

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 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: Time:	
	2. <input type="checkbox"/> Manually submitted cost report	
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report	
	4. <input type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.	
Contractor use only	5. <input type="checkbox"/> Cost Report Status (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	751,400	-122,619	-143,493		1
2	SUBPROVIDER - IPF	64,204				2
3	SUBPROVIDER - IRF					3
4	SUBPROVIDER (OTHER)					4
5	SWING BED - SNF					5
6	SWING BED - NF					6
7	SKILLED NURSING FACILITY					7
8	NURSING FACILITY					8
9	HOME HEALTH AGENCY					9
10	HEALTH CLINIC - RHC					10
11	HEALTH CLINIC - FQHC					11
12	OUTPATIENT REHABILITATION PROVIDER					12
200	TOTAL	815,604	-122,619	-143,493		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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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: 2800 WEST 95TH STREET	P.O. Box:				1
2	City: EVERGREEN PARK	State: IL	ZIP Code: 60642	County: COOK		2

Hospital and Hospital-Based Component Identification:

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	LITTLE COMPANY OF MARY	14-0179	16974	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF	LITTLE COMPANY OF MARY PSYCH	14-S179	16974	4	07 / 01 / 1984	N	P	N	4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA	LITTLE COMPANY OF MARY H.C.	14-7404	16974		01 / 11 / 1985	N	P	N	12
13	Separately Certified ASC									13
14	Hospital-Based Hospice	LITTLE COMPANY OF MARY HOSPICE	14-1511	16974		12 / 30 / 1986				14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 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.	5,916	615			4,797		24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.							25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	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**

		I	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	Y	40
		V	XVIII	XIX
Prospective Payment System (PPS)-Capital		I	2	3
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N
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
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N

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

Long Term Care Hospital PPS

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

TEFRA Providers

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

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**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.	Y	Y	Y	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. 15-1, 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

140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	1 Y	2	140
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If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.

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

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)					168.01
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)	0.75				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		07 / 01 / 2013	09 / 28 / 2013		170
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	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1
		Y/N	Date	V/I	
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N			2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3

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

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

		Y/N	Y/N	
Bad Debts				
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12
13	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/05/2012	Y	10/05/2012
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
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 servcies 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		
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	194	70,810			20,182	3,901	42,012	1
2	HMO and other (see instructions)						5,188	4,797		2
3	HMO IPF Subprovider						18			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)		194	70,810			20,182	3,901	42,012	7
8	Intensive Care Unit	31	26	9,490			2,787	703	6,283	8
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
11.10	NICU	34.10	10	3,650				768	1,453	11.10
12	Other Special Care (specify)	35								12
13	Nursery	43						905	2,131	13
14	Total (see instructions)		230	83,950			22,969	6,277	51,879	14
15	CAH Visits									15
16	Subprovider - IPF	40	24	8,760			1,249		3,319	16
17	Subprovider - IRF	41								17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101					12,649		16,918	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)		254							27
28	Observation Bed Days								7,551	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)								343	30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							254	757	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	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)					4,597	1,469	11,696	1
2	HMO and other (see instructions)					1,078	1,187		2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
11.10	NICU								11.10
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)	5.70	1,372.40			4,597	1,469	11,696	14
15	CAH Visits								15
16	Subprovider - IPF		18.10			187		673	16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		23.70						22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)		19.60						24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)	5.70	1,433.80						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	89,037,647		89,037,647	2,982,201.00	29.86	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetest Part B							3
4	Physician-Part A - Administrative		154,888		154,888	1,192.00	129.94	4
4.01	Physician-Part A - Teaching							4.01
5	Physician-Part B		1,358,622		1,358,622	14,109.00	96.29	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)		235,059		235,059	8,368.00	28.09	7.01
8	Home office personnel							8
9	SNF	44						9
10	Excluded area salaries (see instructions)		4,772,905	-55,521	4,717,384	150,513.00	31.34	10
OTHER WAGES & RELATED COSTS								
11	Contract labor (see instructions)		1,920,500		1,920,500	29,645.00	64.78	11
12	Contract management and administrative services							12
13	Contract labor: Physician-Part A - Administrative		575,943		575,943	3,068.00	187.73	13
14	Home office salaries & wage-related costs							14
15	Home office: Physician Part A - Administrative							15
16	Home office & Contract Physicians Part A - Teaching							16
WAGE-RELATED COSTS								
17	Wage-related costs (core)(see instructions)		21,646,707		21,646,707			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		1,233,182		1,233,182			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B							21
22	Physician Part A - Administrative		7,252		7,252			22
22.01	Physician Part A - Teaching							22.01
23	Physician Part B		78,010		78,010			23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)							25
OVERHEAD COSTS - DIRECT SALARIES								
26	Employee Benefits Department		1,044,605		1,044,605	28,849.00	36.21	26
27	Administrative & General		14,911,786	-470,823	14,440,963	482,929.00	29.90	27
28	Administrative & General under contract (see instructions)		27,010		27,010	129.00	209.38	28
29	Maintenance & Repairs							29
30	Operation of Plant		2,917,849		2,917,849	121,169.00	24.08	30
31	Laundry & Linen Service		164,775		164,775	11,503.00	14.32	31
32	Housekeeping		1,445,835		1,445,835	111,974.00	12.91	32
33	Housekeeping under contract (see instructions)							33
34	Dietary		1,441,934	-724,657	717,277	41,639.00	17.23	34
35	Dietary under contract (see instructions)							35
36	Cafeteria			724,657	724,657	42,068.00	17.23	36
37	Maintenance of Personnel							37
38	Nursing Administration		1,893,570		1,893,570	55,982.00	33.82	38
39	Central Services and Supply							39
40	Pharmacy		2,655,233		2,655,233	63,975.00	41.50	40
41	Medical Records & Medical Records Library		1,146,576		1,146,576	50,481.00	22.71	41
42	Social Service			950,050	950,050	29,472.00	32.24	42
43	Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		87,470,976		87,470,976	2,959,853.00	29.55	1
2	Excluded area salaries (see instructions)		4,772,905	-55,521	4,717,384	150,513.00	31.34	2
3	Subtotal salaries (line 1 minus line 2)		82,698,071	55,521	82,753,592	2,809,340.00	29.46	3
4	Subtotal other wages & related costs (see instructions)		2,496,443		2,496,443	32,713.00	76.31	4
5	Subtotal wage-related costs (see instructions)		21,653,959		21,653,959		26.17%	5
6	Total (sum of lines 3 through 5)		106,848,473	55,521	106,903,994	2,842,053.00	37.62	6
7	Total overhead cost (see instructions)		27,649,173	479,227	28,128,400	1,040,170.00	27.04	7

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	1,390,563	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)	2,500	3
4	Qualified Defined Benefit Plan Cost (see instructions)	1,675,832	4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees	13,591	5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees	12,283	7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)	11,470,843	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	227,548	10
11	Life Insurance (If employee is owner or beneficiary)	216,599	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	602,693	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	796,245	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	6,302,796	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	136,164	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	117,495	23
24	Total Wage Related cost (Sum of lines 1-23)	22,965,152	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		1
2	Provider's Cost Reporting Period Used for Wage Index Year on Line 1 (FYB in Col. 1, FYE in Col. 2)		2
3	Midpoint of Provider's Cost Reporting Period Shown on Line 2, Adjusted to First of Month		3
4	Date Beginning the 3-Year Averaging Period (subtract 18 months from midpoint shown on Line 3)		4
5	Date Ending the 3-Year Averaging Period (add 18 months to midpoint shown on Line 3)		5
STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)			
6	Effective Date of Pension Plan		6
7	First Day of the Provider Cost Reporting Period Containing the Pension Plan Effective Date		7
8	Starting Date of the Adjusted Averaging Period (date on Line 7, adjusted to first of month)		8

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

STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD			
9	Beginning Date of Averaging Period from Line 4 or Line 8, as Applicable		9
10	Ending Date of Averaging Period from Line 5		10
11	Enter Provider Contributions Made During Averaging Period on Lines 9 & 10	DEPOSIT DATE(S)	CONTRIBUTION(S) 11
12	Total Calendar Months Included in Averaging Period (36 unless Step 2 completed)		12
13	Total Contributions Made During Averaging Period		13
14	Average Monthly Contribution (Line 13 divided by Line 12)		14
15	Number of MOnths in Provider Cost Reporting Period on Line 2		15
16	Average Pension Contributions (Line 14 times Line 15)		16
STEP 4: TOTAL PENSION COST FOR WAGE INDEX			
17	Annual Prefunding Installment (see instructions)		17
18	Reportable Prefunding Installment ((Line 17 times Line 15) divided by 12)		18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)		19

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HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost			1
2	Hospital			2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 14-7404

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

County: 11

	Description	Title V 1	Title XVIII 2	Title XIX 3	Other 4	Total 5	
1	Home Health Aide Hours		546		184	730	1
2	Unduplicated Census Count (see instructions)		717.00		236.00	953.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	Enter the number of hours in your normal work week 40.00	Number of Employees (Full Time Equivalent)				
		Staff 1	Contract 2	Total 3		
3	Administrator and Assistant Administrator(s)				3	
4	Director(s) and Assistant Director(s)		0.97		0.97	4
5	Other Administrative Personnel		10.86		10.86	5
6	Direct Nursing Service		9.87		9.87	6
7	Nursing Supervisor					7
8	Physical Therapy Service		2.21	2.41	4.62	8
9	Physical Therapy Supervisor					9
10	Occupational Therapy Service		0.50	0.09	0.59	10
11	Occupational Therapy Supervisor					11
12	Speech Pathology Service			0.05	0.05	12
13	Speech Pathology Supervisor					13
14	Medical Social Service		0.33		0.33	14
15	Medical Social Service Supervisor					15
16	Home Health Aide		0.47		0.47	16
17	Home Health Aide Supervisor					17
18	Other (specify)					18

HOME HEALTH AGENCY CBSA CODES

19	Enter the number of CBSAs where you provided services during the cost reporting period.	1	19
20	List those CBSA code(s) serviced during this cost reporting period (line 20 contains the first code).	16974	20

PPS ACTIVITY

		Full Episodes		LUPA Episodes	PEP only Episodes	Total (columns 1 through 4)	
		Without Outliers	With Outliers				
		1	2	3	4	5	
21	Skilled Nursing Visits	6,176	672	448	142	7,438	21
22	Skilled Nursing Visit Charges	1,470,226	173,840	84,006	32,860	1,760,932	22
23	Physical Therapy Visits	3,909	37	51	78	4,075	23
24	Physical Therapy Visit Charges	1,130,560	10,795	10,620	22,520	1,174,495	24
25	Occupational Therapy Visits	634	2	2	6	644	25
26	Occupational Therapy Visit Charges	186,495	590	295	1,770	189,150	26
27	Speech Pathology Visits	37				37	27
28	Speech Pathology Visit Charges	10,915				10,915	28
29	Medical Social Service Visits	151	2	7	6	166	29
30	Medical Social Service Visit Charges	57,080	760	2,660	2,280	62,780	30
31	Home Health Aide Visits	289				289	31
32	Home Health Aide Visit Charges	54,330				54,330	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	11,196	713	508	232	12,649	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	2,909,606	185,985	97,581	59,430	3,252,602	35
36	Total Number of Episodes (standard/non-outlier)	660		133	17	810	36
37	Total Number of Ourlier Episodes		16		2	18	37
38	Total Non-Routine Medical Supply Charges	192,558	64,718	7,916	5,164	270,356	38

KPMG LLP Compu-Max 2552-10

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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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HOSPICE IDENTIFICATION DATA

HOSPICE CCN: 14-1511

WORKSHEET S-9
PARTS I & II

PART I - ENROLLMENT DAYS

		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2, & 5)	
		1	2	3	4	5	6	
1	Continuous Home Care							1
2	Routine Home Care	17,174				210	17,384	2
3	Inpatient Respite Care	243				73	316	3
4	General Inpatient Care							4
5	Total Hospice Days	17,417				283	17,700	5

PART II - CENSUS DATA

		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2, & 5)	
		1	2	3	4	5	6	
6	Number of Patients Receiving Hospice Care	838				3	841	6
7	Total Number of Unduplicated Continuous Care Hours Billable to Medicare							7
8	Average Length of Stay (line 5/line 6)	20.78				94.33	21.05	8
9	Unduplicated Census Count	307				34	341	9

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

KPMG LLP Compu-Max 2552-10

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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)	0.179511	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	25,507,198	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	169,617,404	6
7	Medicaid cost (line 1 times line 6)	30,448,190	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.	4,940,992	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)			4,940,992	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	13,174,103	5,530,934	18,705,037	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,364,896	992,863	3,357,759	21
22	Partial payment by patients approved for charity care	2,233,240	1,975,730	4,208,970	22
23	Cost of charity care (line 21 minus line 22)	131,656	-982,867	-851,211	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)	4,449,997	26
27	Medicare bad debts for the entire hospital complex (see instructions)	1,132,410	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	3,317,587	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	595,543	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	-255,668	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	4,685,324	31

KPMG LLP Compu-Max 2552-10

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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		6,039,329	6,039,329	3,847,276	9,886,605	-3,859,428	6,027,177	1
2	00200	Cap Rel Costs-Mvble Equip				6,772,687	6,772,687	-26,805	6,745,882	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	1,044,605	1,122,598	2,167,203	-5,184	2,162,019	1,497,263	3,659,282	4
5	00500	Administrative & General	14,911,786	27,603,565	42,515,351	-1,985,703	40,529,648	-19,626,298	20,903,350	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	2,917,849	4,814,194	7,732,043	-301,568	7,430,475	-3,038	7,427,437	7
8	00800	Laundry & Linen Service	164,775	448,347	613,122	-1,931	611,191	-266	610,925	8
9	00900	Housekeeping	1,445,835	940,625	2,386,460	-34,075	2,352,385	-4,680	2,347,705	9
10	01000	Dietary	1,441,934	1,408,451	2,850,385	-1,447,261	1,403,124	-18,079	1,385,045	10
11	01100	Cafeteria				1,417,561	1,417,561	-696,448	721,113	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,893,570	677,424	2,570,994	-150,454	2,420,540		2,420,540	13
14	01400	Central Services & Supply								14
15	01500	Pharmacy	2,655,233	11,718,598	14,373,831	-10,925,030	3,448,801	-46,214	3,402,587	15
16	01600	Medical Records & Library	1,146,576	1,136,126	2,282,702	-18,155	2,264,547	-2,887	2,261,660	16
17	01700	Social Service				1,181,957	1,181,957		1,181,957	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		323,203	323,203		323,203	-34,213	288,990	22
23	02300	Paramed Ed Prgm-(specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	18,131,539	7,528,454	25,659,993	-1,227,028	24,432,965	-1,922,519	22,510,446	30
31	03100	Intensive Care Unit	4,265,896	1,401,074	5,666,970	-57,057	5,609,913	-11,885	5,598,028	31
34.10	02060	NICU	1,114,855	1,177,452	2,292,307	-22,499	2,269,808	-808,129	1,461,679	34.10
40	04000	Subprovider - IPF	1,318,087	352,036	1,670,123	-6,090	1,664,033	-29,747	1,634,286	40
43	04300	Nursery				775,615	775,615		775,615	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	4,431,712	10,582,948	15,014,660	-4,249,535	10,765,125	-96,256	10,668,869	50
52	05200	Delivery Room & Labor Room	2,221,867	944,724	3,166,591	-98,564	3,068,027		3,068,027	52
53	05300	Anesthesiology	129,160	453,374	582,534	-65,663	516,871	-1,794	515,077	53
54	05400	Radiology-Diagnostic	2,807,571	2,515,530	5,323,101	-1,817,984	3,505,117	-1,618	3,503,499	54
54.01	03440	BREAST HEALTH CENTER								54.01
55	05500	Radiology-Therapeutic	1,407,749	1,677,632	3,085,381	-670,148	2,415,233	-105,000	2,310,233	55
56	05600	Radioisotope	375,672	786,647	1,162,319	32,937	1,195,256		1,195,256	56
56.10	03630	ULTRASOUND	850,959	460,366	1,311,325	119,720	1,431,045		1,431,045	56.10
57	05700	CT Scan	639,128	885,355	1,524,483	-82,816	1,441,667		1,441,667	57
58	05800	MRI	280,399	341,670	622,069	118,381	740,450		740,450	58
59	05900	Cardiac Catheterization	530,151	2,862,706	3,392,857	-1,785,642	1,607,215	-19,925	1,587,290	59
60	06000	Laboratory	3,721,775	5,559,092	9,280,867	-220,510	9,060,357	-39,941	9,020,416	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	1,843,665	851,950	2,695,615	-88,871	2,606,744	-53,094	2,553,650	65
65.01	06501	SLEEP LAB	186,725	98,252	284,977	-19,063	265,914		265,914	65.01
66	06600	Physical Therapy	1,748,619	481,239	2,229,858	-15,641	2,214,217		2,214,217	66
68	06800	Speech Pathology	223,728	59,603	283,331	-1,448	281,883		281,883	68
69	06900	Electrocardiology	710,719	643,469	1,354,188	-160,458	1,193,730	-103,616	1,090,114	69
69.01	06901	C-PORT								69.01
70	07000	Electroencephalography	47,899	29,719	77,618	-6,428	71,190		71,190	70
71	07100	Medical Supplies Charged to Patients	597,690	1,134,449	1,732,139	-805,994	926,145		926,145	71
72	07200	Impl. Dev. Charged to Patients				5,867,737	5,867,737		5,867,737	72
73	07300	Drugs Charged to Patients				10,908,301	10,908,301		10,908,301	73
74	07400	Renal Dialysis	576,570	278,111	854,681	-8,215	846,466		846,466	74
75.10	03340	GI LAB	1,037,476	905,239	1,942,715	-56,032	1,886,683		1,886,683	75.10
76	03951	ENTEROSTOMAL THERAPY								76
76.10	03950	NEUROLOGY								76.10
76.20	03290	EMG								76.20
76.30	03953	OS SVCS		56,579	56,579		56,579	-3,340	53,239	76.30
76.40	03040	AUDIOLOGY								76.40
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	347,906	173,230	521,136	-12,151	508,985	46,548	555,533	90

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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	
90.01	09001	PALOS DIAGNOSTIC CENTER	174,824	85,838	260,662	-3,249	257,413		257,413	90.01
90.02	09002	CARE STATIONS	1,775,108	903,450	2,678,558	-54,896	2,623,662	-653,802	1,969,860	90.02
90.03	09003	OUTPATIENT CARE CENTER	1,116,044	1,710,587	2,826,631	-698,883	2,127,748	-45,935	2,081,813	90.03
91	09100	Emergency	4,047,966	1,821,479	5,869,445	-49,323	5,820,122	-138,580	5,681,542	91
92	09200	Observation Beds (Non-Distinct Part)								92
93	04951	OUTPATIENT REHAB	884,596	259,331	1,143,927	-4,118	1,139,809	-9,916	1,129,893	93
93.10	04950	WOUND CARE CENTER	414,611	237,952	652,563	-29,037	623,526	-42,885	580,641	93.10
		OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
101	10100	Home Health Agency	1,695,262	993,074	2,688,336	-90,781	2,597,555		2,597,555	101
		SPECIAL PURPOSE COST CENTERS								
113	11300	Interest Expense		3,757,915	3,757,915	-3,757,915				113
116	11600	Hospice	1,188,496	940,426	2,128,922	-3,564	2,125,358		2,125,358	116
117	06950	MOBILE MED	143,066	136,025	279,091		279,091		279,091	117
118		SUBTOTALS (sum of lines 1-117)	88,609,653	109,319,437	197,929,090	3,208	197,932,298	-26,862,527	171,069,771	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen								190
191.10	19101	ADULT DAY CARE								191.10
192	19200	Physicians' Private Offices	427,994	361,976	789,970	-3,208	786,762		786,762	192
192.01	19201	VACANT SPACE								192.01
193	19300	Nonpaid Workers								193
194	07950	FUND DEVELOPMENT								194
200		TOTAL (sum of lines 118-199)	89,037,647	109,681,413	198,719,060		198,719,060	-26,862,527	171,856,533	200

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	DRUGS CHGD TO PAT.	A	Drugs Charged to Patients	73		10,908,301	1
500	Total reclassifications					10,908,301	500
	Code Letter - A						
1	CAFETERIA COSTS	B	Cafeteria	11	724,657	692,904	1
500	Total reclassifications				724,657	692,904	500
	Code Letter - B						
1	HHA/HOSPICE BILLING/PLANT COSTS	D	Administrative & General	5	55,521	11,818	1
500	Total reclassifications				55,521	11,818	500
	Code Letter - D						
1	INTEREST EXPENSE	G	Cap Rel Costs-Bldg & Fixt	1		3,757,915	1
500	Total reclassifications					3,757,915	500
	Code Letter - G						
1	RADIOLOGY ADMIN COSTS	I	Radioisotope	56	87,279	36,160	1
2			ULTRASOUND	56.10	195,238	80,889	2
3			CT Scan	57	159,806	66,209	3
4			MRI	58	96,386	39,934	4
500	Total reclassifications				538,709	223,192	500
	Code Letter - I						
1	NURSERY COSTS	J	Nursery	43	579,731	195,884	1
500	Total reclassifications				579,731	195,884	500
	Code Letter - J						
1	EQUIPMENT DEPR	K	Cap Rel Costs-Mvble Equip	2		6,772,687	1
2							2
3							3
4							4
5							5
6							6
7							7
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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	
500	Total reclassifications					6,772,687	500
	Code Letter - K						
1	UTIL/QUALITY MANAGEMENT COSTS	L	Social Service	17	950,050	231,907	1
500	Total reclassifications				950,050	231,907	500
	Code Letter - L						
1	MATERIALS MANAGEMENT COSTS	N	Administrative & General	5	423,706	336,273	1
500	Total reclassifications				423,706	336,273	500
	Code Letter - N						
1	PROPERTY INSURANCE	O	Cap Rel Costs-Bldg & Fixt	1		89,361	1
500	Total reclassifications					89,361	500
	Code Letter - O						
1	IMPLANT COSTS	P	Impl. Dev. Charged to Patient	72		5,867,737	1
2							2
3							3
500	Total reclassifications					5,867,737	500
	Code Letter - P						
	GRAND TOTAL (Increases)				3,272,374	29,087,979	

(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.

KPMG LLP Compu-Max 2552-10

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10	
		1	6	7	8	9	10	
1	DRUGS CHGD TO PAT.	A	Pharmacy	15		10,908,301	1	
500	Total reclassifications					10,908,301	500	
	Code letter - A							
1	CAFETERIA COSTS	B	Dietary	10	724,657	692,904	1	
500	Total reclassifications				724,657	692,904	500	
	Code letter - B							
1	HHH/HOSPICE BILLING/PLANT COSTS	D	Home Health Agency	101	55,521	11,818	1	
500	Total reclassifications				55,521	11,818	500	
	Code letter - D							
1	INTEREST EXPENSE	G	Interest Expense	113		3,757,915	9	
500	Total reclassifications					3,757,915	500	
	Code letter - G							
1	RADIOLOGY ADMIN COSTS	I	Radiology-Diagnostic	54	538,709	223,192	1	
2							2	
3							3	
4							4	
500	Total reclassifications				538,709	223,192	500	
	Code letter - I							
1	NURSERY COSTS	J	Adults & Pediatrics	30	579,731	195,884	1	
500	Total reclassifications				579,731	195,884	500	
	Code letter - J							
1	EQUIPMENT DEPR	K	Employee Benefits Department	4		5,184	9	
2			Administrative & General	5		1,541,703	2	
3			Operation of Plant	7		301,568	3	
4			Laundry & Linen Service	8		1,931	4	
5			Housekeeping	9		34,075	5	
6			Dietary	10		29,700	6	
7			Nursing Administration	13		150,454	7	
8			Pharmacy	15		16,729	8	
9			Medical Records & Library	16		18,155	9	
10			Adults & Pediatrics	30		451,413	10	
11			Intensive Care Unit	31		57,057	11	
12			NICU	34.10		22,499	12	
13			Subprovider - IPF	40		6,090	13	
14			Operating Room	50		848,306	14	
15			Delivery Room & Labor Room	52		98,564	15	
16			Anesthesiology	53		65,663	16	
17			Radiology-Diagnostic	54		232,706	17	
18			Radiology-Therapeutic	55		670,148	18	
19			Radioisotope	56		90,502	19	
20			ULTRASOUND	56.10		156,407	20	
21			CT Scan	57		308,831	21	
22			MRI	58		17,939	22	
23			Cardiac Catheterization	59		142,511	23	
24			Laboratory	60		220,510	24	
25			Respiratory Therapy	65		88,871	25	
26			SLEEP LAB	65.01		19,063	26	
27			Physical Therapy	66		15,641	27	
28			Speech Pathology	68		1,448	28	
29			Electrocardiology	69		160,458	29	
30			Electroencephalography	70		6,428	30	
31			Medical Supplies Charged to P	71		46,015	31	
32			Renal Dialysis	74		8,215	32	
33			GI LAB	75.10		56,032	33	
34			Clinic	90		12,151	34	
35			PALOS DIAGNOSTIC CENTER	90.01		3,249	35	
36			CARE STATIONS	90.02		54,896	36	
37			OUTPATIENT CARE CENTER	90.03		698,883	37	
38			Emergency	91		49,323	38	
39			OUTPATIENT REHAB	93		4,118	39	
40			WOUND CARE CENTER	93.10		29,037	40	
41			Home Health Agency	101		23,442	41	
42			Hospice	116		3,564	42	

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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	
43			Physicians' Private Offices	192		3,208		43
500	Total reclassifications					6,772,687		500
	Code letter - K							
1	UTIL/QUALITY MANAGEMENT COSTS	L	Administrative & General	5	950,050	231,907		1
500	Total reclassifications				950,050	231,907		500
	Code letter - L							
1	MATERIALS MANAGEMENT COSTS	N	Medical Supplies Charged to P	71	423,706	336,273		1
500	Total reclassifications				423,706	336,273		500
	Code letter - N							
1	PROPERTY INSURANCE	O	Administrative & General	5		89,361	9	1
500	Total reclassifications					89,361		500
	Code letter - O							
1	IMPLANT COSTS	P	Operating Room	50		3,401,229		1
2			Radiology-Diagnostic	54		823,377		2
3			Cardiac Catheterization	59		1,643,131		3
500	Total reclassifications					5,867,737		500
	Code letter - P							
	GRAND TOTAL (Decreases)				3,272,374	29,087,979		

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

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RECONCILIATION OF CAPITAL COST CENTERS

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

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	8,954,323					8,954,323		1
2	Land Improvements	9,426,376	1,085,957		1,085,957		10,512,333		2
3	Buildings and Fixtures	236,699,089	16,657,085		16,657,085		253,356,174		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	93,617,747	9,308,590		9,308,590	2,509,526	100,416,811		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	348,697,535	27,051,632		27,051,632	2,509,526	373,239,641		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	348,697,535	27,051,632		27,051,632	2,509,526	373,239,641		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	6,039,329							6,039,329	1
2	Cap Rel Costs-Mvble Equip									2
3	Total (sum of lines 1-2)	6,039,329							6,039,329	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	6,027,177							6,027,177	1
2	Cap Rel Costs-Mvble Equip	6,745,882							6,745,882	2
3	Total (sum of lines 1-2)	12,773,059							12,773,059	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

		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
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	2
3	Investment income-other (chapter 2)					3
4	Trade, quantity, and time discounts (chapter 8)					4
5	Refunds and rebates of expenses (chapter 8)					5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)	A	-63,725	Administrative & General	5	7
8	Television and radio service (chapter 21)					8
9	Parking lot (chapter 21)					9
10	Provider-based physician adjustment	Wkst A-8-2	-7,192,237			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-139,121			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests					14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients					17
18	Sale of medical records and abstracts	B	-2,887	Medical Records & Library	16	18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines	B	-14,119	Dietary	10	20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1	26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2	27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33						33
33.03	LABORATORY REVENUES	B	-8,777	Laboratory	60	33.03
33.04	PHARMACY MISC REVENUE	B	-46,214	Pharmacy	15	33.04
33.05	RADIOLOGY ADMIN	B	-1,618	Radiology-Diagnostic	54	33.05
33.09	HUMAN RESOURCES MISC REVENUE	B	-595	Employee Benefits Department	4	33.09
33.14	OTHER REVENUE CLINIC	B	-110	Clinic	90	33.14
33.15	TELE & COMM MISC REVENUE	B	-1,521	Administrative & General	5	33.15
33.16	ANSWERING SVCE INCOME	B	-245,431	Administrative & General	5	33.16
33.25	CAFETERIA REVENUE	B	-696,448	Cafeteria	11	33.25
33.27	MEDICAL STAFF APPLICATION REVENUE	B	-26,500	Administrative & General	5	33.27
33.28	HOUSEKEEPING	B	-4,680	Housekeeping	9	33.28
33.29	EMPLOYEE HEALTH	A	-195,284	Employee Benefits Department	4	33.29
33.30	BUS OFFICE/ADMITTING REVENUE	B	-5,895	Administrative & General	5	33.30
33.32	MOTHER BABY	B	-5,360	Adults & Pediatrics	30	33.32
33.33	SECURITY PURCH SERVICES REVENUE	B	-3,038	Operation of Plant	7	33.33
33.39	LINEN OTHER REVENUE	B	-266	Laundry & Linen Service	8	33.39
33.41	HEALTH EDUCATION CENTER REVENUE	B	-52,406	Administrative & General	5	33.41
33.43	AFFILIATES REVENUE	B	-693,280	Administrative & General	5	33.43
33.44	ACCTG REVENUE	B	-3,339	Administrative & General	5	33.44
33.45	MISCELLANEOUS REVENUE	B	-66,250	Administrative & General	5	33.45
33.46	REAL ESTATE TAXES	A	-116,900	Administrative & General	5	33.46
33.52	NON-ALLOWABLE ADMIN COSTS	A	-314,375	Administrative & General	5	9 33.52
33.53	MATERIALS MANAGEMENT REVENUE	B	-47,167	Administrative & General	5	33.53
33.58	DIETARY OTHER REVENUE	B	-3,960	Dietary	10	33.58
33.59	MALPRACTICE CONTRIBUTIONS	A	975,572	Administrative & General	5	33.59

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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	
34	CARE DEPOT OTHER REV	B	-2,975	Adults & Pediatrics	30		34
34.01	MEDICAID TAX	A	-10,686,827	Administrative & General	5		34.01
34.02	VOLUNTEER SERVICES	A	-785,757	Administrative & General	5		34.02
34.05	NON-ALLOWABLE DUES	A	-11,159	Administrative & General	5	9	34.05
34.06	DEPR TELEPHONES, PATIENT PORTION	A	-26,805	Cap Rel Costs-Mvble Equip	2	9	34.06
34.07	NON-ALLOWABLE INTEREST EXPENSE	A	-3,717,843	Cap Rel Costs-Bldg & Fixt	1	9	34.07
34.08	MARKETING COSTS	A	-804,874	Administrative & General	5	9	34.08
34.09	PENSION CREDIT	A	1,693,142	Employee Benefits Department	4		34.09
34.24	EMPLOYEE HEALTH COSTS	A	-3,269,007	Administrative & General	5		34.24
34.26	PHYSICIAN MATCH EXPENSES	A	-94,290	Administrative & General	5		34.26
34.40	NON-ALLOWABLE DEPRECIATION	A	-126,377	Cap Rel Costs-Bldg & Fixt	1	9	34.40
34.56	RENTAL REVENUE	B	-42,300	Cap Rel Costs-Bldg & Fixt	1	9	34.56
34.64	CHICAGO RIDGE HEALTH EDUCATION COS	A	-7,855	Administrative & General	5		34.64
34.65	OTHER REVENUE	B	-15	Electrocardiology	69		34.65
34.66	OTHER REVENUE	B	-3,654	CARE STATIONS	90.02		34.66
35							35
36							36
37							37
38							38
39							39
40							40
41							41
42							42
43							43
44							44
45							45
46							46
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-26,862,527				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 subscripits thereof.

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

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

WORKSHEET A-8-1

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

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
1	2	3	4	5	6	7	
1	76.30	OS SVCS	MRI PROCEDURES	5,131	8,471	-3,340	1
2							2
3	1	Cap Rel Costs-Bldg & Fixt	POTTER PAV DEPR COSTS	27,092		27,092	9
3.01	5	Administrative & General	POTTER PAVILLION ADMIN CO	24,608	66,484	-41,876	3.01
3.02	90	Clinic	POTTER PAVILLION ADMIN CO	26,104		26,104	3.02
3.04	90.02	CARE STATIONS	OP CARE CENTER BUILD COST	118,125	167,953	-49,828	3.04
3.05	90.03	OUTPATIENT CARE CENTER	OP CARE CENTER BUILDING C	108,259	153,925	-45,666	3.05
4	5	Administrative & General	POTTER PAV ADMIN COS	19,376	91,537	-72,161	4
4.01	90	Clinic	POTTER PAV COSTS	20,554		20,554	4.01
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			349,249	488,370	-139,121	5

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

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

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

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
				Name	Percentage of Ownership	Type of Business
	1	2	3	4	5	6
6	C	SW HOSPITAL MRI				6
7	C	LCM INC.				7
8						8
9						9
10						10

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

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

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total 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 AGGREGATE	3,337,960	2,968,787	369,173	177,800	1,716	146,685	7,334	1
2	30	Adults & Pediatrics AGGREGATE	1,947,009	1,899,761	47,248	177,800	384	32,825	1,641	2
3	34.10	NICU AGGREGATE	808,129	808,129		177,800				3
4	40	Subprovider - IPF	37,440		37,440	177,800	90	7,693	385	4
5	50	Operating Room	96,342		96,342	177,800	1	86	4	5
6	31	Intensive Care Unit	32,400		32,400	177,800	240	20,515	1,026	6
7	53	Anesthesiology	10,000		10,000	177,800	96	8,206	410	7
8	13	Nursing Administrati	39		39	177,800	1	86	4	8
9	55	Radiology-Therapeuti AGGREGATE	105,000	105,000						9
10	59	Cardiac Catheterizat	37,961		37,961	177,800	211	18,036	902	10
11	60	Laboratory AGGREGATE	31,164	31,164						11
12	65	Respiratory Therapy	97,800		97,800	177,800	523	44,706	2,235	12
13	69	Electrocardiology	131,040		131,040	177,800	321	27,439	1,372	13
14	74	Renal Dialysis	20,400		20,400	177,800	260	22,225	1,111	14
15	90.02	CARE STATIONS AGGREGATE	600,320	600,320						15
16	91	Emergency	154,907		154,907	177,800	191	16,327	816	16
17	93	OUTPATIENT REHAB	12,480		12,480	177,800	30	2,564	128	17
18	93.10	WOUND CARE CENTER	42,925		42,925	288	288	40	2	18
19	90.03	OUTPATIENT CARE CENT	355		355	177,800	1	86	4	19
20	22	I&R Services-Other P TEACHING PHYSIC	86,100		86,100	177,800	607	51,887	2,594	20
200		TOTAL	7,589,771	6,413,161	1,176,610		4,960	399,406	19,968	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 AGGREGATE					146,685	222,488	3,191,275	1
2	30	Adults & Pediatrics AGGREGATE					32,825	14,423	1,914,184	2
3	34.10	NICU AGGREGATE							808,129	3
4	40	Subprovider - IPF					7,693	29,747	29,747	4
5	50	Operating Room					86	96,256	96,256	5
6	31	Intensive Care Unit					20,515	11,885	11,885	6
7	53	Anesthesiology					8,206	1,794	1,794	7
8	13	Nursing Administrati					86			8
9	55	Radiology-Therapeuti AGGREGATE							105,000	9
10	59	Cardiac Catheterizat					18,036	19,925	19,925	10
11	60	Laboratory AGGREGATE							31,164	11
12	65	Respiratory Therapy					44,706	53,094	53,094	12
13	69	Electrocardiology					27,439	103,601	103,601	13
14	74	Renal Dialysis					22,225			14
15	90.02	CARE STATIONS AGGREGATE							600,320	15
16	91	Emergency					16,327	138,580	138,580	16
17	93	OUTPATIENT REHAB					2,564	9,916	9,916	17
18	93.10	WOUND CARE CENTER					40	42,885	42,885	18
19	90.03	OUTPATIENT CARE CENT					86	269	269	19
20	22	I&R Services-Other P TEACHING PHYSIC					51,887	34,213	34,213	20
200		TOTAL					399,406	779,076	7,192,237	200

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	NEW CAP-REL COSTS BLDG&FIXT	NEW CAP-REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	6,027,177	6,027,177					1
2	Cap Rel Costs-Mvble Equip	6,745,882		6,745,882				2
4	Employee Benefits Department	3,659,282	4,323	5,163	3,668,768			4
5	Administrative & General	20,903,350	489,017	1,535,602	599,710	23,527,679	23,527,679	5
6	Maintenance & Repairs							6
7	Operation of Plant	7,427,437	639,536	300,374	150,470	8,517,817	1,351,079	7
8	Laundry & Linen Service	610,925	103,296	1,923	14,285	730,429	115,859	8
9	Housekeeping	2,347,705	42,081	33,940	139,051	2,562,777	406,503	9
10	Dietary	1,385,045	130,030	14,716	51,708	1,581,499	250,854	10
11	Cafeteria	721,113	90,099	14,867	52,241	878,320	139,317	11
12	Maintenance of Personnel							12
13	Nursing Administration	2,420,540	12,377	149,859	69,519	2,652,295	420,702	13
14	Central Services & Supply							14
15	Pharmacy	3,402,587	50,249	16,663	79,445	3,548,944	562,926	15
16	Medical Records & Library	2,261,660	96,129	18,083	62,688	2,438,560	386,800	16
17	Social Service	1,181,957	7,258		36,599	1,225,814	194,436	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	288,990	19,681			308,671	48,961	22
23	Paramed Ed Prgm-(specify)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	22,510,446	1,358,796	422,031	744,784	25,036,057	3,971,220	30
31	Intensive Care Unit	5,598,028	142,202	56,831	149,637	5,946,698	943,253	31
34.10	NICU	1,461,679	196,808	22,410	33,693	1,714,590	271,965	34.10
40	Subprovider - IPF	1,634,286	156,878	6,066	46,747	1,843,977	292,488	40
43	Nursery	775,615	15,267	27,595	21,413	839,890	133,222	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	10,668,869	386,563	844,948	172,803	12,073,183	1,915,024	50
52	Delivery Room & Labor Room	3,068,027	182,815	98,174	84,527	3,433,543	544,622	52
53	Anesthesiology	515,077	5,176	65,403	6,185	591,841	93,877	53
54	Radiology-Diagnostic	3,503,499	418,121	231,785	86,257	4,239,662	672,487	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	2,310,233	396,119	667,496	45,042	3,418,890	542,297	55
56	Radioisotope	1,195,256	38,179	90,144	15,648	1,339,227	212,426	56
56.10	ULTRASOUND	1,431,045	26,620	155,788	35,004	1,648,457	261,475	56.10
57	CT Scan	1,441,667	17,895	307,609	28,652	1,795,823	284,850	57
58	MRI	740,450	19,067	17,868	17,281	794,666	126,048	58
59	Cardiac Catheterization	1,587,290	96,243	141,947	16,679	1,842,159	292,200	59
60	Laboratory	9,020,416	140,837	219,637	175,172	9,556,062	1,515,763	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,553,650	27,530	88,519	75,905	2,745,604	435,502	65
65.01	SLEEP LAB	265,914	30,261	18,988	8,795	323,958	51,386	65.01
66	Physical Therapy	2,214,217	78,837	15,579	58,102	2,366,735	375,407	66
68	Speech Pathology	281,883	2,560	1,442	6,912	292,797	46,443	68
69	Electrocardiology	1,090,114	18,418	159,823	33,486	1,301,841	206,495	69
69.01	C-PORT							69.01
70	Electroencephalography	71,190	17,747	6,403	2,875	98,215	15,579	70
71	Medical Supplies Charged to Patients	926,145	42,911	45,833	15,924	1,030,813	163,505	71
72	Impl. Dev. Charged to Patients	5,867,737				5,867,737	930,729	72
73	Drugs Charged to Patients	10,908,301				10,908,301	1,730,253	73
74	Renal Dialysis	846,466	18,657	8,182	15,798	889,103	141,028	74
75.10	GI LAB	1,886,683	87,710	55,810	36,235	2,066,438	327,774	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS	53,239				53,239	8,445	76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	555,533	24,004	12,103	14,776	606,416	96,188	90
90.01	PALOS DIAGNOSTIC CENTER	257,413		3,236	10,776	271,425	43,053	90.01
90.02	CARE STATIONS	1,969,860		54,679	61,912	2,086,451	330,949	90.02
90.03	OUTPATIENT CARE CENTER	2,081,813		696,117	43,017	2,820,947	447,453	90.03

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	NEW CAP-REL COSTS BLDG&FIXT	NEW CAP-REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
91	Emergency	5,681,542	168,481	49,128	164,603	6,063,754	961,821	91
92	Observation Beds (Non-Distinct Part)							92
93	OUTPATIENT REHAB	1,129,893	124,114	4,102	35,234	1,293,343	205,147	93
93.10	WOUND CARE CENTER	580,641	18,998	28,922	14,349	642,910	101,977	93.10
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	2,597,555		23,349	61,161	2,682,065	425,424	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	2,125,358		3,550	50,651	2,179,559	345,717	116
117	MOBILE MED	279,091			5,786	284,877	45,187	117
118	SUBTOTALS (sum of lines 1-117)	171,069,771	5,941,890	6,742,687	3,651,537	170,964,058	23,386,116	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		12,059			12,059	1,913	190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices	786,762	20,818	3,195	17,231	828,006	131,337	192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers		21,501			21,501	3,410	193
194	FUND DEVELOPMENT		30,909			30,909	4,903	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	171,856,533	6,027,177	6,745,882	3,668,768	171,856,533	23,527,679	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	9,868,896						7
8	Laundry & Linen Service	208,286	1,054,574					8
9	Housekeeping	84,851	3,581	3,057,712				9
10	Dietary	262,193	187	83,723	2,178,456			10
11	Cafeteria	181,677		58,013		1,257,327		11
12	Maintenance of Personnel							12
13	Nursing Administration	24,958		7,969		35,775	3,141,699	13
14	Central Services & Supply							14
15	Pharmacy	101,322	82	32,354		40,883		15
16	Medical Records & Library	193,835		61,895		32,260		16
17	Social Service	14,635		4,673		18,834		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	39,685		12,672				22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	2,739,886	288,488	874,895	1,780,544	383,269	1,263,858	30
31	Intensive Care Unit	286,738	49,479	91,561	260,571	77,004	253,926	31
34.10	NICU	396,845	5,357	126,720		17,339	57,175	34.10
40	Subprovider - IPF	316,329	6,749	101,010	137,341	24,056	79,327	40
43	Nursery	30,784		9,830		11,019	36,336	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	779,468	436,128	248,898		88,925	293,237	50
52	Delivery Room & Labor Room	368,630	69,151	117,710		43,479	143,374	52
53	Anesthesiology	10,437		3,333		3,183	10,496	53
54	Radiology-Diagnostic	843,101	38,025	269,217		44,388	146,373	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	798,737	9,394	255,051		22,540	74,327	55
56	Radioisotope	76,983	4,885	24,582		8,053		56
56.10	ULTRASOUND	53,677	9,967	17,140		18,013		56.10
57	CT Scan	36,083	10,299	11,522		14,745		57
58	MRI	38,446	1,936	12,276		8,893		58
59	Cardiac Catheterization	194,064	2,422	61,968		8,583		59
60	Laboratory	283,985	1,549	90,682		90,144		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	55,512	94	17,726		39,061	128,807	65
65.01	SLEEP LAB	61,018	1,306	19,484		4,526		65.01
66	Physical Therapy	158,967	12,039	50,761		29,900		66
68	Speech Pathology	5,161		1,648		3,557		68
69	Electrocardiology	37,138	5,150	11,859		17,232		69
69.01	C-PORT							69.01
70	Electroencephalography	35,785	642	11,427		1,479	4,878	70
71	Medical Supplies Charged to Patients	86,526		27,629		8,194		71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	37,620	3,698	12,013		8,130		74
75.10	GI LAB	176,860	11,549	56,475		18,647	61,489	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS							76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	48,401	558	15,455		7,604	25,075	90
90.01	PALOS DIAGNOSTIC CENTER					5,546		90.01
90.02	CARE STATIONS		2,527					90.02
90.03	OUTPATIENT CARE CENTER		4,567					90.03
91	Emergency	339,727	70,419	108,481		84,706	279,323	91
92	Observation Beds (Non-Distinct Part)							92

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
93	OUTPATIENT REHAB	250,265		79,914		18,132	59,790	93
93.10	WOUND CARE CENTER	38,308	4,288	12,232		7,384	24,350	93.10
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency						103,787	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice						85,953	116
117	MOBILE MED					2,977	9,818	117
118	SUBTOTALS (sum of lines 1-117)	9,696,923	1,054,516	3,002,798	2,178,456	1,248,460	3,141,699	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	24,315		7,764				190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices	41,978	58	13,404		8,867		192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers	43,355		13,844				193
194	FUND DEVELOPMENT	62,325		19,902				194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	9,868,896	1,054,574	3,057,712	2,178,456	1,257,327	3,141,699	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		15	16	17	22	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy	4,286,511						15
16	Medical Records & Library		3,113,350					16
17	Social Service			1,458,392				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				409,989			22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	3,713	343,338	1,173,153	161,242	38,019,663	-161,242	30
31	Intensive Care Unit	275	70,507	171,683		8,151,695		31
34.10	NICU	652	19,233	40,624		2,650,500		34.10
40	Subprovider - IPF	180	20,961			2,822,418		40
43	Nursery		12,842			1,073,923		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	4,733	231,626		248,747	16,319,969	-248,747	50
52	Delivery Room & Labor Room	93	63,929			4,784,531		52
53	Anesthesiology	25,743	66,119			805,029		53
54	Radiology-Diagnostic	15,363	144,071			6,412,687		54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	175	58,728			5,180,139		55
56	Radioisotope	102,008	39,192			1,807,356		56
56.10	ULTRASOUND	213	60,486			2,069,428		56.10
57	CT Scan	15,770	222,613			2,391,705		57
58	MRI	23,696	35,886			1,041,847		58
59	Cardiac Catheterization	15,222	88,284			2,504,902		59
60	Laboratory	35	465,206			12,003,426		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,536	91,369			3,516,211		65
65.01	SLEEP LAB		6,624			468,302		65.01
66	Physical Therapy	55	35,506			3,029,370		66
68	Speech Pathology		7,225			356,831		68
69	Electrocardiology	25	75,188			1,654,928		69
69.01	C-PORT							69.01
70	Electroencephalography		4,566			172,571		70
71	Medical Supplies Charged to Patients	1	7,520			1,324,188		71
72	Impl. Dev. Charged to Patients		79,318			6,877,784		72
73	Drugs Charged to Patients	4,017,744	334,055			16,990,353		73
74	Renal Dialysis	1,325	12,565			1,105,482		74
75.10	GI LAB	355	68,946			2,788,533		75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS		406			62,090		76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	657	5,062			805,416		90
90.01	PALOS DIAGNOSTIC CENTER		3,409			323,433		90.01
90.02	CARE STATIONS	9,019	19,897			2,448,843		90.02
90.03	OUTPATIENT CARE CENTER	9,159	49,438			3,331,564		90.03
91	Emergency	4,142	312,522	72,932		8,297,827		91
92	Observation Beds (Non-Distinct Part)							92

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LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		15	16	17	22	24	25	
93	OUTPATIENT REHAB	7	14,817			1,921,415		93
93.10	WOUND CARE CENTER	1,498	13,243			846,190		93.10
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	307	16,483			3,228,066		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	31,613	11,436			2,654,278		116
117	MOBILE MED	197	734			343,790		117
118	SUBTOTALS (sum of lines 1-117)	4,286,511	3,113,350	1,458,392	409,989	170,586,683	-409,989	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					46,051		190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices					1,023,650		192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers					82,110		193
194	FUND DEVELOPMENT					118,039		194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	4,286,511	3,113,350	1,458,392	409,989	171,856,533	-409,989	202

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	37,858,421					30
31	Intensive Care Unit	8,151,695					31
34.10	NICU	2,650,500					34.10
40	Subprovider - IPF	2,822,418					40
43	Nursery	1,073,923					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	16,071,222					50
52	Delivery Room & Labor Room	4,784,531					52
53	Anesthesiology	805,029					53
54	Radiology-Diagnostic	6,412,687					54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	5,180,139					55
56	Radioisotope	1,807,356					56
56.10	ULTRASOUND	2,069,428					56.10
57	CT Scan	2,391,705					57
58	MRI	1,041,847					58
59	Cardiac Catheterization	2,504,902					59
60	Laboratory	12,003,426					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	3,516,211					65
65.01	SLEEP LAB	468,302					65.01
66	Physical Therapy	3,029,370					66
68	Speech Pathology	356,831					68
69	Electrocardiology	1,654,928					69
69.01	C-PORT						69.01
70	Electroencephalography	172,571					70
71	Medical Supplies Charged to Patients	1,324,188					71
72	Impl. Dev. Charged to Patients	6,877,784					72
73	Drugs Charged to Patients	16,990,353					73
74	Renal Dialysis	1,105,482					74
75.10	GI LAB	2,788,533					75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	62,090					76.30
76.40	AUDIOLOGY						76.40
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	805,416					90
90.01	PALOS DIAGNOSTIC CENTER	323,433					90.01
90.02	CARE STATIONS	2,448,843					90.02
90.03	OUTPATIENT CARE CENTER	3,331,564					90.03
91	Emergency	8,297,827					91
92	Observation Beds (Non-Distinct Part)						92

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
93	OUTPATIENT REHAB	1,921,415					93
93.10	WOUND CARE CENTER	846,190					93.10
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	3,228,066					101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice	2,654,278					116
117	MOBILE MED	343,790					117
118	SUBTOTALS (sum of lines 1-117)	170,176,694					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	46,051					190
191.10	ADULT DAY CARE						191.10
192	Physicians' Private Offices	1,023,650					192
192.01	VACANT SPACE						192.01
193	Nonpaid Workers	82,110					193
194	FUND DEVELOPMENT	118,039					194
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	171,446,544					202

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINI- STRATIVE & GENERAL	
		0	1	2	2A	4	5	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department	540	4,323	5,163	10,026	10,026		4
5	Administrative & General	112,428	489,017	1,535,602	2,137,047	1,639	2,138,686	5
6	Maintenance & Repairs							6
7	Operation of Plant	8,859	639,536	300,374	948,769	411	122,818	7
8	Laundry & Linen Service		103,296	1,923	105,219	39	10,532	8
9	Housekeeping	21,809	42,081	33,940	97,830	380	36,953	9
10	Dietary	673	130,030	14,716	145,419	141	22,804	10
11	Cafeteria	673	90,099	14,867	105,639	143	12,664	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,740	12,377	149,859	163,976	190	38,243	13
14	Central Services & Supply							14
15	Pharmacy	13,750	50,249	16,663	80,662	217	51,172	15
16	Medical Records & Library	108	96,129	18,083	114,320	171	35,162	16
17	Social Service		7,258		7,258	100	17,675	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		19,681		19,681		4,451	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,260	1,358,796	422,031	1,782,087	2,035	360,927	30
31	Intensive Care Unit	756	142,202	56,831	199,789	409	85,745	31
34.10	NICU		196,808	22,410	219,218	92	24,723	34.10
40	Subprovider - IPF	171	156,878	6,066	163,115	128	26,588	40
43	Nursery		15,267	27,595	42,862	59	12,110	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	2,620	386,563	844,948	1,234,131	472	174,083	50
52	Delivery Room & Labor Room	972	182,815	98,174	281,961	231	49,508	52
53	Anesthesiology	216	5,176	65,403	70,795	17	8,534	53
54	Radiology-Diagnostic	2,513	418,121	231,785	652,419	236	61,132	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	673	396,119	667,496	1,064,288	123	49,297	55
56	Radioisotope	513	38,179	90,144	128,836	43	19,310	56
56.10	ULTRASOUND	207	26,620	155,788	182,615	96	23,769	56.10
57	CT Scan		17,895	307,609	325,504	78	25,894	57
58	MRI	534	19,067	17,868	37,469	47	11,458	58
59	Cardiac Catheterization	2,998	96,243	141,947	241,188	46	26,562	59
60	Laboratory	756	140,837	219,637	361,230	479	137,789	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	21,955	27,530	88,519	138,004	207	39,589	65
65.01	SLEEP LAB	108	30,261	18,988	49,357	24	4,671	65.01
66	Physical Therapy	1,188	78,837	15,579	95,604	159	34,126	66
68	Speech Pathology	13,910	2,560	1,442	17,912	19	4,222	68
69	Electrocardiology	370	18,418	159,823	178,611	92	18,771	69
69.01	C-PORT							69.01
70	Electroencephalography		17,747	6,403	24,150	8	1,416	70
71	Medical Supplies Charged to Patients	26,491	42,911	45,833	115,235	44	14,863	71
72	Impl. Dev. Charged to Patients						84,607	72
73	Drugs Charged to Patients						157,287	73
74	Renal Dialysis	801	18,657	8,182	27,640	43	12,820	74
75.10	GI LAB	324	87,710	55,810	143,844	99	29,796	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS						768	76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	198	24,004	12,103	36,305	40	8,744	90
90.01	PALOS DIAGNOSTIC CENTER	28,474		3,236	31,710	29	3,914	90.01
90.02	CARE STATIONS	118,125		54,679	172,804	169	30,085	90.02
90.03	OUTPATIENT CARE CENTER	108,259		696,117	804,376	118	40,675	90.03
91	Emergency	432	168,481	49,128	218,041	450	87,433	91

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINI- STRATIVE & GENERAL	
		0	1	2	2A	4	5	
92	Observation Beds (Non-Distinct Part)							92
93	OUTPATIENT REHAB	216	124,114	4,102	128,432	96	18,649	93
93.10	WOUND CARE CENTER	446	18,998	28,922	48,366	39	9,270	93.10
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	2,510		23,349	25,859	167	38,673	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	231,431		3,550	234,981	138	31,427	116
117	MOBILE MED					16	4,108	117
118	SUBTOTALS (sum of lines 1-117)	730,007	5,941,890	6,742,687	13,414,584	9,979	2,125,817	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		12,059		12,059		174	190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices	198	20,818	3,195	24,211	47	11,939	192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers		21,501		21,501		310	193
194	FUND DEVELOPMENT		30,909		30,909		446	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	730,205	6,027,177	6,745,882	13,503,264	10,026	2,138,686	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	1,071,998						7
8	Laundry & Linen Service	22,625	138,415					8
9	Housekeeping	9,217	470	144,850				9
10	Dietary	28,480	25	3,966	200,835			10
11	Cafeteria	19,734		2,748		140,928		11
12	Maintenance of Personnel							12
13	Nursing Administration	2,711		378		4,010	209,508	13
14	Central Services & Supply							14
15	Pharmacy	11,006	11	1,533		4,582		15
16	Medical Records & Library	21,055		2,932		3,616		16
17	Social Service	1,590		221		2,111		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd	4,311		600				22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	297,616	37,865	41,444	164,151	42,961	84,282	30
31	Intensive Care Unit	31,147	6,494	4,337	24,022	8,631	16,933	31
34.10	NICU	43,107	703	6,003		1,943	3,813	34.10
40	Subprovider - IPF	34,361	886	4,785	12,662	2,696	5,290	40
43	Nursery	3,344		466		1,235	2,423	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	84,669	57,243	11,791		9,967	19,555	50
52	Delivery Room & Labor Room	40,042	9,076	5,576		4,873	9,561	52
53	Anesthesiology	1,134		158		357	700	53
54	Radiology-Diagnostic	91,581	4,991	12,753		4,975	9,761	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	86,762	1,233	12,082		2,526	4,957	55
56	Radioisotope	8,362	641	1,165		903		56
56.10	ULTRASOUND	5,831	1,308	812		2,019		56.10
57	CT Scan	3,919	1,352	546		1,653		57
58	MRI	4,176	254	582		997		58
59	Cardiac Catheterization	21,080	318	2,936		962		59
60	Laboratory	30,848	203	4,296		10,104		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	6,030	12	840		4,378	8,590	65
65.01	SLEEP LAB	6,628	171	923		507		65.01
66	Physical Therapy	17,268	1,580	2,405		3,351		66
68	Speech Pathology	561		78		399		68
69	Electrocardiology	4,034	676	562		1,931		69
69.01	C-PORT							69.01
70	Electroencephalography	3,887	84	541		166	325	70
71	Medical Supplies Charged to Patients	9,399		1,309		918		71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	4,086	485	569		911		74
75.10	GI LAB	19,211	1,516	2,675		2,090	4,100	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS							76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	5,258	73	732		852	1,672	90
90.01	PALOS DIAGNOSTIC CENTER					622		90.01
90.02	CARE STATIONS		332					90.02
90.03	OUTPATIENT CARE CENTER		599					90.03
91	Emergency	36,902	9,243	5,139		9,494	18,627	91
92	Observation Beds (Non-Distinct Part)							92

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
93	OUTPATIENT REHAB	27,185		3,786		2,032	3,987	93
93.10	WOUND CARE CENTER	4,161	563	579		828	1,624	93.10
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency						6,921	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice						5,732	116
117	MOBILE MED					334	655	117
118	SUBTOTALS (sum of lines 1-117)	1,053,318	138,407	142,248	200,835	139,934	209,508	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	2,641		368				190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices	4,560	8	635		994		192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers	4,709		656				193
194	FUND DEVELOPMENT	6,770		943				194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,071,998	138,415	144,850	200,835	140,928	209,508	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		15	16	17	22	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy	149,183						15
16	Medical Records & Library		177,256					16
17	Social Service			28,955				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					29,043		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	129	19,551	23,291		2,856,339		30
31	Intensive Care Unit	10	4,015	3,409		384,941		31
34.10	NICU	23	1,095	807		301,527		34.10
40	Subprovider - IPF	6	1,194			251,711		40
43	Nursery		731			63,230		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	165	13,189			1,605,265		50
52	Delivery Room & Labor Room	3	3,640			404,471		52
53	Anesthesiology	896	3,765			86,356		53
54	Radiology-Diagnostic	535	8,204			846,587		54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	6	3,344			1,224,618		55
56	Radioisotope	3,550	2,232			165,042		56
56.10	ULTRASOUND	7	3,444			219,901		56.10
57	CT Scan	549	12,676			372,171		57
58	MRI	825	2,043			57,851		58
59	Cardiac Catheterization	530	5,027			298,649		59
60	Laboratory	1	26,465			571,415		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	88	5,203			202,941		65
65.01	SLEEP LAB		377			62,658		65.01
66	Physical Therapy	2	2,022			156,517		66
68	Speech Pathology		411			23,602		68
69	Electrocardiology	1	4,281			208,959		69
69.01	C-PORT							69.01
70	Electroencephalography		260			30,837		70
71	Medical Supplies Charged to Patients		428			142,196		71
72	Impl. Dev. Charged to Patients		4,517			89,124		72
73	Drugs Charged to Patients	139,829	19,022			316,138		73
74	Renal Dialysis	46	715			47,315		74
75.10	GI LAB	12	3,926			207,269		75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS		23			791		76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	23	288			53,987		90
90.01	PALOS DIAGNOSTIC CENTER		194			36,469		90.01
90.02	CARE STATIONS	314	1,133			204,837		90.02
90.03	OUTPATIENT CARE CENTER	319	2,815			848,902		90.03
91	Emergency	144	17,796	1,448		404,717		91
92	Observation Beds (Non-Distinct Part)							92

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		15	16	17	22	24	25	
93	OUTPATIENT REHAB		844			185,011		93
93.10	WOUND CARE CENTER	52	754			66,236		93.10
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	11	939			72,570		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	1,100	651			274,029		116
117	MOBILE MED	7	42			5,162		117
118	SUBTOTALS (sum of lines 1-117)	149,183	177,256	28,955		13,350,341		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					15,242		190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices					42,394		192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers					27,176		193
194	FUND DEVELOPMENT					39,068		194
200	Cross Foot Adjustments				29,043	29,043		200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	149,183	177,256	28,955	29,043	13,503,264		202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	2,856,339					30
31	Intensive Care Unit	384,941					31
34.10	NICU	301,527					34.10
40	Subprovider - IPF	251,711					40
43	Nursery	63,230					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,605,265					50
52	Delivery Room & Labor Room	404,471					52
53	Anesthesiology	86,356					53
54	Radiology-Diagnostic	846,587					54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	1,224,618					55
56	Radioisotope	165,042					56
56.10	ULTRASOUND	219,901					56.10
57	CT Scan	372,171					57
58	MRI	57,851					58
59	Cardiac Catheterization	298,649					59
60	Laboratory	571,415					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	202,941					65
65.01	SLEEP LAB	62,658					65.01
66	Physical Therapy	156,517					66
68	Speech Pathology	23,602					68
69	Electrocardiology	208,959					69
69.01	C-PORT						69.01
70	Electroencephalography	30,837					70
71	Medical Supplies Charged to Patients	142,196					71
72	Impl. Dev. Charged to Patients	89,124					72
73	Drugs Charged to Patients	316,138					73
74	Renal Dialysis	47,315					74
75.10	GI LAB	207,269					75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	791					76.30
76.40	AUDIOLOGY						76.40
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	53,987					90
90.01	PALOS DIAGNOSTIC CENTER	36,469					90.01
90.02	CARE STATIONS	204,837					90.02
90.03	OUTPATIENT CARE CENTER	848,902					90.03
91	Emergency	404,717					91
92	Observation Beds (Non-Distinct Part)						92

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
93	OUTPATIENT REHAB	185,011					93
93.10	WOUND CARE CENTER	66,236					93.10
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	72,570					101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice	274,029					116
117	MOBILE MED	5,162					117
118	SUBTOTALS (sum of lines 1-117)	13,350,341					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	15,242					190
191.10	ADULT DAY CARE						191.10
192	Physicians' Private Offices	42,394					192
192.01	VACANT SPACE						192.01
193	Nonpaid Workers	27,176					193
194	FUND DEVELOPMENT	39,068					194
200	Cross Foot Adjustments	29,043					200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	13,503,264					202

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LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP-REL COSTS MOV EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT T FTE'S SALARIES)	RECON-CILIATION	ADMINI-STRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	529,806						1
2	Cap Rel Costs-Mvble Equip		6,772,687					2
4	Employee Benefits Department	380	5,184	2,954,352				4
5	Administrative & General	42,986	1,541,703	482,929	-23,527,679	148,328,854		5
6	Maintenance & Repairs							6
7	Operation of Plant	56,217	301,568	121,169		8,517,817	430,223	7
8	Laundry & Linen Service	9,080	1,931	11,503		730,429	9,080	8
9	Housekeeping	3,699	34,075	111,974		2,562,777	3,699	9
10	Dietary	11,430	14,774	41,639		1,581,499	11,430	10
11	Cafeteria	7,920	14,926	42,068		878,320	7,920	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,088	150,454	55,982		2,652,295	1,088	13
14	Central Services & Supply							14
15	Pharmacy	4,417	16,729	63,975		3,548,944	4,417	15
16	Medical Records & Library	8,450	18,155	50,481		2,438,560	8,450	16
17	Social Service	638		29,472		1,225,814	638	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd	1,730				308,671	1,730	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	119,442	423,708	599,752		25,036,057	119,442	30
31	Intensive Care Unit	12,500	57,057	120,498		5,946,698	12,500	31
34.10	NICU	17,300	22,499	27,132		1,714,590	17,300	34.10
40	Subprovider - IPF	13,790	6,090	37,644		1,843,977	13,790	40
43	Nursery	1,342	27,705	17,243		839,890	1,342	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	33,980	848,306	139,153		12,073,183	33,980	50
52	Delivery Room & Labor Room	16,070	98,564	68,067		3,433,543	16,070	52
53	Anesthesiology	455	65,663	4,981		591,841	455	53
54	Radiology-Diagnostic	36,754	232,706	69,460		4,239,662	36,754	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	34,820	670,148	36,271		3,418,890	34,820	55
56	Radioisotope	3,356	90,502	12,601		1,339,227	3,356	56
56.10	ULTRASOUND	2,340	156,407	28,188		1,648,457	2,340	56.10
57	CT Scan	1,573	308,831	23,073		1,795,823	1,573	57
58	MRI	1,676	17,939	13,916		794,666	1,676	58
59	Cardiac Catheterization	8,460	142,511	13,431		1,842,159	8,460	59
60	Laboratory	12,380	220,510	141,061		9,556,062	12,380	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,420	88,871	61,124		2,745,604	2,420	65
65.01	SLEEP LAB	2,660	19,063	7,082		323,958	2,660	65.01
66	Physical Therapy	6,930	15,641	46,788		2,366,735	6,930	66
68	Speech Pathology	225	1,448	5,566		292,797	225	68
69	Electrocardiology	1,619	160,458	26,965		1,301,841	1,619	69
69.01	C-PORT							69.01
70	Electroencephalography	1,560	6,428	2,315		98,215	1,560	70
71	Medical Supplies Charged to Patients	3,772	46,015	12,823		1,030,813	3,772	71
72	Impl. Dev. Charged to Patients					5,867,737		72
73	Drugs Charged to Patients					10,908,301		73
74	Renal Dialysis	1,640	8,215	12,722		889,103	1,640	74
75.10	GI LAB	7,710	56,032	29,179		2,066,438	7,710	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS					53,239		76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,110	12,151	11,899		606,416	2,110	90
90.01	PALOS DIAGNOSTIC CENTER		3,249	8,678		271,425		90.01
90.02	CARE STATIONS		54,896	49,856		2,086,451		90.02
90.03	OUTPATIENT CARE CENTER		698,883	34,640		2,820,947		90.03

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP-REL COSTS MOV EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT FTE'S SALARIES)	RECON-CILIATION	ADMINI-STRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
91	Emergency	14,810	49,323	132,550		6,063,754	14,810	91
92	Observation Beds (Non-Distinct Part)							92
93	OUTPATIENT REHAB	10,910	4,118	28,373		1,293,343	10,910	93
93.10	WOUND CARE CENTER	1,670	29,037	11,555		642,910	1,670	93.10
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency		23,442	49,251		2,682,065		101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice		3,564	40,788		2,179,559		116
117	MOBILE MED			4,659		284,877		117
118	SUBTOTALS (sum of lines 1-117)	522,309	6,769,479	2,940,476	-23,527,679	147,436,379	422,726	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	1,060				12,059	1,060	190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices	1,830	3,208	13,876		828,006	1,830	192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers	1,890				21,501	1,890	193
194	FUND DEVELOPMENT	2,717				30,909	2,717	194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	6,027,177	6,745,882	3,668,768		23,527,679	9,868,896	202
203	Unit Cost Multiplier (Wkst. B, Part I)	11.376196	0.996042	1.241818		0.158618	22.939025	203
204	Cost to be allocated (Per Wkst. B, Part II)			10,026		2,138,686	1,071,998	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.003394		0.014419	2.491726	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA PAID HOURS	NURSING ADMINISTRATION (DIRECT NRSG HRS)	PHARMACY (COSTED REQUIS)	
		8	9	10	11	13	15	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service	1,003,068						8
9	Housekeeping	3,406	417,444					9
10	Dietary	178	11,430	157,935				10
11	Cafeteria		7,920		1,967,505			11
12	Maintenance of Personnel							12
13	Nursing Administration		1,088		55,982	1,490,864		13
14	Central Services & Supply							14
15	Pharmacy	78	4,417		63,975		11,638,013	15
16	Medical Records & Library		8,450		50,481			16
17	Social Service		638		29,472			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		1,730					22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	274,398	119,442	129,087	599,752	599,752	10,080	30
31	Intensive Care Unit	47,062	12,500	18,891	120,498	120,498	747	31
34.10	NICU	5,095	17,300		27,132	27,132	1,770	34.10
40	Subprovider - IPF	6,419	13,790	9,957	37,644	37,644	489	40
43	Nursery		1,342		17,243	17,243		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	414,829	33,980		139,153	139,153	12,850	50
52	Delivery Room & Labor Room	65,774	16,070		68,037	68,037	253	52
53	Anesthesiology		455		4,981	4,981	69,892	53
54	Radiology-Diagnostic	36,168	36,754		69,460	69,460	41,712	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	8,935	34,820		35,271	35,271	475	55
56	Radioisotope	4,646	3,356		12,601		276,956	56
56.10	ULTRASOUND	9,480	2,340		28,188		578	56.10
57	CT Scan	9,796	1,573		23,073		42,815	57
58	MRI	1,841	1,676		13,916		64,335	58
59	Cardiac Catheterization	2,304	8,460		13,431		41,329	59
60	Laboratory	1,473	12,380		141,061		95	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	89	2,420		61,124	61,124	6,885	65
65.01	SLEEP LAB	1,242	2,660		7,082			65.01
66	Physical Therapy	11,451	6,930		46,788		148	66
68	Speech Pathology		225		5,566			68
69	Electrocardiology	4,898	1,619		26,965		68	69
69.01	C-PORT							69.01
70	Electroencephalography	611	1,560		2,315	2,315		70
71	Medical Supplies Charged to Patients		3,772		12,823		4	71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients						10,908,301	73
74	Renal Dialysis	3,517	1,640		12,722		3,597	74
75.10	GI LAB	10,985	7,710		29,179	29,179	964	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS							76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	531	2,110		11,899	11,899	1,783	90
90.01	PALOS DIAGNOSTIC CENTER				8,678			90.01
90.02	CARE STATIONS	2,404					24,488	90.02
90.03	OUTPATIENT CARE CENTER	4,344					24,866	90.03
91	Emergency	66,980	14,810		132,550	132,550	11,245	91

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA PAID HOURS	NURSING ADMINISTRATION (DIRECT NRSG HRS)	PHARMACY (COSTED REQUIS)	
		8	9	10	11	13	15	
92	Observation Beds (Non-Distinct Part)							92
93	OUTPATIENT REHAB		10,910		28,373	28,373	20	93
93.10	WOUND CARE CENTER	4,079	1,670		11,555	11,555	4,067	93.10
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency					49,251	834	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice					40,788	85,831	116
117	MOBILE MED				4,659	4,659	536	117
118	SUBTOTALS (sum of lines 1-117)	1,003,013	409,947	157,935	1,953,629	1,490,864	11,638,013	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		1,060					190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices	55	1,830		13,876			192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers		1,890					193
194	FUND DEVELOPMENT		2,717					194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,054,574	3,057,712	2,178,456	1,257,327	3,141,699	4,286,511	202
203	Unit Cost Multiplier (Wkst. B, Part I)	1.051348	7.324844	13.793371	0.639046	2.107301	0.368320	203
204	Cost to be allocated (Per Wkst. B, Part II)	138,415	144,850	200,835	140,928	209,508	149,183	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.137992	0.346993	1.271631	0.071628	0.140528	0.012819	205

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library	948,002,746					16
17	Social Service		53,491				17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd			8,368			21
22	I&R Services-Other Prgm Costs Apprvd				8,368		22
23	Paramed Ed Prgm-(specify)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	104,548,800	43,029	3,291	3,291		30
31	Intensive Care Unit	21,469,875	6,297				31
34.10	NICU	5,856,685	1,490				34.10
40	Subprovider - IPF	6,382,814					40
43	Nursery	3,910,369					43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	70,531,625		5,077	5,077		50
52	Delivery Room & Labor Room	19,466,737					52
53	Anesthesiology	20,133,742					53
54	Radiology-Diagnostic	43,870,673					54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	17,882,952					55
56	Radioisotope	11,934,087					56
56.10	ULTRASOUND	18,418,468					56.10
57	CT Scan	67,787,259					57
58	MRI	10,927,486					58
59	Cardiac Catheterization	26,882,983					59
60	Laboratory	141,625,401					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	27,822,404					65
65.01	SLEEP LAB	2,017,040					65.01
66	Physical Therapy	10,811,713					66
68	Speech Pathology	2,200,143					68
69	Electrocardiology	22,895,199					69
69.01	C-PORT						69.01
70	Electroencephalography	1,390,464					70
71	Medical Supplies Charged to Patients	2,289,873					71
72	Impl. Dev. Charged to Patients	24,152,888					72
73	Drugs Charged to Patients	101,721,945					73
74	Renal Dialysis	3,826,122					74
75.10	GI LAB	20,994,527					75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	123,513					76.30
76.40	AUDIOLOGY						76.40
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,541,471					90
90.01	PALOS DIAGNOSTIC CENTER	1,038,065					90.01
90.02	CARE STATIONS	6,058,688					90.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)		
		16	17	21	22		
90.03	OUTPATIENT CARE CENTER	15,054,277					90.03
91	Emergency	95,164,976	2,675				91
92	Observation Beds (Non-Distinct Part)						92
93	OUTPATIENT REHAB	4,511,985					93
93.10	WOUND CARE CENTER	4,032,539					93.10
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	5,019,082					101
	SPECIAL PURPOSE COST CENTERS						
116	Hospice	3,482,236					116
117	MOBILE MED	223,640					117
118	SUBTOTALS (sum of lines 1-117)	948,002,746	53,491	8,368	8,368		118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen						190
191.10	ADULT DAY CARE						191.10
192	Physicians' Private Offices						192
192.01	VACANT SPACE						192.01
193	Nonpaid Workers						193
194	FUND DEVELOPMENT						194
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	3,113,350	1,458,392		409,989		202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.003284	27.264250		48.994861		203
204	Cost to be allocated (Per Wkst. B, Part II)	177,256	28,955		29,043		204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000187	0.541306		3.470722		205

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

		WORKSHEET		
DESCRIPTION		PART	LINE NO.	AMOUNT
1		2	3	4

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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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	37,858,421		37,858,421	14,423	37,872,844	30
31	Intensive Care Unit	8,151,695		8,151,695	11,885	8,163,580	31
34.10	NICU	2,650,500		2,650,500		2,650,500	34.10
40	Subprovider - IPF	2,822,418		2,822,418	29,747	2,852,165	40
43	Nursery	1,073,923		1,073,923		1,073,923	43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	16,071,222		16,071,222	96,256	16,167,478	50
52	Delivery Room & Labor Room	4,784,531		4,784,531		4,784,531	52
53	Anesthesiology	805,029		805,029	1,794	806,823	53
54	Radiology-Diagnostic	6,412,687		6,412,687		6,412,687	54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	5,180,139		5,180,139		5,180,139	55
56	Radioisotope	1,807,356		1,807,356		1,807,356	56
56.10	ULTRASOUND	2,069,428		2,069,428		2,069,428	56.10
57	CT Scan	2,391,705		2,391,705		2,391,705	57
58	MRI	1,041,847		1,041,847		1,041,847	58
59	Cardiac Catheterization	2,504,902		2,504,902	19,925	2,524,827	59
60	Laboratory	12,003,426		12,003,426		12,003,426	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	3,516,211		3,516,211	53,094	3,569,305	65
65.01	SLEEP LAB	468,302		468,302		468,302	65.01
66	Physical Therapy	3,029,370		3,029,370		3,029,370	66
68	Speech Pathology	356,831		356,831		356,831	68
69	Electrocardiology	1,654,928		1,654,928	103,601	1,758,529	69
69.01	C-PORT						69.01
70	Electroencephalography	172,571		172,571		172,571	70
71	Medical Supplies Charged to Patients	1,324,188		1,324,188		1,324,188	71
72	Impl. Dev. Charged to Patients	6,877,784		6,877,784		6,877,784	72
73	Drugs Charged to Patients	16,990,353		16,990,353		16,990,353	73
74	Renal Dialysis	1,105,482		1,105,482		1,105,482	74
75.10	GI LAB	2,788,533		2,788,533		2,788,533	75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	62,090		62,090		62,090	76.30
76.40	AUDIOLOGY						76.40
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	805,416		805,416		805,416	90
90.01	PALOS DIAGNOSTIC CENTER	323,433		323,433		323,433	90.01
90.02	CARE STATIONS	2,448,843		2,448,843		2,448,843	90.02
90.03	OUTPATIENT CARE CENTER	3,331,564		3,331,564	269	3,331,833	90.03
91	Emergency	8,297,827		8,297,827	138,580	8,436,407	91
92	Observation Beds (Non-Distinct Part)	5,770,021		5,770,021		5,770,021	92
93	OUTPATIENT REHAB	1,921,415		1,921,415	9,916	1,931,331	93
93.10	WOUND CARE CENTER	846,190		846,190	42,885	889,075	93.10
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	3,228,066		3,228,066		3,228,066	101
113	Interest Expense						113
116	Hospice	2,654,278		2,654,278		2,654,278	116
117	MOBILE MED	343,790		343,790		343,790	117
200	Subtotal (sum of lines 30 thru 199)	175,946,715		175,946,715	522,375	176,469,090	200
201	Less Observation Beds	5,770,021		5,770,021		5,770,021	201
202	Total (line 200 minus line 201)	170,176,694		170,176,694		170,699,069	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	91,662,144		91,662,144				30
31	Intensive Care Unit	21,469,875		21,469,875				31
34.10	NICU	5,856,685		5,856,685				34.10
40	Subprovider - IPF	6,382,814		6,382,814				40
43	Nursery	3,910,369		3,910,369				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	33,585,941	36,945,684	70,531,625	0.227858	0.227858	0.229223	50
52	Delivery Room & Labor Room	13,427,402	6,039,335	19,466,737	0.245780	0.245780	0.245780	52
53	Anesthesiology	10,319,882	9,813,860	20,133,742	0.039984	0.039984	0.040073	53
54	Radiology-Diagnostic	19,862,132	24,008,541	43,870,673	0.146173	0.146173	0.146173	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	890,442	16,992,510	17,882,952	0.289669	0.289669	0.289669	55
56	Radioisotope	3,512,377	8,421,710	11,934,087	0.151445	0.151445	0.151445	56
56.10	ULTRASOUND	5,685,724	12,732,744	18,418,468	0.112356	0.112356	0.112356	56.10
57	CT Scan	25,041,472	42,745,787	67,787,259	0.035283	0.035283	0.035283	57
58	MRI	4,980,735	5,946,751	10,927,486	0.095342	0.095342	0.095342	58
59	Cardiac Catheterization	14,885,354	11,997,629	26,882,983	0.093178	0.093178	0.093919	59
60	Laboratory	60,136,190	81,489,211	141,625,401	0.084755	0.084755	0.084755	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	23,547,769	4,274,635	27,822,404	0.126381	0.126381	0.128289	65
65.01	SLEEP LAB	3,887	2,013,153	2,017,040	0.232173	0.232173	0.232173	65.01
66	Physical Therapy	3,880,990	6,930,723	10,811,713	0.280193	0.280193	0.280193	66
68	Speech Pathology	1,488,798	711,345	2,200,143	0.162185	0.162185	0.162185	68
69	Electrocardiology	11,305,817	11,589,382	22,895,199	0.072283	0.072283	0.076808	69
69.01	C-PORT							69.01
70	Electroencephalography	360,447	1,030,017	1,390,464	0.124110	0.124110	0.124110	70
71	Medical Supplies Charged to Patients	1,869,360	420,513	2,289,873	0.578280	0.578280	0.578280	71
72	Impl. Dev. Charged to Patients	14,993,728	9,159,160	24,152,888	0.284760	0.284760	0.284760	72
73	Drugs Charged to Patients	58,210,118	43,511,827	101,721,945	0.167027	0.167027	0.167027	73
74	Renal Dialysis	3,191,607	634,515	3,826,122	0.288930	0.288930	0.288930	74
75.10	GI LAB	4,705,252	16,289,275	20,994,527	0.132822	0.132822	0.132822	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS	93,572	29,941	123,513	0.502700	0.502700	0.502700	76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	158,028	1,383,443	1,541,471	0.522498	0.522498	0.522498	90
90.01	PALOS DIAGNOSTIC CENTER	1,022	1,037,043	1,038,065	0.311573	0.311573	0.311573	90.01
90.02	CARE STATIONS	17,394	6,041,294	6,058,688	0.404187	0.404187	0.404187	90.02
90.03	OUTPATIENT CARE CENTER	144,733	14,909,544	15,054,277	0.221303	0.221303	0.221321	90.03
91	Emergency	28,805,705	66,359,271	95,164,976	0.087194	0.087194	0.088650	91
92	Observation Beds (Non-Distinct Part)	1,369,729	11,516,927	12,886,656	0.447752	0.447752	0.447752	92
93	OUTPATIENT REHAB	12,293	4,499,692	4,511,985	0.425847	0.425847	0.428045	93
93.10	WOUND CARE CENTER	46,793	3,985,746	4,032,539	0.209840	0.209840	0.220475	93.10
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	3,864	5,015,218	5,019,082				101
113	Interest Expense							113
116	Hospice		3,482,236	3,482,236				116
117	MOBILE MED		223,640	223,640				117
200	Subtotal (sum of lines 30 thru 199)	475,820,444	472,182,302	948,002,746				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	475,820,444	472,182,302	948,002,746				202

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LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	2,856,339		2,856,339	49,563	57.63	20,182	1,163,089	30
31	Intensive Care Unit	384,941		384,941	6,283	61.27	2,787	170,759	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
34.10	NICU	301,527		301,527	1,453	207.52			34.10
35	Other Special Care (specify)								35
40	Subprovider - IPF	251,711		251,711	3,319	75.84	1,249	94,724	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	63,230		63,230	2,131	29.67			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	3,857,748		3,857,748	62,749		24,218	1,428,572	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 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
34.10	NICU					34.10
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 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)
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics (General Routine Care)	49,563		20,182	30
31	Intensive Care Unit	6,283		2,787	31
32	Coronary Care Unit				32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit				34
34.10	NICU	1,453			34.10
35	Other Special Care (specify)				35
40	Subprovider - IPF	3,319		1,249	40
41	Subprovider - IRF				41
42	Subprovider I				42
43	Nursery	2,131			43
44	Skilled Nursing Facility				44
45	Nursing Facility				45
200	Total (lines 30-199)	62,749		24,218	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0179

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic							55
56	Radioisotope							56
56.10	ULTRASOUND							56.10
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
65.01	SLEEP LAB							65.01
66	Physical Therapy							66
68	Speech Pathology							68
69	Electrocardiology							69
69.01	C-PORT							69.01
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75.10	GI LAB							75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS							76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	PALOS DIAGNOSTIC CENTER							90.01
90.02	CARE STATIONS							90.02
90.03	OUTPATIENT CARE CENTER							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct							92
93	OUTPATIENT REHAB							93
93.10	WOUND CARE CENTER							93.10
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0179

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
7	8	9	10	11	12	13		
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	70,531,625			11,708,913		11,078,788	50
52	Delivery Room & Labor Room	19,466,737			35,621		11,768	52
53	Anesthesiology	20,133,742			3,320,523		2,995,190	53
54	Radiology-Diagnostic	43,870,673			10,743,864		5,971,651	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	17,882,952			522,737		6,493,060	55
56	Radioisotope	11,934,087			1,846,402		3,473,235	56
56.10	ULTRASOUND	18,418,468			2,728,508		2,732,666	56.10
57	CT Scan	67,787,259			12,450,623		12,730,216	57
58	MRI	10,927,486			2,091,377		1,601,730	58
59	Cardiac Catheterization	26,882,983			7,039,476		5,187,928	59
60	Laboratory	141,625,401			26,896,749		10,888,571	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	27,822,404			11,837,933		960,120	65
65.01	SLEEP LAB	2,017,040			3,538		503,294	65.01
66	Physical Therapy	10,811,713			2,217,286		18,710	66
68	Speech Pathology	2,200,143			930,421		230	68
69	Electrocardiology	22,895,199			5,765,827		4,093,532	69
69.01	C-PORT							69.01
70	Electroencephalography	1,390,464			163,951		267,689	70
71	Medical Supplies Charged to Pat	2,289,873			858,452		162,024	71
72	Impl. Dev. Charged to Patients	24,152,888			7,377,574		4,158,717	72
73	Drugs Charged to Patients	101,721,945			26,379,551		17,337,165	73
74	Renal Dialysis	3,826,122			2,098,136		271,325	74
75.10	GI LAB	20,994,527			2,449,493		4,981,025	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS	123,513			21,594		5,085	76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,541,471			111,347		560,633	90
90.01	PALOS DIAGNOSTIC CENTER	1,038,065			697		494,626	90.01
90.02	CARE STATIONS	6,058,688			14,006		743,929	90.02
90.03	OUTPATIENT CARE CENTER	15,054,277			96,854		4,254,791	90.03
91	Emergency	95,164,976			12,526,473		11,763,592	91
92	Observation Beds (Non-Distinct	12,886,656			578,472		3,480,989	92
93	OUTPATIENT REHAB	4,511,985			1,858		3,705	93
93.10	WOUND CARE CENTER	4,032,539			34,200		2,085,816	93.10
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)	809,995,901			152,852,456		119,311,800	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0179

**WORKSHEET D
PART V**

Check Title V - O/P 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 Reimbursed Services (see inst.)	Cost Reimbursed Subject to Ded. & Coins. (see inst.)	Cost Reimbursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reimbursed Subject to Ded. & Coins. (see inst.)	Cost Reimbursed Not Subject to Ded. & Coins. (see inst.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.227858	11,078,788			2,524,390			50
52	Delivery Room & Labor Room	0.245780	11,768			2,892			52
53	Anesthesiology	0.039984	2,995,190			119,760			53
54	Radiology-Diagnostic	0.146173	5,971,651			872,894			54
54.01	BREAST HEALTH CENTER								54.01
55	Radiology-Therapeutic	0.289669	6,493,060			1,880,838			55
56	Radioisotope	0.151445	3,473,235			526,004			56
56.10	ULTRASOUND	0.112356	2,732,666			307,031			56.10
57	CT Scan	0.035283	12,730,216			449,160			57
58	MRI	0.095342	1,601,730			152,712			58
59	Cardiac Catheterization	0.093178	5,187,928			483,401			59
60	Laboratory	0.084755	10,888,571			922,861			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.126381	960,120			121,341			65
65.01	SLEEP LAB	0.232173	503,294			116,851			65.01
66	Physical Therapy	0.280193	18,710			5,242			66
68	Speech Pathology	0.162185	230			37			68
69	Electrocardiology	0.072283	4,093,532			295,893			69
69.01	C-PORT								69.01
70	Electroencephalography	0.124110	267,689			33,223			70
71	Medical Supplies Charged to Pat	0.578280	162,024			93,695			71
72	Impl. Dev. Charged to Patients	0.284760	4,158,717			1,184,236			72
73	Drugs Charged to Patients	0.167027	17,337,165		119,007	2,895,775		19,877	73
74	Renal Dialysis	0.288930	271,325			78,394			74
75.10	GI LAB	0.132822	4,981,025			661,590			75.10
76	ENTEROSTOMAL THERAPY								76
76.10	NEUROLOGY								76.10
76.20	EMG								76.20
76.30	OS SVCS	0.502700	5,085			2,556			76.30
76.40	AUDIOLOGY								76.40
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.522498	560,633			292,930			90
90.01	PALOS DIAGNOSTIC CENTER	0.311573	494,626			154,112			90.01
90.02	CARE STATIONS	0.404187	743,929			300,686			90.02
90.03	OUTPATIENT CARE CENTER	0.221303	4,254,791			941,598			90.03
91	Emergency	0.087194	11,763,592			1,025,715			91
92	Observation Beds (Non-Distinct)	0.447752	3,480,989			1,558,620			92
93	OUTPATIENT REHAB	0.425847	3,705			1,578			93
93.10	WOUND CARE CENTER	0.209840	2,085,816			437,688			93.10
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		119,311,800		119,007	18,443,703		19,877	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		119,311,800		119,007	18,443,703		19,877	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S179

**WORKSHEET D
PART II**

Check Title v Hospital SUB (Other) 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	1,605,265	70,531,625	0.022760	2,880	66	50
52	Delivery Room & Labor Room	404,471	19,466,737	0.020778			52
53	Anesthesiology	86,356	20,133,742	0.004289			53
54	Radiology-Diagnostic	846,587	43,870,673	0.019297	23,823	460	54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	1,224,618	17,882,952	0.068480			55
56	Radioisotope	165,042	11,934,087	0.013829			56
56.10	ULTRASOUND	219,901	18,418,468	0.011939	4,486	54	56.10
57	CT Scan	372,171	67,787,259	0.005490	83,887	461	57
58	MRI	57,851	10,927,486	0.005294	18,842	100	58
59	Cardiac Catheterization	298,649	26,882,983	0.011109	53,676	596	59
60	Laboratory	571,415	141,625,401	0.004035	652,127	2,631	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	202,941	27,822,404	0.007294	103,114	752	65
65.01	SLEEP LAB	62,658	2,017,040	0.031064			65.01
66	Physical Therapy	156,517	10,811,713	0.014477	28,798	417	66
68	Speech Pathology	23,602	2,200,143	0.010727			68
69	Electrocardiology	208,959	22,895,199	0.009127	45,869	419	69
69.01	C-PORT						69.01
70	Electroencephalography	30,837	1,390,464	0.022177	11,722	260	70
71	Medical Supplies Charged to Pat	142,196	2,289,873	0.062098	13,712	851	71
72	Impl. Dev. Charged to Patients	89,124	24,152,888	0.003690			72
73	Drugs Charged to Patients	316,138	101,721,945	0.003108	315,234	980	73
74	Renal Dialysis	47,315	3,826,122	0.012366	10,647	132	74
75.10	GI LAB	207,269	20,994,527	0.009873	7,036	69	75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	791	123,513	0.006404			76.30
76.40	AUDIOLOGY						76.40
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	53,987	1,541,471	0.035023	2,476	87	90
90.01	PALOS DIAGNOSTIC CENTER	36,469	1,038,065	0.035132			90.01
90.02	CARE STATIONS	204,837	6,058,688	0.033809			90.02
90.03	OUTPATIENT CARE CENTER	848,902	15,054,277	0.056389			90.03
91	Emergency	404,717	95,164,976	0.004253	267,498	1,138	91
92	Observation Beds (Non-Distinct		12,886,656				92
93	OUTPATIENT REHAB	185,011	4,511,985	0.041004	1,502	62	93
93.10	WOUND CARE CENTER	66,236	4,032,539	0.016425			93.10
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	9,140,832	809,995,901		1,647,329	9,535	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S179

**WORKSHEET D
PART IV**

Check Title v Hospital SUB (Other) ICF/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	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic							55
56	Radioisotope							56
56.10	ULTRASOUND							56.10
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
65.01	SLEEP LAB							65.01
66	Physical Therapy							66
68	Speech Pathology							68
69	Electrocardiology							69
69.01	C-PORT							69.01
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75.10	GI LAB							75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS							76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	PALOS DIAGNOSTIC CENTER							90.01
90.02	CARE STATIONS							90.02
90.03	OUTPATIENT CARE CENTER							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct							92
93	OUTPATIENT REHAB							93
93.10	WOUND CARE CENTER							93.10
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S179

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	70,531,625			2,880				50
52	Delivery Room & Labor Room	19,466,737							52
53	Anesthesiology	20,133,742							53
54	Radiology-Diagnostic	43,870,673			23,823				54
54.01	BREAST HEALTH CENTER								54.01
55	Radiology-Therapeutic	17,882,952							55
56	Radioisotope	11,934,087							56
56.10	ULTRASOUND	18,418,468			4,486				56.10
57	CT Scan	67,787,259			83,887				57
58	MRI	10,927,486			18,842				58
59	Cardiac Catheterization	26,882,983			53,676				59
60	Laboratory	141,625,401			652,127				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	27,822,404			103,114				65
65.01	SLEEP LAB	2,017,040							65.01
66	Physical Therapy	10,811,713			28,798				66
68	Speech Pathology	2,200,143							68
69	Electrocardiology	22,895,199			45,869				69
69.01	C-PORT								69.01
70	Electroencephalography	1,390,464			11,722				70
71	Medical Supplies Charged to Pat	2,289,873			13,712				71
72	Impl. Dev. Charged to Patients	24,152,888							72
73	Drugs Charged to Patients	101,721,945			315,234				73
74	Renal Dialysis	3,826,122			10,647				74
75.10	GI LAB	20,994,527			7,036				75.10
76	ENTEROSTOMAL THERAPY								76
76.10	NEUROLOGY								76.10
76.20	EMG								76.20
76.30	OS SVCS	123,513							76.30
76.40	AUDIOLOGY								76.40
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	1,541,471			2,476				90
90.01	PALOS DIAGNOSTIC CENTER	1,038,065							90.01
90.02	CARE STATIONS	6,058,688							90.02
90.03	OUTPATIENT CARE CENTER	15,054,277							90.03
91	Emergency	95,164,976			267,498				91
92	Observation Beds (Non-Distinct	12,886,656							92
93	OUTPATIENT REHAB	4,511,985			1,502				93
93.10	WOUND CARE CENTER	4,032,539							93.10
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	809,995,901			1,647,329				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S179

**WORKSHEET D
PART V**

Check Title V - O/P Hospital SUB (Other) Swing Bed SNF
 Applicable 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	0.227858						50
52	Delivery Room & Labor Room	0.245780						52
53	Anesthesiology	0.039984						53
54	Radiology-Diagnostic	0.146173						54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	0.289669						55
56	Radioisotope	0.151445						56
56.10	ULTRASOUND	0.112356						56.10
57	CT Scan	0.035283						57
58	MRI	0.095342						58
59	Cardiac Catheterization	0.093178						59
60	Laboratory	0.084755						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	0.126381						65
65.01	SLEEP LAB	0.232173						65.01
66	Physical Therapy	0.280193						66
68	Speech Pathology	0.162185						68
69	Electrocardiology	0.072283						69
69.01	C-PORT							69.01
70	Electroencephalography	0.124110						70
71	Medical Supplies Charged to Pat	0.578280						71
72	Impl. Dev. Charged to Patients	0.284760						72
73	Drugs Charged to Patients	0.167027						73
74	Renal Dialysis	0.288930						74
75.10	GI LAB	0.132822						75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS	0.502700						76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	0.522498						90
90.01	PALOS DIAGNOSTIC CENTER	0.311573						90.01
90.02	CARE STATIONS	0.404187						90.02
90.03	OUTPATIENT CARE CENTER	0.221303						90.03
91	Emergency	0.087194						91
92	Observation Beds (Non-Distinct)	0.447752						92
93	OUTPATIENT REHAB	0.425847						93
93.10	WOUND CARE CENTER	0.209840						93.10
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)							200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)							202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 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 Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	2,856,339		2,856,339	49,563	57.63	3,901	224,815	30
31	Intensive Care Unit	384,941		384,941	6,283	61.27	703	43,073	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
34.10	NICU	301,527		301,527	1,453	207.52	768	159,375	34.10
35	Other Special Care (specify)								35
40	Subprovider - IPF	251,711		251,711	3,319	75.84			40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	63,230		63,230	2,131	29.67	905	26,851	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	3,857,748		3,857,748	62,749		6,277	454,114	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0179

**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	1,605,265	70,531,625	0.022760			50
52	Delivery Room & Labor Room	404,471	19,466,737	0.020778			52
53	Anesthesiology	86,356	20,133,742	0.004289			53
54	Radiology-Diagnostic	846,587	43,870,673	0.019297			54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	1,224,618	17,882,952	0.068480			55
56	Radioisotope	165,042	11,934,087	0.013829			56
56.10	ULTRASOUND	219,901	18,418,468	0.011939			56.10
57	CT Scan	372,171	67,787,259	0.005490			57
58	MRI	57,851	10,927,486	0.005294			58
59	Cardiac Catheterization	298,649	26,882,983	0.011109			59
60	Laboratory	571,415	141,625,401	0.004035			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	202,941	27,822,404	0.007294			65
65.01	SLEEP LAB	62,658	2,017,040	0.031064			65.01
66	Physical Therapy	156,517	10,811,713	0.014477			66
68	Speech Pathology	23,602	2,200,143	0.010727			68
69	Electrocardiology	208,959	22,895,199	0.009127			69
69.01	C-PORT						69.01
70	Electroencephalography	30,837	1,390,464	0.022177			70
71	Medical Supplies Charged to Pat	142,196	2,289,873	0.062098			71
72	Impl. Dev. Charged to Patients	89,124	24,152,888	0.003690			72
73	Drugs Charged to Patients	316,138	101,721,945	0.003108			73
74	Renal Dialysis	47,315	3,826,122	0.012366			74
75.10	GI LAB	207,269	20,994,527	0.009873			75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	791	123,513	0.006404			76.30
76.40	AUDIOLOGY						76.40
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	53,987	1,541,471	0.035023			90
90.01	PALOS DIAGNOSTIC CENTER	36,469	1,038,065	0.035132			90.01
90.02	CARE STATIONS	204,837	6,058,688	0.033809			90.02
90.03	OUTPATIENT CARE CENTER	848,902	15,054,277	0.056389			90.03
91	Emergency	404,717	95,164,976	0.004253			91
92	Observation Beds (Non-Distinct	435,169	12,886,656	0.033769			92
93	OUTPATIENT REHAB	185,011	4,511,985	0.041004			93
93.10	WOUND CARE CENTER	66,236	4,032,539	0.016425			93.10
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	9,576,001	809,995,901				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 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
34.10	NICU					34.10
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 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)	49,563		3,901	30
31	Intensive Care Unit	6,283		703	31
32	Coronary Care Unit				32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit				34
34.10	NICU	1,453		768	34.10
35	Other Special Care (specify)				35
40	Subprovider - IPF	3,319			40
41	Subprovider - IRF				41
42	Subprovider I				42
43	Nursery	2,131		905	43
44	Skilled Nursing Facility				44
45	Nursing Facility				45
200	Total (lines 30-199)	62,749		6,277	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0179

**WORKSHEET D
PART IV**

Check Title v Hospital SUB (Other) ICF/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	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic							55
56	Radioisotope							56
56.10	ULTRASOUND							56.10
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
65.01	SLEEP LAB							65.01
66	Physical Therapy							66
68	Speech Pathology							68
69	Electrocardiology							69
69.01	C-PORT							69.01
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75.10	GI LAB							75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS							76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	PALOS DIAGNOSTIC CENTER							90.01
90.02	CARE STATIONS							90.02
90.03	OUTPATIENT CARE CENTER							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct							92
93	OUTPATIENT REHAB							93
93.10	WOUND CARE CENTER							93.10
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0179

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	70,531,625							50
52	Delivery Room & Labor Room	19,466,737							52
53	Anesthesiology	20,133,742							53
54	Radiology-Diagnostic	43,870,673							54
54.01	BREAST HEALTH CENTER								54.01
55	Radiology-Therapeutic	17,882,952							55
56	Radioisotope	11,934,087							56
56.10	ULTRASOUND	18,418,468							56.10
57	CT Scan	67,787,259							57
58	MRI	10,927,486							58
59	Cardiac Catheterization	26,882,983							59
60	Laboratory	141,625,401							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	27,822,404							65
65.01	SLEEP LAB	2,017,040							65.01
66	Physical Therapy	10,811,713							66
68	Speech Pathology	2,200,143							68
69	Electrocardiology	22,895,199							69
69.01	C-PORT								69.01
70	Electroencephalography	1,390,464							70
71	Medical Supplies Charged to Pat	2,289,873							71
72	Impl. Dev. Charged to Patients	24,152,888							72
73	Drugs Charged to Patients	101,721,945							73
74	Renal Dialysis	3,826,122							74
75.10	GI LAB	20,994,527							75.10
76	ENTEROSTOMAL THERAPY								76
76.10	NEUROLOGY								76.10
76.20	EMG								76.20
76.30	OS SVCS	123,513							76.30
76.40	AUDIOLOGY								76.40
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	1,541,471							90
90.01	PALOS DIAGNOSTIC CENTER	1,038,065							90.01
90.02	CARE STATIONS	6,058,688							90.02
90.03	OUTPATIENT CARE CENTER	15,054,277							90.03
91	Emergency	95,164,976							91
92	Observation Beds (Non-Distinct	12,886,656							92
93	OUTPATIENT REHAB	4,511,985							93
93.10	WOUND CARE CENTER	4,032,539							93.10
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	809,995,901							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0179

**WORKSHEET D
PART V**

Check Title V - O/P 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	0.227858						50
52	Delivery Room & Labor Room	0.245780						52
53	Anesthesiology	0.039984						53
54	Radiology-Diagnostic	0.146173						54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	0.289669						55
56	Radioisotope	0.151445						56
56.10	ULTRASOUND	0.112356						56.10
57	CT Scan	0.035283						57
58	MRI	0.095342						58
59	Cardiac Catheterization	0.093178						59
60	Laboratory	0.084755						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	0.126381						65
65.01	SLEEP LAB	0.232173						65.01
66	Physical Therapy	0.280193						66
68	Speech Pathology	0.162185						68
69	Electrocardiology	0.072283						69
69.01	C-PORT							69.01
70	Electroencephalography	0.124110						70
71	Medical Supplies Charged to Pat	0.578280						71
72	Impl. Dev. Charged to Patients	0.284760						72
73	Drugs Charged to Patients	0.167027						73
74	Renal Dialysis	0.288930						74
75.10	GI LAB	0.132822						75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS	0.502700						76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	0.522498						90
90.01	PALOS DIAGNOSTIC CENTER	0.311573						90.01
90.02	CARE STATIONS	0.404187						90.02
90.03	OUTPATIENT CARE CENTER	0.221303						90.03
91	Emergency	0.087194						91
92	Observation Beds (Non-Distinct)	0.447752						92
93	OUTPATIENT REHAB	0.425847						93
93.10	WOUND CARE CENTER	0.209840						93.10
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)							200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)							202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0179

**WORKSHEET D-1
PART I**

Check Title V - I/P Hospital SUB (Other) ICF/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)	49,563	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	49,563	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)	42,012	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)	20,182	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)	37,872,844	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)	37,872,844	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)	37,872,844	37

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0179

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
38	Adjusted general inpatient routine service cost per diem (see instructions)					764.14	38	
39	Program general inpatient routine service cost (line 9 x line 38)					15,421,873	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)					15,421,873	41	
42	Nursery (Titles V and XIX only)						42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	8,163,580	6,283	1,299.31	2,787	3,621,177	43	
44	Coronary Care Unit						44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
46.10	NICU	2,650,500	1,453	1,824.16			46.10	
47	Other Special Care (specify)						47	

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					20,877,277	48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					39,920,327	49	

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,333,848	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,329,756	51
52	Total Program excludable cost (sum of lines 50 and 51)					2,663,604	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					37,256,723	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

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0179

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

Check Title V - I/P Hospital SUB (Other) ICF/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)					7,551	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					764.14	88
89	Observation bed cost (line 87 x line 88) (see instructions)					5,770,021	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	2,856,339	37,872,844	0.075419	5,770,021	435,169	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S179

**WORKSHEET D-1
PART I**

Check Title V - I/P Hospital SUB (Other) ICF/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)	3,319	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,319	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)	3,319	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)	1,249	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)	2,852,165	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)	2,852,165	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)	2,852,165	37

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S179

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	859.34	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,073,316	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)	1,073,316	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	186,233	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,259,549	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	94,724	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	9,535	51
52	Total Program excludable cost (sum of lines 50 and 51)	104,259	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,155,290	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

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0179

**WORKSHEET D-1
PART I**

Check Title V - I/P Hospital SUB (Other) ICF/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)	49,563	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	49,563	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)	42,012	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)	3,901	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)	2,131	15
16	Nursery days (title V or XIX only)	905	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)	37,858,421	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)	37,858,421	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)	37,858,421	37

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0179

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
38	Adjusted general inpatient routine service cost per diem (see instructions)					763.84	38	
39	Program general inpatient routine service cost (line 9 x line 38)					2,979,740	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)					2,979,740	41	
42	Nursery (Titles V and XIX only)	1,073,923	2,131	503.95	905	456,075	42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	8,151,695	6,283	1,297.42	703	912,086	43	
44	Coronary Care Unit						44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
46.10	NICU	2,650,500	1,453	1,824.16	768	1,400,955	46.10	
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)					5,748,856	49	

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					454,114	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)					454,114	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

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0179

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

Check Title V - I/P Hospital SUB (Other) ICF/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)					7,551	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

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0179

WORKSHEET D-3

Check Title v Hospital SUB (Other) Swing Bed SNF PPS
 Applicable Title XVIII, Part A IPF SNF Swing Bed NF TEFRA
 Boxes: Title XIX IRF NF ICF/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		42,777,086		30
31	Intensive Care Unit		9,707,737		31
34.10	NICU				34.10
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.229223	11,708,913	2,683,952	50
52	Delivery Room & Labor Room	0.245780	35,621	8,755	52
53	Anesthesiology	0.040073	3,320,523	133,063	53
54	Radiology-Diagnostic	0.146173	10,743,864	1,570,463	54
54.01	BREAST HEALTH CENTER				54.01
55	Radiology-Therapeutic	0.289669	522,737	151,421	55
56	Radioisotope	0.151445	1,846,402	279,628	56
56.10	ULTRASOUND	0.112356	2,728,508	306,564	56.10
57	CT Scan	0.035283	12,450,623	439,295	57
58	MRI	0.095342	2,091,377	199,396	58
59	Cardiac Catheterization	0.093919	7,039,476	661,141	59
60	Laboratory	0.084755	26,896,749	2,279,634	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.128289	11,837,933	1,518,677	65
65.01	SLEEP LAB	0.232173	3,538	821	65.01
66	Physical Therapy	0.280193	2,217,286	621,268	66
68	Speech Pathology	0.162185	930,421	150,900	68
69	Electrocardiology	0.076808	5,765,827	442,862	69
69.01	C-PORT				69.01
70	Electroencephalography	0.124110	163,951	20,348	70
71	Medical Supplies Charged to Patients	0.578280	858,452	496,426	71
72	Impl. Dev. Charged to Patients	0.284760	7,377,574	2,100,838	72
73	Drugs Charged to Patients	0.167027	26,379,551	4,406,097	73
74	Renal Dialysis	0.288930	2,098,136	606,214	74
75.10	GI LAB	0.132822	2,449,493	325,347	75.10
76	ENTEROSTOMAL THERAPY				76
76.10	NEUROLOGY				76.10
76.20	EMG				76.20
76.30	OS SVCS	0.502700	21,594	10,855	76.30
76.40	AUDIOLOGY				76.40
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.522498	111,347	58,179	90
90.01	PALOS DIAGNOSTIC CENTER	0.311573	697	217	90.01
90.02	CARE STATIONS	0.404187	14,006	5,661	90.02
90.03	OUTPATIENT CARE CENTER	0.221321	96,854	21,436	90.03
91	Emergency	0.088650	12,526,473	1,110,472	91
92	Observation Beds (Non-Distinct Part)	0.447752	578,472	259,012	92
93	OUTPATIENT REHAB	0.428045	1,858	795	93
93.10	WOUND CARE CENTER	0.220475	34,200	7,540	93.10
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		152,852,456	20,877,277	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		152,852,456		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S179

WORKSHEET D-3

Check Title v Hospital SUB (Other) Swing Bed SNF PPS
 Applicable Title XVIII, Part A IPF SNF Swing Bed NF TEFRA
 Boxes: Title XIX IRF NF ICF/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
34.10	NICU				34.10
40	Subprovider - IPF		2,405,944		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.229223	2,880	660	50
52	Delivery Room & Labor Room	0.245780			52
53	Anesthesiology	0.040073			53
54	Radiology-Diagnostic	0.146173	23,823	3,482	54
54.01	BREAST HEALTH CENTER				54.01
55	Radiology-Therapeutic	0.289669			55
56	Radioisotope	0.151445			56
56.10	ULTRASOUND	0.112356	4,486	504	56.10
57	CT Scan	0.035283	83,887	2,960	57
58	MRI	0.095342	18,842	1,796	58
59	Cardiac Catheterization	0.093919	53,676	5,041	59
60	Laboratory	0.084755	652,127	55,271	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.128289	103,114	13,228	65
65.01	SLEEP LAB	0.232173			65.01
66	Physical Therapy	0.280193	28,798	8,069	66
68	Speech Pathology	0.162185			68
69	Electrocardiology	0.076808	45,869	3,523	69
69.01	C-PORT				69.01
70	Electroencephalography	0.124110	11,722	1,455	70
71	Medical Supplies Charged to Patients	0.578280	13,712	7,929	71
72	Impl. Dev. Charged to Patients	0.284760			72
73	Drugs Charged to Patients	0.167027	315,234	52,653	73
74	Renal Dialysis	0.288930	10,647	3,076	74
75.10	GI LAB	0.132822	7,036	935	75.10
76	ENTEROSTOMAL THERAPY				76
76.10	NEUROLOGY				76.10
76.20	EMG				76.20
76.30	OS SVCS	0.502700			76.30
76.40	AUDIOLOGY				76.40
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.522498	2,476	1,294	90
90.01	PALOS DIAGNOSTIC CENTER	0.311573			90.01
90.02	CARE STATIONS	0.404187			90.02
90.03	OUTPATIENT CARE CENTER	0.221321			90.03
91	Emergency	0.088650	267,498	23,714	91
92	Observation Beds (Non-Distinct Part)	0.447752			92
93	OUTPATIENT REHAB	0.428045	1,502	643	93
93.10	WOUND CARE CENTER	0.220475			93.10
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		1,647,329	186,233	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,647,329		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0179

WORKSHEET D-3

Check Title v Hospital SUB (Other) Swing Bed SNF PPS
 Applicable Title XVIII, Part A IPF SNF Swing Bed NF TEFRA
 Boxes: Title XIX IRF NF ICF/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
34.10	NICU				34.10
40	Subprovider - IPF				40
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.227858			50
52	Delivery Room & Labor Room	0.245780			52
53	Anesthesiology	0.039984			53
54	Radiology-Diagnostic	0.146173			54
54.01	BREAST HEALTH CENTER				54.01
55	Radiology-Therapeutic	0.289669			55
56	Radioisotope	0.151445			56
56.10	ULTRASOUND	0.112356			56.10
57	CT Scan	0.035283			57
58	MRI	0.095342			58
59	Cardiac Catheterization	0.093178			59
60	Laboratory	0.084755			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.126381			65
65.01	SLEEP LAB	0.232173			65.01
66	Physical Therapy	0.280193			66
68	Speech Pathology	0.162185			68
69	Electrocardiology	0.072283			69
69.01	C-PORT				69.01
70	Electroencephalography	0.124110			70
71	Medical Supplies Charged to Patients	0.578280			71
72	Impl. Dev. Charged to Patients	0.284760			72
73	Drugs Charged to Patients	0.167027			73
74	Renal Dialysis	0.288930			74
75.10	GI LAB	0.132822			75.10
76	ENTEROSTOMAL THERAPY				76
76.10	NEUROLOGY				76.10
76.20	EMG				76.20
76.30	OS SVCS	0.502700			76.30
76.40	AUDIOLOGY				76.40
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.522498			90
90.01	PALOS DIAGNOSTIC CENTER	0.311573			90.01
90.02	CARE STATIONS	0.404187			90.02
90.03	OUTPATIENT CARE CENTER	0.221303			90.03
91	Emergency	0.087194			91
92	Observation Beds (Non-Distinct Part)	0.447752			92
93	OUTPATIENT REHAB	0.425847			93
93.10	WOUND CARE CENTER	0.209840			93.10
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 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)	9,851,969			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	29,555,908			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)	326,422			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	8,430,217			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	209.31			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)	3.09			5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.	0.25			7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	1.00			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)	3.84			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	4.02			10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)	3.84			12
13	Total allowable FTE count for the prior year	4.18			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	3.69			14
15	Sum of lines 12 through 14 divided by 3	3.90			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	3.90			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.018633			19
20	Prior year resident to bed ratio (see instructions)	0.015862			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.015862			21
22	IME payment adjustment (see instructions)	412,938			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)	0.18			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)	412,938			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)	0.0490			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2138			31
32	Sum of lines 30 and 31	0.2628			32
33	Allowable disproportionate share percentage (see instructions)	0.1090			33
34	Disproportionate share adjustment (see instructions)	1,073,865			34
		Prior to	On or after		
		October 1	October 1		
35	Total uncompensated care amount (see instructions)	9,046,380,143	7,647,644,885		35
35.01	Factor 3 (see instructions)	0.000301786	0.000295385		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,730,071	2,259,000		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	688,128	1,689,608		35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,377,736			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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 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	
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)	43,598,838			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)	43,598,838			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	3,382,316			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)	205,906			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)	47,187,060			59
60	Primary payer payments	7,900			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	47,179,160			61
62	Deductibles billed to program beneficiaries	3,692,424			62
63	Coinsurance billed to program beneficiaries	194,963			63
64	Allowable bad debts (see instructions)	1,212,484			64
65	Adjusted reimbursable bad debts (see instructions)	788,115			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	534,805			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	44,079,888			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 (IME REIMBURSEMENT)				70
70.93	HVBP payment adjustment amount (see instructions)	-1,717			70.93
70.94	HRR adjustment amount (see instructions)	-541,316			70.94
70.99	HAC adjustment amount (see instructions)	347,349			70.99
71	Amount due provider (see instructions)	43,189,506			71
71.01	Sequestration adjustment (see instructions)	863,790			71.01
72	Interim payments	41,574,316			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	751,400			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	181,486			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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION

EXHIBIT 5

	(Amt. from Wkst. E, Pt. A or L Pt. I)	Prior to 10/1		On or after 10/1		Total (cols. 2 and 3)	
	(1)	(2)	(2.01)	(3)	(3.01)	(4)	
1	DRG Amounts Other Than Outlier Payments						1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	9,851,969	9,851,969			9,851,969	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	29,555,908		29,555,908		29,555,908	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1						1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1						1.04
2	Outlier payments for discharges	326,422	81,606	244,816		326,422	2
2.01	Outlier payment for discharges for Model 4 BPCI						2.01
3	Operating outlier reconciliation						3
4	Managed Care Simulated Payments	8,430,217	2,107,554	6,322,663		8,430,217	4
	Indirect Medical Education Adjustment						
5	Amount from Worksheet E Part A, line 21	0.015862	0.015862	0.015862			5
6	IME payment adjustment	412,938	103,235	309,703		412,938	6
6.01	IME payment adjustment for managed care						6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7	IME payment adjustment factor						7
8	IME add-on adjustment amount						8
8.01	IME payment adjustment add-on for managed care						8.01
9	Total IME payment (sum of lines 6 and 8)	412,938	103,235	309,703		412,938	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)						9.01
	Disproportionate Share Adjustment						
10	Allowable disproportionate share percentage	0.1090	0.1090	0.1090	0.1090	0.1090	10
11	Disproportionate share adjustment	1,073,865	268,466	805,399		1,073,865	11
11.01	Uncompensated care payments	2,377,736	688,128	1,689,608		2,377,736	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12	Total ESRD additional payment						12
13	Subtotal	43,598,838	10,993,404	32,605,434		43,598,838	13
14	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.)						14
15	Total payment for inpatient operating costs SCH and MDH only	43,598,838	10,993,404	32,605,434		43,598,838	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	3,382,316	845,580	2,536,736		3,382,316	16
17	Special add-on payments for new technologies						17
17.01	Net organ acquisition cost (Wkst. D-4 Pt. III, col 1, line 69)						17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG						17.02
18	Capital outlier reconciliation adjustment amount						18
19	SUBTOTAL		11,838,984	35,142,170		46,981,154	19
20	Capital DRG other than outlier	3,150,266	787,567	2,362,699		3,150,266	20
20.01	Model 4 BPCI Capital DRG other than outlier						20.01
21	Capital DRG outlier payments	35,158	8,790	26,368		35,158	21
21.01	Model 4 BPCI Capital DRG outlier payments						21.01
22	Indirect medical education percentage	0.7900	0.7900	0.7900			22
23	Indirect medical education adjustment	24,887	6,222	18,665		24,887	23
24	Allowable disproportionate share percentage	0.0546	0.0546	0.0546			24
25	Disproportionate share adjustment	172,005	43,001	129,004		172,005	25
26	Total prospective capital payments	3,382,316	845,580	2,536,736		3,382,316	26
27							27
28	Low volume adjustment prior to October 1						28
29	Low volume adjustment on or after October 1						29
30	HVBP payment adjustment	-1,717	-429	-1,288		-1,717	30
30.01	HVBP payment adjustment for HSP bonus payment						30.01
31	HRR adjustment	-541,316	-135,329	-405,987		-541,316	31
31.01	HRR adjustment for HSP bonus payment						31.01
32	HAC Reduction Program adjustment			347,349		347,349	32

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0179

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	19,877			1
2	Medical and other services reimbursed under OPPS (see instructions)	18,443,703			2
3	PPS payments	17,961,456			3
4	Outlier payment (see instructions)	65,587			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)	19,877			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	119,007			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)	119,007			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)	119,007			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	99,130			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)	19,877			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)	18,027,043			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	3,803,246			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)	14,243,674			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	92,325			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	14,335,999			30
31	Primary payer payments	2,772			31
32	Subtotal (line 30 minus line 31)	14,333,227			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)	428,276			34
35	Adjusted reimbursable bad debts (see instructions)	278,379			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	140,941			36
37	Subtotal (see instructions)	14,611,606			37
38	MSP-LCC reconciliation amount from PS&R	-240			38
39	Other adjustments ()				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	14,611,846			40
40.01	Sequestration adjustment (see instructions)	292,237			40.01
41	Interim payments	14,442,228			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-122,619			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

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S179

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (see instructions)				2
3	PPS payments				3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 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 ()				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

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0179

**WORKSHEET E-1
PART I**

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
		1	2	3	4	
1	Total interim payments paid to provider		41,468,943		14,442,228	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	02/27/2015	105,373		3.01
		.02				3.02
		.03	Program			3.03
		.04	to			3.04
		.05	Provider			3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
		.52	Provider			3.52
		.53	to			3.53
		.54	Program			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		105,373		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)			41,574,316	14,442,228	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
		.03	Program			5.03
		.04	to			5.04
		.05	Provider			5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
		.52	Provider			5.52
		.53	to			5.53
		.54	Program			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

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-S179

**WORKSHEET E-1
PART I**

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
		1	2	3	4	
1	Total interim payments paid to provider		954,969			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				3.03
		to				3.04
		Provider				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
		Provider				3.52
		to				3.53
		Program				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)		954,969			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				5.03
		to				5.04
		Provider				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
		Provider				5.52
		to				5.53
		Program				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

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 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)	11,696	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	22,969	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	5,188	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	49,748	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	948,002,746	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	18,705,037	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)	1,779,576	8
9	Sequestration adjustment amount (see instructions)	35,592	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	1,743,984	10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

30	Initial/interim HIT payment(s)	1,887,477	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	-143,493	32

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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S179

**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)	1,102,238	1
2	Net IPF PPS Outlier payment	13,109	2
3	Net IPF PPS ECT payment	5,485	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)	9,093,151	9
10	Teaching adjustment factor $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$		10
11	Teaching adjustment (line 1 multiplied by line 10)		11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,120,832	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)	1,120,832	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	1,120,832	18
19	Deductibles	133,660	19
20	Subtotal (line 18 minus line 19)	987,172	20
21	Coinsurance	13,116	21
22	Subtotal (line 20 minus line 21)	974,056	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)	101,409	23
24	Adjusted reimbursable bad debts (see instructions)	65,916	24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)	82,843	25
26	Subtotal (sum of lines 22 and 24)	1,039,972	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)	1,039,972	31
31.01	Sequestration adjustment (see instructions)	20,799	31.01
32	Interim payments	954,969	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	64,204	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

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0179

**WORKSHEET E-3
PART VII**

Check Title V Hospital NF PPS
 Applicable Title XIX SUB (Other) ICF/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	Inpatient hospital/SNF/NF services	5,748,856		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	5,748,856		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	5,748,856		7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	Routine service charges			8
9	Ancillary service charges			9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)			12
	CUSTOMARY CHARGES			
13	Amount actually collected from patients liable for payment for services on a charge basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)			16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	5,748,856		18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)			21
	PROSPECTIVE PAYMENT AMOUNT			
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)			29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	Excess of reasonable cost (from line 18)	5,748,856		30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)			31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)			38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)			40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

KPMG LLP Compu-Max 2552-10

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			3.09	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)				2
3	Amount of reduction to Direct GME cap under §422 of MMA			0.25	3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			1.00	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)			3.84	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			4.02	6
7	Enter the lesser of line 5 or line 6			3.84	7
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	1.58	2.44	4.02	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	1.51	2.33	3.84	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
11	Total weighted FTE count	1.51	2.33		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	2.18	2.00		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.81	1.88		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	1.83	2.07		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	1.83	2.07		17
18	Per resident amount	144,000.00	143,000.00		18
19	Approved amount for resident costs	263,520	296,010	559,530	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)			0.18	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)			559,530	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	24,218	5,206		26
27	Total inpatient days (see instructions)	53,824	53,824		27
28	Ratio of inpatient days to total inpatient days	0.449948	0.096723		28
29	Program direct GME amount	251,759	54,119		29
30	Reduction for direct GME payments for Medicare Advantage		7,647		30
31	Net Program direct GME amount			298,231	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)			3,826,122	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)			41,179,876	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)			7,900	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41,171,976	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			18,463,580	42
43	Primary payer payments (see instructions)			2,772	43
44	Total Part B reasonable cost (line 42 minus line 43)			18,460,808	44
45	Total reasonable cost (sum of lines 41 and 44)			59,632,784	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.690425	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.309575	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			298,231	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			205,906	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			92,325	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: Title XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			1	
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (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	
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.00	0.00	0.00	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
11	Total weighted FTE count	0.00	0.00		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13
14	Rolling average FTE count (sum of lines 11 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)	5,626	4,797		26
27	Total inpatient days (see instructions)	53,824	53,824		27
28	Ratio of inpatient days to total inpatient days	0.104526	0.089124		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)

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
Assets (Omit Cents)		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	9,534,231				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	27,999,268				4
5	Other receivables					5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory					7
8	Prepaid expenses	7,758,392				8
9	Other current assets	970,232				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	46,262,123				11
FIXED ASSETS						
12	Land	8,954,323				12
13	Land improvements	10,512,333				13
14	Accumulated depreciation	-6,160,600				14
15	Buildings	253,356,174				15
16	Accumulated depreciation	-92,579,043				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Audomobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	100,416,811				23
24	Accumulated depreciation	-64,472,052				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)	210,027,946				30
OTHER ASSETS						
31	Investments	567,124,583	1,931,058			31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	118,884,149				34
35	Total other assets (sum of lines 31-34)	686,008,732	1,931,058			35
36	Total assets (sum of lines 11, 30 and 35)	942,298,801	1,931,058			36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	7,754,195				37
38	Salaries, wages and fees payable	23,676,404				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	4,410,000				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	29,822,967				44
45	Total current liabilities (sum of lines 37 thru 44)	65,663,566				45
LONG TERM LIABILITIES						
46	Mortgage payable	176,241,348				46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	82,002,232				49
50	Total long term liabilities (sum of lines 46 thru 49)	258,243,580				50
51	Total liabilities (sum of lines 45 and 50)	323,907,146				51
CAPITAL ACCOUNTS						
52	General fund balance	618,391,655				52
53	Specific purpose fund		1,931,058			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)

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Assets					
	(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)	618,391,655	1,931,058			59
60	Total liabilities and fund balances (sum of lines 51 and 59)	942,298,801	1,931,058			60

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	Fund balances at beginning of period		594,241,485		2,256,845
2	Net income (loss) (from Worksheet G-3, line 29)		27,187,016		
3	Total (sum of line 1 and line 2)		621,428,501		2,256,845
4	Additions (credit adjustments) (specify)				
5					
6	NET ASSESTS RELEASED FROM RESTR	8,000,898			
7					
8					
9					
10	Total additions (sum of lines 4-9)		8,000,898		
11	Subtotal (line 3 plus line 10)		629,429,399		2,256,845
12	Deductions (debit adjustments) (specify)				
13					
14				325,787	
15	NET ASSET TRANSFER	5,191,607			
16	PENSION RELATED CHANGES	5,602,005			
17	OTHER	244,132			
18	Total deductions (sum of lines 12-17)		11,037,744		325,787
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		618,391,655		1,931,058

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	Fund balances at beginning of period				
2	Net income (loss) (from Worksheet G-3, line 29)				
3	Total (sum of line 1 and line 2)				
4	Additions (credit adjustments) (specify)				
5					
6	NET ASSESTS RELEASED FROM RESTR				
7					
8					
9					
10	Total additions (sum of lines 4-9)				
11	Subtotal (line 3 plus line 10)				
12	Deductions (debit adjustments) (specify)				
13					
14					
15	NET ASSET TRANSFER				
16	PENSION RELATED CHANGES				
17	OTHER				
18	Total deductions (sum of lines 12-17)				
19	Fund balance at end of period per balance sheet (line 11 minus line 18)				

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	92,926,847		92,926,847	1
2	Subprovider IPF	6,355,272		6,355,272	2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	99,282,119		99,282,119	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	21,128,995		21,128,995	11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
14.10	NICU	5,400,361		5,400,361	14.10
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	26,529,356		26,529,356	16
17	Total inpatient routine care services (sum of lines 10 and 16)	125,811,475		125,811,475	17
18	Ancillary services	353,390,249	476,491,040	829,881,289	18
19	Outpatient services		439,666	439,666	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		5,079,577	5,079,577	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	HOSPICE		3,482,501	3,482,501	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	479,201,724	485,492,784	964,694,508	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		198,719,060	29
30	Add (specify)			30
31				31
32	RECONCILE EXPENSES TO INCOME STATEM		8	32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)		8	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)		198,719,068	43

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	964,694,508	1
2	Less contractual allowances and discounts on patients' accounts	767,288,153	2
3	Net patient revenues (line 1 minus line 2)	197,406,355	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	198,719,068	4
5	Net income from service to patients (line 3 minus line 4)	-1,312,713	5

OTHER INCOME

6	Contributions, donations, bequests, etc.	1,874,702	6
7	Income from investments	18,957,814	7
8	Revenues from telephone and other miscellaneous communication services	239,491	8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	695,273	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients	42,735	16
17	Revenue from sale of drugs to other than patients	27,020	17
18	Revenue from sale of medical records and abstracts	364	18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen	11,244	20
21	Rental of vending machines	15,429	21
22	Rental of hosptial space	339,769	22
23	Governmental appropriations		23
24	Other (ENGINEERING MISC REV)	12,635	24
24.0	Other (OTHER INCOME PENSION)	1,693,142	24.0
1			1
24.0	Other (CREDIT CARD REBATE)	85,343	24.0
2			2
24.0	Other (AFFILIATE SERVICES)	779,861	24.0
3			3
24.0	Other (HEALTH PROMOTION)	113,344	24.0
4			4
24.0	Other (LAB OTHER REVENUE)	9,640	24.0
5			5
24.0	Other (DEMOLITION RECOVERY)	157,800	24.0
6			6
24.0	Other (MISCELLANEOUS REVENUE)	463,843	24.0
7			7
24.0	Other (SELF INSURANCE INVESTMENT INCOME)	2,149,391	24.0
8			8
24.0	Other (MATERNAL EDUCATION)	7,082	24.0
9			9
24.1	Other (SCRAP SILVER REVENUE)	2,125	24.1
0			0
24.1	Other (MEDICAL STAFFAPPLICATIONS)	29,000	24.1
1			1
24.1	Other (VOTIVE LIGHT REVENUE)	6,925	24.1
2			2
24.1	Other (VOLUNTEER IMPUTED SALARIES)	785,757	24.1
7			7
25	Total other income (sum of lines 6-24)	28,499,729	25
26	Total (line 5 plus line 25)	27,187,016	26
29	Net income (or loss) for the period (line 26 minus line 28)	27,187,016	29

KPMG LLP Compu-Max 2552-10

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7404

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	690,263	146,930			205,995	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	752,801	160,242	39,922			6
7	Physical Therapy	177,807	37,848	10,157	233,914		7
8	Occupational Therapy	40,673	8,658	2,607	9,383		8
9	Speech Pathology				4,567		9
10	Medical Social Services	20,227	4,305	885			10
11	Home Health Aide	13,491	2,872	1,219			11
12	Supplies (see instructions)					123,570	12
13	Drugs						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	1,695,262	360,855	54,790	247,864	329,565	24

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7404

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENT S	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	1,043,188	-90,781	952,407		952,407	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	952,965		952,965		952,965	6
7	Physical Therapy	459,726		459,726		459,726	7
8	Occupational Therapy	61,321		61,321		61,321	8
9	Speech Pathology	4,567		4,567		4,567	9
10	Medical Social Services	25,417		25,417		25,417	10
11	Home Health Aide	17,582		17,582		17,582	11
12	Supplies (see instructions)	123,570		123,570		123,570	12
13	Drugs						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	2,688,336	-90,781	2,597,555		2,597,555	24

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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7404

**WORKSHEET H-1
PART I**

		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	CAPITAL RELATED COSTS			
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANC E	
		0	1	2	3	
	GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General	952,407				5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care	952,965				6
7	Physical Therapy	459,726				7
8	Occupational Therapy	61,321				8
9	Speech Pathology	4,567				9
10	Medical Social Services	25,417				10
11	Home Health Aide	17,582				11
12	Supplies (see instructions)	123,570				12
13	Drugs					13
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing					17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)	2,597,555				24

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7404

**WORKSHEET H-1
PART I**

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General		952,407	952,407		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		952,965	551,689	1,504,654	6
7	Physical Therapy		459,726	266,144	725,870	7
8	Occupational Therapy		61,321	35,500	96,821	8
9	Speech Pathology		4,567	2,644	7,211	9
10	Medical Social Services		25,417	14,714	40,131	10
11	Home Health Aide		17,582	10,179	27,761	11
12	Supplies (see instructions)		123,570	71,537	195,107	12
13	Drugs					13
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing					17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)		2,597,555		2,597,555	24

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 14-7404

**WORKSHEET H-1
PART II**

		CAPITAL RELATED COSTS						
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
		1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS								
1	Capital Related-Bldgs. and Fixtures							1
2	Capital Related-Movable Equipment							2
3	Plant Operation & Maintenance							3
4	Transportation (see instructions)							4
5	Administrative and General					-952,407	1,645,148	5
HHA REIMBURSABLE SERVICES								
6	Skilled Nursing Care						952,965	6
7	Physical Therapy						459,726	7
8	Occupational Therapy						61,321	8
9	Speech Pathology						4,567	9
10	Medical Social Services						25,417	10
11	Home Health Aide						17,582	11
12	Supplies (see instructions)						123,570	12
13	Drugs							13
14	DME							14
HHA NONREIMBURSABLE SERVICES								
15	Home Dialysis Aide Services							15
16	Respiratory Therapy							16
17	Private Duty Nursing							17
18	Clinic							18
19	Health Promotion Activities							19
20	Day Care Program							20
21	Home Delivered Means Program							21
22	Homemaker Service							22
23	All Others							23
23.50	Telemedicine							23.50
24	Totals (sum of lines 1-23)					-952,407	1,645,148	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						952,407	25
26	Unit Cost Multiplier						0.578919	26

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7404

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINI- STRATIVE & GENERAL	
		0	1	2	4	4A	5	
1	Administrative and General			23,349	26,599	49,948	7,923	1
2	Skilled Nursing Care	1,504,654			25,495	1,530,149	242,709	2
3	Physical Therapy	725,870			5,709	731,579	116,042	3
4	Occupational Therapy	96,821			1,291	98,112	15,562	4
5	Speech Pathology	7,211				7,211	1,144	5
6	Medical Social Services	40,131			852	40,983	6,501	6
7	Home Health Aide	27,761			1,215	28,976	4,596	7
8	Supplies	195,107				195,107	30,947	8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	2,597,555		23,349	61,161	2,682,065	425,424	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7404

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	MAINTEN- ANCE AND REPAIRS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
1	Administrative and General							1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)							20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7404

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	MAINT OF PERSONNEL	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12	13	14	15	16	17	
1	Administrative and General		45,138		307			1
2	Skilled Nursing Care		43,263			7,904		2
3	Physical Therapy		9,687			5,794		3
4	Occupational Therapy		2,192			847		4
5	Speech Pathology					60		5
6	Medical Social Services		1,446			321		6
7	Home Health Aide		2,061			216		7
8	Supplies					1,341		8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)		103,787		307	16,483		20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7404

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	NONPHYSI- CIAN ANES- THETISTS	NURSING SCHOOL	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED ED	SUBTOTAL (sum of col.4A-23)	
		19	20	21	22	23	24	
1	Administrative and General						103,316	1
2	Skilled Nursing Care						1,824,025	2
3	Physical Therapy						863,102	3
4	Occupational Therapy						116,713	4
5	Speech Pathology						8,415	5
6	Medical Social Services						49,251	6
7	Home Health Aide						35,849	7
8	Supplies						227,395	8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)						3,228,066	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7404

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (cols 23 +/- 24)	ALLOCATED HHA A&G (see PtII)	TOTAL HHA COSTS		
		25	26	27	28		
1	Administrative and General		103,316				1
2	Skilled Nursing Care		1,824,025	60,309	1,884,334		2
3	Physical Therapy		863,102	28,538	891,640		3
4	Occupational Therapy		116,713	3,859	120,572		4
5	Speech Pathology		8,415	278	8,693		5
6	Medical Social Services		49,251	1,628	50,879		6
7	Home Health Aide		35,849	1,185	37,034		7
8	Supplies		227,395	7,519	234,914		8
9	Drugs						9
10	DME						10
11	Home Dialysis Aide Services						11
12	Respiratory Therapy						12
13	Private Duty Nursing						13
14	Clinic						14
15	Health Promotion Activities						15
16	Day Care Program						16
17	Home Delivered Meals Program						17
18	Homemaker Service						18
19	All Others						19
20	Totals (sum of lines 1-19)(2)		3,228,066	103,316	3,228,066		20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.033064			21

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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7404

**WORKSHEET H-2
PART II**

	HHA COST CENTER	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP-REL COSTS MOV EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT FTE'S SALARIES)	RECON-CILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE AND REPAIRS (SQUARE FEET)	
		1	2	4	4A	5	6	
1	Administrative and General		23,442	21,420		49,948		1
2	Skilled Nursing Care			20,530		1,530,149		2
3	Physical Therapy			4,597		731,579		3
4	Occupational Therapy			1,040		98,112		4
5	Speech Pathology					7,211		5
6	Medical Social Services			686		40,983		6
7	Home Health Aide			978		28,976		7
8	Supplies					195,107		8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)		23,442	49,251		2,682,065		20
21	Total cost to be allocated		23,349	61,161		425,424		21
22	Unit Cost Multiplier			1.241823		0.158618		22
22	Unit Cost Multiplier		0.996033					22

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7404

**WORKSHEET H-2
PART II**

	HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA PAID HOURS	MAINT OF PERSONNEL (NUMBER HOUSED)	
		7	8	9	10	11	12	
1	Administrative and General							1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)							20
21	Total cost to be allocated							21
22	Unit Cost Multiplier							22
22	Unit Cost Multiplier							22

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7404

**WORKSHEET H-2
PART II**

	HHA COST CENTER	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	NONPHYSI- CIAN ANES- THETISTS (ASSIGNED TIME)	
		13	14	15	16	17	19	
1	Administrative and General	21,420		834				1
2	Skilled Nursing Care	20,530			2,406,500			2
3	Physical Therapy	4,597			1,764,301			3
4	Occupational Therapy	1,040			257,864			4
5	Speech Pathology				18,329			5
6	Medical Social Services	686			97,765			6
7	Home Health Aide	978			65,835			7
8	Supplies				408,488			8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	49,251		834	5,019,082			20
21	Total cost to be allocated	103,787		307	16,483			21
22	Unit Cost Multiplier	2.107307		0.368106				22
22	Unit Cost Multiplier				0.003284			22

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7404

**WORKSHEET H-2
PART II**

	HHA COST CENTER	NURSING SCHOOL (ASSIGNED TIME)	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	PARAMED ED (ASSIGNED TIME)			
		20	21	22	23			
1	Administrative and General							1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)							20
21	Total cost to be allocated							21
22	Unit Cost Multiplier							22
22	Unit Cost Multiplier							22

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7404

**WORKSHEET H-3
PARTS I & II**

Check applicable box: [] Title V [XX] Title XVIII [] Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation								
	Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA COSTS (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
			1	2	3	4	5	
1	Skilled Nursing Care	2	1,884,334		1,884,334	10,152	185.61	1
2	Physical Therapy	3	891,640		891,640	5,400	165.12	2
3	Occupational Therapy	4	120,572		120,572	776	155.38	3
4	Speech Pathology	5	8,693		8,693	55	158.05	4
5	Medical Social Services	6	50,879		50,879	225	226.13	5
6	Home Health Aide	7	37,034		37,034	310	119.46	6
7	Total (sum of lines 1-6)		2,993,152		2,993,152	16,918		7

Limitation Cost Computation						
			Program Visits			
Patient Services			CBSA No.	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
			1	2	3	4
8	Skilled Nursing Care		16974		7,438	
9	Physical Therapy		16974		4,075	
10	Occupational Therapy		16974		644	
11	Speech Pathology		16974		37	
12	Medical Social Services		16974		166	
13	Home Health Aide		16974		289	
14	Total (sum of lines 8-13)				12,649	

Supplies and Drugs Cost Computations							
	Other Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
			1	2	3	4	5
15	Cost of Medical Supplies	8	234,914		234,914	402,861	0.583114
16	Cost of Drugs	9					

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

		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charges (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated
			1	2	3	4
1	Physical Therapy	66	0.280193			col. 2, line 2
2	Occupational Therapy	67				col. 2, line 3
3	Speech Pathology	68	0.162185			col. 2, line 4
4	Medical Supplies Charged to Pat	71	0.578280			col. 2, line 15
5	Drugs Charged to Patients	73	0.167027			col. 2, line 16

KPMG LLP Compu-Max 2552-10

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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7404

WORKSHEET H-3
PARTS I & II

Check applicable box: [] Title V [XX] Title XVIII [] Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation		Program Visits			Cost of Services				
		Part B			Part B				
	Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Total Program Cost (sum of cols 9-10)	
		6	7	8	9	10	11	12	
1	Skilled Nursing Care		7,438			1,380,567		1,380,567	1
2	Physical Therapy		4,075			672,864		672,864	2
3	Occupational Therapy		644			100,065		100,065	3
4	Speech Pathology		37			5,848		5,848	4
5	Medical Social Services		166			37,538		37,538	5
6	Home Health Aide		289			34,524		34,524	6
7	Total (sum of lines 1-6)		12,649			2,231,406		2,231,406	7

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

KPMG LLP Compu-Max 2552-10

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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 14-7404

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

Check applicable box: [] Title V [XX] Title XVIII [] Title XIX

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

	Description	Part A 1	Part B		
			Not Subject to Deductibles & Coinsurance 2	Subject to Deductibles & Coinsurance 3	
	Reasonable Cost of Part A & Part B Services				
1	Reasonable cost of services (see instructions)				1
2	Total charges				2
	Customary Charges				
3	Amount actually collected from patients liable for payment for services on a charge basis (from your records)				3
4	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)				4
5	Ratio of line 3 to line 4 (not to exceed 1.000000)				5
6	Total customary charges (see instructions)				6
7	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)				7
8	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)				8
9	Primary payer amounts				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	Description	Part A Services 1	Part B Services 2	
10	Total reasonable cost (see instructions)			10
11	Total PPS Reimbursement - Full Episodes without Outliers		2,018,984	11
12	Total PPS Reimbursement - Full Episodes with Outliers		62,718	12
13	Total PPS Reimbursement - LUPA Episodes		53,647	13
14	Total PPS Reimbursement - PEP Episodes		19,780	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers			15
16	Total PPS Outlier Reimbursement - PSP Episodes		2,477	16
17	Total Other Payments			17
18	DME Payments			18
19	Oxygen Payments			19
20	Prosthetic and Orthotic Payments			20
21	Part B deductibles billed to Medicare patients (exclude coinsurance)			21
22	Subtotal (sum of lines 10 thru 20 minus line 21)		2,157,606	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		2,157,606	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		2,157,606	26
27	Reimbursable bad debts (from your records)			27
28	Reimbursable bad debts for dual eligible (see instructions)			28
29	Total costs - current cost reporting period (line 26 plus line 27)		2,157,606	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		2,157,606	31
31.01	Sequestration adjustment (see instructions)		43,153	31.01
32	Interim payments (see instructions)		2,114,453	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

KPMG LLP Compu-Max 2552-10

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

HHA CCN: 14-7404

WORKSHEET H-5

	DESCRIPTION	Part A		Part B		
		mm/dd/yyyy 1	Amount 2	mm/dd/yyyy 3	Amount 4	
1	Total interim payments paid to provider				2,114,453	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero.					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	.01				3.01
		.02				3.02
	Program	.03				3.03
	To	.04				3.04
	Provider	.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
	Provider	.52				3.52
	To	.53				3.53
	Program	.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99				3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)				2,114,453	4
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	.01				5.01
		.02				5.02
	Program	.03				5.03
	To	.04				5.04
	Provider	.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	Provider	.52				5.52
	To	.53				5.53
	Program	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determine net settlement amount (balance due) based on the cost report (see instructions)	.01				6.01
		.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)					7
8	Name of Contractor	Contractor Number		NPR Date: Month, Day, Year		8

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

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ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE CCN: 14-1511

WORKSHEET K

	COST CENTER DESCRIPTIONS	SALARIES (from Wkst. K-1)	EMPLOYEE BENEFITS (from Wkst. K-2)	TRANSPOR- TATION (see inst.)	CONTRACTED SERVICES (from Wkst. K-3)	OTHER	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	Capital Related Costs-Bldg and Fixt.						1
2	Capital Related Costs-Movable Equip.						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General	365,335	76,223		26,170	142,876	6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	VISITING SERVICES						
9	Physician Services	1,160	242				9
10	Nursing Care	554,187	115,626	15,743		160,861	10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services	42,277	8,821	1,030			15
16	Spiritual Counseling	116,693	24,347	4,371			16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker	95,594	19,945	9,947			19
20	HH Aide & Homemaker - Cont. Home Care						20
21	Other						21
	OTHER HOSPICE SERVICE COSTS						
22	Drugs, Biological and Infusion Therapy					85,831	22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen					188,215	26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies					57,414	30
31	Outpatient Services (including E/R Dept.)						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	Bereavement Program Costs	13,250	2,764				35
36	volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)	1,188,496	247,968	31,091	26,170	635,197	39

KPMG LLP Compu-Max 2552-10

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ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE CCN: 14-1511

WORKSHEET K

	TOTAL (cols. 1-5) 6	RECLASSI- FICATION 7	SUBTOTAL (col. 6 ± col. 7) 8	ADJUST- MENTS 9	TOTAL (col. 8 ± col. 9) 10	
GENERAL SERVICE COST CENTER						
1 Capital Related Costs-Bldg and Fixt.						1
2 Capital Related Costs-Movable Equip.						2
3 Plant Operation and Maintenance						3
4 Transportation - Staff						4
5 Volunteer Service Coordination						5
6 Administrative and General	610,604	-3,564	607,040		607,040	6
INPATIENT CARE SERVICE						
7 Inpatient - General Care						7
8 Inpatient - Respite Care						8
VISITING SERVICES						
9 Physician Services	1,402		1,402		1,402	9
10 Nursing Care	846,417		846,417		846,417	10
11 Nursing Care-Continuous Home Care						11
12 Physical Therapy						12
13 Occupational Therapy						13
14 Speech / Language Pathology						14
15 Medical Social Services	52,128		52,128		52,128	15
16 Spiritual Counseling	145,411		145,411		145,411	16
17 Dietary Counseling						17
18 Counseling - Other						18
19 Home Health Aide and Homemaker	125,486		125,486		125,486	19
20 HH Aide & Homemaker - Cont. Home Care						20
21 Other						21
OTHER HOSPICE SERVICE COSTS						
22 Drugs, Biological and Infusion Therapy	85,831		85,831		85,831	22
23 Analgesics						23
24 Sedatives / Hypnotics						24
25 Other - Specify						25
26 Durable Medical Equipment/Oxygen	188,215		188,215		188,215	26
27 Patient Transportation						27
28 Imaging Services						28
29 Labs and Diagnostics						29
30 Medical Supplies	57,414		57,414		57,414	30
31 Outpatient Services (including E/R Dept.)						31
32 Radiation Therapy						32
33 Chemotherapy						33
34 Other						34
HOSPICE NONREIMBURSABLE SERVICE						
35 Bereavement Program Costs	16,014		16,014		16,014	35
36 volunteer Program Costs						36
37 Fundraising						37
38 Other Program Costs						38
39 Total (sum of lines 1-38)	2,128,922	-7,128	2,125,358		2,125,358	39

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HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

HOSPICE CCN: 14-1511

WORKSHEET K-1

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	Capital Related Costs-Bldg and Fix						1
2	Capital Related Costs-Movable Eqiu						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General		95,270				6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	VISITING SERVICES						
9	Physician Services						9
10	Nursing Care					554,187	10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services						15
16	Spiritual Counseling						16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker						19
20	HH Aide & Homemaker - Cont. Home C						20
21	Other						21
	OTHER HOSPICE SERVICE COSTS						
22	Drugs, Biological and Infusion The						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	Bereavement Program Costs						35
36	volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)		95,270			554,187	39

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

KPMG LLP Compu-Max 2552-10

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HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

HOSPICE CCN: 14-1511

WORKSHEET K-1

		TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
		6	7	8	9	
	GENERAL SERVICE COST CENTER					
1	Capital Related Costs-Bldg and Fix					1
2	Capital Related Costs-Movable Equi					2
3	Plant Operation and Maintenance					3
4	Transportation - Staff					4
5	Volunteer Service Coordination					5
6	Administrative and General			270,065	365,335	6
	INPATIENT CARE SERVICE					
7	Inpatient - General Care					7
8	Inpatient - Respite Care					8
	VISITING SERVICES					
9	Physician Services			1,160	1,160	9
10	Nursing Care				554,187	10
11	Nursing Care-Continuous Home Care					11
12	Physical Therapy					12
13	Occupational Therapy					13
14	Speech / Language Pathology					14
15	Medical Social Services			42,277	42,277	15
16	Spiritual Counseling			116,693	116,693	16
17	Dietary Counseling					17
18	Counseling - Other					18
19	Home Health Aide and Homemaker		95,594		95,594	19
20	HH Aide & Homemaker - Cont. Home C					20
21	Other					21
	OTHER HOSPICE SERVICE COSTS					
22	Drugs, Biological and Infusion The					22
23	Analgesics					23
24	Sedatives / Hypnotics					24
25	Other - Specify					25
26	Durable Medical Equipment/Oxygen					26
27	Patient Transportation					27
28	Imaging Services					28
29	Labs and Diagnostics					29
30	Medical Supplies					30
31	Outpatient Services (including E/R					31
32	Radiation Therapy					32
33	Chemotherapy					33
34	Other					34
	HOSPICE NONREIMBURSABLE SERVICE					
35	Bereavement Program Costs			13,250	13,250	35
36	volunteer Program Costs					36
37	Fundraising					37
38	Other Program Costs					38
39	Total (sum of lines 1-38)		95,594	443,445	1,188,496	39

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

KPMG LLP Compu-Max 2552-10

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HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE CCN: 14-1511

WORKSHEET K-2

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	Capital Related Costs-Bldg and Fix						1
2	Capital Related Costs-Movable Eqiu						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General		19,877				6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	VISITING SERVICES						
9	Physician Services						9
10	Nursing Care					115,626	10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services						15
16	Spiritual Counseling						16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker						19
20	HH Aide & Homemaker - Cont. Home C						20
21	Other						21
	OTHER HOSPICE SERVICE COSTS						
22	Drugs, Biological and Infusion The						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	Bereavement Program Costs						35
36	volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)		19,877			115,626	39

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

KPMG LLP Compu-Max 2552-10

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HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE CCN: 14-1511

WORKSHEET K-2

		TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
		6	7	8	9	
	GENERAL SERVICE COST CENTER					
1	Capital Related Costs-Bldg and Fix					1
2	Capital Related Costs-Movable Equi					2
3	Plant Operation and Maintenance					3
4	Transportation - Staff					4
5	Volunteer Service Coordination					5
6	Administrative and General			56,346	76,223	6
	INPATIENT CARE SERVICE					
7	Inpatient - General Care					7
8	Inpatient - Respite Care					8
	VISITING SERVICES					
9	Physician Services			242	242	9
10	Nursing Care				115,626	10
11	Nursing Care-Continuous Home Care					11
12	Physical Therapy					12
13	Occupational Therapy					13
14	Speech / Language Pathology					14
15	Medical Social Services			8,821	8,821	15
16	Spiritual Counseling			24,347	24,347	16
17	Dietary Counseling					17
18	Counseling - Other					18
19	Home Health Aide and Homemaker		19,945		19,945	19
20	HH Aide & Homemaker - Cont. Home C					20
21	Other					21
	OTHER HOSPICE SERVICE COSTS					
22	Drugs, Biological and Infusion The					22
23	Analgesics					23
24	Sedatives / Hypnotics					24
25	Other - Specify					25
26	Durable Medical Equipment/Oxygen					26
27	Patient Transportation					27
28	Imaging Services					28
29	Labs and Diagnostics					29
30	Medical Supplies					30
31	Outpatient Services (including E/R					31
32	Radiation Therapy					32
33	Chemotherapy					33
34	Other					34
	HOSPICE NONREIMBURSABLE SERVICE					
35	Bereavement Program Costs			2,764	2,764	35
36	volunteer Program Costs					36
37	Fundraising					37
38	Other Program Costs					38
39	Total (sum of lines 1-38)		19,945	92,520	247,968	39

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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 14-1511

WORKSHEET K-3

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	Capital Related Costs-Bldg and Fix						1
2	Capital Related Costs-Movable Eqiu						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General						6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	VISITING SERVICES						
9	Physician Services						9
10	Nursing Care						10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services						15
16	Spiritual Counseling						16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker						19
20	HH Aide & Homemaker - Cont. Home C						20
21	Other						21
	OTHER HOSPICE SERVICE COSTS						
22	Drugs, Biological and Infusion The						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	Bereavement Program Costs						35
36	volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)						39

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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 14-1511

WORKSHEET K-3

		TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
		6	7	8	9	
	GENERAL SERVICE COST CENTER					
1	Capital Related Costs-Bldg and Fix					1
2	Capital Related Costs-Movable Equi					2
3	Plant Operation and Maintenance					3
4	Transportation - Staff					4
5	Volunteer Service Coordination					5
6	Administrative and General			26,170	26,170	6
	INPATIENT CARE SERVICE					
7	Inpatient - General Care					7
8	Inpatient - Respite Care					8
	VISITING SERVICES					
9	Physician Services					9
10	Nursing Care					10
11	Nursing Care-Continuous Home Care					11
12	Physical Therapy					12
13	Occupational Therapy					13
14	Speech / Language Pathology					14
15	Medical Social Services					15
16	Spiritual Counseling					16
17	Dietary Counseling					17
18	Counseling - Other					18
19	Home Health Aide and Homemaker					19
20	HH Aide & Homemaker - Cont. Home C					20
21	Other					21
	OTHER HOSPICE SERVICE COSTS					
22	Drugs, Biological and Infusion The					22
23	Analgesics					23
24	Sedatives / Hypnotics					24
25	Other - Specify					25
26	Durable Medical Equipment/Oxygen					26
27	Patient Transportation					27
28	Imaging Services					28
29	Labs and Diagnostics					29
30	Medical Supplies					30
31	Outpatient Services (including E/R					31
32	Radiation Therapy					32
33	Chemotherapy					33
34	Other					34
	HOSPICE NONREIMBURSABLE SERVICE					
35	Bereavement Program Costs					35
36	volunteer Program Costs					36
37	Fundraising					37
38	Other Program Costs					38
39	Total (sum of lines 1-38)			26,170	26,170	39

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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE CCN: 14-1511

**WORKSHEET K-4
PART I**

	COST CENTER DESCRIPTIONS	CAPITAL RELATED COSTS					
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANS-PORTATION	
		0	1	2	3	4	
	GENERAL SERVICE COST CENTER						
1	Capital Related Costs-Bldg and Fix						1
2	Capital Related Costs-Movable Eqiu						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General	607,040					6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	VISITING SERVICES						
9	Physician Services	1,402					9
10	Nursing Care	846,417					10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services	52,128					15
16	Spiritual Counseling	145,411					16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker	125,486					19
20	HH Aide & Homemaker - Cont. Home C						20
21	Other						21
	OTHER HOSPICE SERVICE COSTS						
22	Drugs, Biological and Infusion The	85,831					22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen	188,215					26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies	57,414					30
31	Outpatient Services (including E/R						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	Bereavement Program Costs	16,014					35
36	volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)	2,125,358					39

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE CCN: 14-1511

**WORKSHEET K-4
PART I**

		VOLUNTEER SERVICES COORDI- NATOR	SUBTOTAL (cols. 0 - 5)	ADMINIS- TRATIVE & GENERAL	TOTAL (col. 5 ± col. 6)	
		5	5A	6	7	
	GENERAL SERVICE COST CENTER					
1	Capital Related Costs-Bldg and Fix					1
2	Capital Related Costs-Movable Equi					2
3	Plant Operation and Maintenance					3
4	Transportation - Staff					4
5	Volunteer Service Coordination					5
6	Administrative and General		607,040	607,040		6
	INPATIENT CARE SERVICE					
7	Inpatient - General Care					7
8	Inpatient - Respite Care					8
	VISITING SERVICES					
9	Physician Services		1,402	561	1,963	9
10	Nursing Care		846,417	338,406	1,184,823	10
11	Nursing Care-Continuous Home Care					11
12	Physical Therapy					12
13	Occupational Therapy					13
14	Speech / Language Pathology					14
15	Medical Social Services		52,128	20,841	72,969	15
16	Spiritual Counseling		145,411	58,137	203,548	16
17	Dietary Counseling					17
18	Counseling - Other					18
19	Home Health Aide and Homemaker		125,486	50,171	175,657	19
20	HH Aide & Homemaker - Cont. Home C					20
21	Other					21
	OTHER HOSPICE SERVICE COSTS					
22	Drugs, Biological and Infusion The		85,831	34,316	120,147	22
23	Analgesics					23
24	Sedatives / Hypnotics					24
25	Other - Specify					25
26	Durable Medical Equipment/Oxygen		188,215	75,250	263,465	26
27	Patient Transportation					27
28	Imaging Services					28
29	Labs and Diagnostics					29
30	Medical Supplies		57,414	22,955	80,369	30
31	Outpatient Services (including E/R					31
32	Radiation Therapy					32
33	Chemotherapy					33
34	Other					34
	HOSPICE NONREIMBURSABLE SERVICE					
35	Bereavement Program Costs		16,014	6,403	22,417	35
36	volunteer Program Costs					36
37	Fundraising					37
38	Other Program Costs					38
39	Total (sum of lines 1-38)		2,125,358		2,125,358	39

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE CCN: 14-1511

**WORKSHEET K-4
PART II**

	COST CENTER DESCRIPTIONS	CAPITAL RELATED COSTS					RECONCILIATION	ADMINISTRATIVE & GENERAL (Acc. Cost)	
		BUILDINGS & FIXTURES (Sq. Ft.)	MOVABLE EQUIPMENT (\$ Value)	PLANT OPERATION & MAINT. (Sq. Ft.)	TRANSPORTATION (Mileage)	VOLUNTEER SERVICES COORDINATOR (Hours)			
		1	2	3	4	5	6A	6	
	GENERAL SERVICE COST CENTER								
1	Capital Related Costs-Bldg and Fix								1
2	Capital Related Costs-Movable Equi								2
3	Plant Operation and Maintenance								3
4	Transportation - Staff								4
5	Volunteer Service Coordination					100			5
6	Administrative and General					100	-607,040	1,518,318	6
	INPATIENT CARE SERVICE								
7	Inpatient - General Care								7
8	Inpatient - Respite Care								8
	VISITING SERVICES								
9	Physician Services							1,402	9
10	Nursing Care							846,417	10
11	Nursing Care-Continuous Home Care								11
12	Physical Therapy								12
13	Occupational Therapy								13
14	Speech / Language Pathology								14
15	Medical Social Services							52,128	15
16	Spiritual Counseling							145,411	16
17	Dietary Counseling								17
18	Counseling - Other								18
19	Home Health Aide and Homemaker							125,486	19
20	HH Aide & Homemaker - Cont. Home C								20
21	Other								21
	OTHER HOSPICE SERVICE COSTS								
22	Drugs, Biological and Infusion The							85,831	22
23	Analgesics								23
24	Sedatives / Hypnotics								24
25	Other - Specify								25
26	Durable Medical Equipment/Oxygen							188,215	26
27	Patient Transportation								27
28	Imaging Services								28
29	Labs and Diagnostics								29
30	Medical Supplies							57,414	30
31	Outpatient Services (including E/R								31
32	Radiation Therapy								32
33	Chemotherapy								33
34	Other								34
	HOSPICE NONREIMBURSABLE SERVICE								
35	Bereavement Program Costs							16,014	35
36	volunteer Program Costs								36
37	Fundraising								37
38	Other Program Costs								38
39	Cost to be Allocated (per Wskt K-4, Part I)							607,040	39
40	Unit Cost Multiplier							0.399811	40

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1511

WORKSHEET K-5
PART I

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

	HOSPICE COST CENTER (omit cents)	HOSPICE TRIAL BALANCE(1)	NEW CAP-REL COSTS BLDG&FIXT	NEW CAP-REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
1	Administrative and General			3,550	15,755	19,305	3,062	1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services	1,963			25	1,988	315	4
5	Nursing Care	1,184,823			18,003	1,202,826	190,791	5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services	72,969			2,092	75,061	11,906	10
11	Spiritual Counseling	203,548			5,735	209,283	33,196	11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker	175,657			8,447	184,104	29,202	14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy	120,147				120,147	19,057	17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen	263,465				263,465	41,790	21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies	80,369				80,369	12,748	25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs	22,417			594	23,011	3,650	30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)	2,125,358		3,550	50,651	2,179,559	345,717	34
35	Unit Cost Multiplier (see instructions)							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1511

WORKSHEET K-5
PART I

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

	HOSPICE COST CENTER (omit cents)	MAINTEN- ANCE AND REPAIRS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
1	Administrative and General							1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)							34
35	Unit Cost Multiplier (see instructions)							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1511

WORKSHEET K-5
PART I

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

	HOSPICE COST CENTER (omit cents)	MAINT OF PERSONNEL	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12	13	14	15	16	17	
1	Administrative and General		26,735			11,436		1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services		42					4
5	Nursing Care		30,552					5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services		3,551					10
11	Spiritual Counseling		9,732					11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker		14,334					14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy				31,613			17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs		1,007					30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)		85,953		31,613	11,436		34
35	Unit Cost Multiplier (see instructions)							35

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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1511

WORKSHEET K-5
PART I

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

	HOSPICE COST CENTER (omit cents)	NONPHYSI- CIAN ANES- THETISTS	NURSING SCHOOL	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	PARAMED ED	SUBTOTAL (cols. 4A-23)	
		19	20	21	22	23	24	
1	Administrative and General						60,538	1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services						2,345	4
5	Nursing Care						1,424,169	5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services						90,518	10
11	Spiritual Counseling						252,211	11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker						227,640	14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy						170,817	17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen						305,255	21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies						93,117	25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs						27,668	30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)						2,654,278	34
35	Unit Cost Multiplier (see instructions)							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1511

**WORKSHEET K-5
PART I**

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

	HOSPICE COST CENTER (omit cents)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (cols. 24 ± 25)	ALLOC HOSP A&G (See Part II)	TOTAL HOSP COSTS (col 26 ± 27)		
		25	26	27	28		
1	Administrative and General		60,538				1
2	Inpatient - General Care						2
3	Inpatient - Respite Care						3
4	Physician Services		2,345	55	2,400		4
5	Nursing Care		1,424,169	33,239	1,457,408		5
6	Nursing Care-Continuous Home Care						6
7	Physical Therapy						7
8	Occupational Therapy						8
9	Speech / Language Pathology						9
10	Medical Social Services		90,518	2,113	92,631		10
11	Spiritual Counseling		252,211	5,887	258,098		11
12	Dietary Counseling						12
13	Counseling - Other						13
14	Home Health Aide and Homemaker		227,640	5,313	232,953		14
15	HH Aide & Homemaker - Cont. Home Care						15
16	Other						16
17	Drugs, Biological and Infusion Therapy		170,817	3,987	174,804		17
18	Analgesics						18
19	Sedatives / Hypnotics						19
20	Other - Specify						20
21	Durable Medical Equipment/Oxygen		305,255	7,125	312,380		21
22	Patient Transportation						22
23	Imaging Services						23
24	Labs and Diagnostics						24
25	Medical Supplies		93,117	2,173	95,290		25
26	Outpatient Services (including E/R Dept.)						26
27	Radiation Therapy						27
28	Chemotherapy						28
29	Other						29
30	Bereavement Program Costs		27,668	646	28,314		30
31	Volunteer Program Costs						31
32	Fundraising						32
33	Other Program Costs						33
34	Totals (sum of lines 1-33) (2)		2,654,278		2,654,278		34
35	Unit Cost Multiplier (see instructions)			0.023340			35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

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

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

WORKSHEET K-5

PART II

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

	HOSPICE COST CENTER	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP-REL COSTS MOV EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT FTE'S SALARIES)	RECON-CILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE AND REPAIRS (SQUARE FEET)	
		1	2	4	4A	5	6	
1	Administrative and General		3,564	12,687		19,305		1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services			20		1,988		4
5	Nursing Care			14,498		1,202,826		5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services			1,685		75,061		10
11	Spiritual Counseling			4,618		209,283		11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker			6,802		184,104		14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy					120,147		17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen					263,465		21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies					80,369		25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs			478		23,011		30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)		3,564	40,788		2,179,559		34
35	Total cost to be allocated		3,550	50,651		345,717		35
36	Unit Cost Multiplier (see instructions)			1.241811		0.158618		36
36	Unit Cost Multiplier (see instructions)		0.996072					36

KPMG LLP Compu-Max 2552-10

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

WORKSHEET K-5

PART II

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

	HOSPICE COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA PAID HOURS	MAINT OF PERSONNEL (NUMBER HOUSED)	
		7	8	9	10	11	12	
1	Administrative and General							1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)							34
35	Total cost to be allocated							35
36	Unit Cost Multiplier (see instructions)							36
36	Unit Cost Multiplier (see instructions)							36

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1511

WORKSHEET K-5

PART II

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

	HOSPICE COST CENTER	NURSING ADMINISTRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13	14	15	16	17	19	
1	Administrative and General	12,687			3,482,236			1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services	20						4
5	Nursing Care	14,498						5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services	1,685						10
11	Spiritual Counseling	4,618						11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker	6,802						14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy			85,831				17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs	478						30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)	40,788		85,831	3,482,236			34
35	Total cost to be allocated	85,953		31,613	11,436			35
36	Unit Cost Multiplier (see instructions)	2.107311		0.368317				36
36	Unit Cost Multiplier (see instructions)				0.003284			36

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1511

WORKSHEET K-5

PART II

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

	HOSPICE COST CENTER	NURSING SCHOOL (ASSIGNED TIME)	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	PARAMED ED (ASSIGNED TIME)			
		20	21	22	23			
1	Administrative and General							1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)							34
35	Total cost to be allocated							35
36	Unit Cost Multiplier (see instructions)							36
36	Unit Cost Multiplier (see instructions)							36

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE CCN: 14-1511

WORKSHEET K-5
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	COST CENTER	Wkst C, Part I, col. 9, line	Cost to Charge Ratio	Total Hospice Charges (Provider Records) 2	Hospice Shared Ancillary Costs (cols. 1 x 2) 3	
		0	1	2	3	
	ANCILLARY SERVICE COST CENTERS					
1	Physical Therapy	66	0.280193			1
2	Occupational Therapy	67				2
3	Speech / Language Pathology	68	0.162185			3
4	Drugs, Biological and Infusion Therapy	73	0.167027			4
5	Durable Medical Equipment/Oxygen	96				5
6	Labs and Diagnostics	60	0.084755			6
7	Medical Supplies	71	0.578280			7
8	Outpatient Services (including E/R Dept.)	93	0.425847			8
8.10	WOUND CARE CENTER	93.10	0.209840			8.10
9	Radiation Therapy	55	0.289669			9
10	ENTEROSTOMAL THERAPY	76				10
10.1 0	NEUROLOGY	76.10				10.1 0
10.2 0	EMG	76.20				10.2 0
10.3 0	OS SVCS	76.30	0.502700			10.3 0
10.4 0	AUDIOLOGY	76.40				10.4 0
10.9 7	CARDIAC REHABILITATION	76.97				10.9 7
10.9 8	HYPERBARIC OXYGEN THERAPY	76.98				10.9 8
10.9 9	LITHOTRIPSY	76.99				10.9 9
11	Totals (sum of lines 1-10)					11

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE CCN: 14-1511

WORKSHEET K-6

COMPUTATION OF PER DIEM COST		TITLE XVIII	TITLE XIX	OTHER	TOTAL	
		1	2	3	4	
1	Total cost (see instructions)				2,654,278	1
2	Total unduplicated days (Worksheet S-9, column 6, line 5)				17,700	2
3	Average cost per diem (line 1 divided by line 2)				149.96	3
4	Unduplicated Medicare days (Worksheet S-9, column 1, line 5)	17,417				4
5	Aggregate Medicare cost (line 3 times line 4)	2,611,853				5
6	Unduplicated Medicaid days (Worksheet S-9, column 2, line 5)					6
7	Aggregate Medicaid cost (line 3 times line 6)					7
8	Unduplicated SNF days (Worksheet S-9, column 3, line 5)					8
9	Aggregate SNF cost (line 3 times line 8)					9
10	Unduplicated NF days (Worksheet S-9, column 4, line 5)					10
11	Aggregate NF cost (line 3 times line 10)					11
12	Other Unduplicated days (Worksheet S-9, column 5, line 5)			283		12
13	Aggregate cost for other days (line 3 times line 12)			42,439		13

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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0179

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	3,150,266	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	35,158	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)	139.31	3
4	Number of interns & residents (see instructions)	3.90	4
5	Indirect medical education percentage (see instructions)	0.79	5
6	Indirect medical education adjustment (see instructions)	24,887	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0490	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.2138	8
9	Sum of lines 7 and 8	0.2628	9
10	Allowable disproportionate share percentage (see instructions)	0.0546	10
11	Disproportionate share adjustment (see instructions)	172,005	11
12	Total prospective capital payments (see instructions)	3,382,316	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
34.10	NICU						34.10
40	Subprovider - IPF						40
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic						55
56	Radioisotope						56
56.10	ULTRASOUND						56.10
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy						65
65.01	SLEEP LAB						65.01
66	Physical Therapy						66
68	Speech Pathology						68
69	Electrocardiology						69
69.01	C-PORT						69.01
70	Electroencephalography						70
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
75.10	GI LAB						75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS						76.30
76.40	AUDIOLOGY						76.40
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
90.01	PALOS DIAGNOSTIC CENTER						90.01
90.02	CARE STATIONS						90.02
90.03	OUTPATIENT CARE CENTER						90.03
91	Emergency						91

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LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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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	
92	Observation Beds (Non-Distinct Part)						92
93	OUTPATIENT REHAB						93
93.10	WOUND CARE CENTER						93.10
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency						101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice						116
117	MOBILE MED						117
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen						190
191.1 0	ADULT DAY CARE						191.1 0
192	Physicians' Private Offices						192
192.0 1	VACANT SPACE						192.0 1
193	Nonpaid Workers						193
194	FUND DEVELOPMENT						194
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)						202

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	Non CMS worksheet CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/19/2015 Run Time: 16:02 Version: 2015.10 (11/17/2015)
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REPORT 97 - UTILIZATION STATISTICS - HOSPITAL

	COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
		PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
		1	2	3	4	5	6	7	
	UTILIZATION PERCENTAGES BASED ON DAYS								
30	Adults & Pediatrics	40.72		7.87				48.59	30
31	Intensive Care Unit	44.36		11.19				55.55	31
34.10	NICU			52.86				52.86	34.10
43	Nursery			42.47				42.47	43
	UTILIZATION PERCENTAGES BASED ON CHARGES								
50	Operating Room	16.60	15.71					32.31	50
52	Delivery Room & Labor Room	0.18	0.06					0.24	52
53	Anesthesiology	16.49	14.88					31.37	53
54	Radiology-Diagnostic	24.49	13.61					38.10	54
55	Radiology-Therapeutic	2.92	36.31					39.23	55
56	Radioisotope	15.47	29.10					44.57	56
56.10	ULTRASOUND	14.81	14.84					29.65	56.10
57	CT Scan	18.37	18.78					37.15	57
58	MRI	19.14	14.66					33.80	58
59	Cardiac Catheterization	26.19	19.30					45.49	59
60	Laboratory	18.99	7.69					26.68	60
65	Respiratory Therapy	42.55	3.45					46.00	65
65.01	SLEEP LAB	0.18	24.95					25.13	65.01
66	Physical Therapy	20.51	0.17					20.68	66
68	Speech Pathology	42.29	0.01					42.30	68
69	Electrocardiology	25.18	17.88					43.06	69
70	Electroencephalography	11.79	19.25					31.04	70
71	Medical Supplies Charged to Pat	37.49	7.08					44.57	71
72	Impl. Dev. Charged to Patients	30.55	17.22					47.77	72
73	Drugs Charged to Patients	25.93	17.16					43.09	73
74	Renal Dialysis	54.84	7.09					61.93	74
75.10	GI LAB	11.67	23.73					35.40	75.10
76.30	OS SVCS	17.48	4.12					21.60	76.30
90	Clinic	7.22	36.37					43.59	90
90.01	PALOS DIAGNOSTIC CENTER	0.07	47.65					47.72	90.01
90.02	CARE STATIONS	0.23	12.28					12.51	90.02
90.03	OUTPATIENT CARE CENTER	0.64	28.26					28.90	90.03
91	Emergency	13.16	12.36					25.52	91
92	Observation Beds (Non-Distinct	4.49	27.01					31.50	92
93	OUTPATIENT REHAB	0.04	0.08					0.12	93
93.10	WOUND CARE CENTER	0.85	51.72					52.57	93.10
200	TOTAL CHARGES	18.87	14.74					33.61	200

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REPORT 97 - UTILIZATION STATISTICS - SUBPROVIDER-IPF

	COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
		PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
		1	2	3	4	5	6	7	
	UTILIZATION PERCENTAGES BASED ON DAYS								
40	Subprovider - IPF	37.63						37.63	40
	UTILIZATION PERCENTAGES BASED ON CHARGES								
54	Radiology-Diagnostic	0.05						0.05	54
56.10	ULTRASOUND	0.02						0.02	56.10
57	CT Scan	0.12						0.12	57
58	MRI	0.17						0.17	58
59	Cardiac Catheterization	0.20						0.20	59
60	Laboratory	0.46						0.46	60
65	Respiratory Therapy	0.37						0.37	65
66	Physical Therapy	0.27						0.27	66
69	Electrocardiology	0.20						0.20	69
70	Electroencephalography	0.84						0.84	70
71	Medical Supplies Charged to Pat	0.60						0.60	71
73	Drugs Charged to Patients	0.31						0.31	73
74	Renal Dialysis	0.28						0.28	74
75.10	GI LAB	0.03						0.03	75.10
90	Clinic	0.16						0.16	90
91	Emergency	0.28						0.28	91
93	OUTPATIENT REHAB	0.03						0.03	93
200	TOTAL CHARGES	0.20						0.20	200

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REPORT 98 - COST ALLOCATION SUMMARY

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	6,027,177	3.51	-6,027,177	-10.15			1
2	Cap Rel Costs-Mvble Equip	6,745,882	3.93	-6,745,882	-11.36			2
3	Other Cap Rel Costs							3
4	Employee Benefits Department	3,659,282	2.13	-3,659,282	-6.16			4
5	Administrative & General	20,903,350	12.16	-20,903,350	-35.20			5
6	Maintenance & Repairs							6
7	Operation of Plant	7,427,437	4.32	-7,427,437	-12.51			7
8	Laundry & Linen Service	610,925	0.36	-610,925	-1.03			8
9	Housekeeping	2,347,705	1.37	-2,347,705	-3.95			9
10	Dietary	1,385,045	0.81	-1,385,045	-2.33			10
11	Cafeteria	721,113	0.42	-721,113	-1.21			11
12	Maintenance of Personnel							12
13	Nursing Administration	2,420,540	1.41	-2,420,540	-4.08			13
14	Central Services & Supply							14
15	Pharmacy	3,402,587	1.98	-3,402,587	-5.73			15
16	Medical Records & Library	2,261,660	1.32	-2,261,660	-3.81			16
17	Social Service	1,181,957	0.69	-1,181,957	-1.99			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd	288,990	0.17	-288,990	-0.49			22
23	Paramed Ed Prgm-(specify)							23
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics	22,510,446	13.10	15,509,217	26.12	38,019,663	22.12	30
31	Intensive Care Unit	5,598,028	3.26	2,553,667	4.30	8,151,695	4.74	31
34.10	NICU	1,461,679	0.85	1,188,821	2.00	2,650,500	1.54	34.10
40	Subprovider - IPF	1,634,286	0.95	1,188,132	2.00	2,822,418	1.64	40
43	Nursery	775,615	0.45	298,308	0.50	1,073,923	0.62	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	10,668,869	6.21	5,651,100	9.52	16,319,969	9.50	50
52	Delivery Room & Labor Room	3,068,027	1.79	1,716,504	2.89	4,784,531	2.78	52
53	Anesthesiology	515,077	0.30	289,952	0.49	805,029	0.47	53
54	Radiology-Diagnostic	3,503,499	2.04	2,909,188	4.90	6,412,687	3.73	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	2,310,233	1.34	2,869,906	4.83	5,180,139	3.01	55
56	Radioisotope	1,195,256	0.70	612,100	1.03	1,807,356	1.05	56
56.10	ULTRASOUND	1,431,045	0.83	638,383	1.08	2,069,428	1.20	56.10
57	CT Scan	1,441,667	0.84	950,038	1.60	2,391,705	1.39	57
58	MRI	740,450	0.43	301,397	0.51	1,041,847	0.61	58
59	Cardiac Catheterization	1,587,290	0.92	917,612	1.55	2,504,902	1.46	59
60	Laboratory	9,020,416	5.25	2,983,010	5.02	12,003,426	6.98	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,553,650	1.49	962,561	1.62	3,516,211	2.05	65
65.01	SLEEP LAB	265,914	0.15	202,388	0.34	468,302	0.27	65.01
66	Physical Therapy	2,214,217	1.29	815,153	1.37	3,029,370	1.76	66
68	Speech Pathology	281,883	0.16	74,948	0.13	356,831	0.21	68
69	Electrocardiology	1,090,114	0.63	564,814	0.95	1,654,928	0.96	69
69.01	C-PORT							69.01
70	Electroencephalography	71,190	0.04	101,381	0.17	172,571	0.10	70
71	Medical Supplies Charged to Patients	926,145	0.54	398,043	0.67	1,324,188	0.77	71
72	Impl. Dev. Charged to Patients	5,867,737	3.41	1,010,047	1.70	6,877,784	4.00	72
73	Drugs Charged to Patients	10,908,301	6.35	6,082,052	10.24	16,990,353	9.89	73
74	Renal Dialysis	846,466	0.49	259,016	0.44	1,105,482	0.64	74
75.10	GI LAB	1,886,683	1.10	901,850	1.52	2,788,533	1.62	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS	53,239	0.03	8,851	0.01	62,090	0.04	76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	555,533	0.32	249,883	0.42	805,416	0.47	90
90.01	PALOS DIAGNOSTIC CENTER	257,413	0.15	66,020	0.11	323,433	0.19	90.01
90.02	CARE STATIONS	1,969,860	1.15	478,983	0.81	2,448,843	1.42	90.02
90.03	OUTPATIENT CARE CENTER	2,081,813	1.21	1,249,751	2.10	3,331,564	1.94	90.03
91	Emergency	5,681,542	3.31	2,616,285	4.41	8,297,827	4.83	91
92	Observation Beds (Non-Distinct Part)							92
93	OUTPATIENT REHAB	1,129,893	0.66	791,522	1.33	1,921,415	1.12	93
93.10	WOUND CARE CENTER	580,641	0.34	265,549	0.45	846,190	0.49	93.10

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REPORT 98 - COST ALLOCATION SUMMARY

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	2,597,555	1.51	630,511	1.06	3,228,066	1.88	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	2,125,358	1.24	528,920	0.89	2,654,278	1.54	116
117	MOBILE MED	279,091	0.16	64,699	0.11	343,790	0.20	117
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen			46,051	0.08	46,051	0.03	190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices	786,762	0.46	236,888	0.40	1,023,650	0.60	192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers			82,110	0.14	82,110	0.05	193
194	FUND DEVELOPMENT			118,039	0.20	118,039	0.07	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL	171,856,533	100.00			171,856,533	100.00	202

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

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	TOTAL CHARGES	RATIO OF CAPITAL COSTS TO CHARGES	INPATIENT PROGRAM CHARGES	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,605,265	70,531,625	0.022760	11,708,913	266,495	50
52	Delivery Room & Labor Room	404,471	19,466,737	0.020778	35,621	740	52
53	Anesthesiology	86,356	20,133,742	0.004289	3,320,523	14,242	53
54	Radiology-Diagnostic	846,587	43,870,673	0.019297	10,743,864	207,324	54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	1,224,618	17,882,952	0.068480	522,737	35,797	55
56	Radioisotope	165,042	11,934,087	0.013829	1,846,402	25,534	56
56.10	ULTRASOUND	219,901	18,418,468	0.011939	2,728,508	32,576	56.10
57	CT Scan	372,171	67,787,259	0.005490	12,450,623	68,354	57
58	MRI	57,851	10,927,486	0.005294	2,091,377	11,072	58
59	Cardiac Catheterization	298,649	26,882,983	0.011109	7,039,476	78,202	59
60	Laboratory	571,415	141,625,401	0.004035	26,896,749	108,528	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	202,941	27,822,404	0.007294	11,837,933	86,346	65
65.01	SLEEP LAB	62,658	2,017,040	0.031064	3,538	110	65.01
66	Physical Therapy	156,517	10,811,713	0.014477	2,217,286	32,100	66
68	Speech Pathology	23,602	2,200,143	0.010727	930,421	9,981	68
69	Electrocardiology	208,959	22,895,199	0.009127	5,765,827	52,625	69
69.01	C-PORT						69.01
70	Electroencephalography	30,837	1,390,464	0.022177	163,951	3,636	70
71	Medical Supplies Charged to Pat	142,196	2,289,873	0.062098	858,452	53,308	71
72	Impl. Dev. Charged to Patients	89,124	24,152,888	0.003690	7,377,574	27,223	72
73	Drugs Charged to Patients	316,138	101,721,945	0.003108	26,379,551	81,988	73
74	Renal Dialysis	47,315	3,826,122	0.012366	2,098,136	25,946	74
75.10	GI LAB	207,269	20,994,527	0.009873	2,449,493	24,184	75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	791	123,513	0.006404	21,594	138	76.30
76.40	AUDIOLOGY						76.40
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	53,987	1,541,471	0.035023	111,347	3,900	90
90.01	PALOS DIAGNOSTIC CENTER	36,469	1,038,065	0.035132	697	24	90.01
90.02	CARE STATIONS	204,837	6,058,688	0.033809	14,006	474	90.02
90.03	OUTPATIENT CARE CENTER	848,902	15,054,277	0.056389	96,854	5,462	90.03
91	Emergency	404,717	95,164,976	0.004253	12,526,473	53,275	91
92	Observation Beds (Non-Distinct	435,169	12,886,656	0.033769	578,472	19,534	92
93	OUTPATIENT REHAB	185,011	4,511,985	0.041004	1,858	76	93
93.10	WOUND CARE CENTER	66,236	4,032,539	0.016425	34,200	562	93.10
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL	9,576,001	809,995,901		152,852,456	1,329,756	200

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

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	SWING-BED ADJUST-MENT AMOUNT	REDUCED CAPITAL RELATED COST	TOTAL PATIENT DAYS	PER DIEM	INPATIENT PROGRAM DAYS	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics	2,856,339		2,856,339	49,563	57.63	20,182	1,163,089	30
31	Intensive Care Unit	384,941		384,941	6,283	61.27	2,787	170,759	31
	NICU	301,527		301,527	1,453	207.52			
34.10									34.10
200	TOTAL	3,542,807		3,542,807	57,299		22,969	1,333,848	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	1,333,848
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	1,329,756
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	2,663,604
MEDICARE DISCHARGES (Worksheet S-3, Part I, line 14, column 13)	4,597
MEDICARE PATIENT DAYS (Worksheet S-3, Part I, line 14, column 6 - Worksheet S-3, Part I, line 5, column 6)	22,969
PER DISCHARGE CAPITAL COSTS	579.42

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I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (Title XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (Worksheet D-1, Part II, line 53)	37,256,723
2. HOSPITAL PART A TITLE XVIII CHARGES (sum of inpatient charges and ancillary charges on Worksheet D-3 for hospital Title XVIII component)	205,337,279
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.181

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (Worksheet D-1, Part II, line 49 - (Worksheet D, Part III, column 9, line 40 + Worksheet D, Part IV, column 11, line 200))	1,259,549
2. TOTAL MEDICARE CHARGES (Worksheet D-3, line 40, column 2 plus Worksheet D-3, line 202, column 2) (see CR 5619)	4,053,273
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.311

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (Worksheet D, Part I, lines 30-35, column 7 + Worksheet D, Part II, line 200, column 5)	2,663,604
2. RATIO OF COST TO CHARGES (line II-1 / line I-2)	0.013

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (Title XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, columns 2, 2.01, 2.02 x column 1 less lines 61, 66-68, 74, 94, 95 & 96)	18,360,030
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, line 202, columns 2, 2.01, & 2.02 less lines 61, 66-68, 74, 94, 95 & 96)	119,021,535
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.154