,501,533	72
73	Drugs Charged to Patients	49,621,477			13,832,974		6,825,110	73
75	ASC (Non-Distinct Part)	1,990,320			11,271		1,560,944	75
76	TREATMENT CENTER							76
76.97	CARDIAC REHABILITATION	512,466			2,576		338,902	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	PRENATAL CLINIC							90.01
90.02	OUTPATIENT PSYCHIATRIC	718,013					194,950	90.02
90.03	WOUND CLINIC	816,182			146,711			90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CT/PET	1,516,593					774,587	90.12
90.13	RADIATION ONCOLOGY	5,610,123			12,331		2,526,756	90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY							90.28
91	Emergency	50,605,188			5,608,860		6,097,209	91
92	Observation Beds (Non-Distinct	1,942,106			130,530		561,271	92
OTHER REIMBURSABLE COST CENTERS								

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0166

**WORKSHEET D
PART IV**

Check Title v Hospital SUB (Other) ICF/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)	
200	Total (sum of lines 50-199)	485,089,657			88,157,301		87,425,235		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0166

**WORKSHEET D
PART V**

Check Title V - O/P Hospital SUB (Other) Swing Bed SNF
 Applicable Title XVIII, Part B IPF SNF Swing Bed NF
 Boxes: Title XIX - O/P IRF NF ICF/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	0.140841	2,857,888			402,508		50	
50.01	STONE CENTER							50.01	
50.02	ENDOSCOPY	0.223760	1,436,791			321,496		50.02	
51	Recovery Room	0.173142	1,061,112			183,723		51	
52	Delivery Room & Labor Room	0.573379	423			243		52	
53	Anesthesiology	0.240691	847,472			203,979		53	
53.01	PAIN CENTER	0.150658	3,248,696			489,442		53.01	
54	Radiology-Diagnostic	0.177953	5,164,840			919,099		54	
56	Radioisotope	0.373957	472,453			176,677		56	
57	CT Scan	0.025726	12,271,411			315,694		57	
58	MRI	0.048435	4,002,198			193,846		58	
59	Cardiac Catheterization	0.077858	12,123,268			943,893		59	
60	Laboratory	0.120470	6,227,512			750,228		60	
62	Whole Blood & Packed Red Blood	0.319397	169,195			54,040		62	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65	Respiratory Therapy	0.256857	575,170			147,736		65	
66	Physical Therapy	0.173177	71,165			12,324		66	
69	Electrocardiology	0.084187	10,362,375			872,377		69	
70	Electroencephalography	0.156380	1,693,652			264,853		70	
71	Medical Supplies Charged to Pat	0.515629	1,458,352			751,969		71	
72	Impl. Dev. Charged to Patients	0.386710	4,501,533			1,740,788		72	
73	Drugs Charged to Patients	0.173628	6,825,110		95,341	1,185,030		73	
75	ASC (Non-Distinct Part)	0.409116	1,560,944			638,607		75	
76	TREATMENT CENTER							76	
76.97	CARDIAC REHABILITATION	0.431933	338,902			146,383		76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90.01	PRENATAL CLINIC							90.01	
90.02	OUTPATIENT PSYCHIATRIC	0.775550	194,950			151,193		90.02	
90.03	WOUND CLINIC	0.436850						90.03	
90.04	NEUROSURGERY							90.04	
90.05	DR JATOI							90.05	
90.06	UROLOGY PHYSICIAN							90.06	
90.07	DR. CHU							90.07	
90.08	SPORTS MEDICINE CLINIC							90.08	
90.09	DR. SHANKER							90.09	
90.10	DR MIRMIRA							90.10	
90.11	DR TOKHI							90.11	
90.12	CTPET	0.184843	774,587			143,177		90.12	
90.13	RADIATION ONCOLOGY	0.171861	2,526,756			434,251		90.13	
90.14	SPORTS MED-REHAB							90.14	
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15	
90.16	DR BRITT							90.16	
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17	
90.18	DR BOCK							90.18	
90.19	PEDIATRIC PROF SERVICES							90.19	
90.20	DR ANDERSON							90.20	
90.21	DR HABIB							90.21	
90.22	DR HANNEKEN							90.22	
90.23	DR MUNESSES							90.23	
90.24	DR KOHLI							90.24	
90.25	DR DUNCAN							90.25	
90.26	MT ZION FAMILY PRACTICE							90.26	
90.27	DR POWELL							90.27	
90.28	CHEMOTHEROPY							90.28	

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0166

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
91	Emergency	0.146291	6,097,209			891,967			91
92	Observation Beds (Non-Distinct)	0.602923	561,271			338,403			92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		87,425,235		95,341	12,673,926		16,554	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		87,425,235		95,341	12,673,926		16,554	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S166

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	988,144	29,284,090	0.033743	3,375	114	50
50.01	STONE CENTER						50.01
50.02	ENDOSCOPY	202,207	4,619,116	0.043776	4,714	206	50.02
51	Recovery Room	149,085	5,405,513	0.027580	12,324	340	51
52	Delivery Room & Labor Room	545,540	4,524,762	0.120568			52
53	Anesthesiology	122,116	7,369,696	0.016570	11,660	193	53
53.01	PAIN CENTER	211,083	6,994,063	0.030180	17,543	529	53.01
54	Radiology-Diagnostic	871,543	26,195,325	0.033271	94,386	3,140	54
56	Radioisotope	64,991	1,688,996	0.038479	15,897	612	56
57	CT Scan	129,141	54,813,692	0.002356	254,376	599	57
58	MRI	80,950	14,405,263	0.005619	33,086	186	58
59	Cardiac Catheterization	367,065	34,752,146	0.010562			59
60	Laboratory	2,098,690	80,299,719	0.026136	1,136,625	29,707	60
62	Whole Blood & Packed Red Blood	55,108	2,148,194	0.025653			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	171,142	11,658,373	0.014680	35,565	522	65
66	Physical Therapy	814,373	24,186,464	0.033671	712,140	23,978	66
69	Electrocardiology	305,730	29,240,387	0.010456	56,850	594	69
70	Electroencephalography	153,164	4,687,160	0.032677	3,696	121	70
71	Medical Supplies Charged to Pat	263,607	7,796,706	0.033810	40,025	1,353	71
72	Impl. Dev. Charged to Patients	553,210	21,687,524	0.025508			72
73	Drugs Charged to Patients	571,021	49,621,477	0.011508	1,272,218	14,641	73
75	ASC (Non-Distinct Part)	37,987	1,990,320	0.019086			75
76	TREATMENT CENTER						76
76.97	CARDIAC REHABILITATION	10,465	512,466	0.020421			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	PRENATAL CLINIC						90.01
90.02	OUTPATIENT PSYCHIATRIC	184,812	718,013	0.257394			90.02
90.03	WOUND CLINIC	17,046	816,182	0.020885			90.03
90.04	NEUROSURGERY						90.04
90.05	DR JATOI						90.05
90.06	UROLOGY PHYSICIAN						90.06
90.07	DR. CHU						90.07
90.08	SPORTS MEDICINE CLINIC						90.08
90.09	DR. SHANKER						90.09
90.10	DR MIRMIRA						90.10
90.11	DR TOKHI						90.11
90.12	CT/PET	13,575	1,516,593	0.008951			90.12
90.13	RADIATION ONCOLOGY	45,753	5,610,123	0.008155			90.13
90.14	SPORTS MED-REHAB						90.14
90.15	MACON COUNT MEDICAL ASSOCIATES						90.15
90.16	DR BRITT						90.16
90.17	ARTHUR FAMILY MEDICINE CENTER						90.17
90.18	DR BOCK						90.18
90.19	PEDIATRIC PROF SERVICES						90.19
90.20	DR ANDERSON						90.20
90.21	DR HABIB						90.21
90.22	DR HANNEKEN						90.22
90.23	DR MUNESSES						90.23
90.24	DR KOHLI						90.24
90.25	DR DUNCAN						90.25
90.26	MT ZION FAMILY PRACTICE						90.26
90.27	DR POWELL						90.27
90.28	CHEMOTHEROPY						90.28
91	Emergency	2,047,288	50,605,188	0.040456	247,562	10,015	91
92	Observation Beds (Non-Distinct		1,942,106				92
OTHER REIMBURSABLE COST CENTERS							

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S166

**WORKSHEET D
PART II**

Check Title v Hospital SUB (Other) PPS
 Applicable Title XVIII, Part A IPF TEFRA
 Boxes: Title XIX IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
200	Total (sum of lines 50-199)	11,074,836	485,089,657		3,952,042	86,850	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S166

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthet- ist 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
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY							50.02
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
53.01	PAIN CENTER							53.01
54	Radiology-Diagnostic							54
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62	Whole Blood & Packed Red Blood							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
75	ASC (Non-Distinct Part)							75
76	TREATMENT CENTER							76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	PRENATAL CLINIC							90.01
90.02	OUTPATIENT PSYCHIATRIC							90.02
90.03	WOUND CLINIC							90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CTPET							90.12
90.13	RADIATION ONCOLOGY							90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY							90.28
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S166

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)
(A)	Cost Center Description	1	2	3	4	5	6

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S166

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	7	8	9	10	11	12	13
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	29,284,090			3,375			50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY	4,619,116			4,714			50.02
51	Recovery Room	5,405,513			12,324			51
52	Delivery Room & Labor Room	4,524,762						52
53	Anesthesiology	7,369,696			11,660			53
53.01	PAIN CENTER	6,994,063			17,543			53.01
54	Radiology-Diagnostic	26,195,325			94,386			54
56	Radioisotope	1,688,996			15,897			56
57	CT Scan	54,813,692			254,376			57
58	MRI	14,405,263			33,086			58
59	Cardiac Catheterization	34,752,146						59
60	Laboratory	80,299,719			1,136,625			60
62	Whole Blood & Packed Red Blood	2,148,194						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	11,658,373			35,565			65
66	Physical Therapy	24,186,464			712,140			66
69	Electrocardiology	29,240,387			56,850			69
70	Electroencephalography	4,687,160			3,696			70
71	Medical Supplies Charged to Pat	7,796,706			40,025			71
72	Impl. Dev. Charged to Patients	21,687,524						72
73	Drugs Charged to Patients	49,621,477			1,272,218			73
75	ASC (Non-Distinct Part)	1,990,320						75
76	TREATMENT CENTER							76
76.97	CARDIAC REHABILITATION	512,466						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	PRENATAL CLINIC							90.01
90.02	OUTPATIENT PSYCHIATRIC	718,013						90.02
90.03	WOUND CLINIC	816,182						90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CT/PET	1,516,593						90.12
90.13	RADIATION ONCOLOGY	5,610,123						90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY							90.28
91	Emergency	50,605,188			247,562			91
92	Observation Beds (Non-Distinct	1,942,106						92
	OTHER REIMBURSABLE COST CENTERS							

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S166

**WORKSHEET D
PART IV**

Check Title v Hospital SUB (Other) ICF/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)	
200	Total (sum of lines 50-199)	485,089,657			3,952,042				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S166

**WORKSHEET D
PART V**

Check Title V - O/P Hospital SUB (Other) Swing Bed SNF
 Applicable Title XVIII, Part B IPF SNF Swing Bed NF
 Boxes: Title XIX - O/P IRF NF ICF/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.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.140841							50
50.01	STONE CENTER								50.01
50.02	ENDOSCOPY	0.223760							50.02
51	Recovery Room	0.173142							51
52	Delivery Room & Labor Room	0.573379							52
53	Anesthesiology	0.240691							53
53.01	PAIN CENTER	0.150658							53.01
54	Radiology-Diagnostic	0.177953							54
56	Radioisotope	0.373957							56
57	CT Scan	0.025726							57
58	MRI	0.048435							58
59	Cardiac Catheterization	0.077858							59
60	Laboratory	0.120470							60
62	Whole Blood & Packed Red Blood	0.319397							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.256857							65
66	Physical Therapy	0.173177							66
69	Electrocardiology	0.084187							69
70	Electroencephalography	0.156380							70
71	Medical Supplies Charged to Pat	0.515629							71
72	Impl. Dev. Charged to Patients	0.386710							72
73	Drugs Charged to Patients	0.173628							73
75	ASC (Non-Distinct Part)	0.409116							75
76	TREATMENT CENTER								76
76.97	CARDIAC REHABILITATION	0.431933							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	PRENATAL CLINIC								90.01
90.02	OUTPATIENT PSYCHIATRIC	0.775550							90.02
90.03	WOUND CLINIC	0.436850							90.03
90.04	NEUROSURGERY								90.04
90.05	DR JATOI								90.05
90.06	UROLOGY PHYSICIAN								90.06
90.07	DR. CHU								90.07
90.08	SPORTS MEDICINE CLINIC								90.08
90.09	DR. SHANKER								90.09
90.10	DR MIRMIRA								90.10
90.11	DR TOKHI								90.11
90.12	CTPET	0.184843							90.12
90.13	RADIATION ONCOLOGY	0.171861							90.13
90.14	SPORTS MED-REHAB								90.14
90.15	MACON COUNT MEDICAL ASSOCIATES								90.15
90.16	DR BRITT								90.16
90.17	ARTHUR FAMILY MEDICINE CENTER								90.17
90.18	DR BOCK								90.18
90.19	PEDIATRIC PROF SERVICES								90.19
90.20	DR ANDERSON								90.20
90.21	DR HABIB								90.21
90.22	DR HANNEKEN								90.22
90.23	DR MUNESSES								90.23
90.24	DR KOHLI								90.24
90.25	DR DUNCAN								90.25
90.26	MT ZION FAMILY PRACTICE								90.26
90.27	DR POWELL								90.27
90.28	CHEMOTHEROPY								90.28

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S166

**WORKSHEET D
PART V**

Check Title V - O/P Hospital SUB (Other) Swing Bed SNF
 Applicable Title XVIII, Part B IPF SNF Swing Bed NF
 Boxes: Title XIX - O/P IRF NF ICF/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	
91	Emergency	0.146291							91
92	Observation Beds (Non-Distinct)	0.602923							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T166

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
1	2	3	4	5			
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	988,144	29,284,090	0.033743	24,632	831	50
50.01	STONE CENTER						50.01
50.02	ENDOSCOPY	202,207	4,619,116	0.043776	4,614	202	50.02
51	Recovery Room	149,085	5,405,513	0.027580	5,538	153	51
52	Delivery Room & Labor Room	545,540	4,524,762	0.120568			52
53	Anesthesiology	122,116	7,369,696	0.016570	1,789	30	53
53.01	PAIN CENTER	211,083	6,994,063	0.030180	3,552	107	53.01
54	Radiology-Diagnostic	871,543	26,195,325	0.033271	127,453	4,240	54
56	Radioisotope	64,991	1,688,996	0.038479	15,620	601	56
57	CT Scan	129,141	54,813,692	0.002356	149,397	352	57
58	MRI	80,950	14,405,263	0.005619	27,143	153	58
59	Cardiac Catheterization	367,065	34,752,146	0.010562			59
60	Laboratory	2,098,690	80,299,719	0.026136	875,678	22,887	60
62	Whole Blood & Packed Red Blood	55,108	2,148,194	0.025653	9,620	247	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	171,142	11,658,373	0.014680	503,957	7,398	65
66	Physical Therapy	814,373	24,186,464	0.033671	6,959,887	234,346	66
69	Electrocardiology	305,730	29,240,387	0.010456	40,973	428	69
70	Electroencephalography	153,164	4,687,160	0.032677	3,656	119	70
71	Medical Supplies Charged to Pat	263,607	7,796,706	0.033810	16,343	553	71
72	Impl. Dev. Charged to Patients	553,210	21,687,524	0.025508	10,800	275	72
73	Drugs Charged to Patients	571,021	49,621,477	0.011508	1,398,814	16,098	73
75	ASC (Non-Distinct Part)	37,987	1,990,320	0.019086			75
76	TREATMENT CENTER						76
76.97	CARDIAC REHABILITATION	10,465	512,466	0.020421			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	PRENATAL CLINIC						90.01
90.02	OUTPATIENT PSYCHIATRIC	184,812	718,013	0.257394			90.02
90.03	WOUND CLINIC	17,046	816,182	0.020885	13,107	274	90.03
90.04	NEUROSURGERY						90.04
90.05	DR JATOI						90.05
90.06	UROLOGY PHYSICIAN						90.06
90.07	DR. CHU						90.07
90.08	SPORTS MEDICINE CLINIC						90.08
90.09	DR. SHANKER						90.09
90.10	DR MIRMIRA						90.10
90.11	DR TOKHI						90.11
90.12	CT/PET	13,575	1,516,593	0.008951			90.12
90.13	RADIATION ONCOLOGY	45,753	5,610,123	0.008155			90.13
90.14	SPORTS MED-REHAB						90.14
90.15	MACON COUNT MEDICAL ASSOCIATES						90.15
90.16	DR BRITT						90.16
90.17	ARTHUR FAMILY MEDICINE CENTER						90.17
90.18	DR BOCK						90.18
90.19	PEDIATRIC PROF SERVICES						90.19
90.20	DR ANDERSON						90.20
90.21	DR HABIB						90.21
90.22	DR HANNEKEN						90.22
90.23	DR MUNESSES						90.23
90.24	DR KOHLI						90.24
90.25	DR DUNCAN						90.25
90.26	MT ZION FAMILY PRACTICE						90.26
90.27	DR POWELL						90.27
90.28	CHEMOTHEROPY						90.28
91	Emergency	2,047,288	50,605,188	0.040456	15,778	638	91
92	Observation Beds (Non-Distinct		1,942,106				92
OTHER REIMBURSABLE COST CENTERS							

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T166

**WORKSHEET D
PART II**

Check Title v Hospital SUB (Other) PPS
 Applicable Title XVIII, Part A IPF TEFRA
 Boxes: Title XIX IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
200	Total (sum of lines 50-199)	11,074,836	485,089,657		10,208,351	289,932	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T166

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthet- ist 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
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY							50.02
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
53.01	PAIN CENTER							53.01
54	Radiology-Diagnostic							54
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62	Whole Blood & Packed Red Blood							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
75	ASC (Non-Distinct Part)							75
76	TREATMENT CENTER							76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	PRENATAL CLINIC							90.01
90.02	OUTPATIENT PSYCHIATRIC							90.02
90.03	WOUND CLINIC							90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CTPET							90.12
90.13	RADIATION ONCOLOGY							90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY							90.28
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T166

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)
(A)	Cost Center Description	1	2	3	4	5	6

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T166

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	29,284,090			24,632			50
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY	4,619,116			4,614			50.02
51	Recovery Room	5,405,513			5,538			51
52	Delivery Room & Labor Room	4,524,762						52
53	Anesthesiology	7,369,696			1,789			53
53.01	PAIN CENTER	6,994,063			3,552			53.01
54	Radiology-Diagnostic	26,195,325			127,453			54
56	Radioisotope	1,688,996			15,620			56
57	CT Scan	54,813,692			149,397			57
58	MRI	14,405,263			27,143			58
59	Cardiac Catheterization	34,752,146						59
60	Laboratory	80,299,719			875,678			60
62	Whole Blood & Packed Red Blood	2,148,194			9,620			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	11,658,373			503,957			65
66	Physical Therapy	24,186,464			6,959,887			66
69	Electrocardiology	29,240,387			40,973			69
70	Electroencephalography	4,687,160			3,656			70
71	Medical Supplies Charged to Pat	7,796,706			16,343			71
72	Impl. Dev. Charged to Patients	21,687,524			10,800			72
73	Drugs Charged to Patients	49,621,477			1,398,814			73
75	ASC (Non-Distinct Part)	1,990,320						75
76	TREATMENT CENTER							76
76.97	CARDIAC REHABILITATION	512,466						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	PRENATAL CLINIC							90.01
90.02	OUTPATIENT PSYCHIATRIC	718,013						90.02
90.03	WOUND CLINIC	816,182			13,107			90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CT/PET	1,516,593						90.12
90.13	RADIATION ONCOLOGY	5,610,123						90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY							90.28
91	Emergency	50,605,188			15,778			91
92	Observation Beds (Non-Distinct	1,942,106						92
OTHER REIMBURSABLE COST CENTERS								

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T166

**WORKSHEET D
PART IV**

Check Title v Hospital SUB (Other) ICF/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)	
200	Total (sum of lines 50-199)	485,089,657			10,208,351				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T166

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.140841							50
50.01	STONE CENTER								50.01
50.02	ENDOSCOPY	0.223760							50.02
51	Recovery Room	0.173142							51
52	Delivery Room & Labor Room	0.573379							52
53	Anesthesiology	0.240691							53
53.01	PAIN CENTER	0.150658							53.01
54	Radiology-Diagnostic	0.177953							54
56	Radioisotope	0.373957							56
57	CT Scan	0.025726							57
58	MRI	0.048435							58
59	Cardiac Catheterization	0.077858							59
60	Laboratory	0.120470							60
62	Whole Blood & Packed Red Blood	0.319397							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.256857							65
66	Physical Therapy	0.173177							66
69	Electrocardiology	0.084187							69
70	Electroencephalography	0.156380							70
71	Medical Supplies Charged to Pat	0.515629							71
72	Impl. Dev. Charged to Patients	0.386710							72
73	Drugs Charged to Patients	0.173628							73
75	ASC (Non-Distinct Part)	0.409116							75
76	TREATMENT CENTER								76
76.97	CARDIAC REHABILITATION	0.431933							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	PRENATAL CLINIC								90.01
90.02	OUTPATIENT PSYCHIATRIC	0.775550							90.02
90.03	WOUND CLINIC	0.436850							90.03
90.04	NEUROSURGERY								90.04
90.05	DR JATOI								90.05
90.06	UROLOGY PHYSICIAN								90.06
90.07	DR. CHU								90.07
90.08	SPORTS MEDICINE CLINIC								90.08
90.09	DR. SHANKER								90.09
90.10	DR MIRMIRA								90.10
90.11	DR TOKHI								90.11
90.12	CTPET	0.184843							90.12
90.13	RADIATION ONCOLOGY	0.171861							90.13
90.14	SPORTS MED-REHAB								90.14
90.15	MACON COUNT MEDICAL ASSOCIATES								90.15
90.16	DR BRITT								90.16
90.17	ARTHUR FAMILY MEDICINE CENTER								90.17
90.18	DR BOCK								90.18
90.19	PEDIATRIC PROF SERVICES								90.19
90.20	DR ANDERSON								90.20
90.21	DR HABIB								90.21
90.22	DR HANNEKEN								90.22
90.23	DR MUNESSES								90.23
90.24	DR KOHLI								90.24
90.25	DR DUNCAN								90.25
90.26	MT ZION FAMILY PRACTICE								90.26
90.27	DR POWELL								90.27
90.28	CHEMOTHEROPY								90.28

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T166

**WORKSHEET D
PART V**

Check Title V - O/P Hospital SUB (Other) Swing Bed SNF
 Applicable Title XVIII, Part B IPF SNF Swing Bed NF
 Boxes: Title XIX - O/P IRF NF ICF/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	
91	Emergency	0.146291							91
92	Observation Beds (Non-Distinct)	0.602923							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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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 Adjust-ment	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)	5,647,110		5,647,110	30,284	186.47	7,212	1,344,822	30
31	Intensive Care Unit	493,708		493,708	2,316	213.17	234	49,882	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	580,427		580,427	4,456	130.26	47	6,122	40
41	Subprovider - IRF	834,392		834,392	4,268	195.50	227	44,379	41
42	Subprovider I								42
43	Nursery	141,056		141,056	1,659	85.02	798	67,846	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	7,696,693		7,696,693	42,983		8,518	1,513,051	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0166

**WORKSHEET D
PART II**

Check Title V Hospital SUB (Other)
 Applicable Title XVIII, Part A IPF
 Boxes: Title XIX IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)
1	2	3	4	5		
ANCILLARY SERVICE COST CENTERS						
50	Operating Room	988,144	29,284,090	0.033743		50
50.01	STONE CENTER					50.01
50.02	ENDOSCOPY	202,207	4,619,116	0.043776		50.02
51	Recovery Room	149,085	5,405,513	0.027580		51
52	Delivery Room & Labor Room	545,540	4,524,762	0.120568		52
53	Anesthesiology	122,116	7,369,696	0.016570		53
53.01	PAIN CENTER	211,083	6,994,063	0.030180		53.01
54	Radiology-Diagnostic	871,543	26,195,325	0.033271		54
56	Radioisotope	64,991	1,688,996	0.038479		56
57	CT Scan	129,141	54,813,692	0.002356		57
58	MRI	80,950	14,405,263	0.005619		58
59	Cardiac Catheterization	367,065	34,752,146	0.010562		59
60	Laboratory	2,098,690	80,299,719	0.026136		60
62	Whole Blood & Packed Red Blood	55,108	2,148,194	0.025653		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	171,142	11,658,373	0.014680		65
66	Physical Therapy	814,373	24,186,464	0.033671		66
69	Electrocardiology	305,730	29,240,387	0.010456		69
70	Electroencephalography	153,164	4,687,160	0.032677		70
71	Medical Supplies Charged to Pat	263,607	7,796,706	0.033810		71
72	Impl. Dev. Charged to Patients	553,210	21,687,524	0.025508		72
73	Drugs Charged to Patients	571,021	49,621,477	0.011508		73
75	ASC (Non-Distinct Part)	37,987	1,990,320	0.019086		75
76	TREATMENT CENTER					76
76.97	CARDIAC REHABILITATION	10,465	512,466	0.020421		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	PRENATAL CLINIC					90.01
90.02	OUTPATIENT PSYCHIATRIC	184,812	718,013	0.257394		90.02
90.03	WOUND CLINIC	17,046	816,182	0.020885		90.03
90.04	NEUROSURGERY					90.04
90.05	DR JATOI					90.05
90.06	UROLOGY PHYSICIAN					90.06
90.07	DR. CHU					90.07
90.08	SPORTS MEDICINE CLINIC					90.08
90.09	DR. SHANKER					90.09
90.10	DR MIRMIRA					90.10
90.11	DR TOKHI					90.11
90.12	CT/PET	13,575	1,516,593	0.008951		90.12
90.13	RADIATION ONCOLOGY	45,753	5,610,123	0.008155		90.13
90.14	SPORTS MED-REHAB					90.14
90.15	MACON COUNT MEDICAL ASSOCIATES					90.15
90.16	DR BRITT					90.16
90.17	ARTHUR FAMILY MEDICINE CENTER					90.17
90.18	DR BOCK					90.18
90.19	PEDIATRIC PROF SERVICES					90.19
90.20	DR ANDERSON					90.20
90.21	DR HABIB					90.21
90.22	DR HANNEKEN					90.22
90.23	DR MUNESSES					90.23
90.24	DR KOHLI					90.24
90.25	DR DUNCAN					90.25
90.26	MT ZION FAMILY PRACTICE					90.26
90.27	DR POWELL					90.27
90.28	CHEMOTHEROPY					90.28
91	Emergency	2,047,288	50,605,188	0.040456		91
92	Observation Beds (Non-Distinct	313,644	1,942,106	0.161497		92
OTHER REIMBURSABLE COST CENTERS						

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0166

**WORKSHEET D
PART II**

Check Title v Hospital SUB (Other)
 Applicable Title XVIII, Part A IPF
 Boxes: Title XIX IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
200	Total (sum of lines 50-199)	11,388,480	485,089,657				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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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	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)
		1	2	3	4	5
	INPATIENT ROUTINE 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 MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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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)	30,284		7,212		30
31	Intensive Care Unit	2,316		234		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF	4,456		47		40
41	Subprovider - IRF	4,268		227		41
42	Subprovider I					42
43	Nursery	1,659		798		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	42,983		8,518		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0166

**WORKSHEET D
PART IV**

Check Title v Hospital SUB (Other) ICF/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
50.01	STONE CENTER							50.01
50.02	ENDOSCOPY							50.02
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
53.01	PAIN CENTER							53.01
54	Radiology-Diagnostic							54
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62	Whole Blood & Packed Red Blood							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
75	ASC (Non-Distinct Part)							75
76	TREATMENT CENTER							76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	PRENATAL CLINIC							90.01
90.02	OUTPATIENT PSYCHIATRIC							90.02
90.03	WOUND CLINIC							90.03
90.04	NEUROSURGERY							90.04
90.05	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
90.07	DR. CHU							90.07
90.08	SPORTS MEDICINE CLINIC							90.08
90.09	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
90.11	DR TOKHI							90.11
90.12	CTPET							90.12
90.13	RADIATION ONCOLOGY							90.13
90.14	SPORTS MED-REHAB							90.14
90.15	MACON COUNT MEDICAL ASSOCIATES							90.15
90.16	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17
90.18	DR BOCK							90.18
90.19	PEDIATRIC PROF SERVICES							90.19
90.20	DR ANDERSON							90.20
90.21	DR HABIB							90.21
90.22	DR HANNEKEN							90.22
90.23	DR MUNESSES							90.23
90.24	DR KOHLI							90.24
90.25	DR DUNCAN							90.25
90.26	MT ZION FAMILY PRACTICE							90.26
90.27	DR POWELL							90.27
90.28	CHEMOTHEROPY							90.28
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0166

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)
		1	2	3	4	5	6

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0166

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	29,284,090							50
50.01	STONE CENTER								50.01
50.02	ENDOSCOPY	4,619,116							50.02
51	Recovery Room	5,405,513							51
52	Delivery Room & Labor Room	4,524,762							52
53	Anesthesiology	7,369,696							53
53.01	PAIN CENTER	6,994,063							53.01
54	Radiology-Diagnostic	26,195,325							54
56	Radioisotope	1,688,996							56
57	CT Scan	54,813,692							57
58	MRI	14,405,263							58
59	Cardiac Catheterization	34,752,146							59
60	Laboratory	80,299,719							60
62	Whole Blood & Packed Red Blood	2,148,194							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	11,658,373							65
66	Physical Therapy	24,186,464							66
69	Electrocardiology	29,240,387							69
70	Electroencephalography	4,687,160							70
71	Medical Supplies Charged to Pat	7,796,706							71
72	Impl. Dev. Charged to Patients	21,687,524							72
73	Drugs Charged to Patients	49,621,477							73
75	ASC (Non-Distinct Part)	1,990,320							75
76	TREATMENT CENTER								76
76.97	CARDIAC REHABILITATION	512,466							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	PRENATAL CLINIC								90.01
90.02	OUTPATIENT PSYCHIATRIC	718,013							90.02
90.03	WOUND CLINIC	816,182							90.03
90.04	NEUROSURGERY								90.04
90.05	DR JATOI								90.05
90.06	UROLOGY PHYSICIAN								90.06
90.07	DR. CHU								90.07
90.08	SPORTS MEDICINE CLINIC								90.08
90.09	DR. SHANKER								90.09
90.10	DR MIRMIRA								90.10
90.11	DR TOKHI								90.11
90.12	CT/PET	1,516,593							90.12
90.13	RADIATION ONCOLOGY	5,610,123							90.13
90.14	SPORTS MED-REHAB								90.14
90.15	MACON COUNT MEDICAL ASSOCIATES								90.15
90.16	DR BRITT								90.16
90.17	ARTHUR FAMILY MEDICINE CENTER								90.17
90.18	DR BOCK								90.18
90.19	PEDIATRIC PROF SERVICES								90.19
90.20	DR ANDERSON								90.20
90.21	DR HABIB								90.21
90.22	DR HANNEKEN								90.22
90.23	DR MUNESSES								90.23
90.24	DR KOHLI								90.24
90.25	DR DUNCAN								90.25
90.26	MT ZION FAMILY PRACTICE								90.26
90.27	DR POWELL								90.27
90.28	CHEMOTHEROPY								90.28
91	Emergency	50,605,188							91
92	Observation Beds (Non-Distinct	1,942,106							92
	OTHER REIMBURSABLE COST CENTERS								

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0166

**WORKSHEET D
PART IV**

Check Title v Hospital SUB (Other) ICF/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)	
200	Total (sum of lines 50-199)	485,089,657							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0166

**WORKSHEET D
PART V**

Check Title V - O/P Hospital SUB (Other) Swing Bed SNF
 Applicable Title XVIII, Part B IPF SNF Swing Bed NF
 Boxes: Title XIX - O/P IRF NF ICF/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.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.140841							50
50.01	STONE CENTER								50.01
50.02	ENDOSCOPY	0.223760							50.02
51	Recovery Room	0.173142							51
52	Delivery Room & Labor Room	0.573379							52
53	Anesthesiology	0.240691							53
53.01	PAIN CENTER	0.150658							53.01
54	Radiology-Diagnostic	0.177953							54
56	Radioisotope	0.373957							56
57	CT Scan	0.025726							57
58	MRI	0.048435							58
59	Cardiac Catheterization	0.077858							59
60	Laboratory	0.120470							60
62	Whole Blood & Packed Red Blood	0.319397							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.256857							65
66	Physical Therapy	0.173177							66
69	Electrocardiology	0.084187							69
70	Electroencephalography	0.156380							70
71	Medical Supplies Charged to Pat	0.515629							71
72	Impl. Dev. Charged to Patients	0.386710							72
73	Drugs Charged to Patients	0.173628							73
75	ASC (Non-Distinct Part)	0.409116							75
76	TREATMENT CENTER								76
76.97	CARDIAC REHABILITATION	0.431933							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	PRENATAL CLINIC								90.01
90.02	OUTPATIENT PSYCHIATRIC	0.775550							90.02
90.03	WOUND CLINIC	0.436850							90.03
90.04	NEUROSURGERY								90.04
90.05	DR JATOI								90.05
90.06	UROLOGY PHYSICIAN								90.06
90.07	DR. CHU								90.07
90.08	SPORTS MEDICINE CLINIC								90.08
90.09	DR. SHANKER								90.09
90.10	DR MIRMIRA								90.10
90.11	DR TOKHI								90.11
90.12	CTPET	0.184843							90.12
90.13	RADIATION ONCOLOGY	0.171861							90.13
90.14	SPORTS MED-REHAB								90.14
90.15	MACON COUNT MEDICAL ASSOCIATES								90.15
90.16	DR BRITT								90.16
90.17	ARTHUR FAMILY MEDICINE CENTER								90.17
90.18	DR BOCK								90.18
90.19	PEDIATRIC PROF SERVICES								90.19
90.20	DR ANDERSON								90.20
90.21	DR HABIB								90.21
90.22	DR HANNEKEN								90.22
90.23	DR MUNESSES								90.23
90.24	DR KOHLI								90.24
90.25	DR DUNCAN								90.25
90.26	MT ZION FAMILY PRACTICE								90.26
90.27	DR POWELL								90.27
90.28	CHEMOTHEROPY								90.28

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0166

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
91	Emergency	0.146291							91
92	Observation Beds (Non-Distinct)	0.602923							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0166

**WORKSHEET D-1
PART I**

Check Title V - I/P Hospital SUB (Other) ICF/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)	30,284	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	30,284	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)	28,602	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)	11,576	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)	21,082,606	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)	21,082,606	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)	21,082,606	37

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0166

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						696.16	38
39	Program general inpatient routine service cost (line 9 x line 38)						8,058,748	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)							40
41	Total Program general inpatient routine service cost (line 39 + line 40)						8,058,748	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
42	Nursery (Titles V and XIX only)							42
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	3,053,719	2,316	1,318.53	1,374	1,811,660		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)						14,917,160	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						24,787,568	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						2,451,473	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						1,864,033	51
52	Total Program excludable cost (sum of lines 50 and 51)						4,315,506	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						20,472,062	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 MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0166

**WORKSHEET D-1
PARTS III & IV**

Check Title V - I/P Hospital SUB (Other) ICF/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)					1,682	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					696.16	88
89	Observation bed cost (line 87 x line 88) (see instructions)					1,170,941	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	5,647,110	21,082,606	0.267856	1,170,941	313,644	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S166

**WORKSHEET D-1
PART I**

Check Title V - I/P Hospital SUB (Other) ICF/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)	4,456	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,456	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	4,456	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)	3,250	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)	2,427,440	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)	2,427,440	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)	2,427,440	37

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S166

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	544.76	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,770,470	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	1,770,470	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	592,574	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	2,363,044	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	423,345	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	86,850	51
52	Total Program excludable cost (sum of lines 50 and 51)	510,195	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,852,849	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 MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T166

**WORKSHEET D-1
PART I**

Check Title V - I/P Hospital SUB (Other) ICF/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)	4,268	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,268	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	4,268	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)	3,373	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)	3,754,201	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)	3,754,201	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)	3,754,201	37

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T166

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	879.62	38
39	Program general inpatient routine service cost (line 9 x line 38)	2,966,958	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	2,966,958	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,750,988	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	4,717,946	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	659,422	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	289,932	51
52	Total Program excludable cost (sum of lines 50 and 51)	949,354	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	3,768,592	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 MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0166

**WORKSHEET D-1
PART I**

Check Title V - I/P Hospital SUB (Other) ICF/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)	30,284	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	30,284	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)	28,602	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)	7,212	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)	1,659	15
16	Nursery days (title V or XIX only)	798	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)	21,082,606	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)	21,082,606	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)	21,082,606	37

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0166

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						696.16	38
39	Program general inpatient routine service cost (line 9 x line 38)						5,020,706	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)							40
41	Total Program general inpatient routine service cost (line 39 + line 40)						5,020,706	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
42	Nursery (Titles V and XIX only)	845,171	1,659	509.45	798	406,541		42
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	3,053,719	2,316	1,318.53	234	308,536		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)							48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						5,735,783	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						1,462,550	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							51
52	Total Program excludable cost (sum of lines 50 and 51)						1,462,550	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 MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0166

**WORKSHEET D-1
PARTS III & IV**

Check Title V - I/P Hospital SUB (Other) ICF/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)					1,682	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 27)	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 MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0166

WORKSHEET D-3

Check Title v Hospital SUB (Other) Swing Bed SNF PPS
 Applicable Title XVIII, Part A IPF SNF Swing Bed NF TEFRA
 Boxes: Title XIX IRF NF ICF/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		9,090,870		30
31	Intensive Care Unit		2,193,538		31
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.140847	8,035,069	1,131,715	50
50.01	STONE CENTER				50.01
50.02	ENDOSCOPY	0.223760	336,632	75,325	50.02
51	Recovery Room	0.173142	710,007	122,932	51
52	Delivery Room & Labor Room	0.573433	9,511	5,454	52
53	Anesthesiology	0.240691	1,618,400	389,534	53
53.01	PAIN CENTER	0.150658	369	56	53.01
54	Radiology-Diagnostic	0.177953	3,334,928	593,460	54
56	Radioisotope	0.373957	358,975	134,241	56
57	CT Scan	0.025897	7,937,148	205,548	57
58	MRI	0.048435	1,329,253	64,382	58
59	Cardiac Catheterization	0.077858	6,832,418	531,958	59
60	Laboratory	0.120491	15,108,992	1,820,498	60
62	Whole Blood & Packed Red Blood Cells	0.319397	627,986	200,577	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.256857	6,169,381	1,584,649	65
66	Physical Therapy	0.173177	2,957,080	512,098	66
69	Electrocardiology	0.084187	3,748,943	315,612	69
70	Electroencephalography	0.157428	119,102	18,750	70
71	Medical Supplies Charged to Patients	0.515629	2,235,908	1,152,899	71
72	Impl. Dev. Charged to Patients	0.386710	6,941,946	2,684,520	72
73	Drugs Charged to Patients	0.173628	13,832,974	2,401,792	73
75	ASC (Non-Distinct Part)	0.409116	11,271	4,611	75
76	TREATMENT CENTER				76
76.97	CARDIAC REHABILITATION	0.431933	2,576	1,113	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	PRENATAL CLINIC				90.01
90.02	OUTPATIENT PSYCHIATRIC	0.775550			90.02
90.03	WOUND CLINIC	0.436850	146,711	64,091	90.03
90.04	NEUROSURGERY				90.04
90.05	DR JATOI				90.05
90.06	UROLOGY PHYSICIAN				90.06
90.07	DR. CHU				90.07
90.08	SPORTS MEDICINE CLINIC				90.08
90.09	DR. SHANKER				90.09
90.10	DR MIRMIRA				90.10
90.11	DR TOKHI				90.11
90.12	CTPET	0.184843			90.12
90.13	RADIATION ONCOLOGY	0.171861	12,331	2,119	90.13
90.14	SPORTS MED-REHAB				90.14
90.15	MACON COUNT MEDICAL ASSOCIATES				90.15
90.16	DR BRITT				90.16
90.17	ARTHUR FAMILY MEDICINE CENTER				90.17
90.18	DR BOCK				90.18
90.19	PEDIATRIC PROF SERVICES				90.19
90.20	DR ANDERSON				90.20
90.21	DR HABIB				90.21
90.22	DR HANNEKEN				90.22
90.23	DR MUNESSES				90.23
90.24	DR KOHLI				90.24
90.25	DR DUNCAN				90.25
90.26	MT ZION FAMILY PRACTICE				90.26
90.27	DR POWELL				90.27
90.28	CHEMOTHEROPY				90.28

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0166

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
91	Emergency	0.146291	5,608,860	820,526	91
92	Observation Beds (Non-Distinct Part)	0.602923	130,530	78,700	92
OTHER REIMBURSABLE COST CENTERS					
200	Total (sum of lines 50-94, and 96-98)		88,157,301	14,917,160	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		88,157,301		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S166

WORKSHEET D-3

Check Title v Hospital SUB (Other) Swing Bed SNF PPS
 Applicable Title XVIII, Part A IPF SNF Swing Bed NF TEFRA
 Boxes: Title XIX IRF NF ICF/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				30
31	Intensive Care Unit				31
40	Subprovider - IPF		2,515,630		40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.140847	3,375	475	50
50.01	STONE CENTER				50.01
50.02	ENDOSCOPY	0.223760	4,714	1,055	50.02
51	Recovery Room	0.173142	12,324	2,134	51
52	Delivery Room & Labor Room	0.573433			52
53	Anesthesiology	0.240691	11,660	2,806	53
53.01	PAIN CENTER	0.150658	17,543	2,643	53.01
54	Radiology-Diagnostic	0.177953	94,386	16,796	54
56	Radioisotope	0.373957	15,897	5,945	56
57	CT Scan	0.025897	254,376	6,588	57
58	MRI	0.048435	33,086	1,603	58
59	Cardiac Catheterization	0.077858			59
60	Laboratory	0.120491	1,136,625	136,953	60
62	Whole Blood & Packed Red Blood Cells	0.319397			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.256857	35,565	9,135	65
66	Physical Therapy	0.173177	712,140	123,326	66
69	Electrocardiology	0.084187	56,850	4,786	69
70	Electroencephalography	0.157428	3,696	582	70
71	Medical Supplies Charged to Patients	0.515629	40,025	20,638	71
72	Impl. Dev. Charged to Patients	0.386710			72
73	Drugs Charged to Patients	0.173628	1,272,218	220,893	73
75	ASC (Non-Distinct Part)	0.409116			75
76	TREATMENT CENTER				76
76.97	CARDIAC REHABILITATION	0.431933			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	PRENATAL CLINIC				90.01
90.02	OUTPATIENT PSYCHIATRIC	0.775550			90.02
90.03	WOUND CLINIC	0.436850			90.03
90.04	NEUROSURGERY				90.04
90.05	DR JATOI				90.05
90.06	UROLOGY PHYSICIAN				90.06
90.07	DR. CHU				90.07
90.08	SPORTS MEDICINE CLINIC				90.08
90.09	DR. SHANKER				90.09
90.10	DR MIRMIRA				90.10
90.11	DR TOKHI				90.11
90.12	CTPET	0.184843			90.12
90.13	RADIATION ONCOLOGY	0.171861			90.13
90.14	SPORTS MED-REHAB				90.14
90.15	MACON COUNT MEDICAL ASSOCIATES				90.15
90.16	DR BRITT				90.16
90.17	ARTHUR FAMILY MEDICINE CENTER				90.17
90.18	DR BOCK				90.18
90.19	PEDIATRIC PROF SERVICES				90.19
90.20	DR ANDERSON				90.20
90.21	DR HABIB				90.21
90.22	DR HANNEKEN				90.22
90.23	DR MUNESSES				90.23
90.24	DR KOHLI				90.24
90.25	DR DUNCAN				90.25
90.26	MT ZION FAMILY PRACTICE				90.26
90.27	DR POWELL				90.27
90.28	CHEMOTHEROPY				90.28

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S166

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
91	Emergency	0.146291	247,562	36,216	91
92	Observation Beds (Non-Distinct Part)	0.602923			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		3,952,042	592,574	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		3,952,042		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T166

WORKSHEET D-3

Check Title v Hospital SUB (Other) Swing Bed SNF PPS
 Applicable Title XVIII, Part A IPF SNF Swing Bed NF TEFRA
 Boxes: Title XIX IRF NF ICF/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				30
31	Intensive Care Unit				31
40	Subprovider - IPF				40
41	Subprovider - IRF		4,235,369		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.140847	24,632	3,469	50
50.01	STONE CENTER				50.01
50.02	ENDOSCOPY	0.223760	4,614	1,032	50.02
51	Recovery Room	0.173142	5,538	959	51
52	Delivery Room & Labor Room	0.573433			52
53	Anesthesiology	0.240691	1,789	431	53
53.01	PAIN CENTER	0.150658	3,552	535	53.01
54	Radiology-Diagnostic	0.177953	127,453	22,681	54
56	Radioisotope	0.373957	15,620	5,841	56
57	CT Scan	0.025897	149,397	3,869	57
58	MRI	0.048435	27,143	1,315	58
59	Cardiac Catheterization	0.077858			59
60	Laboratory	0.120491	875,678	105,511	60
62	Whole Blood & Packed Red Blood Cells	0.319397	9,620	3,073	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.256857	503,957	129,445	65
66	Physical Therapy	0.173177	6,959,887	1,205,292	66
69	Electrocardiology	0.084187	40,973	3,449	69
70	Electroencephalography	0.157428	3,656	576	70
71	Medical Supplies Charged to Patients	0.515629	16,343	8,427	71
72	Impl. Dev. Charged to Patients	0.386710	10,800	4,176	72
73	Drugs Charged to Patients	0.173628	1,398,814	242,873	73
75	ASC (Non-Distinct Part)	0.409116			75
76	TREATMENT CENTER				76
76.97	CARDIAC REHABILITATION	0.431933			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	PRENATAL CLINIC				90.01
90.02	OUTPATIENT PSYCHIATRIC	0.775550			90.02
90.03	WOUND CLINIC	0.436850	13,107	5,726	90.03
90.04	NEUROSURGERY				90.04
90.05	DR JATOI				90.05
90.06	UROLOGY PHYSICIAN				90.06
90.07	DR. CHU				90.07
90.08	SPORTS MEDICINE CLINIC				90.08
90.09	DR. SHANKER				90.09
90.10	DR MIRMIRA				90.10
90.11	DR TOKHI				90.11
90.12	CTPET	0.184843			90.12
90.13	RADIATION ONCOLOGY	0.171861			90.13
90.14	SPORTS MED-REHAB				90.14
90.15	MACON COUNT MEDICAL ASSOCIATES				90.15
90.16	DR BRITT				90.16
90.17	ARTHUR FAMILY MEDICINE CENTER				90.17
90.18	DR BOCK				90.18
90.19	PEDIATRIC PROF SERVICES				90.19
90.20	DR ANDERSON				90.20
90.21	DR HABIB				90.21
90.22	DR HANNEKEN				90.22
90.23	DR MUNESSES				90.23
90.24	DR KOHLI				90.24
90.25	DR DUNCAN				90.25
90.26	MT ZION FAMILY PRACTICE				90.26
90.27	DR POWELL				90.27
90.28	CHEMOTHEROPY				90.28

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T166

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
91	Emergency	0.146291	15,778	2,308	91
92	Observation Beds (Non-Distinct Part)	0.602923			92
OTHER REIMBURSABLE COST CENTERS					
200	Total (sum of lines 50-94, and 96-98)		10,208,351	1,750,988	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		10,208,351		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0166

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF				40
41	Subprovider - IRF				41
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.140841			50
50.01	STONE CENTER				50.01
50.02	ENDOSCOPY	0.223760			50.02
51	Recovery Room	0.173142			51
52	Delivery Room & Labor Room	0.573379			52
53	Anesthesiology	0.240691			53
53.01	PAIN CENTER	0.150658			53.01
54	Radiology-Diagnostic	0.177953			54
56	Radioisotope	0.373957			56
57	CT Scan	0.025726			57
58	MRI	0.048435			58
59	Cardiac Catheterization	0.077858			59
60	Laboratory	0.120470			60
62	Whole Blood & Packed Red Blood Cells	0.319397			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.256857			65
66	Physical Therapy	0.173177			66
69	Electrocardiology	0.084187			69
70	Electroencephalography	0.156380			70
71	Medical Supplies Charged to Patients	0.515629			71
72	Impl. Dev. Charged to Patients	0.386710			72
73	Drugs Charged to Patients	0.173628			73
75	ASC (Non-Distinct Part)	0.409116			75
76	TREATMENT CENTER				76
76.97	CARDIAC REHABILITATION	0.431933			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	PRENATAL CLINIC				90.01
90.02	OUTPATIENT PSYCHIATRIC	0.775550			90.02
90.03	WOUND CLINIC	0.436850			90.03
90.04	NEUROSURGERY				90.04
90.05	DR JATOI				90.05
90.06	UROLOGY PHYSICIAN				90.06
90.07	DR. CHU				90.07
90.08	SPORTS MEDICINE CLINIC				90.08
90.09	DR. SHANKER				90.09
90.10	DR MIRMIRA				90.10
90.11	DR TOKHI				90.11
90.12	CTPET	0.184843			90.12
90.13	RADIATION ONCOLOGY	0.171861			90.13
90.14	SPORTS MED-REHAB				90.14
90.15	MACON COUNT MEDICAL ASSOCIATES				90.15
90.16	DR BRITT				90.16
90.17	ARTHUR FAMILY MEDICINE CENTER				90.17
90.18	DR BOCK				90.18
90.19	PEDIATRIC PROF SERVICES				90.19
90.20	DR ANDERSON				90.20
90.21	DR HABIB				90.21
90.22	DR HANNEKEN				90.22
90.23	DR MUNESSES				90.23
90.24	DR KOHLI				90.24
90.25	DR DUNCAN				90.25
90.26	MT ZION FAMILY PRACTICE				90.26
90.27	DR POWELL				90.27

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0166

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
90.28	CHEMOTHEROPY				90.28
91	Emergency	0.146291			91
92	Observation Beds (Non-Distinct Part)	0.602923			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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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)	5,285,723			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	15,867,167			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)	68,371			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	3,241,263			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	191.39			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)	4.38			5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	3.20			7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 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)	1.18			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	0.86			10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)	0.86			12
13	Total allowable FTE count for the prior year	1.18			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	1.05			14
15	Sum of lines 12 through 14 divided by 3	1.03			15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count	1.03			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.005382			19
20	Prior year resident to bed ratio (see instructions)	0.006165			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.005382			21
22	IME payment adjustment (see instructions)	71,670			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)	-0.32			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)	71,670			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)	0.0600			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.3501			31
32	Sum of lines 30 and 31	0.4101			32
33	Allowable disproportionate share percentage (see instructions)	0.2305			33
34	Disproportionate share adjustment (see instructions)	1,218,936			34
		Prior to	On or after		
		October 1	October 1		
	Uncompensated Care Adjustment				
35	Total uncompensated care amount (see instructions)	9,046,380,143	7,647,644,885		35
35.01	Factor 3 (see instructions)	0.000293085	0.000317421		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,651,358	2,427,523		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	668,288	1,815,654		35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,483,942			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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	24,995,809			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)	24,995,809			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	1,833,190			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)	34,101			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)	26,863,100			59
60	Primary payer payments	19,107			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	26,843,993			61
62	Deductibles billed to program beneficiaries	2,570,804			62
63	Coinsurance billed to program beneficiaries	109,533			63
64	Allowable bad debts (see instructions)	562,012			64
65	Adjusted reimbursable bad debts (see instructions)	365,308			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	429,259			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	24,528,964			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
70.93	HVBP payment adjustment amount (see instructions)	-6,395			70.93
70.94	HRR adjustment amount (see instructions)	-120,771			70.94
71	Amount due provider (see instructions)	24,401,798			71
71.01	Sequestration adjustment (see instructions)	488,036			71.01
72	Interim payments	23,736,731			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	177,031			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	135,077			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

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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0166

**WORKSHEET E
PART B**

Check applicable box: Hospital IPF IRF SUB (Other) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	16,554			1
2	Medical and other services reimbursed under OPPS (see instructions)	12,673,926			2
3	PPS payments	13,531,676			3
4	Outlier payment (see instructions)	23,360			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)	16,554			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	95,341			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)	95,341			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)	95,341			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	78,787			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)	16,554			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)	13,555,036			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	2,755,981			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)	10,815,609			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	13,588			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	10,829,197			30
31	Primary payer payments	164			31
32	Subtotal (line 30 minus line 31)	10,829,033			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)	360,228			34
35	Adjusted reimbursable bad debts (see instructions)	234,148			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	204,314			36
37	Subtotal (see instructions)	11,063,181			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)	11,063,181			40
40.01	Sequestration adjustment (see instructions)	221,264			40.01
41	Interim payments	10,994,813			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-152,896			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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S166

**WORKSHEET E
PART B**

Check applicable box: Hospital IPF IRF SUB (Other) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (see instructions)				2
3	PPS payments				3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 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)				24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)				27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)				30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)				32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)				37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)				40
40.01	Sequestration adjustment (see instructions)				40.01
41	Interim payments				41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				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 MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T166

**WORKSHEET E
PART B**

Check applicable box: Hospital IPF IRF SUB (Other) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (see instructions)				2
3	PPS payments				3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 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)				24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)				27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)				30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)				32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)				37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)				40
40.01	Sequestration adjustment (see instructions)				40.01
41	Interim payments				41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				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 MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0166

**WORKSHEET E-1
PART I**

Check Hospital SUB (Other)
 Applicable IPF SNF
 Boxes: IRF Swing Bed SNF

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		23,715,716		10,994,813
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	02/27/2015		21,015
		.02			3.01
		.03			3.02
	Program	.04			3.03
	to	.05			3.04
	Provider	.06			3.05
		.07			3.06
		.08			3.07
		.09			3.08
		.10			3.09
		.50			3.10
		.51			3.50
		.52			3.51
	Provider	.53			3.52
	to	.54			3.53
	Program	.55			3.54
		.56			3.55
		.57			3.56
		.58			3.57
		.59			3.58
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99		21,015	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)		23,736,731		10,994,813
	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			6.01
		.02			6.02
7	Total Medicare program liability (see instructions)				7
8	Name of Contractor		Contractor Number	NPR Date (Month/Day/Year)	8

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

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-S166

**WORKSHEET E-1
PART I**

Check Hospital SUB (Other)
 Applicable IPF SNF
 Boxes: IRF Swing Bed SNF

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		2,345,989		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. E or Wkst. E-3, line and column as appropriate)		2,345,989		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			6.01
		.02			6.02
7	Total Medicare program liability (see instructions)				7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)	
					8

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

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-T166

**WORKSHEET E-1
PART I**

Check Hospital SUB (Other)
 Applicable IPF SNF
 Boxes: IRF Swing Bed SNF

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		4,177,601		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	02/21/2014	54,605	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		-54,605	3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)			4,122,996	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			6.01
		.02			6.02
7	Total Medicare program liability (see instructions)				7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)	
					8

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

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT**WORKSHEET E-1
PART II**

Check Hospital CAH
applicable box:

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS**HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION**

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	7,477	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	12,950	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	2,231	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	30,918	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	523,249,935	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	12,957,439	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)	822,115	8
9	Sequestration adjustment amount (see instructions)	16,442	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	805,673	10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

30	Initial/interim HIT payment(s)	787,780	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	17,893	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.

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S166

**WORKSHEET E-3
PART II**

Check Hospital
Applicable Subprovider IPF
Box:

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)	2,537,066	1
2	Net IPF PPS Outlier payment	21,671	2
3	Net IPF PPS ECT payment	2,961	3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)		4
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	New teaching program adjustment (see instructions)		5
6	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)		6
7	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)		7
8	Intern and resident count for IPF PPS medical education adjustment (see instructions)		8
9	Average daily census (see instructions)	12,208,219	9
10	Teaching adjustment factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$		10
11	Teaching adjustment (line 1 multiplied by line 10)		11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	2,561,698	12
13	Nursing and allied health managed care payment (see instructions)		13
14	Organ acquisition DO NOT USE THIS LINE		14
15	Cost of physicians' services in a teaching hospital (see instructions)		15
16	Subtotal (see instructions)	2,561,698	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	2,561,698	18
19	Deductibles	156,120	19
20	Subtotal (line 18 minus line 19)	2,405,578	20
21	Coinsurance	11,706	21
22	Subtotal (line 20 minus line 21)	2,393,872	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)		23
24	Adjusted reimbursable bad debts (see instructions)		24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)		25
26	Subtotal (sum of lines 22 and 24)	2,393,872	26
27	Direct graduate medical education payments (from Wkst. E-4, line 49) (for freestanding IPF only)		27
28	Other pass through costs (see instructions)		28
29	Outlier payments reconciliation		29
30	Other adjustments (specify) (see instructions)		30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		30.50
31	Total amount payable to the provider (see instructions)	2,393,872	31
31.01	Sequestration adjustment (see instructions)	47,877	31.01
32	Interim payments	2,345,989	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	6	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		35

TO BE COMPLETED BY CONTRACTOR

50	Original outlier amount from Worksheet E-3, Part II, line 2 (see instructions)		50
51	Outlier reconciliation adjustment amount (see instructions)		51
52	The rate used to calculate the time value of money (see instructions)		52
53	Time value of money (see instructions)		53

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T166

**WORKSHEET E-3
PART III**

Check [] Hospital
Applicable [XX] Subprovider IRF
Box:

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	Net Federal PPS payment (see instructions)	4,131,600		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.015600		2
3	Inpatient Rehabilitation LIP payments (see instructions)	91,308		3
4	Outlier payments	95,306		4
5	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			5
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2)			5.01
6	New teaching program adjustment (see instructions)			6
7	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)			7
8	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)			8
9	Intern and resident count for IRF PPS medical education adjustment (see instructions)			9
10	Average daily census (see instructions)	11.693151		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	4,318,214		13
14	Nursing and allied health managed care payments (see instructions)			14
15	Organ acquisition DO NOT USE THIS LINE			15
16	Cost of physicians' services in a teaching hospital (see instructions)			16
17	Subtotal (see instructions)	4,318,214		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	4,318,214		19
20	Deductibles	53,168		20
21	Subtotal (line 19 minus line 20)	4,265,046		21
22	Coinsurance	11,589		22
23	Subtotal (line 21 minus line 22)	4,253,457		23
24	Allowable bad debts (exclude bad debts for professional services) (see instructions)			24
25	Adjusted reimbursable bad debts (see instructions)			25
26	Allowable bad debts for dual eligible beneficiaries (see instructions)			26
27	Subtotal (sum of lines 23 and 25)	4,253,457		27
28	Direct graduate medical education payments (from Wkst. E-4, line 49) (For free standing IRF only)			28
29	Other pass through costs (see instructions)			29
30	Outlier payments reconciliation			30
31	Other adjustments (specify) (see instructions)			31
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			31.50
32	Total amount payable to the provider (see instructions)	4,253,457		32
32.01	Sequestration adjustment (see instructions)	85,069		32.01
33	Interim payments	4,122,996		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 33 and 34)	45,392		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			36

TO BE COMPLETED BY CONTRACTOR

50	Original outlier amount from Wkst. E-3, Pt. III, line 4 (see instructions)			50
51	Outlier reconciliation adjustment amount (see instructions)			51
52	The rate used to calculate the Time Value of Money (see instructions)			52
53	Time Value of Money (see instructions)			53

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0166

**WORKSHEET E-3
PART VII**

Check Title V Hospital NF PPS
 Applicable Title XIX SUB (Other) ICF/IID TEFRA
 Boxes: SNF Other

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	5,735,783		1
2			2
3			3
4	5,735,783		4
5			5
6			6
7	5,735,783		7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18	5,735,783		18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	5,735,783		30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43

KPMG LLP Compu-Max 2552-10

ST MARY'S HOSPITAL Provider CCN: 14-0166	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/23/2015 Run Time: 17:37 Version: 2015.10 (11/17/2015)
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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

Check [] Title V
 Applicable [XX] Title XVIII
 Box: [] Title XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			6.19	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)				2
3	Amount of reduction to Direct GME cap under §422 of MMA			4.17	3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA §5503 increase to the direct GME FTE cal (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)				4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			2.02	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for teh current year from your records (see instructions)			0.86	6
7	Enter the lesser of line 5 or line 6			0.86	7
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.86	0.00	0.86	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.86	0.00	0.86	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
11	Total weighted FTE count	0.86	0.00		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	1.29	0.00		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.05	0.00		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	1.07	0.00		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
17	Adjusted rolling average FTE count	1.07	0.00		17
18	Per resident amount	82,000.00	82,000.00		18
19	Approved amount for resident costs	87,740		87,740	19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)				21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)			87,740	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	19,573	2,434		26
27	Total inpatient days (see instructions)	39,856	39,856		27
28	Ratio of inpatient days to total inpatient days	0.491093	0.061070		28
29	Program direct GME amount	43,088	5,358		29
30	Reduction for direct GME payments for Medicare Advantage		757		30
31	Net Program direct GME amount			47,689	31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)				33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
Part A Reasonable Cost					
37	Reasonable cost (see instructions)			31,868,558	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)			19,107	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			31,849,451	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			12,690,480	42
43	Primary payer payments (see instructions)			164	43
44	Total Part B reasonable cost (line 42 minus line 43)			12,690,316	44
45	Total reasonable cost (sum of lines 41 and 44)			44,539,767	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.715079	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.284921	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			47,689	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			34,101	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			13,588	50

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

WORKSHEET E-4

Check [] Title V
 Applicable [] Title XVIII
 Box: [XX] Title XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
		Primary Care	Other	Total
		1	2	3
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)			2
3	Amount of reduction to Direct GME cap under §422 of MMA			3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)			3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			4
4.01	ACA §5503 increase to the direct GME FTE cal (see instructions for cost reporting periods straddling 7/1/2011)			4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			5
6	Unweighted resident FTE count for allopathic and osteopathic programs for teh current year from your records (see instructions)			6
7	Enter the lesser of line 5 or line 6			7
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00 8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.00	0.00	0.00 9
10	Weighted dental and podiatric resident FTE count for the current year		0.00	10
11	Total weighted FTE count	0.00	0.00	11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00	12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00	13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00	14
15	Adjustment for residents in initial years of new programs	0.00	0.00	15
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00	16
17	Adjusted rolling average FTE count	0.00	0.00	17
18	Per resident amount	0.00	0.00	18
19	Approved amount for resident costs			19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			20
21	Direct GME FTE unweighted resident count over cap (see instructions)			21
22	Allowable additional direct GME FTE resident count (see instructions)			22
23	Enter the locality adjustment national average per resident amount (see instructions)			23
24	Multiply line 22 times line 23			24
25	Total direct GME amount (sum of lines 19 and 24)			25
COMPUTATION OF PROGRAM PATIENT LOAD				
		Inpatient Part A	Managed Care	
26	Inpatient days (see instructions)	7,855	3,258	26
27	Total inpatient days (see instructions)	39,856	39,856	27
28	Ratio of inpatient days to total inpatient days	0.197085	0.081744	28
29	Program direct GME amount			29
30	Reduction for direct GME payments for Medicare Advantage			30
31	Net Program direct GME amount			31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			34
35	Medicare outpatient ESRD charges (see instructions)			35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
Part A Reasonable Cost				
37	Reasonable cost (see instructions)			37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			38
39	Cost of physicians' services in a teaching hospital (see instructions)			39
40	Primary payer payments (see instructions)			40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41
Part B Reasonable Cost				
42	Reasonable cost (see instructions)			42
43	Primary payer payments (see instructions)			43
44	Total Part B reasonable cost (line 42 minus line 43)			44
45	Total reasonable cost (sum of lines 41 and 44)			45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	Total program GME payment (line 31)			48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			50

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BALANCE SHEET

WORKSHEET G

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

Assets (Omit Cents)		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	8,376,000				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	27,310,000				4
5	Other receivables	3,523,000				5
6	Allowances for uncollectible notes and accounts receivable	-1,482,000				6
7	Inventory	3,182,000				7
8	Prepaid expenses	782,000				8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	41,691,000				11
FIXED ASSETS						
12	Land	3,295,000				12
13	Land improvements	5,810,000				13
14	Accumulated depreciation	-3,802,000				14
15	Buildings	92,433,000				15
16	Accumulated depreciation	-37,149,000				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment	36,678,000				19
20	Accumulated depreciation	-24,997,000				20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	69,228,000				23
24	Accumulated depreciation	-52,378,000				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)	89,118,000				30
OTHER ASSETS						
31	Investments	7,137,000				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	3,584,000				34
35	Total other assets (sum of lines 31-34)	10,721,000				35
36	Total assets (sum of lines 11, 30 and 35)	141,530,000				36

Liabilities and Fund Balances (Omit Cents)		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	4,403,000				37
38	Salaries, wages and fees payable	4,996,000				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	9,133,000				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	10,237,000				44
45	Total current liabilities (sum of lines 37 thru 44)	28,769,000				45
LONG TERM LIABILITIES						
46	Mortgage payable	28,622,000				46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	21,989,000				49
50	Total long term liabilities (sum of lines 46 thru 49)	50,611,000				50
51	Total liabilities (sum of lines 45 and 50)	79,380,000				51
CAPITAL ACCOUNTS						
52	General fund balance	62,150,000				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

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BALANCE SHEET

WORKSHEET G

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

	Assets	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	(Omit Cents)	1	2	3	4	
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	62,150,000				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	141,530,000				60

KPMG LLP Compu-Max 2552-10

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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		66,030,000			1
2	Net income (loss) (from Worksheet G-3, line 29)		7,363,515			2
3	Total (sum of line 1 and line 2)		73,393,515			3
4	Additions (credit adjustments) (specify)					4
5	ASSETS RELEASED FROM RESTR	833,000				5
6						6
7	OTHER ADJ	4,485				7
8						8
9						9
10	Total additions (sum of lines 4-9)		837,485			10
11	Subtotal (line 3 plus line 10)		74,231,000			11
12	Deductions (debit adjustments) (specify)					12
13						13
14	CUM EFFECT CHANGE ACCTG PRINCIPLE	5,317,000				14
15	EXPENSES FOUNDATION					15
16	TRANSFER TO AFFILIATES	6,764,000				16
17	NET ASSETS RELEASED FROM RESTR.					17
18	Total deductions (sum of lines 12-17)		12,081,000			18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		62,150,000			19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	Fund balances at beginning of period					1
2	Net income (loss) (from Worksheet G-3, line 29)					2
3	Total (sum of line 1 and line 2)					3
4	Additions (credit adjustments) (specify)					4
5	ASSETS RELEASED FROM RESTR					5
6						6
7	OTHER ADJ					7
8						8
9						9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)					11
12	Deductions (debit adjustments) (specify)					12
13						13
14	CUM EFFECT CHANGE ACCTG PRINCIPLE					14
15	EXPENSES FOUNDATION					15
16	TRANSFER TO AFFILIATES					16
17	NET ASSETS RELEASED FROM RESTR.					17
18	Total deductions (sum of lines 12-17)					18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)					19

KPMG LLP Compu-Max 2552-10

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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	25,275,615		25,275,615	1
2	Subprovider IPF	3,414,538		3,414,538	2
3	Subprovider IRF	5,489,712		5,489,712	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)	34,179,865		34,179,865	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	3,838,104		3,838,104	11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	3,838,104		3,838,104	16
17	Total inpatient routine care services (sum of lines 10 and 16)	38,017,969		38,017,969	17
18	Ancillary services	196,695,284	314,455,572	511,150,856	18
19	Outpatient services		324,549	324,549	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	234,713,253	314,780,121	549,493,374	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		135,214,951	29
30	A-8 ADJUSTMENT TO CONFORM TO			30
31	AUDITOR'S F/S PRESENTATION			31
32				32
33	BAD DEBTS			33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		135,214,951	43

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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	549,493,374	1
2	Less contractual allowances and discounts on patients' accounts	411,320,680	2
3	Net patient revenues (line 1 minus line 2)	138,172,694	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	135,214,951	4
5	Net income from service to patients (line 3 minus line 4)	2,957,743	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments	48,841	7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service	21,612	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	157,482	20
21	Rental of vending machines		21
22	Rental of hosptial space	1,557,125	22
23	Governmental appropriations		23
24	Other (NET ASSETS RELEASED FOR OPERATIONS)		24
24.0	Other (EHR REVENUE)	1,981,568	24.0
3			3
24.0	Other (GAIN ON DISPOSAL OF ASSETS)	113,802	24.0
4			4
24.0	Other (RADIOLOGY REVENUE)	10,790	24.0
5			5
24.0	Other (FIELDS WRIGHT)	69,550	24.0
6			6
24.0	Other (ADULT DAY CARE REVENUE)	107,030	24.0
7			7
24.0	Other (SENIOR CENTER REVENUE)	75,427	24.0
8			8
24.0	Other (SCHOOL HEALTH SERVICES REVENUE)	240,277	24.0
9			9
24.1	Other (ER SUPPLIES)	35,914	24.1
0			0
24.1	Other (CATH LAB OTHER REVENUE)	6,589	24.1
1			1
24.1	Other (DIETARY INSTRUCTION)	5,994	24.1
2			2
24.1	Other (PRACTICE MANAGEMENT)		24.1
4			4
24.1	Other (LAUNDRY REVENUE)	8,039	24.1
5			5
24.1	Other (PHYSICIAN PRACTICE REVENUE)	27,694	24.1
6			6
24.1	Other (MISCELLANEOUS REVENUE)	7,743	24.1
7			7
25	Total other income (sum of lines 6-24)	4,475,477	25
26	Total (line 5 plus line 25)	7,433,220	26
27.0	Other expenses (LOSS ON EARLY RETIREMENT OF DEBT)	45,434	27.0
1			1
27.0	Other expenses (BANK CHARGES)	24,271	27.0
2			2
28	Total other expenses (sum of line 27 and subscripts)	69,705	28
29	Net income (or loss) for the period (line 26 minus line 28)	7,363,515	29

KPMG LLP Compu-Max 2552-10

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0166

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	1,669,202	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	13,927	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)	86.40	3
4	Number of interns & residents (see instructions)	1.03	4
5	Indirect medical education percentage (see instructions)	0.34	5
6	Indirect medical education adjustment (see instructions)	5,675	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0600	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.3501	8
9	Sum of lines 7 and 8	0.4101	9
10	Allowable disproportionate share percentage (see instructions)	0.0865	10
11	Disproportionate share adjustment (see instructions)	144,386	11
12	Total prospective capital payments (see instructions)	1,833,190	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
40	Subprovider - IPF						40
41	Subprovider - IRF						41
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
50.01	STONE CENTER						50.01
50.02	ENDOSCOPY						50.02
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
53.01	PAIN CENTER						53.01
54	Radiology-Diagnostic						54
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
62	Whole Blood & Packed Red Blood Cells						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy						65
66	Physical Therapy						66
69	Electrocardiology						69
70	Electroencephalography						70
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
75	ASC (Non-Distinct Part)						75
76	TREATMENT CENTER						76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	PRENATAL CLINIC						90.01
90.02	OUTPATIENT PSYCHIATRIC						90.02
90.03	WOUND CLINIC						90.03
90.04	NEUROSURGERY						90.04
90.05	DR JATOI						90.05
90.06	UROLOGY PHYSICIAN						90.06
90.07	DR. CHU						90.07
90.08	SPORTS MEDICINE CLINIC						90.08
90.09	DR. SHANKER						90.09
90.10	DR MIRMIRA						90.10
90.11	DR TOKHI						90.11

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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	
90.12	CTPET						90.12
90.13	RADIATION ONCOLOGY						90.13
90.14	SPORTS MED-REHAB						90.14
90.15	MACON COUNT MEDICAL ASSOCIATES						90.15
90.16	DR BRITT						90.16
90.17	ARTHUR FAMILY MEDICINE CENTER						90.17
90.18	DR BOCK						90.18
90.19	PEDIATRIC PROF SERVICES						90.19
90.20	DR ANDERSON						90.20
90.21	DR HABIB						90.21
90.22	DR HANNEKEN						90.22
90.23	DR MUNESSES						90.23
90.24	DR KOHLI						90.24
90.25	DR DUNCAN						90.25
90.26	MT ZION FAMILY PRACTICE						90.26
90.27	DR POWELL						90.27
90.28	CHEMOTHEROPY						90.28
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen						190
192	Physicians' Private Offices						192
194	SENIOR SERVICES						194
194.0	ADULT DAY CARE						194.0
1							1
194.0	SPORTS MEDICINE REHAB						194.0
2							2
194.0	CANCER CARE						194.0
4							4
194.0	RESIDENTIAL PROPERTIES						194.0
5							5
194.0	BLUE MOUND						194.0
7							7
194.0	ARTHUR CLINIC						194.0
8							8
194.0	OCCUPATIONAL HEALTH						194.0
9							9
194.1	2981 NORTH MAIN						194.1
1							1
194.1	MEDICAL OFFICE BUILDING 1750						194.1
3							3
194.1	MEDICAL ARTS						194.1
4							4
194.1	MT. ZION CLINIC						194.1
5							5
194.1	CERRO GORDO						194.1
6							6
194.1	LIFELINE						194.1
7							7
194.1	COUNTY JAIL CONTRACT						194.1
8							8
194.1	ST. JOHN'S HOME HEALTH						194.1
9							9
194.2	ST. MARY'S SURGERY CENTER						194.2
3							3
194.2	FIELDS WRIGHT MEDICAL PRACTICE						194.2
4							4
194.2	3915 N COWGILL						194.2
5							5
194.2	LAUNDRY OUTSIDE SERVICES						194.2
8							8

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		0	2A	24	25	26		
194.3 5	MEDICAL MANAGEMENT SYSTEM							194.3 5
194.3 6	LAKE SHORE MEDICAL OFFICE BUILDING							194.3 6
194.3 7	DAY CARE CENTER							194.3 7
194.3 8	SCHOOL HEALTH SERVICES							194.3 8
194.4 0	PRAIRIE CARDIOVASCULAR							194.4 0
194.4 1	G I SUITES							194.4 1
194.4 2	RESPIRATORY CARE NURSING HOME							194.4 2
194.4 3	VACANT SPACE							194.4 3
194.4 4	PHYSICIAN POOL							194.4 4
194.4 8	MRI BUILDING							194.4 8
194.4 9	FUND DEVELOPMENT							194.4 9
194.5 0	CENTRAL ILLINOIS LUNG							194.5 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202