

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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 OLTTC									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 / 2015	To: 06 / 30 / 2016							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.	2,681	1,419			7,453		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 is in effect in the cost reporting period.							35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.							37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPSS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N						37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				38

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

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

Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	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 osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.

	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1	2	3	4	

Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.

ACA Provisions Affecting the Health Resources and Services Administration (HRSA)

62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				62
62.01	Enter the number of FTE residents that rotated from a teaching health center (THC) into your hospital in this cost reporting period of HRSA THC program. (see instructions)				62.01

Teaching Hospitals that Claim Residents in Nonprovider Settings

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	N			63
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**WORKSHEET S-2
PART I**

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

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

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

Inpatient Psychiatric Facility PPS

		1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.	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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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

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

Rural Providers

		1	2		
105	Does this hospital qualify as a critical access hospital (CAH)?	N		105	
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106	
107	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			107	
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108	
		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-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:				118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121
122	Does the cost report contain state health or similar taxes? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

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	N	145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149

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

		Title XVIII		Title V	Title XIX	
		Part A	Part B			
		1	2	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N	N	N	156
157	Subprovider - IRF	N	N			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 transition factor. (see instructions)	0.50			169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07 / 01 / 2015	09 / 30 / 2015		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	
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

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

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

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

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

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

Cost Report Preparer Contact Information			
41	First name: MICHAEL	Last name: CADDICK	Title: VICE PRESIDENT
42	Employer: STRATEGIC REIMBURSEMENT, INC.		
43	Phone number: 708 466-7240	E-mail Address: MICHAEL.CADDICK@SRINC.ORG	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days 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	184	68,808			19,628	2,401	43,868	1
2	HMO and other (see instructions)						6,949	7,453		2
3	HMO IPF Subprovider						15			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)		184	68,808			19,628	2,401	43,868	7
8	Intensive Care Unit	31	26	9,516			2,472	395	5,686	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	3,660				727	1,617	11.10
12	Other Special Care (specify)	35								12
13	Nursery	43						323	1,862	13
14	Total (see instructions)		220	81,984			22,100	3,846	53,033	14
15	CAH Visits									15
16	Subprovider - IPF	40	24	8,784			1,258		3,092	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					12,262		18,076	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)		244							27
28	Observation Bed Days								7,551	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)								322	30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							254	677	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)					4,564	1,469	12,125	1
2	HMO and other (see instructions)					1,355	803		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			4,564	1,469	12,125	14
15	CAH Visits								15
16	Subprovider - IPF		18.10			193		621	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	200	89,583,537		89,583,537	3,008,254.00	29.78	1
2							2
3							3
4		50,000		50,000	498.00	100.40	4
4.01							4.01
5		1,259,088		1,259,088	12,752.00	98.74	5
6							6
7	21						7
7.01		109,836		109,836	3,349.00	32.80	7.01
8							8
9	44						9
10		4,717,673	-85,482	4,632,191	150,513.00	30.78	10
OTHER WAGES & RELATED COSTS							
11		3,386,096		3,386,096	45,327.00	74.70	11
12		376,605		376,605	2,435.00	154.66	12
13		1,020,639		1,020,639	5,439.00	187.65	13
14							14
15							15
16							16
WAGE-RELATED COSTS							
17		21,542,805		21,542,805			17
18							18
19		1,193,061		1,193,061			19
20							20
21							21
22		7,132		7,132			22
22.01							22.01
23		181,197		181,197			23
24							24
25							25
OVERHEAD COSTS - DIRECT SALARIES							
26		1,022,676		1,022,676	27,862.00	36.71	26
27		16,034,709	-462,548	15,572,161	472,843.00	32.93	27
28		34,605		34,605	155.00	223.26	28
29							29
30		2,818,208		2,818,208	117,597.00	23.96	30
31		155,106		155,106	10,911.00	14.22	31
32		1,375,528		1,375,528	112,231.00	12.26	32
33							33
34		1,382,451	-746,612	635,839	40,033.00	15.88	34
35							35
36			746,612	746,612	42,897.00	17.40	36
37							37
38		1,008,507		1,008,507	56,138.00	17.96	38
39							39
40		2,540,756		2,540,756	64,008.00	39.69	40
41		1,200,022		1,200,022	54,678.00	21.95	41
42			972,981	972,981	29,472.00	33.01	42
43							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)	88,249,218		88,249,218	2,992,308.00	29.49	1
2	Excluded area salaries (see instructions)	4,717,673	-85,482	4,632,191	150,513.00	30.78	2
3	Subtotal salaries (line 1 minus line 2)	83,531,545	85,482	83,617,027	2,841,795.00	29.42	3
4	Subtotal other wages & related costs (see instructions)	4,783,340		4,783,340	53,201.00	89.91	4
5	Subtotal wage-related costs (see instructions)	21,549,937		21,549,937		25.77%	5
6	Total (sum of lines 3 through 5)	109,864,822	85,482	109,950,304	2,894,996.00	37.98	6
7	Total overhead cost (see instructions)	27,572,568	510,433	28,083,001	1,028,825.00	27.30	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	1,453,014	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)	1,675,832	4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)	11,309,708	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	239,480	10
11	Life Insurance (If employee is owner or beneficiary)	99,012	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	638,491	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	884,450	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	6,377,855	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	130,760	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	115,594	23
24	Total Wage Related cost (Sum of lines 1-23)	22,924,196	24

Part B - Other Than Core Related Cost

25 OTHER WAGE RELATED COSTs (SPECIFY)	25
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HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

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

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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 14-7404

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

County: 11

	Description	Title V 1	Title XVIII 2	Title XIX 3	Other 4	Total 5	
1	Home Health Aide Hours		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	Contract	Total	
		1	2	3	
3	Administrator and Assistant Administrator(s)				3
4	Director(s) and Assistant Director(s)		0.97		0.97
5	Other Administrative Personnel		10.86		10.86
6	Direct Nursing Service		9.87		9.87
7	Nursing Supervisor				7
8	Physical Therapy Service		2.21	2.41	4.62
9	Physical Therapy Supervisor				9
10	Occupational Therapy Service		0.50	0.09	0.59
11	Occupational Therapy Supervisor				11
12	Speech Pathology Service			0.05	0.05
13	Speech Pathology Supervisor				13
14	Medical Social Service		0.33		0.33
15	Medical Social Service Supervisor				15
16	Home Health Aide		0.47		0.47
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	5,249	932	255	269	6,705	21
22	Skilled Nursing Visit Charges	1,536,815	272,720	74,865	79,355	1,963,755	22
23	Physical Therapy Visits	3,923	29	24	86	4,062	23
24	Physical Therapy Visit Charges	1,208,585	8,870	7,440	26,420	1,251,315	24
25	Occupational Therapy Visits	832	9	3	15	859	25
26	Occupational Therapy Visit Charges	257,350	2,790	930	4,650	265,720	26
27	Speech Pathology Visits	57			6	63	27
28	Speech Pathology Visit Charges	17,655			1,860	19,515	28
29	Medical Social Service Visits	136	6	3	7	152	29
30	Medical Social Service Visit Charges	54,120	2,400	1,200	2,800	60,520	30
31	Home Health Aide Visits	345	28		48	421	31
32	Home Health Aide Visit Charges	68,620	5,600		9,600	83,820	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	10,542	1,004	285	431	12,262	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	3,143,145	292,380	84,435	124,685	3,644,645	35
36	Total Number of Episodes (standard/non-outlier)	617		118	21	756	36
37	Total Number of Ourlier Episodes		25		5	30	37
38	Total Non-Routine Medical Supply Charges	209,192	113,321	5,596	6,866	334,975	38

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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	10,013				147	10,160	2
3	Inpatient Respite Care	369				4	373	3
4	General Inpatient Care							4
5	Total Hospice Days	10,382				151	10,533	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	619				80	699	6
7	Total Number of Unduplicated Continuous Care Hours Billable to Medicare							7
8	Average Length of Stay (line 5/line 6)	16.77				1.89	15.07	8
9	Unduplicated Census Count	317				34	351	9

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

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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)		0.174952	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		16,403,017	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		176,078,794	6
7	Medicaid cost (line 1 times line 6)		30,805,337	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.		14,402,320	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)		14,402,320		19
		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	14,479,928	7,714,227	22,194,155	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,533,292	1,349,619	3,882,911	21
22	Partial payment by patients approved for charity care	96,439	43,624	140,063	22
23	Cost of charity care (line 21 minus line 22)	2,436,853	1,305,995	3,742,848	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)			952,657	26
27	Medicare bad debts for the entire hospital complex (see instructions)			1,399,070	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			-446,413	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			-78,101	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			3,664,747	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			18,067,067	31

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		6,750,512	6,750,512	1,994,362	8,744,874	-2,056,642	6,688,232	1
2	00200	Cap Rel Costs-Mvble Equip		6,757,072	6,757,072		6,757,072	-24,962	6,732,110	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	1,022,676	1,453,462	2,476,138		2,476,138	-247,360	2,228,778	4
5	00500	Administrative & General	16,034,709	26,809,919	42,844,628	-435,707	42,408,921	-21,365,116	21,043,805	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	2,818,208	4,461,363	7,279,571		7,279,571	-1,147	7,278,424	7
8	00800	Laundry & Linen Service	155,106	430,812	585,918		585,918	-19,051	566,867	8
9	00900	Housekeeping	1,375,528	877,764	2,253,292		2,253,292	-4,695	2,248,597	9
10	01000	Dietary	1,382,451	1,386,667	2,769,118	-1,433,808	1,335,310	-21,879	1,313,431	10
11	01100	Cafeteria				1,433,808	1,433,808	-755,960	677,848	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,008,507	395,474	1,403,981		1,403,981	-2,125	1,401,856	13
14	01400	Central Services & Supply								14
15	01500	Pharmacy	2,540,756	13,448,774	15,989,530	-12,660,636	3,328,894	-7,805	3,321,089	15
16	01600	Medical Records & Library	1,200,022	976,163	2,176,185		2,176,185	-3,740	2,172,445	16
17	01700	Social Service				1,212,626	1,212,626		1,212,626	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		109,836	109,836		109,836		109,836	22
23	02300	Paramed Ed Prgm-(specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	19,192,866	8,173,239	27,366,105	-701,847	26,664,258	-1,433,659	25,230,599	30
31	03100	Intensive Care Unit	4,232,058	2,070,233	6,302,291		6,302,291	-11,885	6,290,406	31
34.10	02060	NICU	1,170,233	1,267,222	2,437,455		2,437,455	-905,597	1,531,858	34.10
40	04000	Subprovider - IPF	1,275,998	350,344	1,626,342		1,626,342	-6,667	1,619,675	40
43	04300	Nursery				701,847	701,847		701,847	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	4,397,610	9,402,719	13,800,329	-6,434,064	7,366,265	-135,232	7,231,033	50
52	05200	Delivery Room & Labor Room	2,114,680	827,670	2,942,350		2,942,350		2,942,350	52
53	05300	Anesthesiology	118,260	405,152	523,412	-245,043	278,369	-1,801	276,568	53
54	05400	Radiology-Diagnostic	2,855,610	2,763,016	5,618,626	-1,965,171	3,653,455	-30,781	3,622,674	54
54.01	03440	BREAST HEALTH CENTER								54.01
55	05500	Radiology-Therapeutic	1,312,385	1,037,461	2,349,846		2,349,846	-100,000	2,249,846	55
56	05600	Radioisotope	352,536	831,067	1,183,603	117,663	1,301,266		1,301,266	56
56.10	03630	ULTRASOUND	854,315	329,229	1,183,544	227,356	1,410,900		1,410,900	56.10
57	05700	CT Scan	623,618	610,842	1,234,460	94,748	1,329,208		1,329,208	57
58	05800	MRI	285,800	311,725	597,525	128,256	725,781		725,781	58
59	05900	Cardiac Catheterization	570,378	3,041,517	3,611,895	-2,427,740	1,184,155	-108,912	1,075,243	59
60	06000	Laboratory	3,574,244	5,361,054	8,935,298		8,935,298	-42,947	8,892,351	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	1,828,818	774,036	2,602,854	-206,919	2,395,935	-53,179	2,342,756	65
65.01	06501	SLEEP LAB	172,368	79,361	251,729		251,729		251,729	65.01
66	06600	Physical Therapy	1,717,932	515,885	2,233,817		2,233,817		2,233,817	66
68	06800	Speech Pathology	251,267	66,215	317,482		317,482		317,482	68
69	06900	Electrocardiology	664,265	508,307	1,172,572		1,172,572	-73,074	1,099,498	69
69.01	06901	C-PORT								69.01
70	07000	Electroencephalography	44,282	26,379	70,661		70,661		70,661	70
71	07100	Medical Supplies Charged to Patients	588,170	1,153,873	1,742,043	5,110,392	6,852,435		6,852,435	71
72	07200	Impl. Dev. Charged to Patients				5,139,891	5,139,891		5,139,891	72
73	07300	Drugs Charged to Patients				12,570,964	12,570,964		12,570,964	73
74	07400	Renal Dialysis	653,465	346,334	999,799		999,799	-8,262	991,537	74
75.10	03340	GI LAB	1,079,545	847,203	1,926,748	-166,846	1,759,902		1,759,902	75.10
76	03951	ENTEROSTOMAL THERAPY								76
76.10	03950	NEUROLOGY								76.10
76.20	03290	EMG								76.20
76.30	03953	OS SVCS		58,960	58,960	-43,279	15,681	-15,681		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	360,201	103,425	463,626		463,626	45,292	508,918	90
90.01	09001	PALOS DIAGNOSTIC CENTER	156,629	86,598	243,227		243,227		243,227	90.01
90.02	09002	CARE STATIONS	1,808,731	878,655	2,687,386		2,687,386	-524,459	2,162,927	90.02
90.03	09003	OUTPATIENT CARE CENTER	1,074,042	1,007,942	2,081,984		2,081,984	-15,379	2,066,605	90.03
91	09100	Emergency	3,895,997	2,367,501	6,263,498		6,263,498	-146,296	6,117,202	91
92	09200	Observation Beds (Non-Distinct Part)								92
93	04951	OUTPATIENT REHAB	887,335	243,446	1,130,781		1,130,781	-2,222	1,128,559	93
93.10	04950	WOUND CARE CENTER	490,261	351,673	841,934		841,934	-42,859	799,075	93.10

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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- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		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	1,686,737	991,090	2,677,827	-71,959	2,605,868		2,605,868	101
		SPECIAL PURPOSE COST CENTERS								
113	11300	Interest Expense		1,905,627	1,905,627	-1,905,627				113
116	11600	Hospice	1,168,586	914,125	2,082,711	-33,267	2,049,444		2,049,444	116
117	06950	MOBILE MED	161,671	81,874	243,545		243,545		243,545	117
118		SUBTOTALS (sum of lines 1-117)	89,158,856	113,948,817	203,107,673		203,107,673	-28,124,082	174,983,591	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	424,681	348,030	772,711		772,711		772,711	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)	89,583,537	114,296,847	203,880,384		203,880,384	-28,124,082	175,756,302	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		12,570,964	1
500	Total reclassifications					12,570,964	500
	Code Letter - A						
1	CAFETERIA COSTS	B	Cafeteria	11	746,612	687,196	1
500	Total reclassifications				746,612	687,196	500
	Code Letter - B						
1	HHA/HOSPICE BILLING/PLANT COSTS	D	Administrative & General	5	85,482	19,744	1
2							2
500	Total reclassifications				85,482	19,744	500
	Code Letter - D						
1	INTEREST EXPENSE	G	Cap Rel Costs-Bldg & Fixt	1		1,905,627	1
500	Total reclassifications					1,905,627	500
	Code Letter - G						
1	RADIOLOGY ADMIN COSTS	I	Radioisotope	56	82,722	34,941	1
2			ULTRASOUND	56.10	198,542	83,862	2
3			CT Scan	57	160,933	67,976	3
4			MRI	58	95,578	40,371	4
500	Total reclassifications				537,775	227,150	500
	Code Letter - I						
1	NURSERY COSTS	J	Nursery	43	534,454	167,393	1
500	Total reclassifications				534,454	167,393	500
	Code Letter - J						
1	UTIL/QUALITY MANAGEMENT COSTS	L	Social Service	17	972,981	239,645	1
500	Total reclassifications				972,981	239,645	500
	Code Letter - L						
1	MEDICAL SUPPLIES	M	Medical Supplies Charged to P	71		5,870,820	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
500	Total reclassifications					5,870,820	500
	Code Letter - M						
1	MATERIALS MANAGEMENT COSTS	N	Administrative & General	5	424,951	335,477	1
500	Total reclassifications				424,951	335,477	500
	Code Letter - N						
1	PROPERTY INSURANCE	O	Cap Rel Costs-Bldg & Fixt	1		88,735	1
500	Total reclassifications					88,735	500
	Code Letter - O						
1	IMPLANT COSTS	P	Impl. Dev. Charged to Patient	72		5,139,891	1
2							2
3							3
500	Total reclassifications					5,139,891	500
	Code Letter - P						
	GRAND TOTAL (Increases)				3,302,255	27,252,642	

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

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	DRUGS CHGD TO PAT.	A	Pharmacy	15		12,570,964	1	
500	Total reclassifications					12,570,964	500	
	Code letter - A							
1	CAFETERIA COSTS	B	Dietary	10	746,612	687,196	1	
500	Total reclassifications				746,612	687,196	500	
	Code letter - B							
1	HHA/HOSPICE BILLING/PLANT COSTS	D	Home Health Agency	101	58,680	13,279	1	
2			Hospice	116	26,802	6,465	2	
500	Total reclassifications				85,482	19,744	500	
	Code letter - D							
1	INTEREST EXPENSE	G	Interest Expense	113		1,905,627	9	
500	Total reclassifications					1,905,627	500	
	Code letter - G							
1	RADIOLOGY ADMIN COSTS	I	Radiology-Diagnostic	54	537,775	227,150	1	
2							2	
3							3	
4							4	
500	Total reclassifications				537,775	227,150	500	
	Code letter - I							
1	NURSERY COSTS	J	Adults & Pediatrics	30	534,454	167,393	1	
500	Total reclassifications				534,454	167,393	500	
	Code letter - J							
1	UTIL/QUALITY MANAGEMENT COSTS	L	Administrative & General	5	972,981	239,645	1	
500	Total reclassifications				972,981	239,645	500	
	Code letter - L							
1	MEDICAL SUPPLIES	M	Pharmacy	15		89,672	1	
2			Operating Room	50		3,444,443	2	
3			Anesthesiology	53		245,043	3	
4			Radiology-Diagnostic	54		760,956	4	
5			ULTRASOUND	56.10		55,048	5	
6			CT Scan	57		134,161	6	
7			MRI	58		7,693	7	
8			Cardiac Catheterization	59		716,760	8	
9			Respiratory Therapy	65		206,919	9	
10			GI LAB	75.10		166,846	10	
11			OS SVCS	76.30		43,279	11	
500	Total reclassifications					5,870,820	500	
	Code letter - M							
1	MATERIALS MANAGEMENT COSTS	N	Medical Supplies Charged to P	71	424,951	335,477	1	
500	Total reclassifications				424,951	335,477	500	
	Code letter - N							
1	PROPERTY INSURANCE	O	Administrative & General	5		88,735	9	
500	Total reclassifications					88,735	500	
	Code letter - O							
1	IMPLANT COSTS	P	Operating Room	50		2,989,621	1	
2			Radiology-Diagnostic	54		439,290	2	
3			Cardiac Catheterization	59		1,710,980	3	
500	Total reclassifications					5,139,891	500	
	Code letter - P							
	GRAND TOTAL (Decreases)				3,302,255	27,252,642		

(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	10,512,333					10,512,333		2
3	Buildings and Fixtures	253,356,174	15,946,221		15,946,221	1,009	269,301,386		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	100,416,811	3,942,648		3,942,648	13,942,987	90,416,472		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	373,239,641	19,888,869		19,888,869	13,943,996	379,184,514		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	373,239,641	19,888,869		19,888,869	13,943,996	379,184,514		10

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

	Description	SUMMARY OF CAPITAL							Total (1) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	6,750,512						6,750,512	1	
2	Cap Rel Costs-Mvble Equip	6,757,072						6,757,072	2	
3	Total (sum of lines 1-2)	13,507,584						13,507,584	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 Equip				0.000000					2
3	Total (sum of lines 1-2)				0.000000					3

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	6,688,232						6,688,232	1	
2	Cap Rel Costs-Mvble Equip	6,732,110						6,732,110	2	
3	Total (sum of lines 1-2)	13,420,342						13,420,342	3	

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

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
				COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	
1	Investment income-buildings & fixtures (chapter 2)			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	-61,125	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	-7,064,933			10	
11	Sale of scrap, waste, etc. (chapter 23)					11	
12	Related organization transactions (chapter 10)	Wkst A-8-1	-83,842			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	-732	Medical Records & Library	16	18	
19	Nursing school (tuition,fees,books,etc.)					19	
20	Vending machines	B	-19,929	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	-11,783	Laboratory	60	33.03	
33.04	PHARMACY MISC REVENUE	B	-7,805	Pharmacy	15	33.04	
33.05	RADIOLOGY ADMIN	B	-4,830	Radiology-Diagnostic	54	33.05	
33.09	HUMAN RESOURCES MISC REVENUE	B	-912	Employee Benefits Department	4	33.09	
33.15	TELE & COMM MISC REVENUE	B	-1,727	Administrative & General	5	33.15	
33.16	ANSWERING SVCE INCOME	B	-238,948	Administrative & General	5	33.16	
33.25	CAFETERIA REVENUE	B	-755,960	Cafeteria	11	33.25	
33.27	MEDICAL STAFF APPLICATION REVENUE	B	-42,500	Administrative & General	5	33.27	
33.28	HOUSEKEEPING	B	-4,695	Housekeeping	9	33.28	
33.29	EMPLOYEE HEALTH	A	-246,448	Employee Benefits Department	4	33.29	
33.30	BUS OFFICE/ADMITTING REVENUE	B	-4,042	Administrative & General	5	33.30	
33.32	MOTHER BABY	B	-3,625	Adults & Pediatrics	30	33.32	
33.33	SECURITY PURCH SERVICES REVENUE	B	-1,147	Operation of Plant	7	33.33	
33.39	LINEN OTHER REVENUE	B	-19,051	Laundry & Linen Service	8	33.39	
33.41	HEALTH EDUCATION CENTER REVENUE	B	-105,028	Administrative & General	5	33.41	
33.43	AFFILIATES REVENUE	B	-866,525	Administrative & General	5	33.43	
33.44	ACCTG REVENUE	B	-77,749	Administrative & General	5	33.44	
33.45	MISCELLANEOUS REVENUE	B	-14,076	Administrative & General	5	33.45	
33.46	REAL ESTATE TAXES	A	-227,255	Administrative & General	5	33.46	
33.52	NON-ALLOWABLE ADMIN COSTS	A	-247,386	Administrative & General	5	9	33.52
33.53	MATERIALS MANAGEMENT REVENUE	B	-56,122	Administrative & General	5	33.53	
33.58	DIETARY OTHER REVENUE	B	-1,950	Dietary	10	33.58	
34	CARE DEPOT OTHER REV	B	-5,357	Adults & Pediatrics	30	34	
34.01	MEDICAID TAX	A	-10,450,320	Administrative & General	5	34.01	
34.02	VOLUNTEER SERVICES	A	-811,093	Administrative & General	5	34.02	
34.05	NON-ALLOWABLE DUES	A	-9,929	Administrative & General	5	9	34.05
34.06	DEPR TELEPHONES, PATIENT PORTION	A	-24,962	Cap Rel Costs-Mvble Equip	2	9	34.06
34.07	NON-ALLOWABLE INTEREST EXPENSE	A	-1,875,075	Cap Rel Costs-Bldg & Fixt	1	9	34.07
34.08	MARKETING COSTS	A	-911,996	Administrative & General	5	9	34.08
34.24	EMPLOYEE HEALTH COSTS	A	-3,532,758	Administrative & General	5	34.24	
34.26	PHYSICIAN MATCH EXPENSES	A	-91,111	Administrative & General	5	34.26	
34.40	NON-ALLOWABLE DEPRECIATION	A	-128,621	Cap Rel Costs-Bldg & Fixt	1	9	34.40

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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		
34.56	RENTAL REVENUE	B	-79,712	Cap Rel Costs-Bldg & Fixt	1	9	34.56	
34.64	CHICAGO RIDGE HEALTH EDUCATION COS	A	-246	Administrative & General	5		34.64	
34.65	OTHER REVENUE	B	-36	Electrocardiology	69		34.65	
34.66	OTHER REVENUE	B	-30,616	CARE STATIONS	90.02		34.66	
34.67	OTHER REVENUE	B	-2,125	Nursing Administration	13		34.67	
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)		-28,124,082				50	

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1
- (2) Basis for adjustment (see instructions)
 - A. Costs - if cost, including applicable overhead, can be determined
 - B. Amount Received - if cost cannot be determined
- (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

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

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

WORKSHEET A-8-1

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

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	76.30	OS SVCS	MRI PROCEDURES		15,681	-15,681		1
2								2
3	1	Cap Rel Costs-Bldg & Fixt	POTTER PAV DEPR COSTS	26,766		26,766	9	3
3.01	5	Administrative & General	POTTER PAVILLION ADMIN CO	23,320	59,340	-36,020		3.01
3.02	90	Clinic	POTTER PAVILLION ADMIN CO	24,738		24,738		3.02
3.04	90.02	CARE STATIONS	OP CARE CENTER BUILD COST	186,482	203,410	-16,928		3.04
3.05	90.03	OUTPATIENT CARE CENTER	OP CARE CENTER BUILDING C	166,456	181,566	-15,110		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			467,692	551,534	-83,842		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	
	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	3,628,211	3,437,061	191,150	177,800	1,418	121,212	6,061	1
2	30	Adults & Pediatrics AGGREGATE	1,494,344	1,383,888	110,456	177,800	815	69,667	3,483	2
3	34.10	NICU AGGREGATE	905,597	905,597		177,800				3
4	40	Subprovider - IPF	37,440		37,440	177,800	360	30,773	1,539	4
5	50	Operating Room	135,318		135,318	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	10,007		10,007	177,800	96	8,206	410	7
8	54	Radiology-Diagnostic	26,037		26,037	177,800	1	86	4	8
9	55	Radiology-Therapeuti AGGREGATE	100,000	100,000						9
10	59	Cardiac Catheterizat	123,273		123,273	177,800	168	14,361	718	10
11	60	Laboratory AGGREGATE	31,164	31,164						11
12	65	Respiratory Therapy	97,800		97,800	177,800	522	44,621	2,231	12
13	69	Electrocardiology	129,968		129,968	177,800	666	56,930	2,847	13
14	74	Renal Dialysis	20,400		20,400	177,800	142	12,138	607	14
15	90.02	CARE STATIONS AGGREGATE	519,484	469,484	50,000	177,800	498	42,569	2,128	15
16	91	Emergency	162,366		162,366	177,800	188	16,070	804	16
17	93	OUTPATIENT REHAB	12,480		12,480	177,800	120	10,258	513	17
18	93.10	WOUND CARE CENTER	42,899		42,899	288	288	40	2	18
19	90.03	OUTPATIENT CARE CENT	355		355	177,800	1	86	4	19
20	16	Medical Records & Li	3,094		3,084	177,800	1	86	4	20
200		TOTAL	7,512,637	6,327,194	1,185,433		5,525	447,704	22,385	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					121,212	69,938	3,506,999	1
2	30	Adults & Pediatrics AGGREGATE					69,667	40,789	1,424,677	2
3	34.10	NICU AGGREGATE							905,597	3
4	40	Subprovider - IPF					30,773	6,667	6,667	4
5	50	Operating Room					86	135,232	135,232	5
6	31	Intensive Care Unit					20,515	11,885	11,885	6
7	53	Anesthesiology					8,206	1,801	1,801	7
8	54	Radiology-Diagnostic					86	25,951	25,951	8
9	55	Radiology-Therapeuti AGGREGATE							100,000	9
10	59	Cardiac Catheterizat					14,361	108,912	108,912	10
11	60	Laboratory AGGREGATE							31,164	11
12	65	Respiratory Therapy					44,621	53,179	53,179	12
13	69	Electrocardiology					56,930	73,038	73,038	13
14	74	Renal Dialysis					12,138	8,262	8,262	14
15	90.02	CARE STATIONS AGGREGATE					42,569	7,431	476,915	15
16	91	Emergency					16,070	146,296	146,296	16
17	93	OUTPATIENT REHAB					10,258	2,222	2,222	17
18	93.10	WOUND CARE CENTER					40	42,859	42,859	18
19	90.03	OUTPATIENT CARE CENT					86	269	269	19
20	16	Medical Records & Li					86	2,998	3,008	20
200		TOTAL					447,704	737,729	7,064,933	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	6,688,232	6,688,232					1
2	Cap Rel Costs-Mvble Equip	6,732,110		6,732,110				2
4	Employee Benefits Department	2,228,778	4,797	3,606	2,237,181			4
5	Administrative & General	21,043,805	542,652	1,633,069	354,942	23,574,468	23,574,468	5
6	Maintenance & Repairs							6
7	Operation of Plant	7,278,424	709,679	317,681	88,275	8,394,059	1,300,324	7
8	Laundry & Linen Service	566,867	114,625	1,924	8,190	691,606	107,137	8
9	Housekeeping	2,248,597	46,696	37,680	84,247	2,417,220	374,452	9
10	Dietary	1,313,431	144,291	14,252	30,051	1,502,025	232,679	10
11	Cafeteria	677,848	99,981	14,657	32,201	824,687	127,752	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,401,856	13,735	216,311	42,140	1,674,042	259,326	13
14	Central Services & Supply							14
15	Pharmacy	3,321,089	55,760	14,134	48,048	3,439,031	532,740	15
16	Medical Records & Library	2,172,445	106,672	19,178	41,044	2,339,339	362,387	16
17	Social Service	1,212,626	8,054		39,650	1,260,330	195,238	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	109,836	21,839			131,675	20,398	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	25,230,599	1,507,833	395,107	466,405	27,599,944	4,275,485	30
31	Intensive Care Unit	6,290,406	157,799	55,115	91,311	6,594,631	1,021,574	31
34.10	NICU	1,531,858	218,394	23,836	21,466	1,795,554	278,149	34.10
40	Subprovider - IPF	1,619,675	174,084	6,068	26,969	1,826,796	282,989	40
43	Nursery	701,847	16,941	30,637	12,225	761,650	117,987	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	7,231,033	428,961	616,912	102,952	8,379,858	1,298,124	50
52	Delivery Room & Labor Room	2,942,350	202,866	107,843	48,039	3,301,098	511,373	52
53	Anesthesiology	276,568	5,744	78,733	3,478	364,523	56,468	53
54	Radiology-Diagnostic	3,622,674	463,980	196,469	54,599	4,337,722	671,957	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	2,249,846	439,565	918,231	26,220	3,633,862	562,922	55
56	Radioisotope	1,301,266	42,366	90,481	9,099	1,443,212	223,568	56
56.10	ULTRASOUND	1,410,900	29,540	150,897	21,837	1,613,174	249,897	56.10
57	CT Scan	1,329,208	19,857	154,558	17,700	1,521,323	235,668	57
58	MRI	725,781	21,158	13,190	10,512	770,641	119,380	58
59	Cardiac Catheterization	1,075,243	106,798	155,514	11,042	1,348,597	208,911	59
60	Laboratory	8,892,351	156,284	227,308	101,164	9,377,107	1,452,608	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,342,756	30,550	88,007	45,260	2,506,573	388,293	65
65.01	SLEEP LAB	251,729	33,580	23,752	4,996	314,057	48,651	65.01
66	Physical Therapy	2,233,817	87,484	14,239	35,216	2,370,756	367,254	66
68	Speech Pathology	317,482	2,840	1,443	4,418	326,183	50,529	68
69	Electrocardiology	1,099,498	20,438	96,390	19,683	1,236,009	191,470	69
69.01	C-PORT							69.01
70	Electroencephalography	70,661	19,693	6,220	1,648	98,222	15,216	70
71	Medical Supplies Charged to Patients	6,852,435	47,617	36,611	9,283	6,945,946	1,075,996	71
72	Impl. Dev. Charged to Patients	5,139,891				5,139,891	796,221	72
73	Drugs Charged to Patients	12,570,964				12,570,964	1,947,368	73
74	Renal Dialysis	991,537	20,703	16,740	11,262	1,040,242	161,144	74
75.10	GI LAB	1,759,902	97,330	74,325	22,508	1,954,065	302,704	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	508,918	26,636	3,041	9,869	548,464	84,963	90
90.01	PALOS DIAGNOSTIC CENTER	243,227		5,113	5,451	253,791	39,315	90.01
90.02	CARE STATIONS	2,162,927		44,267	36,625	2,243,819	347,590	90.02
90.03	OUTPATIENT CARE CENTER	2,066,605		697,036	30,871	2,794,512	432,898	90.03
91	Emergency	6,117,202	186,960	58,231	95,164	6,457,557	1,000,340	91
92	Observation Beds (Non-Distinct Part)							92
93	OUTPATIENT REHAB	1,128,559	137,727	3,249	21,891	1,291,426	200,055	93
93.10	WOUND CARE CENTER	799,075	21,082	18,069	10,016	848,242	131,401	93.10
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	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	
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	2,605,868		32,526	37,404	2,675,798	414,508	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	2,049,444		15,873	28,288	2,093,605	324,320	116
117	MOBILE MED	243,545		1,053	3,387	247,985	38,415	117
118	SUBTOTALS (sum of lines 1-117)	174,983,591	6,593,591	6,729,576	2,227,046	174,876,281	23,438,144	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		13,381			13,381	2,073	190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices	772,711	23,102	2,534	10,135	808,482	125,242	192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers		23,859			23,859	3,696	193
194	FUND DEVELOPMENT		34,299			34,299	5,313	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	175,756,302	6,688,232	6,732,110	2,237,181	175,756,302	23,574,468	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	9,694,383						7
8	Laundry & Linen Service	204,603	1,003,346					8
9	Housekeeping	83,351	3,232	2,878,255				9
10	Dietary	257,557		78,809	2,071,070			10
11	Cafeteria	178,464		54,608		1,185,511		11
12	Maintenance of Personnel							12
13	Nursing Administration	24,516		7,502		33,171	1,998,557	13
14	Central Services & Supply							14
15	Pharmacy	99,530	39	30,455		37,821		15
16	Medical Records & Library	190,407		58,262		32,308		16
17	Social Service	14,376		4,399		31,210		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	38,983		11,928				22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	2,691,435	290,784	823,547	1,729,973	367,127	825,556	30
31	Intensive Care Unit	281,667	50,207	86,187	221,618	71,876	161,626	31
34.10	NICU	389,828	5,806	119,283		16,897	37,996	34.10
40	Subprovider - IPF	310,735	6,544	95,081	119,479	21,228	47,736	40
43	Nursery	30,240	7,738	9,253		9,623	21,639	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	765,685	384,148	234,290		81,039	182,232	50
52	Delivery Room & Labor Room	362,112	64,351	110,802		37,814	85,032	52
53	Anesthesiology	10,253		3,137		2,738	6,156	53
54	Radiology-Diagnostic	828,192	31,458	253,417		42,978	96,643	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	784,613	8,319	240,082		20,637	46,406	55
56	Radioisotope	75,622	5,219	23,139		7,162		56
56.10	ULTRASOUND	52,728	10,898	16,134		17,189		56.10
57	CT Scan	35,445	10,250	10,846		13,933		57
58	MRI	37,766	2,254	11,556		8,275		58
59	Cardiac Catheterization	190,632	524	58,331		8,692		59
60	Laboratory	278,963	2,483	85,359		79,631		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	54,531	83	16,686		35,626	80,113	65
65.01	SLEEP LAB	59,939	1,062	18,341		3,933		65.01
66	Physical Therapy	156,156	10,972	47,782		27,720		66
68	Speech Pathology	5,070		1,551		3,477		68
69	Electrocardiology	36,482	5,996	11,163		15,493		69
69.01	C-PORT							69.01
70	Electroencephalography	35,152	591	10,756		1,297	2,917	70
71	Medical Supplies Charged to Patients	84,996		26,008		7,307		71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	36,955	4,832	11,308		8,865		74
75.10	GI LAB	173,732	11,429	53,160		17,717	39,841	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	47,545	694	14,548		7,768	17,468	90
90.01	PALOS DIAGNOSTIC CENTER					4,291		90.01
90.02	CARE STATIONS		2,643					90.02
90.03	OUTPATIENT CARE CENTER		4,807					90.03
91	Emergency	333,720	70,323	102,114		74,908	168,445	91
92	Observation Beds (Non-Distinct Part)							92
93	OUTPATIENT REHAB	245,839		75,224		17,232	38,749	93
93.10	WOUND CARE CENTER	37,631	5,556	11,515		7,884	17,729	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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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	
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency						66,207	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice						50,071	116
117	MOBILE MED					2,666	5,995	117
118	SUBTOTALS (sum of lines 1-117)	9,525,451	1,003,242	2,826,563	2,071,070	1,177,533	1,998,557	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	23,885		7,309				190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices	41,236	104	12,618		7,978		192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers	42,588		13,031				193
194	FUND DEVELOPMENT	61,223		18,734				194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	9,694,383	1,003,346	2,878,255	2,071,070	1,185,511	1,998,557	202

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LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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	4,139,616						15
16	Medical Records & Library		2,982,703					16
17	Social Service			1,505,553				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					202,984		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	2,455	334,848	1,120,922	202,984	40,265,060	-202,984	30
31	Intensive Care Unit	185	61,016	143,592		8,694,179		31
34.10	NICU	585	19,792	41,087		2,704,977		34.10
40	Subprovider - IPF	97	18,495	77,417		2,806,597		40
43	Nursery		10,926	47,246		1,016,302		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	3,339	170,060			11,498,775		50
52	Delivery Room & Labor Room	61	58,533			4,531,176		52
53	Anesthesiology	22,354	57,481			523,110		53
54	Radiology-Diagnostic	43,842	135,633			6,441,842		54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	1,121	50,293			5,348,255		55
56	Radioisotope	95,180	42,580			1,915,682		56
56.10	ULTRASOUND	203	59,755			2,019,978		56.10
57	CT Scan	9,951	214,958			2,052,374		57
58	MRI	15,958	35,596			1,001,426		58
59	Cardiac Catheterization	12,993	75,886			1,904,566		59
60	Laboratory	1,759	437,268			11,715,178		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	1,610	85,059			3,168,574		65
65.01	SLEEP LAB	6	5,557			451,546		65.01
66	Physical Therapy	52	34,251			3,014,943		66
68	Speech Pathology		7,522			394,332		68
69	Electrocardiology	19	59,319			1,555,951		69
69.01	C-PORT							69.01
70	Electroencephalography		4,153			168,304		70
71	Medical Supplies Charged to Patients	2	67,948			8,208,203		71
72	Impl. Dev. Charged to Patients		101,943			6,038,055		72
73	Drugs Charged to Patients	3,880,827	338,327			18,737,486		73
74	Renal Dialysis	980	14,646			1,278,972		74
75.10	GI LAB	373	59,424			2,612,445		75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS		195			195		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	680	3,980			726,110		90
90.01	PALOS DIAGNOSTIC CENTER	1	2,713			300,111		90.01
90.02	CARE STATIONS	11,471	19,356			2,624,879		90.02
90.03	OUTPATIENT CARE CENTER	7,639	53,734			3,293,590		90.03
91	Emergency	1,592	290,384	75,289		8,574,672		91
92	Observation Beds (Non-Distinct Part)							92
93	OUTPATIENT REHAB	28	15,143			1,883,696		93
93.10	WOUND CARE CENTER	1,267	15,827			1,077,052		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

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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	
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	1,274	12,560			3,170,347		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	21,687	6,866			2,496,549		116
117	MOBILE MED	25	676			295,762		117
118	SUBTOTALS (sum of lines 1-117)	4,139,616	2,982,703	1,505,553	202,984	174,511,251	-202,984	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					46,648		190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices					995,660		192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers					83,174		193
194	FUND DEVELOPMENT					119,569		194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	4,139,616	2,982,703	1,505,553	202,984	175,756,302	-202,984	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	40,062,076					30
31	Intensive Care Unit	8,694,179					31
34.10	NICU	2,704,977					34.10
40	Subprovider - IPF	2,806,597					40
43	Nursery	1,016,302					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	11,498,775					50
52	Delivery Room & Labor Room	4,531,176					52
53	Anesthesiology	523,110					53
54	Radiology-Diagnostic	6,441,842					54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	5,348,255					55
56	Radioisotope	1,915,682					56
56.10	ULTRASOUND	2,019,978					56.10
57	CT Scan	2,052,374					57
58	MRI	1,001,426					58
59	Cardiac Catheterization	1,904,566					59
60	Laboratory	11,715,178					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	3,168,574					65
65.01	SLEEP LAB	451,546					65.01
66	Physical Therapy	3,014,943					66
68	Speech Pathology	394,332					68
69	Electrocardiology	1,555,951					69
69.01	C-PORT						69.01
70	Electroencephalography	168,304					70
71	Medical Supplies Charged to Patients	8,208,203					71
72	Impl. Dev. Charged to Patients	6,038,055					72
73	Drugs Charged to Patients	18,737,486					73
74	Renal Dialysis	1,278,972					74
75.10	GI LAB	2,612,445					75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	195					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	726,110					90
90.01	PALOS DIAGNOSTIC CENTER	300,111					90.01
90.02	CARE STATIONS	2,624,879					90.02
90.03	OUTPATIENT CARE CENTER	3,293,590					90.03
91	Emergency	8,574,672					91
92	Observation Beds (Non-Distinct Part)						92
93	OUTPATIENT REHAB	1,883,696					93
93.10	WOUND CARE CENTER	1,077,052					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

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	3,170,347					101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice	2,496,549					116
117	MOBILE MED	295,762					117
118	SUBTOTALS (sum of lines 1-117)	174,308,267					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	46,648					190
191.10	ADULT DAY CARE						191.10
192	Physicians' Private Offices	995,660					192
192.01	VACANT SPACE						192.01
193	Nonpaid Workers	83,174					193
194	FUND DEVELOPMENT	119,569					194
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	175,553,318					202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	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	441	4,797	3,606	8,844	8,844		4
5	Administrative & General	446,491	542,652	1,633,069	2,622,212	1,403	2,623,615	5
6	Maintenance & Repairs							6
7	Operation of Plant	3,266	709,679	317,681	1,030,626	349	144,714	7
8	Laundry & Linen Service		114,625	1,924	116,549	32	11,923	8
9	Housekeeping	27,231	46,696	37,680	111,607	333	41,673	9
10	Dietary	648	144,291	14,252	159,191	119	25,895	10
11	Cafeteria	648	99,981	14,657	115,286	127	14,218	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,262	13,735	216,311	231,308	167	28,860	13
14	Central Services & Supply							14
15	Pharmacy	12,834	55,760	14,134	82,728	190	59,289	15
16	Medical Records & Library	126	106,672	19,178	125,976	162	40,330	16
17	Social Service		8,054		8,054	157	21,728	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		21,839		21,839		2,270	22
23	Paramed Ed Prgm-(specify)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	1,482	1,507,833	395,107	1,904,422	1,840	475,826	30
31	Intensive Care Unit	920	157,799	55,115	213,834	361	113,691	31
34.10	NICU		218,394	23,836	242,230	85	30,955	34.10
40	Subprovider - IPF	144	174,084	6,068	180,296	107	31,494	40
43	Nursery		16,941	30,637	47,578	48	13,131	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	2,424	428,961	616,912	1,048,297	407	144,469	50
52	Delivery Room & Labor Room	972	202,866	107,843	311,681	190	56,911	52
53	Anesthesiology	216	5,744	78,733	84,693	14	6,284	53
54	Radiology-Diagnostic	2,424	463,980	196,469	662,873	216	74,782	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	669	439,565	918,231	1,358,465	104	62,648	55
56	Radioisotope	441	42,366	90,481	133,288	36	24,881	56
56.10	ULTRASOUND	108	29,540	150,897	180,545	86	27,811	56.10
57	CT Scan		19,857	154,558	174,415	70	26,228	57
58	MRI	516	21,158	13,190	34,864	42	13,286	58
59	Cardiac Catheterization	3,213	106,798	155,514	265,525	44	23,250	59
60	Laboratory	758	156,284	227,308	384,350	400	161,661	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	22,232	30,550	88,007	140,789	179	43,213	65
65.01	SLEEP LAB	68	33,580	23,752	57,400	20	5,414	65.01
66	Physical Therapy	1,188	87,484	14,239	102,911	139	40,872	66
68	Speech Pathology	14,448	2,840	1,443	18,731	17	5,623	68
69	Electrocardiology	459	20,438	96,390	117,287	78	21,309	69
69.01	C-PORT							69.01
70	Electroencephalography		19,693	6,220	25,913	7	1,693	70
71	Medical Supplies Charged to Patients	54,072	47,617	36,611	138,300	37	119,748	71
72	Impl. Dev. Charged to Patients						88,612	72
73	Drugs Charged to Patients						216,723	73
74	Renal Dialysis	909	20,703	16,740	38,352	45	17,934	74
75.10	GI LAB	324	97,330	74,325	171,979	89	33,688	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	216	26,636	3,041	29,893	39	9,456	90
90.01	PALOS DIAGNOSTIC CENTER	26,508		5,113	31,621	22	4,375	90.01
90.02	CARE STATIONS	187,255		44,267	231,522	145	38,683	90.02
90.03	OUTPATIENT CARE CENTER	167,365		697,036	864,401	122	48,177	90.03
91	Emergency	510	186,960	58,231	245,701	376	111,328	91
92	Observation Beds (Non-Distinct Part)							92
93	OUTPATIENT REHAB	237	137,727	3,249	141,213	87	22,264	93
93.10	WOUND CARE CENTER	364	21,082	18,069	39,515	40	14,624	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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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 2A	EMPLOYEE BENEFITS DEPARTMENT 4	ADMINI- STRATIVE & GENERAL 5	
99.40	OUTPATIENT SPEECH PATHOLOGY	0	1	2	2A	4	5	99.40
101	Home Health Agency	2,510		32,526	35,036	148	46,131	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	231,431		15,873	247,304	112	36,094	116
117	MOBILE MED			1,053	1,053	13	4,275	117
118	SUBTOTALS (sum of lines 1-117)	1,217,330	6,593,591	6,729,576	14,540,497	8,804	2,608,444	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		13,381		13,381		231	190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices	198	23,102	2,534	25,834	40	13,938	192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers		23,859		23,859		411	193
194	FUND DEVELOPMENT		34,299		34,299		591	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,217,528	6,688,232	6,732,110	14,637,870	8,844	2,623,615	202

KPMG LLP Compu-Max 2552-10

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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	1,175,689						7
8	Laundry & Linen Service	24,813	153,317					8
9	Housekeeping	10,108	494	164,215				9
10	Dietary	31,235		4,496	220,936			10
11	Cafeteria	21,643		3,116		154,390		11
12	Maintenance of Personnel							12
13	Nursing Administration	2,973		428		4,320	268,056	13
14	Central Services & Supply							14
15	Pharmacy	12,071	6	1,738		4,925		15
16	Medical Records & Library	23,092		3,324		4,207		16
17	Social Service	1,743		251		4,064		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	4,728		681				22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	326,406	44,433	46,984	184,548	47,812	110,727	30
31	Intensive Care Unit	34,159	7,672	4,917	23,642	9,360	21,678	31
34.10	NICU	47,276	887	6,806		2,200	5,096	34.10
40	Subprovider - IPF	37,685	1,000	5,425	12,746	2,765	6,403	40
43	Nursery	3,667	1,182	528		1,253	2,902	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	92,859	58,704	13,367		10,554	24,442	50
52	Delivery Room & Labor Room	43,915	9,833	6,322		4,924	11,405	52
53	Anesthesiology	1,243		179		357	826	53
54	Radiology-Diagnostic	100,439	4,807	14,458		5,597	12,962	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	95,154	1,271	13,698		2,688	6,224	55
56	Radioisotope	9,171	797	1,320		933		56
56.10	ULTRASOUND	6,395	1,665	921		2,239		56.10
57	CT Scan	4,299	1,566	619		1,814		57
58	MRI	4,580	344	659		1,078		58
59	Cardiac Catheterization	23,119	80	3,328		1,132		59
60	Laboratory	33,831	379	4,870		10,370		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	6,613	13	952		4,640	10,745	65
65.01	SLEEP LAB	7,269	162	1,046		512		65.01
66	Physical Therapy	18,938	1,677	2,726		3,610		66
68	Speech Pathology	615		89		453		68
69	Electrocardiology	4,424	916	637		2,018		69
69.01	C-PORT							69.01
70	Electroencephalography	4,263	90	614		169	391	70
71	Medical Supplies Charged to Patients	10,308		1,484		952		71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	4,482	738	645		1,154		74
75.10	GI LAB	21,069	1,746	3,033		2,307	5,344	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	5,766	106	830		1,012	2,343	90
90.01	PALOS DIAGNOSTIC CENTER					559		90.01
90.02	CARE STATIONS		404					90.02
90.03	OUTPATIENT CARE CENTER		734					90.03
91	Emergency	40,472	10,746	5,826		9,755	22,593	91
92	Observation Beds (Non-Distinct Part)							92
93	OUTPATIENT REHAB	29,814		4,292		2,244	5,197	93
93.10	WOUND CARE CENTER	4,564	849	657		1,027	2,378	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

KPMG LLP Compu-Max 2552-10

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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	
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency						8,880	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice						6,716	116
117	MOBILE MED					347	804	117
118	SUBTOTALS (sum of lines 1-117)	1,155,201	153,301	161,266	220,936	153,351	268,056	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	2,897		417				190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices	5,001	16	720		1,039		192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers	5,165		743				193
194	FUND DEVELOPMENT	7,425		1,069				194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,175,689	153,317	164,215	220,936	154,390	268,056	202

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LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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	160,947					15
16	Medical Records & Library		197,091				16
17	Social Service			35,997			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				29,518		22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	95	22,144	26,801		3,192,038	30
31	Intensive Care Unit	7	4,035	3,433		436,789	31
34.10	NICU	23	1,309	982		337,849	34.10
40	Subprovider - IPF	4	1,223	1,851		280,999	40
43	Nursery		723	1,130		72,142	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	130	11,246			1,404,475	50
52	Delivery Room & Labor Room	2	3,871			449,054	52
53	Anesthesiology	869	3,801			98,266	53
54	Radiology-Diagnostic	1,705	8,970			886,809	54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	44	3,326			1,543,622	55
56	Radioisotope	3,701	2,816			176,943	56
56.10	ULTRASOUND	8	3,952			223,622	56.10
57	CT Scan	387	14,216			223,614	57
58	MRI	620	2,354			57,827	58
59	Cardiac Catheterization	505	5,019			322,002	59
60	Laboratory	68	28,753			624,682	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	63	5,625			212,832	65
65.01	SLEEP LAB		368			72,191	65.01
66	Physical Therapy	2	2,265			173,140	66
68	Speech Pathology		497			26,025	68
69	Electrocardiology	1	3,923			150,593	69
69.01	C-PORT						69.01
70	Electroencephalography		275			33,415	70
71	Medical Supplies Charged to Patients		4,494			275,323	71
72	Impl. Dev. Charged to Patients		6,742			95,354	72
73	Drugs Charged to Patients	150,886	22,374			389,983	73
74	Renal Dialysis	38	969			64,357	74
75.10	GI LAB	14	3,930			243,199	75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS		13			13	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	26	263			49,734	90
90.01	PALOS DIAGNOSTIC CENTER		179			36,756	90.01
90.02	CARE STATIONS	446	1,280			272,480	90.02
90.03	OUTPATIENT CARE CENTER	297	3,554			917,285	90.03
91	Emergency	62	19,204	1,800		467,863	91
92	Observation Beds (Non-Distinct Part)						92
93	OUTPATIENT REHAB	1	1,001			206,113	93
93.10	WOUND CARE CENTER	49	1,047			64,750	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

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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	
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	50	831			91,076		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	843	454			291,523		116
117	MOBILE MED	1	45			6,538		117
118	SUBTOTALS (sum of lines 1-117)	160,947	197,091	35,997		14,471,276		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					16,926		190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices					46,588		192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers					30,178		193
194	FUND DEVELOPMENT					43,384		194
200	Cross Foot Adjustments				29,518	29,518		200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	160,947	197,091	35,997	29,518	14,637,870		202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	3,192,038					30
31	Intensive Care Unit	436,789					31
34.10	NICU	337,849					34.10
40	Subprovider - IPF	280,999					40
43	Nursery	72,142					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,404,475					50
52	Delivery Room & Labor Room	449,054					52
53	Anesthesiology	98,266					53
54	Radiology-Diagnostic	886,809					54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	1,543,622					55
56	Radioisotope	176,943					56
56.10	ULTRASOUND	223,622					56.10
57	CT Scan	223,614					57
58	MRI	57,827					58
59	Cardiac Catheterization	322,002					59
60	Laboratory	624,682					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	212,832					65
65.01	SLEEP LAB	72,191					65.01
66	Physical Therapy	173,140					66
68	Speech Pathology	26,025					68
69	Electrocardiology	150,593					69
69.01	C-PORT						69.01
70	Electroencephalography	33,415					70
71	Medical Supplies Charged to Patients	275,323					71
72	Impl. Dev. Charged to Patients	95,354					72
73	Drugs Charged to Patients	389,983					73
74	Renal Dialysis	64,357					74
75.10	GI LAB	243,199					75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	13					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	49,734					90
90.01	PALOS DIAGNOSTIC CENTER	36,756					90.01
90.02	CARE STATIONS	272,480					90.02
90.03	OUTPATIENT CARE CENTER	917,285					90.03
91	Emergency	467,863					91
92	Observation Beds (Non-Distinct Part)						92
93	OUTPATIENT REHAB	206,113					93
93.10	WOUND CARE CENTER	64,750					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

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	91,076					101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice	291,523					116
117	MOBILE MED	6,538					117
118	SUBTOTALS (sum of lines 1-117)	14,471,276					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	16,926					190
191.10	ADULT DAY CARE						191.10
192	Physicians' Private Offices	46,588					192
192.01	VACANT SPACE						192.01
193	Nonpaid Workers	30,178					193
194	FUND DEVELOPMENT	43,384					194
200	Cross Foot Adjustments	29,518					200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	14,637,870					202

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	529,806						1
2	Cap Rel Costs-Mvble Equip		6,757,074					2
4	Employee Benefits Department	380	3,619	2,980,300				4
5	Administrative & General	42,986	1,639,130	472,843	-23,574,468	152,181,834		5
6	Maintenance & Repairs							6
7	Operation of Plant	56,217	318,859	117,597		8,394,059	430,223	7
8	Laundry & Linen Service	9,080	1,931	10,911		691,606	9,080	8
9	Housekeeping	3,699	37,820	112,231		2,417,220	3,699	9
10	Dietary	11,430	14,305	40,033		1,502,025	11,430	10
11	Cafeteria	7,920	14,711	42,897		824,687	7,920	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,088	217,113	56,138		1,674,042	1,088	13
14	Central Services & Supply							14
15	Pharmacy	4,417	14,186	64,008		3,439,031	4,417	15
16	Medical Records & Library	8,450	19,249	54,678		2,339,339	8,450	16
17	Social Service	638		52,820		1,260,330	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				131,675	1,730	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	119,442	396,572	621,325		27,599,944	119,442	30
31	Intensive Care Unit	12,500	55,319	121,642		6,594,631	12,500	31
34.10	NICU	17,300	23,924	28,596		1,795,554	17,300	34.10
40	Subprovider - IPF	13,790	6,090	35,927		1,826,796	13,790	40
43	Nursery	1,342	30,751	16,286		761,650	1,342	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	33,980	619,199	137,150		8,379,858	33,980	50
52	Delivery Room & Labor Room	16,070	108,243	63,996		3,301,098	16,070	52
53	Anesthesiology	455	79,025	4,633		364,523	455	53
54	Radiology-Diagnostic	36,754	197,197	72,735		4,337,722	36,754	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	34,820	921,636	34,929		3,633,862	34,820	55
56	Radioisotope	3,356	90,816	12,121		1,443,212	3,356	56
56.10	ULTRASOUND	2,340	151,456	29,091		1,613,174	2,340	56.10
57	CT Scan	1,573	155,131	23,580		1,521,323	1,573	57
58	MRI	1,676	13,239	14,004		770,641	1,676	58
59	Cardiac Catheterization	8,460	156,091	14,710		1,348,597	8,460	59
60	Laboratory	12,380	228,151	134,767		9,377,107	12,380	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,420	88,333	60,294		2,506,573	2,420	65
65.01	SLEEP LAB	2,660	23,840	6,656		314,057	2,660	65.01
66	Physical Therapy	6,930	14,292	46,914		2,370,756	6,930	66
68	Speech Pathology	225	1,448	5,885		326,183	225	68
69	Electrocardiology	1,619	96,747	26,221		1,236,009	1,619	69
69.01	C-PORT							69.01
70	Electroencephalography	1,560	6,243	2,195		98,222	1,560	70
71	Medical Supplies Charged to Patients	3,772	36,747	12,367		6,945,946	3,772	71
72	Impl. Dev. Charged to Patients					5,139,891		72
73	Drugs Charged to Patients					12,570,964		73
74	Renal Dialysis	1,640	16,802	15,003		1,040,242	1,640	74
75.10	GI LAB	7,710	74,601	29,985		1,954,065	7,710	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	2,110	3,052	13,147		548,464	2,110	90
90.01	PALOS DIAGNOSTIC CENTER		5,132	7,262		253,791		90.01
90.02	CARE STATIONS		44,431	48,791		2,243,819		90.02
90.03	OUTPATIENT CARE CENTER		699,620	41,126		2,794,512		90.03
91	Emergency	14,810	58,447	126,774		6,457,557	14,810	91
92	Observation Beds (Non-Distinct Part)							92
93	OUTPATIENT REHAB	10,910	3,261	29,163		1,291,426	10,910	93
93.10	WOUND CARE CENTER	1,670	18,136	13,343		848,242	1,670	93.10
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

KPMG LLP Compu-Max 2552-10

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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	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency		32,647	49,828		2,675,798		101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice		15,932	37,684		2,093,605		116
117	MOBILE MED		1,057	4,512		247,985		117
118	SUBTOTALS (sum of lines 1-117)	522,309	6,754,531	2,966,798	-23,574,468	151,301,813	422,726	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	1,060				13,381	1,060	190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices	1,830	2,543	13,502		808,482	1,830	192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers	1,890				23,859	1,890	193
194	FUND DEVELOPMENT	2,717				34,299	2,717	194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	6,688,232	6,732,110	2,237,181		23,574,468	9,694,383	202
203	Unit Cost Multiplier (Wkst. B, Part I)	12.623926	0.996306	0.750656		0.154910	22.533391	203
204	Cost to be allocated (Per Wkst. B, Part II)			8,844		2,623,615	1,175,689	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.002967		0.017240	2.732743	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	978,173						8
9	Housekeeping	3,151	417,444					9
10	Dietary		11,430	167,812				10
11	Cafeteria		7,920		2,006,356			11
12	Maintenance of Personnel							12
13	Nursing Administration		1,088		56,138	1,504,141		13
14	Central Services & Supply							14
15	Pharmacy	38	4,417		64,008		13,409,286	15
16	Medical Records & Library		8,450		54,678			16
17	Social Service		638		52,820			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	283,488	119,442	140,174	621,325	621,325	7,951	30
31	Intensive Care Unit	48,947	12,500	17,957	121,642	121,642	599	31
34.10	NICU	5,660	17,300		28,596	28,596	1,896	34.10
40	Subprovider - IPF	6,380	13,790	9,681	35,927	35,927	313	40
43	Nursery	7,544	1,342		16,286	16,286		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	374,510	33,980		137,150	137,150	10,815	50
52	Delivery Room & Labor Room	62,736	16,070		63,996	63,996	196	52
53	Anesthesiology		455		4,633	4,633	72,410	53
54	Radiology-Diagnostic	30,669	36,754		72,735	72,735	142,017	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	8,110	34,820		34,926	34,926	3,632	55
56	Radioisotope	5,088	3,356		12,121		308,313	56
56.10	ULTRASOUND	10,625	2,340		29,091		659	56.10
57	CT Scan	9,993	1,573		23,580		32,235	57
58	MRI	2,197	1,676		14,004		51,693	58
59	Cardiac Catheterization	511	8,460		14,710		42,088	59
60	Laboratory	2,421	12,380		134,767		5,699	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	81	2,420		60,294	60,294	5,215	65
65.01	SLEEP LAB	1,035	2,660		6,656		20	65.01
66	Physical Therapy	10,697	6,930		46,914		170	66
68	Speech Pathology		225		5,885			68
69	Electrocardiology	5,846	1,619		26,221		63	69
69.01	C-PORT							69.01
70	Electroencephalography	576	1,560		2,195	2,195		70
71	Medical Supplies Charged to Patients		3,772		12,367		6	71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients						12,570,994	73
74	Renal Dialysis	4,711	1,640		15,003		3,176	74
75.10	GI LAB	11,142	7,710		29,985	29,985	1,207	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	677	2,110		13,147	13,147	2,203	90
90.01	PALOS DIAGNOSTIC CENTER				7,262		3	90.01
90.02	CARE STATIONS	2,577					37,158	90.02
90.03	OUTPATIENT CARE CENTER	4,686					24,746	90.03
91	Emergency	68,559	14,810		126,774	126,774	5,157	91
92	Observation Beds (Non-Distinct Part)							92
93	OUTPATIENT REHAB		10,910		29,163	29,163	90	93
93.10	WOUND CARE CENTER	5,417	1,670		13,343	13,343	4,105	93.10
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

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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	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency					49,828	4,128	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice					37,684	70,249	116
117	MOBILE MED				4,512	4,512	80	117
118	SUBTOTALS (sum of lines 1-117)	978,072	409,947	167,812	1,992,854	1,504,141	13,409,286	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		1,060					190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices	101	1,830		13,502			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)	1,003,346	2,878,255	2,071,070	1,185,511	1,998,557	4,139,616	202
203	Unit Cost Multiplier (Wkst. B, Part I)	1.025735	6.894949	12.341608	0.590878	1.328703	0.308713	203
204	Cost to be allocated (Per Wkst. B, Part II)	153,317	164,215	220,936	154,390	268,056	160,947	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.156738	0.393382	1.316569	0.076950	0.178212	0.012003	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)				
	16	17	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	996,321,551					16
17	Social Service		60,131				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			1,000			22
23	Paramed Ed Prgm-(specify)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	111,839,709	44,769	1,000			30
31	Intensive Care Unit	20,379,503	5,735				31
34.10	NICU	6,610,670	1,641				34.10
40	Subprovider - IPF	6,177,401	3,092				40
43	Nursery	3,649,455	1,887				43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	56,800,233					50
52	Delivery Room & Labor Room	19,550,136					52
53	Anesthesiology	19,198,665					53
54	Radiology-Diagnostic	45,301,520					54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	16,798,058					55
56	Radioisotope	14,221,858					56
56.10	ULTRASOUND	19,958,389					56.10
57	CT Scan	71,796,263					57
58	MRI	11,889,231					58
59	Cardiac Catheterization	25,346,158					59
60	Laboratory	146,142,326					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	28,409,886					65
65.01	SLEEP LAB	1,856,095					65.01
66	Physical Therapy	11,439,886					66
68	Speech Pathology	2,512,204					68
69	Electrocardiology	19,812,614					69
69.01	C-PORT						69.01
70	Electroencephalography	1,387,265					70
71	Medical Supplies Charged to Patients	22,694,703					71
72	Impl. Dev. Charged to Patients	34,048,948					72
73	Drugs Charged to Patients	113,001,579					73
74	Renal Dialysis	4,891,892					74
75.10	GI LAB	19,847,703					75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	65,211					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	1,329,280					90
90.01	PALOS DIAGNOSTIC CENTER	906,009					90.01
90.02	CARE STATIONS	6,464,939					90.02
90.03	OUTPATIENT CARE CENTER	17,947,120					90.03
91	Emergency	96,988,610	3,007				91
92	Observation Beds (Non-Distinct Part)						92
93	OUTPATIENT REHAB	5,057,813					93
93.10	WOUND CARE CENTER	5,286,090					93.10
OTHER REIMBURSABLE COST CENTERS							

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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-OTHER PROGRAM COSTS (ASSIGNED TIME)				
		16	17	22				
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	4,194,952						101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	2,293,353						116
117	MOBILE MED	225,824						117
118	SUBTOTALS (sum of lines 1-117)	996,321,551	60,131	1,000				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)	2,982,703	1,505,553	202,984				202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.002994	25.037884	202.984000				203
204	Cost to be allocated (Per Wkst. B, Part II)	197,091	35,997	29,518				204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000198	0.598643	29.518000				205

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	40,062,076		40,062,076	40,789	40,102,865	30
31	Intensive Care Unit	8,694,179		8,694,179	11,885	8,706,064	31
34.10	NICU	2,704,977		2,704,977		2,704,977	34.10
40	Subprovider - IPF	2,806,597		2,806,597	6,667	2,813,264	40
43	Nursery	1,016,302		1,016,302		1,016,302	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	11,498,775		11,498,775	135,232	11,634,007	50
52	Delivery Room & Labor Room	4,531,176		4,531,176		4,531,176	52
53	Anesthesiology	523,110		523,110	1,801	524,911	53
54	Radiology-Diagnostic	6,441,842		6,441,842	25,951	6,467,793	54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	5,348,255		5,348,255		5,348,255	55
56	Radioisotope	1,915,682		1,915,682		1,915,682	56
56.10	ULTRASOUND						56.10
57	CT Scan	2,019,978		2,019,978		2,019,978	57
58	MRI	2,052,374		2,052,374		2,052,374	58
59	Cardiac Catheterization	1,001,426		1,001,426		1,001,426	59
60	Laboratory	1,904,566		1,904,566	108,912	2,013,478	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	11,715,178		11,715,178		11,715,178	65
65.01	SLEEP LAB						65.01
66	Physical Therapy	3,168,574		3,168,574	53,179	3,221,753	66
68	Speech Pathology	451,546		451,546		451,546	68
69	Electrocardiology	3,014,943		3,014,943		3,014,943	69
69.01	C-PORT						69.01
70	Electroencephalography	394,332		394,332		394,332	70
71	Medical Supplies Charged to Patients	1,555,951		1,555,951	73,038	1,628,989	71
72	Impl. Dev. Charged to Patients	168,304		168,304		168,304	72
73	Drugs Charged to Patients	8,208,203		8,208,203		8,208,203	73
74	Renal Dialysis	6,038,055		6,038,055		6,038,055	74
75.10	GI LAB						75.10
76	ENTEROSTOMAL THERAPY	18,737,486		18,737,486		18,737,486	76
76.10	NEUROLOGY						76.10
76.20	EMG	1,278,972		1,278,972	8,262	1,287,234	76.20
76.30	OS SVCS	2,612,445		2,612,445		2,612,445	76.30
76.40	AUDIOLOGY						76.40
76.97	CARDIAC REHABILITATION	195		195		195	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	726,110		726,110		726,110	90
90.01	PALOS DIAGNOSTIC CENTER						90.01
90.02	CARE STATIONS	300,111		300,111		300,111	90.02
90.03	OUTPATIENT CARE CENTER	2,624,879		2,624,879	7,431	2,632,310	90.03
91	Emergency	3,293,590		3,293,590	269	3,293,859	91
92	Observation Beds (Non-Distinct Part)	8,574,672		8,574,672	146,296	8,720,968	92
93	OUTPATIENT REHAB	5,889,176		5,889,176		5,889,176	93
93.10	WOUND CARE CENTER						93.10
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	1,883,696		1,883,696	2,222	1,885,918	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	1,077,052		1,077,052	42,859	1,119,911	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency						101
113	Interest Expense	3,170,347		3,170,347		3,170,347	113
116	Hospice	2,496,549		2,496,549		2,496,549	116
117	MOBILE MED	295,762		295,762		295,762	117
200	Subtotal (sum of lines 30 thru 199)	180,197,443		180,197,443	664,793	180,862,236	200
201	Less Observation Beds	5,889,176		5,889,176		5,889,176	201
202	Total (line 200 minus line 201)	174,308,267		174,308,267		174,973,060	202

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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	101,012,043		101,012,043				30
31	Intensive Care Unit	20,379,503		20,379,503				31
34.10	NICU	6,610,670		6,610,670				34.10
40	Subprovider - IPF	6,177,401		6,177,401				40
43	Nursery	3,649,455		3,649,455				43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	26,631,835	30,168,398	56,800,233	0.202442	0.202442	0.204823	50
52	Delivery Room & Labor Room	13,407,378	6,142,758	19,550,136	0.231772	0.231772	0.231772	52
53	Anesthesiology	10,147,204	9,051,461	19,198,665	0.027247	0.027247	0.027341	53
54	Radiology-Diagnostic	20,078,558	25,222,962	45,301,520	0.142199	0.142199	0.142772	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	628,333	16,169,725	16,798,058	0.318385	0.318385	0.318385	55
56	Radioisotope	4,778,174	9,443,684	14,221,858	0.134700	0.134700	0.134700	56
56.10	ULTRASOUND	6,527,480	13,430,909	19,958,389	0.101209	0.101209	0.101209	56.10
57	CT Scan	27,787,741	44,008,522	71,796,263	0.028586	0.028586	0.028586	57
58	MRI	5,723,335	6,165,896	11,889,231	0.084230	0.084230	0.084230	58
59	Cardiac Catheterization	16,641,560	8,704,598	25,346,158	0.075142	0.075142	0.079439	59
60	Laboratory	63,457,538	82,684,788	146,142,326	0.080163	0.080163	0.080163	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	24,185,628	4,224,258	28,409,886	0.111531	0.111531	0.113403	65
65.01	SLEEP LAB	1,428	1,854,667	1,856,095	0.243277	0.243277	0.243277	65.01
66	Physical Therapy	4,266,801	7,173,085	11,439,886	0.263547	0.263547	0.263547	66
68	Speech Pathology	1,775,083	737,121	2,512,204	0.156967	0.156967	0.156967	68
69	Electrocardiology	10,099,698	9,712,916	19,812,614	0.078533	0.078533	0.082220	69
69.01	C-PORT							69.01
70	Electroencephalography	374,852	1,012,413	1,387,265	0.121321	0.121321	0.121321	70
71	Medical Supplies Charged to Patients	14,224,894	8,469,809	22,694,703	0.361679	0.361679	0.361679	71
72	Impl. Dev. Charged to Patients	22,841,649	11,207,299	34,048,948	0.177335	0.177335	0.177335	72
73	Drugs Charged to Patients	62,432,989	50,568,590	113,001,579	0.165816	0.165816	0.165816	73
74	Renal Dialysis	4,324,417	567,475	4,891,892	0.261447	0.261447	0.263136	74
75.10	GI LAB	4,930,483	14,917,220	19,847,703	0.131625	0.131625	0.131625	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS	37,873	27,338	65,211	0.002990	0.002990	0.002990	76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	75,752	1,253,528	1,329,280	0.546243	0.546243	0.546243	90
90.01	PALOS DIAGNOSTIC CENTER	1,093	904,916	906,009	0.331245	0.331245	0.331245	90.01
90.02	CARE STATIONS	13,746	6,451,193	6,464,939	0.406018	0.406018	0.407167	90.02
90.03	OUTPATIENT CARE CENTER	116,584	17,830,536	17,947,120	0.183516	0.183516	0.183531	90.03
91	Emergency	31,578,042	65,410,568	96,988,610	0.088409	0.088409	0.089917	91
92	Observation Beds (Non-Distinct Part)	2,328,915	8,498,751	10,827,666	0.543901	0.543901	0.543901	92
93	OUTPATIENT REHAB	8,488	5,049,325	5,057,813	0.372433	0.372433	0.372872	93
93.10	WOUND CARE CENTER	66,267	5,219,823	5,286,090	0.203752	0.203752	0.211860	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	32,882	4,162,070	4,194,952				101
113	Interest Expense							113
116	Hospice		2,293,353	2,293,353				116
117	MOBILE MED		225,824	225,824				117
200	Subtotal (sum of lines 30 thru 199)	517,355,772	478,965,779	996,321,551				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	517,355,772	478,965,779	996,321,551				202

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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)	3,192,038		3,192,038	51,419	62.08	19,628	1,218,506	30
31	Intensive Care Unit	436,789		436,789	5,686	76.82	2,472	189,899	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
34.10	NICU	337,849		337,849	1,617	208.94			34.10
35	Other Special Care (specify)								35
40	Subprovider - IPF	280,999		280,999	3,092	90.88	1,258	114,327	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	72,142		72,142	1,862	38.74			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	4,319,817		4,319,817	63,676		23,358	1,522,732	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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0179

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,404,475	56,800,233	0.024727	8,855,964	218,981	50
52	Delivery Room & Labor Room	449,054	19,550,136	0.022969	59,597	1,369	52
53	Anesthesiology	98,266	19,198,665	0.005118	2,914,637	14,917	53
54	Radiology-Diagnostic	886,809	45,301,520	0.019576	10,257,940	200,809	54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	1,543,622	16,798,058	0.091893	299,782	27,548	55
56	Radioisotope	176,943	14,221,858	0.012442	2,347,568	29,208	56
56.10	ULTRASOUND	223,622	19,958,389	0.011204	2,998,477	33,595	56.10
57	CT Scan	223,614	71,796,263	0.003115	13,215,864	41,167	57
58	MRI	57,827	11,889,231	0.004864	2,264,745	11,016	58
59	Cardiac Catheterization	322,002	25,346,158	0.012704	7,190,493	91,348	59
60	Laboratory	624,682	146,142,326	0.004274	27,067,574	115,687	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	212,832	28,409,886	0.007491	11,194,345	83,857	65
65.01	SLEEP LAB	72,191	1,856,095	0.038894	448	17	65.01
66	Physical Therapy	173,140	11,439,886	0.015135	2,324,331	35,179	66
68	Speech Pathology	26,025	2,512,204	0.010359	997,887	10,337	68
69	Electrocardiology	150,593	19,812,614	0.007601	4,773,735	36,285	69
69.01	C-PORT						69.01
70	Electroencephalography	33,415	1,387,265	0.024087	157,959	3,805	70
71	Medical Supplies Charged to Pat	275,323	22,694,703	0.012132	7,304,961	88,624	71
72	Impl. Dev. Charged to Patients	95,354	34,048,948	0.002800	6,196,228	17,349	72
73	Drugs Charged to Patients	389,983	113,001,579	0.003451	25,485,832	87,952	73
74	Renal Dialysis	64,357	4,891,892	0.013156	2,544,478	33,475	74
75.10	GI LAB	243,199	19,847,703	0.012253	2,398,214	29,385	75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	13	65,211	0.000199	32,522	6	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	49,734	1,329,280	0.037414	10,024	375	90
90.01	PALOS DIAGNOSTIC CENTER	36,756	906,009	0.040569	1,006	41	90.01
90.02	CARE STATIONS	272,480	6,464,939	0.042147	11,525	486	90.02
90.03	OUTPATIENT CARE CENTER	917,285	17,947,120	0.051110	67,368	3,443	90.03
91	Emergency	467,863	96,988,610	0.004824	13,344,434	64,374	91
92	Observation Beds (Non-Distinct	468,755	10,827,666	0.043292	764,480	33,096	92
93	OUTPATIENT REHAB	206,113	5,057,813	0.040751	1,543	63	93
93.10	WOUND CARE CENTER	64,750	5,286,090	0.012249	32,680	400	93.10
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	10,231,077	851,778,350		155,116,641	1,314,194	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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	1 Nursing School	2 Allied Health Cost	3 All Other Medical Education Cost	4 Swing-Bed Adjustment Amount (see instructions)	5 Total Costs (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)						30
31	Intensive Care Unit						31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6	7	8	9			
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	51,419		19,628		30
31	Intensive Care Unit	5,686		2,472		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
34.10	NICU	1,617				34.10
35	Other Special Care (specify)					35
40	Subprovider - IPF	3,092		1,258		40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	1,862				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	63,676		23,358		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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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	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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0179

**WORKSHEET D
PART IV**

Check [] Title V [XX] Hospital [] SUB (Other) [] ICF/IID [XX] PPS
 Applicable [XX] 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	56,800,233			8,855,964		9,660,496		50
52	Delivery Room & Labor Room	19,550,136			59,597		28,621		52
53	Anesthesiology	19,198,665			2,914,637		2,861,300		53
54	Radiology-Diagnostic	45,301,520			10,257,940		5,902,723		54
54.01	BREAST HEALTH CENTER								54.01
55	Radiology-Therapeutic	16,798,058			299,782		6,541,542		55
56	Radioisotope	14,221,858			2,347,568		3,910,067		56
56.10	ULTRASOUND	19,958,389			2,998,477		2,779,054		56.10
57	CT Scan	71,796,263			13,215,864		12,354,050		57
58	MRI	11,889,231			2,264,745		1,662,716		58
59	Cardiac Catheterization	25,346,158			7,190,493		4,593,352		59
60	Laboratory	146,142,326			27,067,574		10,652,935		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	28,409,886			11,194,345		938,773		65
65.01	SLEEP LAB	1,856,095			448		639,182		65.01
66	Physical Therapy	11,439,886			2,324,331		53,187		66
68	Speech Pathology	2,512,204			997,887		9,678		68
69	Electrocardiology	19,812,614			4,773,735		3,463,069		69
69.01	C-PORT								69.01
70	Electroencephalography	1,387,265			157,959		270,719		70
71	Medical Supplies Charged to Pat	22,694,703			7,304,961		3,948,786		71
72	Impl. Dev. Charged to Patients	34,048,948			6,196,228		3,750,838		72
73	Drugs Charged to Patients	113,001,579			25,485,832		22,267,345		73
74	Renal Dialysis	4,891,892			2,544,478		267,718		74
75.10	GI LAB	19,847,703			2,398,214		4,632,116		75.10
76	ENTEROSTOMAL THERAPY								76
76.10	NEUROLOGY								76.10
76.20	EMG								76.20
76.30	OS SVCS	65,211			32,522				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	1,329,280			10,024		433,723		90
90.01	PALOS DIAGNOSTIC CENTER	906,009			1,006		430,425		90.01
90.02	CARE STATIONS	6,464,939			11,525		857,496		90.02
90.03	OUTPATIENT CARE CENTER	17,947,120			67,368		4,947,676		90.03
91	Emergency	96,988,610			13,344,434		10,481,985		91
92	Observation Beds (Non-Distinct)	10,827,666			764,480		2,483,177		92
93	OUTPATIENT REHAB	5,057,813			1,543		8,820		93
93.10	WOUND CARE CENTER	5,286,090			32,680		3,005,134		93.10
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	851,778,350			155,116,641		123,836,703		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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0179

WORKSHEET D
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.202442	9,660,496			1,955,690			50
52	Delivery Room & Labor Room	0.231772	28,621			6,634			52
53	Anesthesiology	0.027247	2,861,300			77,962			53
54	Radiology-Diagnostic	0.142199	5,902,723			839,361			54
54.01	BREAST HEALTH CENTER								54.01
55	Radiology-Therapeutic	0.318385	6,541,542			2,082,729			55
56	Radioisotope	0.134700	3,910,067			526,686			56
56.10	ULTRASOUND	0.101209	2,779,054			281,265			56.10
57	CT Scan	0.028586	12,354,050			353,153			57
58	MRI	0.084230	1,662,716			140,051			58
59	Cardiac Catheterization	0.075142	4,593,352			345,154			59
60	Laboratory	0.080163	10,652,935		3,574	853,971		287	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.111531	938,773			104,702			65
65.01	SLEEP LAB	0.243277	639,182			155,498			65.01
66	Physical Therapy	0.263547	53,187			14,017			66
68	Speech Pathology	0.156967	9,678			1,519			68
69	Electrocardiology	0.078533	3,463,069			271,965			69
69.01	C-PORT								69.01
70	Electroencephalography	0.121321	270,719			32,844			70
71	Medical Supplies Charged to Pat	0.361679	3,948,786			1,428,193			71
72	Impl. Dev. Charged to Patients	0.177335	3,750,838			665,155			72
73	Drugs Charged to Patients	0.165816	22,267,345		155,530	3,692,282		25,789	73
74	Renal Dialysis	0.261447	267,718			69,994			74
75.10	GI LAB	0.131625	4,632,116			609,702			75.10
76	ENTEROSTOMAL THERAPY								76
76.10	NEUROLOGY								76.10
76.20	EMG								76.20
76.30	OS SVCS	0.002990							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	0.546243	433,723			236,918			90
90.01	PALOS DIAGNOSTIC CENTER	0.331245	430,425			142,576			90.01
90.02	CARE STATIONS	0.406018	857,496			348,159			90.02
90.03	OUTPATIENT CARE CENTER	0.183516	4,947,676			907,978			90.03
91	Emergency	0.088409	10,481,985			926,702			91
92	Observation Beds (Non-Distinct)	0.543901	2,483,177			1,350,602			92
93	OUTPATIENT REHAB	0.372433	8,820			3,285			93
93.10	WOUND CARE CENTER	0.203752	3,005,134			612,302			93.10
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		123,836,703		159,104	19,037,049		26,076	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		123,836,703		159,104	19,037,049		26,076	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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,404,475	56,800,233	0.024727	997	25	50
52	Delivery Room & Labor Room	449,054	19,550,136	0.022969			52
53	Anesthesiology	98,266	19,198,665	0.005118			53
54	Radiology-Diagnostic	886,809	45,301,520	0.019576	33,156	649	54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	1,543,622	16,798,058	0.091893			55
56	Radioisotope	176,943	14,221,858	0.012442	1,932	24	56
56.10	ULTRASOUND	223,622	19,958,389	0.011204	8,356	94	56.10
57	CT Scan	223,614	71,796,263	0.003115	58,310	182	57
58	MRI	57,827	11,889,231	0.004864	11,386	55	58
59	Cardiac Catheterization	322,002	25,346,158	0.012704			59
60	Laboratory	624,682	146,142,326	0.004274	727,042	3,107	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	212,832	28,409,886	0.007491	32,091	240	65
65.01	SLEEP LAB	72,191	1,856,095	0.038894			65.01
66	Physical Therapy	173,140	11,439,886	0.015135	29,586	448	66
68	Speech Pathology	26,025	2,512,204	0.010359	2,382	25	68
69	Electrocardiology	150,593	19,812,614	0.007601	77,840	592	69
69.01	C-PORT						69.01
70	Electroencephalography	33,415	1,387,265	0.024087	3,580	86	70
71	Medical Supplies Charged to Pat	275,323	22,694,703	0.012132	3,476	42	71
72	Impl. Dev. Charged to Patients	95,354	34,048,948	0.002800			72
73	Drugs Charged to Patients	389,983	113,001,579	0.003451	309,092	1,067	73
74	Renal Dialysis	64,357	4,891,892	0.013156	1,598	21	74
75.10	GI LAB	243,199	19,847,703	0.012253			75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	13	65,211	0.000199			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	49,734	1,329,280	0.037414			90
90.01	PALOS DIAGNOSTIC CENTER	36,756	906,009	0.040569			90.01
90.02	CARE STATIONS	272,480	6,464,939	0.042147			90.02
90.03	OUTPATIENT CARE CENTER	917,285	17,947,120	0.051110			90.03
91	Emergency	467,863	96,988,610	0.004824	363,163	1,752	91
92	Observation Beds (Non-Distinct)		10,827,666				92
93	OUTPATIENT REHAB	206,113	5,057,813	0.040751	6,499	265	93
93.10	WOUND CARE CENTER	64,750	5,286,090	0.012249			93.10
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	9,762,322	851,778,350		1,670,486	8,674	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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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	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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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 [XX] PPS
 Applicable [XX] Title XVIII, Part A [XX] 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	56,800,233			997				50
52	Delivery Room & Labor Room	19,550,136							52
53	Anesthesiology	19,198,665							53
54	Radiology-Diagnostic	45,301,520			33,156		921		54
54.01	BREAST HEALTH CENTER								54.01
55	Radiology-Therapeutic	16,798,058							55
56	Radioisotope	14,221,858			1,932				56
56.10	ULTRASOUND	19,958,389			8,356		1,549		56.10
57	CT Scan	71,796,263			58,310		4,378		57
58	MRI	11,889,231			11,386		3,598		58
59	Cardiac Catheterization	25,346,158							59
60	Laboratory	146,142,326			727,042		18,197		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	28,409,886			32,091		350		65
65.01	SLEEP LAB	1,856,095							65.01
66	Physical Therapy	11,439,886			29,586				66
68	Speech Pathology	2,512,204			2,382				68
69	Electrocardiology	19,812,614			77,840		4,046		69
69.01	C-PORT								69.01
70	Electroencephalography	1,387,265			3,580				70
71	Medical Supplies Charged to Pat	22,694,703			3,476		79		71
72	Impl. Dev. Charged to Patients	34,048,948							72
73	Drugs Charged to Patients	113,001,579			309,092		4,428		73
74	Renal Dialysis	4,891,892			1,598				74
75.10	GI LAB	19,847,703							75.10
76	ENTEROSTOMAL THERAPY								76
76.10	NEUROLOGY								76.10
76.20	EMG								76.20
76.30	OS SVCS	65,211							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	1,329,280							90
90.01	PALOS DIAGNOSTIC CENTER	906,009							90.01
90.02	CARE STATIONS	6,464,939							90.02
90.03	OUTPATIENT CARE CENTER	17,947,120							90.03
91	Emergency	96,988,610			363,163				91
92	Observation Beds (Non-Distinct)	10,827,666							92
93	OUTPATIENT REHAB	5,057,813			6,499		309,011		93
93.10	WOUND CARE CENTER	5,286,090							93.10
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	851,778,350			1,670,486		346,557		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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S179

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost		
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	0.202442						50
52	Delivery Room & Labor Room	0.231772						52
53	Anesthesiology	0.027247						53
54	Radiology-Diagnostic	0.142199	921			131		54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	0.318385						55
56	Radioisotope	0.134700						56
56.10	ULTRASOUND	0.101209	1,549			157		56.10
57	CT Scan	0.028586	4,378			125		57
58	MRI	0.084230	3,598			303		58
59	Cardiac Catheterization	0.075142						59
60	Laboratory	0.080163	18,197			1,459		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	0.111531	350			39		65
65.01	SLEEP LAB	0.243277						65.01
66	Physical Therapy	0.263547						66
68	Speech Pathology	0.156967						68
69	Electrocardiology	0.078533	4,046			318		69
69.01	C-PORT							69.01
70	Electroencephalography	0.121321						70
71	Medical Supplies Charged to Pat	0.361679	79			29		71
72	Impl. Dev. Charged to Patients	0.177335						72
73	Drugs Charged to Patients	0.165816	4,428			734		73
74	Renal Dialysis	0.261447						74
75.10	GI LAB	0.131625						75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS	0.002990						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	0.546243						90
90.01	PALOS DIAGNOSTIC CENTER	0.331245						90.01
90.02	CARE STATIONS	0.406018						90.02
90.03	OUTPATIENT CARE CENTER	0.183516						90.03
91	Emergency	0.088409						91
92	Observation Beds (Non-Distinct)	0.543901						92
93	OUTPATIENT REHAB	0.372433	309,011			115,086		93
93.10	WOUND CARE CENTER	0.203752						93.10
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)		346,557			118,381		200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)		346,557			118,381		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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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)	3,192,038		3,192,038	51,419	62.08	2,401	149,054	30
31	Intensive Care Unit	436,789		436,789	5,686	76.82	395	30,344	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
34.10	NICU	337,849		337,849	1,617	208.94	727	151,899	34.10
35	Other Special Care (specify)								35
40	Subprovider - IPF	280,999		280,999	3,092	90.88			40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	72,142		72,142	1,862	38.74	323	12,513	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	4,319,817		4,319,817	63,676		3,846	343,810	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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0179

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,404,475	56,800,233	0.024727			50
52	Delivery Room & Labor Room	449,054	19,550,136	0.022969			52
53	Anesthesiology	98,266	19,198,665	0.005118			53
54	Radiology-Diagnostic	886,809	45,301,520	0.019576			54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	1,543,622	16,798,058	0.091893			55
56	Radioisotope	176,943	14,221,858	0.012442			56
56.10	ULTRASOUND	223,622	19,958,389	0.011204			56.10
57	CT Scan	223,614	71,796,263	0.003115			57
58	MRI	57,827	11,889,231	0.004864			58
59	Cardiac Catheterization	322,002	25,346,158	0.012704			59
60	Laboratory	624,682	146,142,326	0.004274			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	212,832	28,409,886	0.007491			65
65.01	SLEEP LAB	72,191	1,856,095	0.038894			65.01
66	Physical Therapy	173,140	11,439,886	0.015135			66
68	Speech Pathology	26,025	2,512,204	0.010359			68
69	Electrocardiology	150,593	19,812,614	0.007601			69
69.01	C-PORT						69.01
70	Electroencephalography	33,415	1,387,265	0.024087			70
71	Medical Supplies Charged to Pat	275,323	22,694,703	0.012132			71
72	Impl. Dev. Charged to Patients	95,354	34,048,948	0.002800			72
73	Drugs Charged to Patients	389,983	113,001,579	0.003451			73
74	Renal Dialysis	64,357	4,891,892	0.013156			74
75.10	GI LAB	243,199	19,847,703	0.012253			75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	13	65,211	0.000199			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	49,734	1,329,280	0.037414			90
90.01	PALOS DIAGNOSTIC CENTER	36,756	906,009	0.040569			90.01
90.02	CARE STATIONS	272,480	6,464,939	0.042147			90.02
90.03	OUTPATIENT CARE CENTER	917,285	17,947,120	0.051110			90.03
91	Emergency	467,863	96,988,610	0.004824			91
92	Observation Beds (Non-Distinct)	468,755	10,827,666	0.043292			92
93	OUTPATIENT REHAB	206,113	5,057,813	0.040751			93
93.10	WOUND CARE CENTER	64,750	5,286,090	0.012249			93.10
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	10,231,077	851,778,350				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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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 1	Allied Health Cost 2	All Other Medical Education Cost 3	Swing-Bed Adjustment Amount (see instructions) 4	Total Costs (sum of cols. 1 through 3 minus col 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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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

	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)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	51,419		2,401		30
31	Intensive Care Unit	5,686		395		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
34.10	NICU	1,617		727		34.10
35	Other Special Care (specify)					35
40	Subprovider - IPF	3,092				40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	1,862		323		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	63,676		3,846		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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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	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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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	56,800,233							50
52	Delivery Room & Labor Room	19,550,136							52
53	Anesthesiology	19,198,665							53
54	Radiology-Diagnostic	45,301,520							54
54.01	BREAST HEALTH CENTER								54.01
55	Radiology-Therapeutic	16,798,058							55
56	Radioisotope	14,221,858							56
56.10	ULTRASOUND	19,958,389							56.10
57	CT Scan	71,796,263							57
58	MRI	11,889,231							58
59	Cardiac Catheterization	25,346,158							59
60	Laboratory	146,142,326							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	28,409,886							65
65.01	SLEEP LAB	1,856,095							65.01
66	Physical Therapy	11,439,886							66
68	Speech Pathology	2,512,204							68
69	Electrocardiology	19,812,614							69
69.01	C-PORT								69.01
70	Electroencephalography	1,387,265							70
71	Medical Supplies Charged to Pat	22,694,703							71
72	Impl. Dev. Charged to Patients	34,048,948							72
73	Drugs Charged to Patients	113,001,579							73
74	Renal Dialysis	4,891,892							74
75.10	GI LAB	19,847,703							75.10
76	ENTEROSTOMAL THERAPY								76
76.10	NEUROLOGY								76.10
76.20	EMG								76.20
76.30	OS SVCS	65,211							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	1,329,280							90
90.01	PALOS DIAGNOSTIC CENTER	906,009							90.01
90.02	CARE STATIONS	6,464,939							90.02
90.03	OUTPATIENT CARE CENTER	17,947,120							90.03
91	Emergency	96,988,610							91
92	Observation Beds (Non-Distinct)	10,827,666							92
93	OUTPATIENT REHAB	5,057,813							93
93.10	WOUND CARE CENTER	5,286,090							93.10
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	851,778,350							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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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 Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.202442							50
52	Delivery Room & Labor Room	0.231772							52
53	Anesthesiology	0.027247							53
54	Radiology-Diagnostic	0.142199							54
54.01	BREAST HEALTH CENTER								54.01
55	Radiology-Therapeutic	0.318385							55
56	Radioisotope	0.134700							56
56.10	ULTRASOUND	0.101209							56.10
57	CT Scan	0.028586							57
58	MRI	0.084230							58
59	Cardiac Catheterization	0.075142							59
60	Laboratory	0.080163							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.111531							65
65.01	SLEEP LAB	0.243277							65.01
66	Physical Therapy	0.263547							66
68	Speech Pathology	0.156967							68
69	Electrocardiology	0.078533							69
69.01	C-PORT								69.01
70	Electroencephalography	0.121321							70
71	Medical Supplies Charged to Pat	0.361679							71
72	Impl. Dev. Charged to Patients	0.177335							72
73	Drugs Charged to Patients	0.165816							73
74	Renal Dialysis	0.261447							74
75.10	GI LAB	0.131625							75.10
76	ENTEROSTOMAL THERAPY								76
76.10	NEUROLOGY								76.10
76.20	EMG								76.20
76.30	OS SVCS	0.002990							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	0.546243							90
90.01	PALOS DIAGNOSTIC CENTER	0.331245							90.01
90.02	CARE STATIONS	0.406018							90.02
90.03	OUTPATIENT CARE CENTER	0.183516							90.03
91	Emergency	0.088409							91
92	Observation Beds (Non-Distinct)	0.543901							92
93	OUTPATIENT REHAB	0.372433							93
93.10	WOUND CARE CENTER	0.203752							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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0179

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	51,419	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	51,419	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	43,868	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)	19,628	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)	40,102,865	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)	40,102,865	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)	40,102,865	37

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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)					779.92	38	
39	Program general inpatient routine service cost (line 9 x line 38)					15,308,270	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)					15,308,270	41	
42	Nursery (Titles V and XIX only)						42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	8,706,064	5,686	1,531.14	2,472	3,784,978	43	
44	Coronary Care Unit						44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
46.10	NICU	2,704,977	1,617	1,672.84			46.10	
47	Other Special Care (specify)						47	

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					20,445,289	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					39,538,537	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,408,405	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,314,194	51
52	Total Program excludable cost (sum of lines 50 and 51)					2,722,599	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					36,815,938	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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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)					779.92	88
89	Observation bed cost (line 87 x line 88) (see instructions)					5,889,176	89
		Cost	Routine Cost (from line 21)	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	3,192,038	40,102,865	0.079596	5,889,176	468,755	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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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)	3,092	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,092	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)	3,092	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)	1,258	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)	2,813,264	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)	2,813,264	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)	2,813,264	37

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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)	51,419	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	51,419	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	43,868	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)	2,401	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)	1,862	15
16	Nursery days (title V or XIX only)	323	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)	40,062,076	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)	40,062,076	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)	40,062,076	37

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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)					779.13	38	
39	Program general inpatient routine service cost (line 9 x line 38)					1,870,691	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)					1,870,691	41	
42	Nursery (Titles V and XIX only)	1,016,302	1,862	545.81	323	176,297	42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	8,694,179	5,686	1,529.05	395	603,975	43	
44	Coronary Care Unit						44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
46.10	NICU	2,704,977	1,617	1,672.84	727	1,216,155	46.10	
47	Other Special Care (specify)						47	

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					3,867,118	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					343,810	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)					343,810	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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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 21)	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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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		44,699,898		30
31	Intensive Care Unit		8,876,107		31
34.10	NICU				34.10
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.204823	8,855,964	1,813,905	50
52	Delivery Room & Labor Room	0.231772	59,597	13,813	52
53	Anesthesiology	0.027341	2,914,637	79,689	53
54	Radiology-Diagnostic	0.142772	10,257,940	1,464,547	54
54.01	BREAST HEALTH CENTER				54.01
55	Radiology-Therapeutic	0.318385	299,782	95,446	55
56	Radioisotope	0.134700	2,347,568	316,217	56
56.10	ULTRASOUND	0.101209	2,998,477	303,473	56.10
57	CT Scan	0.028586	13,215,864	377,789	57
58	MRI	0.084230	2,264,745	190,759	58
59	Cardiac Catheterization	0.079439	7,190,493	571,206	59
60	Laboratory	0.080163	27,067,574	2,169,818	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.113403	11,194,345	1,269,472	65
65.01	SLEEP LAB	0.243277	448	109	65.01
66	Physical Therapy	0.263547	2,324,331	612,570	66
68	Speech Pathology	0.156967	997,887	156,635	68
69	Electrocardiology	0.082220	4,773,735	392,496	69
69.01	C-PORT				69.01
70	Electroencephalography	0.121321	157,959	19,164	70
71	Medical Supplies Charged to Patients	0.361679	7,304,961	2,642,051	71
72	Impl. Dev. Charged to Patients	0.177335	6,196,228	1,098,808	72
73	Drugs Charged to Patients	0.165816	25,485,832	4,225,959	73
74	Renal Dialysis	0.263136	2,544,478	669,544	74
75.10	GI LAB	0.131625	2,398,214	315,665	75.10
76	ENTEROSTOMAL THERAPY				76
76.10	NEUROLOGY				76.10
76.20	EMG				76.20
76.30	OS SVCS	0.002990	32,522	97	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	0.546243	10,024	5,476	90
90.01	PALOS DIAGNOSTIC CENTER	0.331245	1,006	333	90.01
90.02	CARE STATIONS	0.407167	11,525	4,693	90.02
90.03	OUTPATIENT CARE CENTER	0.183531	67,368	12,364	90.03
91	Emergency	0.089917	13,344,434	1,199,891	91
92	Observation Beds (Non-Distinct Part)	0.543901	764,480	415,801	92
93	OUTPATIENT REHAB	0.372872	1,543	575	93
93.10	WOUND CARE CENTER	0.211860	32,680	6,924	93.10
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		155,116,641	20,445,289	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		155,116,641		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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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 [XX] PPS
 Applicable [XX] Title XVIII, Part A [XX] 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		2,521,886		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.204823	997	204	50
52	Delivery Room & Labor Room	0.231772			52
53	Anesthesiology	0.027341			53
54	Radiology-Diagnostic	0.142772	33,156	4,734	54
54.01	BREAST HEALTH CENTER				54.01
55	Radiology-Therapeutic	0.318385			55
56	Radioisotope	0.134700	1,932	260	56
56.10	ULTRASOUND	0.101209	8,356	846	56.10
57	CT Scan	0.028586	58,310	1,667	57
58	MRI	0.084230	11,386	959	58
59	Cardiac Catheterization	0.079439			59
60	Laboratory	0.080163	727,042	58,282	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.113403	32,091	3,639	65
65.01	SLEEP LAB	0.243277			65.01
66	Physical Therapy	0.263547	29,586	7,797	66
68	Speech Pathology	0.156967	2,382	374	68
69	Electrocardiology	0.082220	77,840	6,400	69
69.01	C-PORT				69.01
70	Electroencephalography	0.121321	3,580	434	70
71	Medical Supplies Charged to Patients	0.361679	3,476	1,257	71
72	Impl. Dev. Charged to Patients	0.177335			72
73	Drugs Charged to Patients	0.165816	309,092	51,252	73
74	Renal Dialysis	0.263136	1,598	420	74
75.10	GI LAB	0.131625			75.10
76	ENTEROSTOMAL THERAPY				76
76.10	NEUROLOGY				76.10
76.20	EMG				76.20
76.30	OS SVCS	0.002990			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	0.546243			90
90.01	PALOS DIAGNOSTIC CENTER	0.331245			90.01
90.02	CARE STATIONS	0.407167			90.02
90.03	OUTPATIENT CARE CENTER	0.183531			90.03
91	Emergency	0.089917	363,163	32,655	91
92	Observation Beds (Non-Distinct Part)	0.543901			92
93	OUTPATIENT REHAB	0.372872	6,499	2,423	93
93.10	WOUND CARE CENTER	0.211860			93.10
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		1,670,486	173,603	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,670,486		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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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	0.202442			50
52	Delivery Room & Labor Room	0.231772			52
53	Anesthesiology	0.027247			53
54	Radiology-Diagnostic	0.142199			54
54.01	BREAST HEALTH CENTER				54.01
55	Radiology-Therapeutic	0.318385			55
56	Radioisotope	0.134700			56
56.10	ULTRASOUND	0.101209			56.10
57	CT Scan	0.028586			57
58	MRI	0.084230			58
59	Cardiac Catheterization	0.075142			59
60	Laboratory	0.080163			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.111531			65
65.01	SLEEP LAB	0.243277			65.01
66	Physical Therapy	0.263547			66
68	Speech Pathology	0.156967			68
69	Electrocardiology	0.078533			69
69.01	C-PORT				69.01
70	Electroencephalography	0.121321			70
71	Medical Supplies Charged to Patients	0.361679			71
72	Impl. Dev. Charged to Patients	0.177335			72
73	Drugs Charged to Patients	0.165816			73
74	Renal Dialysis	0.261447			74
75.10	GI LAB	0.131625			75.10
76	ENTEROSTOMAL THERAPY				76
76.10	NEUROLOGY				76.10
76.20	EMG				76.20
76.30	OS SVCS	0.002990			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	0.546243			90
90.01	PALOS DIAGNOSTIC CENTER	0.331245			90.01
90.02	CARE STATIONS	0.406018			90.02
90.03	OUTPATIENT CARE CENTER	0.183516			90.03
91	Emergency	0.088409			91
92	Observation Beds (Non-Distinct Part)	0.543901			92
93	OUTPATIENT REHAB	0.372433			93
93.10	WOUND CARE CENTER	0.203752			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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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)	9,708,231			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	29,124,693			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)	184,089			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	11,508,883			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	203.37			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).				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)	2.84			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	1.61			10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)	1.61			12
13	Total allowable FTE count for the prior year	3.84			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	4.18			14
15	Sum of lines 12 through 14 divided by 3	3.21			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	3.21			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.015784			19
20	Prior year resident to bed ratio (see instructions)	0.018346			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.015784			21
22	IME payment adjustment (see instructions)	333,575			22
22.01	IME payment adjustment - Managed Care (see instructions)	98,861			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)	-1.23			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)	333,575			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	98,861			29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0477			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2138			31
32	Sum of lines 30 and 31	0.2615			32
33	Allowable disproportionate share percentage (see instructions)	0.1079			33
34	Disproportionate share adjustment (see instructions)	1,047,519			34
		Prior to		On or after	
	Uncompensated Care Adjustment	October 1 (1.00)	(1.01)	October 1 (2.00)	
35	Total uncompensated care amount (see instructions)	7,647,644,885		6,406,145,534	35
35.01	Factor 3 (see instructions)	0.000295385		0.000297967	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,259,000		1,908,820	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	569,392		1,429,008	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,998,400			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
47	Subtotal (see instructions)	42,396,507			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)	42,495,368			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	3,314,071			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)	168,234			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)	45,977,673			59
60	Primary payer payments				60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	45,977,673			61
62	Deductibles billed to program beneficiaries	3,779,972			62
63	Coinsurance billed to program beneficiaries	202,223			63
64	Allowable bad debts (see instructions)	1,302,593			64
65	Adjusted reimbursable bad debts (see instructions)	846,685			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	629,000			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	42,842,163			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)	-116,517			70.93
70.94	HRR adjustment amount (see instructions)	-548,520			70.94
70.99	HAC adjustment amount (see instructions)	345,215			70.99
71	Amount due provider (see instructions)	41,831,911			71
71.01	Sequestration adjustment (see instructions)	836,638			71.01
72	Interim payments	40,480,310			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	514,963			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	193,484			75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

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

HSP Bonus Payment Amount

Prior to 10/1 On or After 10/1

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

Prior to 10/1 On or After 10/1

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

HRR Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

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

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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	9,708,231	9,708,231			9,708,231	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	29,124,693		29,124,693		29,124,693	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	184,089		184,089		184,089	2
2.01	Outlier payment for discharges for Model 4 BPCI						2.01
3	Operating outlier reconciliation						3
4	Managed Care Simulated Payments	11,508,883		11,508,883		11,508,883	4
	Indirect Medical Education Adjustment						
5	Amount from Worksheet E Part A, line 21	0.015784	0.015784	0.015784			5
6	IME payment adjustment	333,575	83,394	250,181		333,575	6
6.01	IME payment adjustment for managed care	98,861		98,861		98,861	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)	333,575	83,394	250,181		333,575	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	98,861		98,861		98,861	9.01
	Disproportionate Share Adjustment						
10	Allowable disproportionate share percentage	0.1079	0.1079	0.1079	0.1079		10
11	Disproportionate share adjustment	1,047,519	261,880	785,639		1,047,519	11
11.01	Uncompensated care payments	1,998,400	569,392	1,429,008		1,998,400	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12	Total ESRD additional payment						12
13	Subtotal	42,396,507	10,622,897	31,773,610		42,396,507	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	42,495,368	10,622,897	31,872,471		42,495,368	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	3,314,071		3,314,071		3,314,071	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		10,622,897	35,186,542		45,809,439	19
20	Capital DRG other than outlier	3,112,226		3,112,226		3,112,226	20
20.01	Model 4 BPCI Capital DRG other than outlier						20.01
21	Capital DRG outlier payments	12,622		12,622		12,622	21
21.01	Model 4 BPCI Capital DRG outlier payments						21.01
22	Indirect medical education percentage	0.6400	0.6400	0.6400			22
23	Indirect medical education adjustment	19,918		19,918		19,918	23
24	Allowable disproportionate share percentage	0.0544	0.0544	0.0544			24
25	Disproportionate share adjustment	169,305		169,305		169,305	25
26	Total prospective capital payments	3,314,071		3,314,071		3,314,071	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	-116,517		-116,517		-116,517	30
30.01	HVBP payment adjustment for HSP bonus payment						30.01
31	HRR adjustment	-548,520		-548,520		-548,520	31
31.01	HRR adjustment for HSP bonus payment						31.01
32	HAC Reduction Program adjustment			345,215		345,215	32

KPMG LLP Compu-Max 2552-10

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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)	26,076			1
2	Medical and other services reimbursed under OPPS (see instructions)	19,037,049			2
3	PPS payments	18,351,299			3
4	Outlier payment (see instructions)	33,915			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)	26,076			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	159,104			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)	159,104			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)	159,104			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	133,028			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)	26,076			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)	18,385,214			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	3,786,446			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)	14,624,844			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	78,982			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	14,703,826			30
31	Primary payer payments	180			31
32	Subtotal (line 30 minus line 31)	14,703,646			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)	781,503			34
35	Adjusted reimbursable bad debts (see instructions)	507,977			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	368,036			36
37	Subtotal (see instructions)	15,211,623			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)	15,211,623			40
40.01	Sequestration adjustment (see instructions)	304,232			40.01
41	Interim payments	14,787,454			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	119,937			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

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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 OPPTS (see instructions)	118,381			2
3	PPS payments	94,843			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)	94,843			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	19,322			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)	75,521			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)	75,521			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	75,521			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)	75,521			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)	75,521			40
40.01	Sequestration adjustment (see instructions)	1,510			40.01
41	Interim payments	74,009			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	2			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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0179

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		40,384,927		14,787,454	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	03/15/2016	95,383		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		95,383		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)			40,480,310	14,787,454	4
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	.01				5.01
		.02				5.02
	Program	.03				5.03
	to	.04				5.04
	Provider	.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	Provider	.52				5.52
	to	.53				5.53
	Program	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01				6.01
		.02				6.02
7	Total Medicare program liability (see instructions)					7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	8

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

KPMG LLP Compu-Max 2552-10

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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 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		980,092		74,009	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				3.01
		.02				3.02
	Program	.03				3.03
	to	.04				3.04
	Provider	.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
	Provider	.52				3.52
	to	.53				3.53
	Program	.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99				3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		980,092		74,009	4
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				5.01
		.02				5.02
	Program	.03				5.03
	to	.04				5.04
	Provider	.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	Provider	.52				5.52
	to	.53				5.53
	Program	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01				6.01
		.02				6.02
7	Total Medicare program liability (see instructions)					7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	8

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

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check applicable box: Hospital CAH

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	12,125	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	22,100	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	6,949	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	51,171	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	996,321,551	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	22,194,155	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)	1,217,867	8
9	Sequestration adjustment amount (see instructions)	24,357	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	1,193,510	10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

30	Initial/interim HIT payment(s)	1,162,656	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	30,854	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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S179

WORKSHEET E-3
PART II

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

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)	1,137,902	1
2	Net IPF PPS Outlier payment		2
3	Net IPF PPS ECT payment	4,262	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)	8.448087	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)	1,142,164	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)	1,142,164	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	1,142,164	18
19	Deductibles	136,304	19
20	Subtotal (line 18 minus line 19)	1,005,860	20
21	Coinsurance	5,761	21
22	Subtotal (line 20 minus line 21)	1,000,099	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)	68,320	23
24	Adjusted reimbursable bad debts (see instructions)	44,408	24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)	2,998	25
26	Subtotal (sum of lines 22 and 24)	1,044,507	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)	1,044,507	31
31.01	Sequestration adjustment (see instructions)	20,890	31.01
32	Interim payments	980,092	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	43,525	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		35

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0179

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	3,867,118	1
2	Medical and other services		2
3	Organ acquisition (certified transplant centers only)		3
4	Subtotal (sum of lines 1, 2 and 3)	3,867,118	4
5	Inpatient primary payer payments		5
6	Outpatient primary payer payments		6
7	Subtotal (line 4 less sum of lines 5 and 6)	3,867,118	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 cahрге 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(c)		14
15	Ratio of line 13 to line 14 (not to exceed 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)	3,867,118	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)	3,867,118	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

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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))				4
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)				4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			2.84	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.61	6
7	Enter the lesser of line 5 or line 6			1.61	7
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	1.54	0.00	1.54	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	1.54	0.00	1.54	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
11	Total weighted FTE count	1.54	0.00		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	1.84	2.00		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	2.18	2.00		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	1.85	1.33		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	1.85	1.33		17
18	Per resident amount	146,000.00	145,000.00		18
19	Approved amount for resident costs	270,100	192,850	462,950	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)			462,950	25
COMPUTATION OF PROGRAM PATIENT LOAD					
26	Inpatient days (see instructions)	23,358	6,964		26
27	Total inpatient days (see instructions)	54,940	54,940		27
28	Ratio of inpatient days to total inpatient days	0.425155	0.126756		28
29	Program direct GME amount	196,826	58,682		29
30	Reduction for direct GME payments for Medicare Advantage		8,292		30
31	Net Program direct GME amount			247,216	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)			4,891,892	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)			40,856,731	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)			40,856,731	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			19,181,506	42
43	Primary payer payments (see instructions)			180	43
44	Total Part B reasonable cost (line 42 minus line 43)			19,181,326	44
45	Total reasonable cost (sum of lines 41 and 44)			60,038,057	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.680514	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.319486	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			247,216	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			168,234	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			78,982	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 cap (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 the current year from your records (see instructions)			6
7	Enter the lesser of line 5 or line 6			7
		Primary Care	Other	Total
		1	2	3
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00
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
10	Weighted dental and podiatric resident FTE count for the current year		0.00	
11	Total weighted FTE count	0.00	0.00	
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00	
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00	
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00	
15	Adjustment for residents in initial years of new programs	0.00	0.00	
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00	
17	Adjusted rolling average FTE count	0.00	0.00	
18	Per resident amount	0.00	0.00	
19	Approved amount for resident costs			
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			
21	Direct GME FTE unweighted resident count over cap (see instructions)			
22	Allowable additional direct GME FTE resident count (see instructions)			
23	Enter the locality adjustment national average per resident amount (see instructions)			
24	Multiply line 22 times line 23			
25	Total direct GME amount (sum of lines 19 and 24)			
COMPUTATION OF PROGRAM PATIENT LOAD				
		Inpatient Part A	Managed Care	
26	Inpatient days (see instructions)	3,777	7,453	
27	Total inpatient days (see instructions)	54,940	54,940	
28	Ratio of inpatient days to total inpatient days	0.068748	0.135657	
29	Program direct GME amount			
30	Reduction for direct GME payments for Medicare Advantage			
31	Net Program direct GME amount			
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)			
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			
35	Medicare outpatient ESRD charges (see instructions)			
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
Part A Reasonable Cost				
37	Reasonable cost (see instructions)			
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			
39	Cost of physicians' services in a teaching hospital (see instructions)			
40	Primary payer payments (see instructions)			
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			
Part B Reasonable Cost				
42	Reasonable cost (see instructions)			
43	Primary payer payments (see instructions)			
44	Total Part B reasonable cost (line 42 minus line 43)			
45	Total reasonable cost (sum of lines 41 and 44)			
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	Total program GME payment (line 31)			
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			

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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
Assets (Omit Cents)		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	11,067,990				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	26,399,074				4
5	Other receivables					5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory					7
8	Prepaid expenses	8,326,268				8
9	Other current assets	9,950,000				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	55,743,332				11
FIXED ASSETS						
12	Land	8,954,323				12
13	Land improvements	10,512,333				13
14	Accumulated depreciation	-6,511,412				14
15	Buildings	269,381,306				15
16	Accumulated depreciation	-89,977,734				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	90,416,472				23
24	Accumulated depreciation	-66,322,117				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)	216,453,171				30
OTHER ASSETS						
31	Investments	588,781,579	2,700,283			31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	89,063,085				34
35	Total other assets (sum of lines 31-34)	677,844,664	2,700,283			35
36	Total assets (sum of lines 11, 30 and 35)	950,041,167	2,700,283			36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	7,043,698				37
38	Salaries, wages and fees payable	20,169,288				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	4,590,000				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	41,385,650				44
45	Total current liabilities (sum of lines 37 thru 44)	73,188,636				45
LONG TERM LIABILITIES						
46	Mortgage payable	200,605,275				46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	70,205,964				49
50	Total long term liabilities (sum of lines 46 thru 49)	270,811,239				50
51	Total liabilities (sum of lines 45 and 50)	343,999,875				51
CAPITAL ACCOUNTS						
52	General fund balance	606,041,292				52
53	Specific purpose fund		2,700,283			53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	606,041,292	2,700,283			59
60	Total liabilities and fund balances (sum of lines 51 and 59)	950,041,167	2,700,283			60

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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		618,391,655		1,931,058	1
2	Net income (loss) (from Worksheet G-3, line 29)		10,639,592			2
3	Total (sum of line 1 and line 2)		629,031,247		1,931,058	3
4	Additions (credit adjustments) (specify)					4
5	OTHER	278,622				5
6	RESTRICTED CONTRIBUTIONS INVESTMENT			3,179,928		6
7	NET ASSETS RELEASED FROM OPER	793				7
8						8
9						9
10	Total additions (sum of lines 4-9)		279,415		3,179,928	10
11	Subtotal (line 3 plus line 10)		629,310,662		5,110,986	11
12	Deductions (debit adjustments) (specify)					12
13						13
14	NET ASSETS RELEASED FROM RESTR.			2,410,703		14
15	NET ASSET TRANSFER	6,642,341				15
16	PENSION RELATED CHANGES	16,627,029				16
17						17
18	Total deductions (sum of lines 12-17)		23,269,370		2,410,703	18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		606,041,292		2,700,283	19

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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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	102,851,195		102,851,195	1
2	Subprovider IPF	6,174,437		6,174,437	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)	109,025,632		109,025,632	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	20,080,044		20,080,044	11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
14.10	NICU	6,136,377		6,136,377	14.10
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	26,216,421		26,216,421	16
17	Total inpatient routine care services (sum of lines 10 and 16)	135,242,053		135,242,053	17
18	Ancillary services	385,881,794	486,874,574	872,756,368	18
19	Outpatient services		449,706	449,706	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		4,240,697	4,240,697	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	HOSPICE		2,303,563	2,303,563	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	521,123,847	493,868,540	1,014,992,387	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		203,880,384	29
30	Add (specify)			30
31				31
32	LOSS ON RETIREMENT OF DEBT	1,624,250		32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)		1,624,250	36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		205,504,634	43

KPMG LLP Compu-Max 2552-10

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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)	1,014,992,387	1
2	Less contractual allowances and discounts on patients' accounts	817,916,144	2
3	Net patient revenues (line 1 minus line 2)	197,076,243	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	205,504,634	4
5	Net income from service to patients (line 3 minus line 4)	-8,428,391	5

OTHER INCOME

6	Contributions, donations, bequests, etc.	781,051	6
7	Income from investments	12,835,675	7
8	Revenues from telephone and other miscellaneous communication services	238,948	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	755,960	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to other than patients		16
17	Revenue from sale of drugs to other than patients	7,349	17
18	Revenue from sale of medical records and abstracts	172	18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen	16,667	20
21	Rental of vending machines	19,930	21
22	Rental of hospital space	79,712	22
23	Governmental appropriations		23
24	Other (specify)		24
24.02	Other (CREDIT CARD REBATE)	77,749	24.02
24.03	Other (AFFILIATE SERVICES)	866,525	24.03
24.04	Other (HEALTH PROMOTION)	270	24.04
24.05	Other (LAB OTHER REVENUE)	11,783	24.05
24.06	Other (OTHER RENTAL REVENUE)	261,625	24.06
24.07	Other (MISCELLANEOUS REVENUE)	256,706	24.07
24.08	Other (SELF INSURANCE INVESTMENT INCOME)	1,985,612	24.08
24.09	Other (MATERNAL EDUCATION)	3,625	24.09
24.10	Other (SCRAP SILVER REVENUE)	4,830	24.10
24.11	Other (MEDICAL STAFF APPLICATIONS)	42,500	24.11
24.12	Other (VOLUNTARY LIGHT REVENUE)	10,201	24.12
24.17	Other (VOLUNTEER IMPUTED SALARIES)	811,093	24.17
25	Total other income (sum of lines 6-24)	19,067,983	25
26	Total (line 5 plus line 25)	10,639,592	26
29	Net income (or loss) for the period (line 26 minus line 28)	10,639,592	29

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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	600,882	135,964			165,322	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	758,982	171,738	37,756			6
7	Physical Therapy	226,099	51,160	13,718	237,502		7
8	Occupational Therapy	62,750	14,199	3,748			8
9	Speech Pathology				6,748		9
10	Medical Social Services	21,429	4,849	780			10
11	Home Health Aide	16,595	3,755	1,697			11
12	Supplies (see instructions)					142,154	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)	1,686,737	381,665	57,699	244,250	307,476	24

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	902,168	-71,959	830,209		830,209	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	968,476		968,476		968,476	6
7	Physical Therapy	528,479		528,479		528,479	7
8	Occupational Therapy	80,697		80,697		80,697	8
9	Speech Pathology	6,748		6,748		6,748	9
10	Medical Social Services	27,058		27,058		27,058	10
11	Home Health Aide	22,047		22,047		22,047	11
12	Supplies (see instructions)	142,154		142,154		142,154	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)	2,677,827	-71,959	2,605,868		2,605,868	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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7404

WORKSHEET H-1
PART I

		CAPITAL RELATED COSTS			
		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE
		0	1	2	3
GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures				1
2	Capital Related-Movable Equipment				2
3	Plant Operation & Maintenance				3
4	Transportation (see instructions)				4
5	Administrative and General	830,209			5
HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care	968,476			6
7	Physical Therapy	528,479			7
8	Occupational Therapy	80,697			8
9	Speech Pathology	6,748			9
10	Medical Social Services	27,058			10
11	Home Health Aide	22,047			11
12	Supplies (see instructions)	142,154			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)	2,605,868			24

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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		830,209	830,209		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		968,476	452,811	1,421,287	6
7	Physical Therapy		528,479	247,090	775,569	7
8	Occupational Therapy		80,697	37,730	118,427	8
9	Speech Pathology		6,748	3,155	9,903	9
10	Medical Social Services		27,058	12,651	39,709	10
11	Home Health Aide		22,047	10,308	32,355	11
12	Supplies (see instructions)		142,154	66,464	208,618	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)		2,605,868		2,605,868	24

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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					-830,209	1,775,659	5
HHA REIMBURSABLE SERVICES								
6	Skilled Nursing Care						968,476	6
7	Physical Therapy						528,479	7
8	Occupational Therapy						80,697	8
9	Speech Pathology						6,748	9
10	Medical Social Services						27,058	10
11	Home Health Aide						22,047	11
12	Supplies (see instructions)						142,154	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)					-830,209	1,775,659	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						830,209	25
26	Unit Cost Multiplier						0.467550	26

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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) 4A	ADMINI- STRATIVE & GENERAL 5	
1	Administrative and General	0	1	2	4	4A	5	
1	Administrative and General			32,526	14,185	46,711	7,236	1
2	Skilled Nursing Care	1,421,287			15,880	1,437,167	222,632	2
3	Physical Therapy	775,569			4,622	780,191	120,859	3
4	Occupational Therapy	118,427			1,249	119,676	18,539	4
5	Speech Pathology	9,903				9,903	1,534	5
6	Medical Social Services	39,709			578	40,287	6,241	6
7	Home Health Aide	32,355			890	33,245	5,150	7
8	Supplies	208,618				208,618	32,317	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)	2,605,868		32,526	37,404	2,675,798	414,508	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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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		25,109		1,274			1
2	Skilled Nursing Care		28,107			6,333		2
3	Physical Therapy		8,181			4,088		3
4	Occupational Therapy		2,211			664		4
5	Speech Pathology					48		5
6	Medical Social Services		1,023			178		6
7	Home Health Aide		1,576			194		7
8	Supplies					1,055		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)		66,207		1,274	12,560		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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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						80,330	1
2	Skilled Nursing Care						1,694,239	2
3	Physical Therapy						913,319	3
4	Occupational Therapy						141,090	4
5	Speech Pathology						11,485	5
6	Medical Social Services						47,729	6
7	Home Health Aide						40,165	7
8	Supplies						241,990	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)						3,170,347	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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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		80,330				1
2	Skilled Nursing Care		1,694,239	44,043	1,738,282		2
3	Physical Therapy		913,319	23,744	937,063		3
4	Occupational Therapy		141,090	3,668	144,758		4
5	Speech Pathology		11,485	299	11,784		5
6	Medical Social Services		47,729	1,241	48,970		6
7	Home Health Aide		40,165	1,044	41,209		7
8	Supplies		241,990	6,291	248,281		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)		3,170,347	80,330	3,170,347		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.			0.025997			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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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		32,647	18,897		46,711		1
2	Skilled Nursing Care			21,154		1,437,167		2
3	Physical Therapy			6,157		780,191		3
4	Occupational Therapy			1,664		119,676		4
5	Speech Pathology					9,903		5
6	Medical Social Services			770		40,287		6
7	Home Health Aide			1,186		33,245		7
8	Supplies					208,618		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)		32,647	49,828		2,675,798		20
21	Total cost to be allocated		32,526	37,404		414,508		21
22	Unit Cost Multiplier			0.750662		0.154910		22
22	Unit Cost Multiplier		0.996294					22

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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	18,897		4,128				1
2	Skilled Nursing Care	21,154			2,115,453			2
3	Physical Therapy	6,157			1,365,413			3
4	Occupational Therapy	1,664			221,821			4
5	Speech Pathology				15,914			5
6	Medical Social Services	770			59,376			6
7	Home Health Aide	1,186			64,637			7
8	Supplies				352,338			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)	49,828		4,128	4,194,952			20
21	Total cost to be allocated	66,207		1,274	12,560			21
22	Unit Cost Multiplier	1.328711		0.308624				22
22	Unit Cost Multiplier				0.002994			22

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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) 20	I/R-SALARY AND FRINGES (ASSIGNED TIME) 21	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME) 22	PARAMED ED (ASSIGNED TIME) 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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7404

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

Check applicable box: Title V Title XVIII Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation							
	Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA COSTS (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
		1	2	3	4	5	
1	Skilled Nursing Care	2	1,738,282		1,738,282	10,123	171.72
2	Physical Therapy	3	937,063		937,063	6,212	150.85
3	Occupational Therapy	4	144,758		144,758	1,005	144.04
4	Speech Pathology	5	11,784		11,784	72	163.67
5	Medical Social Services	6	48,970		48,970	209	234.31
6	Home Health Aide	7	41,209		41,209	455	90.57
7	Total (sum of lines 1-6)		2,922,066		2,922,066	18,076	

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		6,705		8
9	Physical Therapy	16974		4,062		9
10	Occupational Therapy	16974		859		10
11	Speech Pathology	16974		63		11
12	Medical Social Services	16974		152		12
13	Home Health Aide	16974		421		13
14	Total (sum of lines 8-13)			12,262		14

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	248,281		248,281	493,803	0.502794
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	5
1	Physical Therapy	66	0.263547			col. 2, line 2
2	Occupational Therapy	67				col. 2, line 3
3	Speech Pathology	68	0.156967			col. 2, line 4
4	Medical Supplies Charged to Pat	71	0.361679			col. 2, line 15
5	Drugs Charged to Patients	73	0.165816			col. 2, line 16

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7404

WORKSHEET H-3
PARTS I & II

Check applicable box: Title V Title XVIII Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation		Program Visits			Cost of Services				
		Part B			Part B			Total Program Cost (sum of cols 9-10)	
	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	12	
1	Skilled Nursing Care		6,705			1,151,383		1,151,383	1
2	Physical Therapy		4,062			612,753		612,753	2
3	Occupational Therapy		859			123,730		123,730	3
4	Speech Pathology		63			10,311		10,311	4
5	Medical Social Services		152			35,615		35,615	5
6	Home Health Aide		421			38,130		38,130	6
7	Total (sum of lines 1-6)		12,262			1,971,922		1,971,922	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				334,975			168,423	15
16	Cost of Drugs								16

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 14-7404

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

Check applicable box: Title V Title XVIII Title XIX

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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	Description	Part A Services	Part B Services	
		1	2	
10	Total reasonable cost (see instructions)			10
11	Total PPS Reimbursement - Full Episodes without Outliers		2,021,293	11
12	Total PPS Reimbursement - Full Episodes with Outliers		59,152	12
13	Total PPS Reimbursement - LUPA Episodes		45,048	13
14	Total PPS Reimbursement - PEP Episodes		40,831	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers		33,070	15
16	Total PPS Outlier Reimbursement - PSP Episodes		6,787	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)		2,206,181	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		2,206,181	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		2,206,181	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)		2,206,181	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		2,206,181	31
31.01	Sequestration adjustment (see instructions)		43,153	31.01
32	Interim payments (see instructions)		2,158,681	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		4,347	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	Amount	mm/dd/yyyy	Amount	
		1	2	3	4	
1	Total interim payments paid to provider				2,158,681	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)				2,158,681	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.

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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	38,507					5
6	Administrative and General	338,276	81,605		34,452	78,680	6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	VISITING SERVICES						
9	Physician Services					66,385	9
10	Nursing Care	571,270	137,808	16,568		192,680	10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy	370	89	26			12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services	13,257	3,198	472			15
16	Spiritual Counseling	72,739	17,548				16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker	79,835	19,260	8,491			19
20	HH Aide & Homemaker - Cont. Home Care						20
21	Other						21
	OTHER HOSPICE SERVICE COSTS						
22	Drugs, Biological and Infusion Therapy					70,249	22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen					124,239	26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies					36,217	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	54,332	13,107	3,761			35
36	Volunteer Program Costs		9,290				36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)	1,168,586	281,905	29,318	34,452	568,450	39

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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						1
2						2
3						3
4						4
5	38,507		38,507		38,507	5
6	533,013	-33,267	499,746		499,746	6
INPATIENT CARE SERVICE						
7						7
8						8
VISITING SERVICES						
9	66,385		66,385		66,385	9
10	918,326		918,326		918,326	10
11						11
12	485		485		485	12
13						13
14						14
15	16,927		16,927		16,927	15
16	90,287		90,287		90,287	16
17						17
18						18
19	107,586		107,586		107,586	19
20						20
21						21
OTHER HOSPICE SERVICE COSTS						
22	70,249		70,249		70,249	22
23						23
24						24
25						25
26	124,239		124,239		124,239	26
27						27
28						28
29						29
30	36,217		36,217		36,217	30
31						31
32						32
33						33
34						34
HOSPICE NONREIMBURSABLE SERVICE						
35	71,200		71,200		71,200	35
36	9,290		9,290		9,290	36
37						37
38						38
39	2,082,711	-66,534	2,049,444		2,049,444	39

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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 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		93,618				6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	VISITING SERVICES						
9	Physician Services						9
10	Nursing Care					571,270	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 Care						20
21	Other						21
	OTHER HOSPICE SERVICE COSTS						
22	Drugs, Biological and Infusion Therapy						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 Dept.)						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)		93,618			571,270	39

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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

HOSPICE CCN: 14-1511

WORKSHEET K-1

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	6	7	8	9	
GENERAL SERVICE COST CENTER					
1					1
2					2
3					3
4					4
5			38,507	38,507	5
6			244,658	338,276	6
INPATIENT CARE SERVICE					
7					7
8					8
VISITING SERVICES					
9					9
10				571,270	10
11					11
12	370			370	12
13					13
14					14
15			13,257	13,257	15
16			72,739	72,739	16
17					17
18					18
19		79,835		79,835	19
20					20
21					21
OTHER HOSPICE SERVICE COSTS					
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
HOSPICE NONREIMBURSABLE SERVICE					
35			54,332	54,332	35
36					36
37					37
38					38
39	370	79,835	423,493	1,168,586	39

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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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 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		22,584				6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	VISITING SERVICES						
9	Physician Services						9
10	Nursing Care					137,808	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 Care						20
21	Other						21
	OTHER HOSPICE SERVICE COSTS						
22	Drugs, Biological and Infusion Therapy						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 Dept.)						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)		22,584			137,808	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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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					1
2					2
3					3
4					4
5					5
6			59,021	81,605	6
INPATIENT CARE SERVICE					
7					7
8					8
VISITING SERVICES					
9					9
10				137,808	10
11					11
12	89			89	12
13					13
14					14
15			3,198	3,198	15
16			17,548	17,548	16
17					17
18					18
19		19,260		19,260	19
20					20
21					21
OTHER HOSPICE SERVICE COSTS					
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
HOSPICE NONREIMBURSABLE SERVICE					
35			13,107	13,107	35
36			9,290	9,290	36
37					37
38					38
39	89	19,260	102,164	281,905	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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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 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						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 Care						20
21	Other						21
	OTHER HOSPICE SERVICE COSTS						
22	Drugs, Biological and Infusion Therapy						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 Dept.)						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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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 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			34,452	34,452	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 Care					20
21 Other					21
OTHER HOSPICE SERVICE COSTS					
22 Drugs, Biological and Infusion Therapy					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 Dept.)					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)			34,452	34,452	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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE CCN: 14-1511

**WORKSHEET K-4
PART I**

	COST CENTER DESCRIPTIONS	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COSTS				
			BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANS- PORTATION	
		0	1	2	3	4	
	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	38,507					5
6	Administrative and General	499,746					6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	VISITING SERVICES						
9	Physician Services	66,385					9
10	Nursing Care	918,326					10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy	485					12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services	16,927					15
16	Spiritual Counseling	90,287					16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker	107,586					19
20	HH Aide & Homemaker - Cont. Home Care						20
21	Other						21
	OTHER HOSPICE SERVICE COSTS						
22	Drugs, Biological and Infusion Therapy	70,249					22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen	124,239					26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies	36,217					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	71,200					35
36	Volunteer Program Costs	9,290					36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)	2,049,444					39

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE CCN: 14-1511

WORKSHEET K-4
PART I

	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5 ± col. 6)	
	5	5A	6	7	
GENERAL SERVICE COST CENTER					
1	Capital Related Costs-Bldg and Fixt.				1
2	Capital Related Costs-Movable Equip.				2
3	Plant Operation and Maintenance				3
4	Transportation - Staff				4
5	Volunteer Service Coordination	38,507			5
6	Administrative and General	38,507	538,253	538,253	6
INPATIENT CARE SERVICE					
7	Inpatient - General Care				7
8	Inpatient - Respite Care				8
VISITING SERVICES					
9	Physician Services		66,385	23,645	90,030
10	Nursing Care		918,326	327,087	1,245,413
11	Nursing Care-Continuous Home Care				11
12	Physical Therapy		485	173	658
13	Occupational Therapy				13
14	Speech / Language Pathology				14
15	Medical Social Services		16,927	6,029	22,956
16	Spiritual Counseling		90,287	32,158	122,445
17	Dietary Counseling				17
18	Counseling - Other				18
19	Home Health Aide and Homemaker		107,586	38,320	145,906
20	HH Aide & Homemaker - Cont. Home Care				20
21	Other				21
OTHER HOSPICE SERVICE COSTS					
22	Drugs, Biological and Infusion Therapy		70,249	25,021	95,270
23	Analgesics				23
24	Sedatives / Hypnotics				24
25	Other - Specify				25
26	Durable Medical Equipment/Oxygen		124,239	44,251	168,490
27	Patient Transportation				27
28	Imaging Services				28
29	Labs and Diagnostics				29
30	Medical Supplies		36,217	12,900	49,117
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		71,200	25,360	96,560
36	Volunteer Program Costs		9,290	3,309	12,599
37	Fundraising				37
38	Other Program Costs				38
39	Total (sum of lines 1-38)	38,507	2,049,444		2,049,444

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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 Fixt.								1
2	Capital Related Costs-Movable Equip.								2
3	Plant Operation and Maintenance								3
4	Transportation - Staff								4
5	Volunteer Service Coordination					100			5
6	Administrative and General					100	-538,253	1,511,191	6
	INPATIENT CARE SERVICE								
7	Inpatient - General Care								7
8	Inpatient - Respite Care								8
	VISITING SERVICES								
9	Physician Services							66,385	9
10	Nursing Care							918,326	10
11	Nursing Care-Continuous Home Care								11
12	Physical Therapy							485	12
13	Occupational Therapy								13
14	Speech / Language Pathology								14
15	Medical Social Services							16,927	15
16	Spiritual Counseling							90,287	16
17	Dietary Counseling								17
18	Counseling - Other								18
19	Home Health Aide and Homemaker							107,586	19
20	HH Aide & Homemaker - Cont. Home Care								20
21	Other								21
	OTHER HOSPICE SERVICE COSTS								
22	Drugs, Biological and Infusion Therapy							70,249	22
23	Analgesics								23
24	Sedatives / Hypnotics								24
25	Other - Specify								25
26	Durable Medical Equipment/Oxygen							124,239	26
27	Patient Transportation								27
28	Imaging Services								28
29	Labs and Diagnostics								29
30	Medical Supplies							36,217	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							71,200	35
36	Volunteer Program Costs							9,290	36
37	Fundraising								37
38	Other Program Costs								38
39	Cost to be Allocated (per Wskt K-4, Part I)					38,507		538,253	39
40	Unit Cost Multiplier					385.070000		0.356178	40

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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 4A	ADMINI- STRATIVE & GENERAL 5	
		0	1	2	4			
1	Administrative and General			15,873	7,808	23,681	3,668	1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services	90,030				90,030	13,947	4
5	Nursing Care	1,245,413			11,272	1,256,685	194,673	5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy	658			16	674	104	7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services	22,956			372	23,328	3,614	10
11	Spiritual Counseling	122,445			2,294	124,739	19,323	11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker	145,906			4,046	149,952	23,229	14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy	95,270				95,270	14,758	17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen	168,490				168,490	26,101	21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies	49,117				49,117	7,609	25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs	96,560			1,519	98,079	15,193	30
31	Volunteer Program Costs	12,599			961	13,560	2,101	31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)	2,049,444		15,873	28,288	2,093,605	324,320	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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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		13,821			6,866		1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care		19,950					5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy		28					7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services		658					10
11	Spiritual Counseling		4,061					11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker		7,162					14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy				21,687			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		2,689					30
31	Volunteer Program Costs		1,702					31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)		50,071		21,687	6,866		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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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						48,036	1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services						103,977	4
5	Nursing Care						1,471,308	5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy						806	7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services						27,600	10
11	Spiritual Counseling						148,123	11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker						180,343	14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy						131,715	17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen						194,591	21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies						56,726	25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs						115,961	30
31	Volunteer Program Costs						17,363	31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)						2,496,549	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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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 25	SUBTOTAL (cols. 24 ± 25) 26	ALLOC HOSP A&G (See Part II) 27	TOTAL HOSP COSTS (col 26 ± 27) 28		
1	Administrative and General		48,036				1
2	Inpatient - General Care						2
3	Inpatient - Respite Care						3
4	Physician Services		103,977	2,040	106,017		4
5	Nursing Care		1,471,308	28,865	1,500,173		5
6	Nursing Care-Continuous Home Care						6
7	Physical Therapy		806	16	822		7
8	Occupational Therapy						8
9	Speech / Language Pathology						9
10	Medical Social Services		27,600	541	28,141		10
11	Spiritual Counseling		148,123	2,906	151,029		11
12	Dietary Counseling						12
13	Counseling - Other						13
14	Home Health Aide and Homemaker		180,343	3,538	183,881		14
15	HH Aide & Homemaker - Cont. Home Care						15
16	Other						16
17	Drugs, Biological and Infusion Therapy		131,715	2,584	134,299		17
18	Analgesics						18
19	Sedatives / Hypnotics						19
20	Other - Specify						20
21	Durable Medical Equipment/Oxygen		194,591	3,817	198,408		21
22	Patient Transportation						22
23	Imaging Services						23
24	Labs and Diagnostics						24
25	Medical Supplies		56,726	1,113	57,839		25
26	Outpatient Services (including E/R Dept.)						26
27	Radiation Therapy						27
28	Chemotherapy						28
29	Other						29
30	Bereavement Program Costs		115,961	2,275	118,236		30
31	Volunteer Program Costs		17,363	341	17,704		31
32	Fundraising						32
33	Other Program Costs						33
34	Totals (sum of lines 1-33) (2)		2,496,549		2,496,549		34
35	Unit Cost Multiplier (see instructions)			0.019618			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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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	ADMINI-STRATIVE & GENERAL ACCUM COST	MAINTEN-ANCE AND REPAIRS (SQUARE FEET)	
		1	2	4	4A	5	6	
1	Administrative and General		15,932	10,476		23,681		1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services					90,030		4
5	Nursing Care			15,122		1,256,685		5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy			21		674		7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services			499		23,328		10
11	Spiritual Counseling			3,078		124,739		11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker			5,429		149,952		14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy					95,270		17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen					168,490		21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies					49,117		25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs			2,038		98,079		30
31	Volunteer Program Costs			1,290		13,560		31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)		15,932	37,953		2,093,605		34
35	Total cost to be allocated		15,873	28,288		324,320		35
36	Unit Cost Multiplier (see instructions)			0.745343		0.154910		36
36	Unit Cost Multiplier (see instructions)		0.996297					36

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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	10,476			2,293,353			1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care	15,122						5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy	21						7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services	499						10
11	Spiritual Counseling	3,078						11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker	5,429						14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy			70,249				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	2,038						30
31	Volunteer Program Costs	1,290						31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)	37,953		70,249	2,293,353			34
35	Total cost to be allocated	50,071		21,687	6,866			35
36	Unit Cost Multiplier (see instructions)	1.319290		0.308716				36
36	Unit Cost Multiplier (see instructions)				0.002994			36

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE CCN: 14-1511

WORKSHEET K-5
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	COST CENTER	Wkst C, Part I, col. 9, line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1	2	3	
	ANCILLARY SERVICE COST CENTERS					
1	Physical Therapy	66	0.263547			1
2	Occupational Therapy	67				2
3	Speech / Language Pathology	68	0.156967			3
4	Drugs, Biological and Infusion Therapy	73	0.165816			4
5	Durable Medical Equipment/Oxygen	96				5
6	Labs and Diagnostics	60	0.080163			6
7	Medical Supplies	71	0.361679			7
8	Outpatient Services (including E/R Dept.)	93	0.372433			8
8.10	WOUND CARE CENTER	93.10	0.203752			8.10
9	Radiation Therapy	55	0.318385			9
10	ENTEROSTOMAL THERAPY	76				10
10.10	NEUROLOGY	76.10				10.10
10.20	EMG	76.20				10.20
10.30	OS SVCS	76.30	0.002990			10.30
10.40	AUDIOLOGY	76.40				10.40
10.97	CARDIAC REHABILITATION	76.97				10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98				10.98
10.99	LITHOTRIPSY	76.99				10.99
11	Totals (sum of lines 1-10)					11

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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)				2,496,549	1
2	Total unduplicated days (Worksheet S-9, column 6, line 5)				10,533	2
3	Average cost per diem (line 1 divided by line 2)				237.02	3
4	Unduplicated Medicare days (Worksheet S-9, column 1, line 5)	10,382				4
5	Aggregate Medicare cost (line 3 times line 4)	2,460,742				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)			151		12
13	Aggregate cost for other days (line 3 times line 12)			35,790		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: 07/01/2015 To: 06/30/2016	Run Date: 11/23/2016 Run Time: 08:06 Version: 2016.05 (11/15/2016)
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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	3,112,226	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	12,622	2
2.01	Model 4 BPCI Capital DRG outlier payments		2.01
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	142.54	3
4	Number of interns & residents (see instructions)	3.21	4
5	Indirect medical education percentage (see instructions)	0.64	5
6	Indirect medical education adjustment (see instructions)	19,918	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0477	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.2138	8
9	Sum of lines 7 and 8	0.2615	9
10	Allowable disproportionate share percentage (see instructions)	0.0544	10
11	Disproportionate share adjustment (see instructions)	169,305	11
12	Total prospective capital payments (see instructions)	3,314,071	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
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

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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		
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice							116
117	MOBILE MED							117
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices							192
192.01	VACANT SPACE							192.01
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