

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

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

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report Date: 11/28/2017 Time: 06:45		
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by LITTLE COMPANY OF MARY (14-0179) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 07/01/2016 and ending 06/30/2017, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) _____
Officer or Administrator of Provider(s)

Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		605,016	97,987	-2,005		1
2	SUBPROVIDER - IPF		35,085				2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		640,101	97,987	-2,005		200

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 2800 WEST 95TH STREET	P.O. Box:								1
2	City: EVERGREEN PARK	State: IL	ZIP Code: 60642	County: COOK						2

Hospital and Hospital-Based Component Identification:

Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
0	1	2	3	4	5	6	7	8		
3	Hospital	LITTLE COMPANY OF MARY	14-0179	16974	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF	LITTLE COMPANY OF MARY PSYCH	14-S179	16974	4	07 / 01 / 1984	N	P	N	4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA	LITTLE COMPANY OF MARY H.C.	14-7404	16974		01 / 11 / 1985	N	P	N	12
13	Separately Certified ASC									13
14	Hospital-Based Hospice	LITTLE COMPANY OF MARY HOSPICE	14-1511	16974		12 / 30 / 1986				14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2016	To: 06 / 30 / 2017							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	
22.01	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
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.	2,129	636			8,105	
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.						

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1						26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1						27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status 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?	1	2	3
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N

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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**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

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

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

141	Name:	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)	0.25			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 / 2016	09 / 30 / 2016		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 in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0		171

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LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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	67,160			18,894	1,570	43,093	1
2	HMO and other (see instructions)						8,586	8,105		2
3	HMO IPF Subprovider						66			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	67,160			18,894	1,570	43,093	7
8	Intensive Care Unit	31	26	9,490			2,006	221	4,632	8
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
11.10	NICU	34.10	10	3,650				477	1,222	11.10
12	Other Special Care (specify)	35								12
13	Nursery	43						243	1,733	13
14	Total (see instructions)		220	80,300			20,900	2,511	50,680	14
15	CAH Visits									15
16	Subprovider - IPF	40	24	8,760			1,156		3,020	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		16,581	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								7,512	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)								280	30
31	Employee discount days-IRF								5	31
32	Labor & delivery (see instructions)							254	728	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)					4,194	541	10,927	1
2	HMO and other (see instructions)					2,476	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)	2.18	1,390.48			4,194	541	10,927	14
15	CAH Visits								15
16	Subprovider - IPF		16.99			173		601	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		21.16						22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)		14.72						24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)	2.18	1,443.35						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

KPMG LLP Compu-Max 2552-10

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HOSPITAL WAGE INDEX INFORMATION

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

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
SALARIES							
1	Total salaries (see instructions)	200	92,041,815		92,041,815	3,002,177.00	30.66
2	Non-physician anesthetist Part A						
3	Non-physician anesthetest Part B						
4	Physician-Part A - Administrative		49,088		49,088	416.00	118.00
4.01	Physician-Part A - Teaching						
5	Physician-Part B		1,675,121		1,675,121	16,423.00	102.00
6	Non-physician-Part B						
7	Interns & residents (in an approved program)	21					
7.01	Contracted interns & residents (in an approved program)		109,836		109,836	3,349.00	32.80
8	Home office and/or related organization personnel						
9	SNF	44					
10	Excluded area salaries (see instructions)		4,655,109	-107,362	4,547,747	127,874.00	35.56
OTHER WAGES & RELATED COSTS							
11	Contract labor (see instructions)		1,966,072		1,966,072	27,766.00	70.81
12	Contract management and administrative services						
13	Contract labor: Physician-Part A - Administrative		822,750		822,750	4,021.00	204.61
14	Home office salaries & wage-related costs						
14.01	Home office salaries						
14.02	Related organization salaries						
15	Home office: Physician Part A - Administrative						
16	Home office & Contract Physicians Part A - Teaching						
WAGE-RELATED COSTS							
17	Wage-related costs (core)(see instructions)		21,648,419		21,648,419		
18	Wage-related costs (other)(see instructions)						
19	Excluded areas		1,147,857		1,147,857		
20	Non-physician anesthetist Part A						
21	Non-physician anesthetist Part B						
22	Physician Part A - Administrative		12,390		12,390		
22.01	Physician Part A - Teaching						
23	Physician Part B		194,212		194,212		
24	Wage-related costs (RHC/FQHC)						
25	Interns & residents (in an approved program)						
25.50	Home office wage-related						
25.51	Related organization wage-related						
25.52	Home office: Physician Part A - Administrative - wage-related						
25.53	Home office & Contract Physicians Part A - Teaching - wage-related						
OVERHEAD COSTS - DIRECT SALARIES							
26	Employee Benefits Department		1,102,593		1,102,593	28,962.00	38.07
27	Administrative & General		14,509,770	-170,466	14,339,304	460,959.00	31.11
28	Administrative & General under contract (see instructions)		27,360		27,360	124.00	220.65
29	Maintenance & Repairs						
30	Operation of Plant		2,857,061		2,857,061	116,124.00	24.60
31	Laundry & Linen Service		153,376		153,376	10,422.00	14.72
32	Housekeeping		1,463,766		1,463,766	116,751.00	12.54
33	Housekeeping under contract (see instructions)						
34	Dietary		1,387,315	-710,525	676,790	40,332.00	16.78
35	Dietary under contract (see instructions)						
36	Cafeteria			710,525	710,525	42,343.00	16.78
37	Maintenance of Personnel						
38	Nursing Administration		2,078,616		2,078,616	58,028.00	35.82
39	Central Services and Supply						
40	Pharmacy		2,529,610		2,529,610	62,619.00	40.40
41	Medical Records & Medical Records Library		1,194,714		1,194,714	53,035.00	22.53
42	Social Service			709,829	709,829	22,614.00	31.39
43	Other General Service						

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		90,284,218		90,284,218	2,982,529.00	30.27
2	Excluded area salaries (see instructions)		4,655,109	-107,362	4,547,747	127,874.00	35.56
3	Subtotal salaries (line 1 minus line 2)		85,629,109	107,362	85,736,471	2,854,655.00	30.03
4	Subtotal other wages & related costs (see instructions)		2,788,822		2,788,822	31,787.00	87.73
5	Subtotal wage-related costs (see instructions)		21,660,809		21,660,809		25.26%
6	Total (sum of lines 3 through 5)		110,078,740	107,362	110,186,102	2,886,442.00	38.17
7	Total overhead cost (see instructions)		27,304,181	539,363	27,843,544	1,012,313.00	27.50

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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	1,548,021	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)	8,063	4
PLAN ADMINISTRATIVE COSTS (Paid to External Organization):			
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
HEALTH AND INSURANCE COST			
8	Health Insurance (Purchased or Self Funded)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)	12,405,511	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		8.02
8.03	Health Insurance (Purchased)	50,197	8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	210,797	10
11	Life Insurance (If employee is owner or beneficiary)	144,223	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	532,085	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	1,338,701	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	6,518,214	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	63,019	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	184,047	23
24	Total Wage Related cost (Sum of lines 1-23)	23,002,878	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 1	Benefit Cost 2	
	0			
1	Total facility contract labor and benefit cost			1
2	Hospital			2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

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HOSPITAL-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		526		108	634	1
2	Unduplicated Census Count (see instructions)		495.00		384.00	879.00	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				
8	Physical Therapy Service		2.21	2.41	4.62
9	Physical Therapy Supervisor				
10	Occupational Therapy Service		0.50	0.09	0.59
11	Occupational Therapy Supervisor				
12	Speech Pathology Service			0.05	0.05
13	Speech Pathology Supervisor				
14	Medical Social Service		0.33		0.33
15	Medical Social Service Supervisor				
16	Home Health Aide		0.47		0.47
17	Home Health Aide Supervisor				
18	Other (specify)				

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	4,934	643	238	152	5,967	21
22	Skilled Nursing Visit Charges	1,455,530	189,685	70,210	44,840	1,760,265	22
23	Physical Therapy Visits	3,675	100	30	109	3,914	23
24	Physical Therapy Visit Charges	1,139,250	31,000	9,300	33,790	1,213,340	24
25	Occupational Therapy Visits	1,072	51	5	41	1,169	25
26	Occupational Therapy Visit Charges	329,530	15,810	1,550	12,710	359,600	26
27	Speech Pathology Visits	20				20	27
28	Speech Pathology Visit Charges	6,200				6,200	28
29	Medical Social Service Visits	105	6	2	3	116	29
30	Medical Social Service Visit Charges	40,800	2,400	800	1,200	45,200	30
31	Home Health Aide Visits	506	79	2	18	605	31
32	Home Health Aide Visit Charges	101,200	15,800	400	3,600	121,000	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	10,312	879	277	323	11,791	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	3,072,510	254,695	82,260	96,140	3,505,605	35
36	Total Number of Episodes (standard/non-outlier)	597		111	26	734	36
37	Total Number of Ourlier Episodes		24			24	37
38	Total Non-Routine Medical Supply Charges	218,643	42,195	11,899	4,545	277,282	38

KPMG LLP Compu-Max 2552-10

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HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

HOSPICE CCN: 14-1511

WORKSHEET S-9
PARTS I THROUGH IV

PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015

		Unduplicated Days					Total (sum of cols. 1, 2, & 5)	
	Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other			
	1	2	3	4	5	6		
1	Continuous Home Care						1	
2	Routine Home Care						2	
3	Inpatient Respite Care						3	
4	General Inpatient Care						4	
5	Total Hospice Days						5	

PART II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015

	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						6
7	Total Number of Unduplicated Continuous Care Hours Billable to Medicare						7
8	Average Length of Stay (line 5/line 6)						8
9	Unduplicated Census Count						9

PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015

		Unduplicated Days			Total (sum of cols. 1 through 3)	
	Title XVIII	Title XIX	Other			
	1	2	3	4		
10	Hospice Continuous Home Care					10
11	Hospice Routine Home Care	8,798	324	271	9,393	11
12	Hospice Inpatient Respite Care	8			8	12
13	Hospice General Inpatient Care	281	9	11	301	13
14	Total Hospice Days	9,087	333	282	9,702	14

PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015

	Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
	1	2	3	4	
15	Hospice Inpatient Respite Care				15
16	Hospice General Inpatient Care				16

NOTE: Parts I and 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)		0.176208	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		26,555,006	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		177,081,388	6
7	Medicaid cost (line 1 times line 6)		31,203,157	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.		4,648,151	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

Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent programs (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundng charity care			17
18	Government grants, appropriations of transfers for support of hospital operations			18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		4,648,151	19

Uncompensated care (see instructions for each line)

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Charity care charges and uninsured discounts for the entire facility (see instructions)	12,686,988	6,173,386	18,860,374	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,235,549	6,173,386	8,408,935	21
22	Payments received from patients for amounts previously written off as charity care	22,386	19,183	41,569	22
23	Cost of charity care (line 21 minus line 22)	2,213,163	6,154,203	8,367,366	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, charges for patient days beyond the indigent care program's length of stay limit				25
26	Total bad debt expense for the entire hospital complex (see instructions)			7,134,748	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,408,013	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,166,174	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27.01)			4,968,574	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			1,633,663	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			10,001,029	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			14,649,180	31

KPMG LLP Compu-Max 2552-10

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- 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		7,575,233	7,575,233	2,579,872	10,155,105	-2,302,217	7,852,888	1
2	00200	Cap Rel Costs-Mvble Equip		6,677,611	6,677,611		6,677,611	-25,900	6,651,711	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	1,102,593	1,528,466	2,631,059		2,631,059	-273,578	2,357,481	4
5	00500	Administrative & General	14,509,770	32,269,799	46,779,569	-80,803	46,698,766	-23,454,583	23,244,183	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	2,857,061	4,450,902	7,307,963		7,307,963	-953	7,307,010	7
8	00800	Laundry & Linen Service	153,376	337,310	490,686		490,686	-14,235	476,451	8
9	00900	Housekeeping	1,463,766	993,223	2,456,989		2,456,989	-4,680	2,452,309	9
10	01000	Dietary	1,387,315	1,459,466	2,846,781	-1,458,002	1,388,779	-21,930	1,366,849	10
11	01100	Cafeteria				1,458,002	1,458,002	-739,200	718,802	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	2,078,616	605,276	2,683,892		2,683,892		2,683,892	13
14	01400	Central Services & Supply								14
15	01500	Pharmacy	2,529,610	14,561,182	17,090,792	-13,604,013	3,486,779	-45,659	3,441,120	15
16	01600	Medical Records & Library	1,194,714	815,147	2,009,861		2,009,861	-1,476	2,008,385	16
17	01700	Social Service				895,652	895,652		895,652	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		168,795	168,795		168,795		168,795	22
23	02300	Paramed Ed Prgm-(specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	20,955,313	8,319,090	29,274,403	-712,895	28,561,508	-2,105,260	26,456,248	30
31	03100	Intensive Care Unit	3,941,188	1,711,616	5,652,804		5,652,804	-17,885	5,634,919	31
34.10	02060	NICU	1,086,474	1,269,128	2,355,602		2,355,602	-897,958	1,457,644	34.10
40	04000	Subprovider - IPF	1,283,254	331,783	1,615,037		1,615,037	-34,804	1,580,233	40
43	04300	Nursery				712,895	712,895		712,895	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	4,375,863	8,685,483	13,061,346	-6,269,036	6,792,310	-81,902	6,710,408	50
52	05200	Delivery Room & Labor Room	2,163,328	830,089	2,993,417		2,993,417		2,993,417	52
53	05300	Anesthesiology	108,446	343,577	452,023		452,023	-2,690	449,333	53
54	05400	Radiology-Diagnostic	3,046,808	2,898,430	5,945,238	-2,074,191	3,871,047	-32,914	3,838,133	54
54.01	03440	BREAST HEALTH CENTER								54.01
55	05500	Radiology-Therapeutic	1,204,247	1,249,687	2,453,934		2,453,934	-112,250	2,341,684	55
56	05600	Radioisotope	380,887	974,660	1,355,547	111,296	1,466,843		1,466,843	56
56.10	03630	ULTRASOUND	813,280	345,769	1,159,049	235,100	1,394,149		1,394,149	56.10
57	05700	CT Scan	674,622	629,037	1,303,659	75,675	1,379,334		1,379,334	57
58	05800	MRI	272,368	295,523	567,891	119,539	687,430		687,430	58
59	05900	Cardiac Catheterization	644,806	2,866,019	3,510,825	-2,284,225	1,226,600	-110,324	1,116,276	59
60	06000	Laboratory	3,621,128	5,438,814	9,059,942		9,059,942	-43,537	9,016,405	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	1,916,076	817,072	2,733,148	-206,967	2,526,181	-55,658	2,470,523	65
65.01	03952	SLEEP LAB	179,300	82,921	262,221		262,221		262,221	65.01
66	06600	Physical Therapy	1,832,269	532,215	2,364,484		2,364,484		2,364,484	66
68	06800	Speech Pathology	250,813	100,683	351,496		351,496		351,496	68
69	06900	Electrocardiology	1,181,785	695,530	1,877,315		1,877,315	-73,631	1,803,684	69
69.01	06901	C-PORT								69.01
70	07000	Electroencephalography	45,688	20,495	66,183		66,183		66,183	70
71	07100	Medical Supplies Charged to Patients	586,220	1,152,730	1,738,950	4,165,197	5,904,147		5,904,147	71
72	07200	Impl. Dev. Charged to Patients				5,263,473	5,263,473		5,263,473	72
73	07300	Drugs Charged to Patients				13,604,013	13,604,013		13,604,013	73
74	07400	Renal Dialysis	689,434	358,027	1,047,461		1,047,461	-11,262	1,036,199	74
75.10	03340	GI LAB	1,078,698	899,254	1,977,952	-174,025	1,803,927		1,803,927	75.10
76	03951	ENTEROSTOMAL THERAPY								76
76.10	03950	NEUROLOGY								76.10
76.20	03290	EMG								76.20
76.30	03953	OS SVCS		45,706	45,706		45,706		45,706	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	356,660	137,394	494,054		494,054	32,964	527,018	90
90.01	09001	PALOS DIAGNOSTIC CENTER	131,747	94,226	225,973		225,973		225,973	90.01
90.02	09002	CARE STATIONS	2,121,964	949,969	3,071,933	270,392	3,342,325	-965,397	2,376,928	90.02
90.03	09003	OUTPATIENT CARE CENTER	950,573	1,031,112	1,981,685		1,981,685	-11,488	1,970,197	90.03
91	09100	Emergency	3,996,582	2,388,881	6,385,463		6,385,463		6,385,463	91
92	09200	Observation Beds (Non-Distinct Part)								92
93	04951	OUTPATIENT REHAB	943,841	257,337	1,201,178		1,201,178	-10,528	1,190,650	93
93.10	04950	WOUND CARE CENTER	559,477	330,383	889,860		889,860	-39,336	850,524	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	1,715,933	940,875	2,656,808	-92,867	2,563,941		2,563,941	101
		SPECIAL PURPOSE COST CENTERS								
113	11300	Interest Expense		2,492,781	2,492,781	-2,492,781				113
116	11600	Hospice	1,014,161	782,813	1,796,974	-41,301	1,755,673		1,755,673	116
117	06950	MOBILE MED	227,270	76,569	303,839		303,839		303,839	117
118		SUBTOTALS (sum of lines 1-117)	91,627,324	121,818,088	213,445,412		213,445,412	-31,458,271	181,987,141	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	414,491	328,302	742,793		742,793		742,793	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)	92,041,815	122,146,390	214,188,205		214,188,205	-31,458,271	182,729,934	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		13,604,013	1
500	Total reclassifications					13,604,013	500
	Code Letter - A						
1	CAFETERIA COSTS	B	Cafeteria	11	710,525	747,477	1
500	Total reclassifications				710,525	747,477	500
	Code Letter - B						
1	HHA/HOSPICE BILLING/PLANT COSTS	D	Administrative & General	5	107,362	26,806	1
2							2
500	Total reclassifications				107,362	26,806	500
	Code Letter - D						
1	INTEREST EXPENSE	G	Cap Rel Costs-Bldg & Fixt	1		2,492,781	1
500	Total reclassifications					2,492,781	500
	Code Letter - G						
1	RADIOLOGY ADMIN COSTS	I	Radioisotope	56	80,059	31,237	1
2			ULTRASOUND	56.10	169,116	65,984	2
3			CT Scan	57	152,882	59,650	3
4			MRI	58	85,989	33,550	4
5			CARE STATIONS	90.02	194,503	75,889	5
500	Total reclassifications				682,549	266,310	500
	Code Letter - I						
1	NURSERY COSTS	J	Nursery	43	539,542	173,353	1
500	Total reclassifications				539,542	173,353	500
	Code Letter - J						
1	UTIL/QUALITY MANAGEMENT COSTS	L	Social Service	17	709,829	185,823	1
500	Total reclassifications				709,829	185,823	500
	Code Letter - L						
1	MEDICAL SUPPLIES	M	Medical Supplies Charged to P	71		4,932,969	1
2							2
3							3
4							4
5							5
6							6
500	Total reclassifications					4,932,969	500
	Code Letter - M						
1	MATERIALS MANAGEMENT COSTS	N	Administrative & General	5	432,001	335,771	1
500	Total reclassifications				432,001	335,771	500
	Code Letter - N						
1	PROPERTY INSURANCE	O	Cap Rel Costs-Bldg & Fixt	1		87,091	1
500	Total reclassifications					87,091	500
	Code Letter - O						
1	IMPLANT COSTS	P	Impl. Dev. Charged to Patient	72		5,263,473	1
2							2
3							3
4							4
500	Total reclassifications					5,263,473	500
	Code Letter - P						
	GRAND TOTAL (Increases)				3,181,808	28,115,867	

(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		13,604,013		1
500	Total reclassifications					13,604,013		500
	Code letter - A							
1	CAFETERIA COSTS	B	Dietary	10	710,525	747,477		1
500	Total reclassifications				710,525	747,477		500
	Code letter - B							
1	HHA/HOSPICE BILLING/PLANT COSTS	D	Home Health Agency	101	75,196	17,671		1
2			Hospice	116	32,166	9,135		2
500	Total reclassifications				107,362	26,806		500
	Code letter - D							
1	INTEREST EXPENSE	G	Interest Expense	113		2,492,781	9	1
500	Total reclassifications					2,492,781		500
	Code letter - G							
1	RADIOLOGY ADMIN COSTS	I	Radiology-Diagnostic	54	682,549	266,310		1
2								2
3								3
4								4
5								5
500	Total reclassifications				682,549	266,310		500
	Code letter - I							
1	NURSERY COSTS	J	Adults & Pediatrics	30	539,542	173,353		1
500	Total reclassifications				539,542	173,353		500
	Code letter - J							
1	UTIL/QUALITY MANAGEMENT COSTS	L	Administrative & General	5	709,829	185,823		1
500	Total reclassifications				709,829	185,823		500
	Code letter - L							
1	MEDICAL SUPPLIES	M	Operating Room	50		3,074,620		1
2			Radiology-Diagnostic	54		743,533		2
3			CT Scan	57		136,857		3
4			Cardiac Catheterization	59		603,930		4
5			Respiratory Therapy	65		206,967		5
6			GI LAB	75.10		167,062		6
500	Total reclassifications					4,932,969		500
	Code letter - M							
1	MATERIALS MANAGEMENT COSTS	N	Medical Supplies Charged to P	71	432,001	335,771		1
500	Total reclassifications				432,001	335,771		500
	Code letter - N							
1	PROPERTY INSURANCE	O	Administrative & General	5		87,091	9	1
500	Total reclassifications					87,091		500
	Code letter - O							
1	IMPLANT COSTS	P	Operating Room	50		3,194,416		1
2			Radiology-Diagnostic	54		381,799		2
3			Cardiac Catheterization	59		1,680,295		3
4			GI LAB	75.10		6,963		4
500	Total reclassifications					5,263,473		500
	Code letter - P							
	GRAND TOTAL (Decreases)				3,181,808	28,115,867		

(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	63,712		63,712		9,018,035		1
2	Land Improvements	10,512,333	60,369		60,369		10,572,702		2
3	Buildings and Fixtures	269,381,308	16,945,403		16,945,403	12,439,457	273,887,254		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	90,416,471	10,770,630		10,770,630	3,257,545	97,929,556		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	379,264,435	27,840,114		27,840,114	15,697,002	391,407,547		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	379,264,435	27,840,114		27,840,114	15,697,002	391,407,547		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	7,575,233						7,575,233	1	
2	Cap Rel Costs-Mvble Equip	6,677,611						6,677,611	2	
3	Total (sum of lines 1-2)	14,252,844						14,252,844	3	

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi				0.000000					1
2	Cap Rel Costs-Mvble Equip				0.000000					2
3	Total (sum of lines 1-2)				0.000000					3

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	7,852,888						7,852,888	1	
2	Cap Rel Costs-Mvble Equip	6,651,711						6,651,711	2	
3	Total (sum of lines 1-2)	14,504,599						14,504,599	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	-67,056	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	-8,279,981			10	
11	Sale of scrap, waste, etc. (chapter 23)					11	
12	Related organization transactions (chapter 10)	Wkst A-8-1	1,755			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	-1,476	Medical Records & Library	16	18	
19	Nursing school (tuition,fees,books,etc.)					19	
20	Vending machines	B	-17,795	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	-12,373	Laboratory	60	33.03	
33.04	PHARMACY MISC REVENUE	B	-45,659	Pharmacy	15	33.04	
33.05	RADIOLOGY ADMIN	B	-5,981	Radiology-Diagnostic	54	33.05	
33.09	HUMAN RESOURCES MISC REVENUE	B	-534	Employee Benefits Department	4	33.09	
33.15	TELE & COMM MISC REVENUE	B	-1,528	Administrative & General	5	33.15	
33.16	ANSWERING SVCE INCOME	B	-234,125	Administrative & General	5	33.16	
33.25	CAFETERIA REVENUE	B	-739,200	Cafeteria	11	33.25	
33.27	MEDICAL STAFF APPLICATION REVENUE	B	-42,700	Administrative & General	5	33.27	
33.28	HOUSEKEEPING	B	-4,680	Housekeeping	9	33.28	
33.29	EMPLOYEE HEALTH	A	-273,044	Employee Benefits Department	4	33.29	
33.30	BUS OFFICE/ADMITTING REVENUE	B	-5,512	Administrative & General	5	33.30	
33.32	MOTHER BABY	B	-3,400	Adults & Pediatrics	30	33.32	
33.33	SECURITY PURCH SERVICES REVENUE	B	-953	Operation of Plant	7	33.33	
33.39	LINEN OTHER REVENUE	B	-14,235	Laundry & Linen Service	8	33.39	
33.41	HEALTH EDUCATION CENTER REVENUE	B	-106,495	Administrative & General	5	33.41	
33.43	AFFILIATES REVENUE	B	-459,186	Administrative & General	5	33.43	
33.44	ACCTG REVENUE	B	-614,771	Administrative & General	5	33.44	
33.45	MISCELLANEOUS REVENUE	B	-158,175	Administrative & General	5	33.45	
33.46	REAL ESTATE TAXES	A	-198,600	Administrative & General	5	33.46	
33.52	NON-ALLOWABLE ADMIN COSTS	A	-177,949	Administrative & General	5	9	33.52
33.53	MAT MAGM REV	B	-35,727	Administrative & General	5	33.53	
33.58	OTHER REVENUE	A	-4,135	Dietary	10	33.58	
34	CARE DEPOT OTHER REV	B	-2,017	Adults & Pediatrics	30	34	
34.01	MEDICAID TAX	A	-12,078,583	Administrative & General	5	34.01	
34.02	VOLUNTEER SERVICES	A	-924,655	Administrative & General	5	34.02	
34.05	NON-ALLOWABLE DUES	A	-17,500	Administrative & General	5	9	34.05
34.06	DEPR TELEPHONES, PATIENT PORTION	A	-25,900	Cap Rel Costs-Mvble Equip	2	9	34.06
34.07	NON-ALLOWABLE INTEREST EXPENSE	A	-2,111,788	Cap Rel Costs-Bldg & Fixt	1	9	34.07
34.08	MARKETING COSTS	A	-862,700	Administrative & General	5	9	34.08
34.24	EMPLOYEE HEALTH COSTS	A	-3,336,821	Administrative & General	5	34.24	
34.26	PHYSICIAN MATCH EXPENSES	A	-102,071	Administrative & General	5	34.26	
34.40	NON-ALLOWABLE DEPRECIATION	A	-120,930	Cap Rel Costs-Bldg & Fixt	1	9	34.40

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	
34.56	RENTAL REVENUE	B	-95,544	Cap Rel Costs-Bldg & Fixt	1	9	34.56
34.64	CHICAGO RIDGE HEALTH EDUCATION COS	A	-1,015	Administrative & General	5		34.64
34.65	OTHER REVENUE	B	-34	Electrocardiology	69		34.65
34.66	OTHER REVENUE	B	-1,108	CARE STATIONS	90.02		34.66
34.67	OTHER REVENUE	B	-1,500	Adults & Pediatrics	30		34.67
34.68	MALPRACTICE SELF INS CONTR	A	-270,340	Administrative & General	5		34.68
34.69	OTHER REVENUE	B	-2,250	Radiology-Therapeutic	55		34.69
35							35
36							36
37							37
38							38
39							39
40							40
41							41
42							42
43							43
44							44
45							45
46							46
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-31,458,271				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								1
2								2
3	1	Cap Rel Costs-Bldg & Fixt	POTTER PAV DEPR COSTS	26,045		26,045	9	3
3.01	5	Administrative & General	POTTER PAV ADMIN COSTS	31,075	61,745	-30,670		3.01
3.02	90	Clinic	POTTER PAV ADMIN COSTS	32,964		32,964		3.02
3.03	90.02	CARE STATIONS	OP CARE CENTER BUILD COST	185,245	200,341	-15,096		3.03
3.04	90.03	OUPATIENT CARE CENTER	OP CARE CENTER BUILD COST	166,456	177,944	-11,488		3.04
4			POTTER PAV ADMIN COS					4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			441,785	440,030	1,755		5

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

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

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

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

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

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

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

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5	Administrative & Gen AGGREGATE	3,838,161	3,593,615	244,546	177,800	1,284	109,757	5,488	1
2	30	Adults & Pediatrics AGGREGATE	2,128,261	2,034,562	93,699	177,800	350	29,918	1,496	2
3	34.10	NICU AGGREGATE	897,958	897,958						3
4	40	Subprovider - IPF	39,933		39,933	177,800	60	5,129	256	4
5	50	Operating Room	81,988		81,988	177,800	1	86	4	5
6	31	Intensive Care Unit	38,400		38,400	177,800	240	20,515	1,026	6
7	53	Anesthesiology	10,896		10,896	177,800	96	8,206	410	7
8	54	Radiology-Diagnostic	27,019		27,019	177,800	1	86	4	8
9	55	Radiology-Therapeuti AGGREGATE	110,000	110,000						9
10	59	Cardiac Catheterizat	125,710		125,710	177,800	180	15,386	769	10
11	60	Laboratory AGGREGATE	31,164	31,164						11
12	65	Respiratory Therapy	97,800		97,800	177,800	493	42,142	2,107	12
13	69	Electrocardiology	131,040		131,040	177,800	672	57,443	2,872	13
14	74	Renal Dialysis	23,400		23,400	177,800	142	12,138	607	14
15	90.02	CARE STATIONS AGGREGATE	984,753	932,753	52,000	177,800	416	35,560	1,778	15
16	91	Emergency								16
17	93	OUTPATIENT REHAB	14,973		14,973	177,800	52	4,445	222	17
18	93.10	WOUND CARE CENTER	39,374		39,374	288	276	38	2	18
19										19
20										20
200		TOTAL	8,620,830	7,600,052	1,020,778		4,263	340,849	17,041	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					109,757	134,789	3,728,404	1
2	30	Adults & Pediatrics AGGREGATE					29,918	63,781	2,098,343	2
3	34.10	NICU AGGREGATE							897,958	3
4	40	Subprovider - IPF					5,129	34,804	34,804	4
5	50	Operating Room					86	81,902	81,902	5
6	31	Intensive Care Unit					20,515	17,885	17,885	6
7	53	Anesthesiology					8,206	2,690	2,690	7
8	54	Radiology-Diagnostic					86	26,933	26,933	8
9	55	Radiology-Therapeuti AGGREGATE							110,000	9
10	59	Cardiac Catheterizat					15,386	110,324	110,324	10
11	60	Laboratory AGGREGATE							31,164	11
12	65	Respiratory Therapy					42,142	55,658	55,658	12
13	69	Electrocardiology					57,443	73,597	73,597	13
14	74	Renal Dialysis					12,138	11,262	11,262	14
15	90.02	CARE STATIONS AGGREGATE					35,560	16,440	949,193	15
16	91	Emergency								16
17	93	OUTPATIENT REHAB					4,445	10,528	10,528	17
18	93.10	WOUND CARE CENTER					38	39,336	39,336	18
19										19
20										20
200		TOTAL					340,849	679,929	8,279,981	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	7,852,888	7,852,888					1
2	Cap Rel Costs-Mvble Equip	6,651,711		6,651,711				2
4	Employee Benefits Department	2,357,481	5,632	2,810	2,365,923			4
5	Administrative & General	23,244,183	637,147	1,756,080	366,806	26,004,216	26,004,216	5
6	Maintenance & Repairs							6
7	Operation of Plant	7,307,010	833,259	297,357	92,405	8,530,031	1,415,320	7
8	Laundry & Linen Service	476,451	134,586	1,924	8,293	621,254	103,080	8
9	Housekeeping	2,452,309	54,827	34,890	92,904	2,634,930	437,193	9
10	Dietary	1,366,849	169,418	27,918	32,094	1,596,279	264,858	10
11	Cafeteria	718,802	117,392		33,694	869,888	144,334	11
12	Maintenance of Personnel							12
13	Nursing Administration	2,683,892	16,127	531,888	46,175	3,278,082	543,906	13
14	Central Services & Supply							14
15	Pharmacy	3,441,120	65,470	58,868	49,829	3,615,287	599,856	15
16	Medical Records & Library	2,008,385	125,248	16,293	42,202	2,192,128	363,722	16
17	Social Service	895,652	9,457		17,995	923,104	153,163	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	168,795	25,642			194,437	32,261	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	26,456,248	1,770,391	408,848	525,506	29,160,993	4,838,421	30
31	Intensive Care Unit	5,634,919	185,277	56,204	86,253	5,962,653	989,335	31
34.10	NICU	1,457,644	256,424	26,604	20,618	1,761,290	292,237	34.10
40	Subprovider - IPF	1,580,233	204,398	4,916	28,128	1,817,675	301,592	40
43	Nursery	712,895	19,891		12,686	745,472	123,690	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	6,710,408	503,658	441,072	105,723	7,760,861	1,287,698	50
52	Delivery Room & Labor Room	2,993,417	238,193	128,841	50,055	3,410,506	565,878	52
53	Anesthesiology	449,333	6,744	85,094	3,373	544,544	90,352	53
54	Radiology-Diagnostic	3,838,133	544,775	198,054	56,240	4,637,202	769,414	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	2,341,684	516,109	801,182	26,042	3,685,017	611,425	55
56	Radioisotope	1,466,843	49,743	89,145	10,102	1,615,833	268,102	56
56.10	ULTRASOUND	1,394,149	34,684	125,098	21,340	1,575,271	261,372	56.10
57	CT Scan	1,379,334	23,315	1,550	19,292	1,423,491	236,188	57
58	MRI	687,430	24,842	22,850	10,851	745,973	123,773	58
59	Cardiac Catheterization	1,116,276	125,396	173,852	12,231	1,427,755	236,896	59
60	Laboratory	9,016,405	183,499	232,990	108,003	9,540,897	1,583,045	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,470,523	35,870	95,760	48,455	2,650,608	439,794	65
65.01	SLEEP LAB	262,221	39,427	23,787	5,360	330,795	54,886	65.01
66	Physical Therapy	2,364,484	102,718	13,108	39,127	2,519,437	418,030	66
68	Speech Pathology	351,496	3,335	1,304	4,544	360,679	59,845	68
69	Electrocardiology	1,803,684	23,997	86,257	32,007	1,945,945	322,875	69
69.01	C-PORT							69.01
70	Electroencephalography	66,183	23,123	8,454	1,741	99,501	16,509	70
71	Medical Supplies Charged to Patients	5,904,147	55,909	43,102	8,581	6,011,739	997,480	71
72	Impl. Dev. Charged to Patients	5,263,473				5,263,473	873,326	72
73	Drugs Charged to Patients	13,604,013				13,604,013	2,257,205	73
74	Renal Dialysis	1,036,199	24,308	28,056	12,728	1,101,291	182,728	74
75.10	GI LAB	1,803,927	114,279	179,267	22,854	2,120,327	351,809	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS	45,706				45,706	7,584	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	527,018	31,275	4,991	10,213	573,497	95,156	90
90.01	PALOS DIAGNOSTIC CENTER	225,973		10,202	4,552	240,727	39,942	90.01
90.02	CARE STATIONS	2,376,928		38,864	55,154	2,470,946	409,984	90.02
90.03	OUTPATIENT CARE CENTER	1,970,197		441,446	28,659	2,440,302	404,900	90.03
91	Emergency	6,385,463	219,517	63,341	105,165	6,773,486	1,123,870	91
92	Observation Beds (Non-Distinct Part)							92
93	OUTPATIENT REHAB	1,190,650	161,710	1,791	22,835	1,376,986	228,472	93
93.10	WOUND CARE CENTER	850,524	24,753	6,732	11,481	893,490	148,250	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	2,563,941		46,508	35,020	2,645,469	438,942	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	1,755,673		28,823	24,363	1,808,859	300,130	116
117	MOBILE MED	303,839		2,663	4,557	311,059	51,612	117
118	SUBTOTALS (sum of lines 1-117)	181,987,141	7,741,765	6,648,784	2,356,236	181,863,404	25,860,440	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		15,712			15,712	2,607	190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices	742,793	27,125	2,927	9,687	782,532	129,839	192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers		28,014			28,014	4,648	193
194	FUND DEVELOPMENT		40,272			40,272	6,682	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	182,729,934	7,852,888	6,651,711	2,365,923	182,729,934	26,004,216	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	9,945,351						7
8	Laundry & Linen Service	209,900	934,234					8
9	Housekeeping	85,509	7,677	3,165,309				9
10	Dietary	264,224		86,669	2,212,030			10
11	Cafeteria	183,085		60,054		1,257,361		11
12	Maintenance of Personnel							12
13	Nursing Administration	25,151		8,250		36,346	3,891,735	13
14	Central Services & Supply							14
15	Pharmacy	102,107	125	33,492		39,222		15
16	Medical Records & Library	195,336		64,073		33,219		16
17	Social Service	14,748		4,838		14,164		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd	39,992		13,118				22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	2,761,107	284,105	905,681	1,884,093	413,641	1,702,412	30
31	Intensive Care Unit	288,959	36,472	94,782	198,567	67,892	279,425	31
34.10	NICU	399,920	4,327	131,179		16,229	66,793	34.10
40	Subprovider - IPF	318,780	7,155	104,564	129,370	22,140	91,123	40
43	Nursery	31,023		10,176		9,985	41,097	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	785,507	328,227	257,657		83,218	342,498	50
52	Delivery Room & Labor Room	371,486	67,934	121,852		39,400	162,157	52
53	Anesthesiology	10,518		3,450		2,655	10,928	53
54	Radiology-Diagnostic	849,632	28,439	278,691		44,268	182,195	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	804,925	7,292	264,026		20,499	84,366	55
56	Radioisotope	77,580	5,692	25,447		7,952		56
56.10	ULTRASOUND	54,093	11,508	17,743		17,424		56.10
57	CT Scan	36,363	11,202	11,927		15,185		57
58	MRI	38,744	2,359	12,708		8,541		58
59	Cardiac Catheterization	195,568	1,820	64,149		9,627		59
60	Laboratory	286,185	2,906	93,873		85,013		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	55,942	68	18,350		38,140	156,973	65
65.01	SLEEP LAB	61,491	1,108	20,170		4,219		65.01
66	Physical Therapy	160,199	11,982	52,547		30,798		66
68	Speech Pathology	5,201		1,706		3,577		68
69	Electrocardiology	37,426	5,043	12,276		25,194		69
69.01	C-PORT							69.01
70	Electroencephalography	36,062	553	11,829		1,370	5,640	70
71	Medical Supplies Charged to Patients	87,196		28,602		6,811		71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	37,911	4,649	12,435		10,019		74
75.10	GI LAB	178,230	11,791	58,462		17,989	74,037	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS							76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	48,776	765	15,999		8,039	33,087	90
90.01	PALOS DIAGNOSTIC CENTER					3,583		90.01
90.02	CARE STATIONS		2,771					90.02
90.03	OUPATIENT CARE CENTER		5,453					90.03
91	Emergency	342,359	77,333	112,298		82,778	340,691	91
92	Observation Beds (Non-Distinct Part)							92
93	OUTPATIENT REHAB	252,204		82,726		17,975	73,978	93
93.10	WOUND CARE CENTER	38,605	5,346	12,663		9,037	37,194	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	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		29				113,450	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice						78,927	116
117	MOBILE MED					3,587	14,764	117
118	SUBTOTALS (sum of lines 1-117)	9,772,044	934,131	3,108,462	2,212,030	1,249,736	3,891,735	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	24,504		8,038				190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices	42,304	103	13,876		7,625		192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers	43,691		14,331				193
194	FUND DEVELOPMENT	62,808		20,602				194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	9,945,351	934,234	3,165,309	2,212,030	1,257,361	3,891,735	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		15	16	17	22	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy	4,390,089						15
16	Medical Records & Library		2,848,478					16
17	Social Service			1,110,017				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				279,808			22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	3,429	337,910	848,665	279,808	43,420,265	-279,808	30
31	Intensive Care Unit	315	48,154	89,442		8,055,996		31
34.10	NICU	221	14,536	23,598		2,710,330		34.10
40	Subprovider - IPF	25	17,401	58,273		2,868,098		40
43	Nursery		9,934	36,351		1,007,728		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	2,575	144,038			10,992,279		50
52	Delivery Room & Labor Room	215	52,112			4,791,540		52
53	Anesthesiology	16,375	49,868			728,690		53
54	Radiology-Diagnostic	70,742	123,875			6,984,458		54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	249	41,893			5,519,692		55
56	Radioisotope	92,495	43,167			2,136,268		56
56.10	ULTRASOUND	123	57,992			1,995,526		56.10
57	CT Scan	11,691	220,589			1,966,636		57
58	MRI	13,423	34,648			980,169		58
59	Cardiac Catheterization	11,026	63,740			2,010,581		59
60	Laboratory	2,121	435,852			12,029,892		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	1,622	82,068			3,443,565		65
65.01	SLEEP LAB	6	5,711			478,386		65.01
66	Physical Therapy	12	34,000			3,227,005		66
68	Speech Pathology		7,378			438,386		68
69	Electrocardiology	21	60,337			2,409,117		69
69.01	C-PORT							69.01
70	Electroencephalography		3,944			175,408		70
71	Medical Supplies Charged to Patients	194	65,769			7,197,791		71
72	Impl. Dev. Charged to Patients		68,167			6,204,966		72
73	Drugs Charged to Patients	4,125,995	359,727			20,346,940		73
74	Renal Dialysis		14,317			1,363,350		74
75.10	GI LAB	278	54,398			2,867,321		75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS		205			53,495		76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	555	4,075			779,949		90
90.01	PALOS DIAGNOSTIC CENTER		2,296			286,548		90.01
90.02	CARE STATIONS	9,401	17,043			2,910,145		90.02
90.03	OUPATIENT CARE CENTER	10,207	54,186			2,915,048		90.03
91	Emergency	1,642	280,293	53,688		9,188,438		91
92	Observation Beds (Non-Distinct Part)							92
93	OUTPATIENT REHAB	43	12,553			2,044,937		93
93.10	WOUND CARE CENTER	1,634	11,887			1,158,106		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 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	41	8,289			3,206,220		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	13,087	5,275			2,206,278		116
117	MOBILE MED	326	851			382,199		117
118	SUBTOTALS (sum of lines 1-117)	4,390,089	2,848,478	1,110,017	279,808	181,481,746	-279,808	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					50,861		190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices					976,279		192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers					90,684		193
194	FUND DEVELOPMENT					130,364		194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	4,390,089	2,848,478	1,110,017	279,808	182,729,934	-279,808	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	43,140,457					30
31	Intensive Care Unit	8,055,996					31
34.10	NICU	2,710,330					34.10
40	Subprovider - IPF	2,868,098					40
43	Nursery	1,007,728					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	10,992,279					50
52	Delivery Room & Labor Room	4,791,540					52
53	Anesthesiology	728,690					53
54	Radiology-Diagnostic	6,984,458					54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	5,519,692					55
56	Radioisotope	2,136,268					56
56.10	ULTRASOUND	1,995,526					56.10
57	CT Scan	1,966,636					57
58	MRI	980,169					58
59	Cardiac Catheterization	2,010,581					59
60	Laboratory	12,029,892					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	3,443,565					65
65.01	SLEEP LAB	478,386					65.01
66	Physical Therapy	3,227,005					66
68	Speech Pathology	438,386					68
69	Electrocardiology	2,409,117					69
69.01	C-PORT						69.01
70	Electroencephalography	175,408					70
71	Medical Supplies Charged to Patients	7,197,791					71
72	Impl. Dev. Charged to Patients	6,204,966					72
73	Drugs Charged to Patients	20,346,940					73
74	Renal Dialysis	1,363,350					74
75.10	GI LAB	2,867,321					75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	53,495					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	779,949					90
90.01	PALOS DIAGNOSTIC CENTER	286,548					90.01
90.02	CARE STATIONS	2,910,145					90.02
90.03	OUPATIENT CARE CENTER	2,915,048					90.03
91	Emergency	9,188,438					91
92	Observation Beds (Non-Distinct Part)						92
93	OUTPATIENT REHAB	2,044,937					93
93.10	WOUND CARE CENTER	1,158,106					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	3,206,220					101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice	2,206,278					116
117	MOBILE MED	382,199					117
118	SUBTOTALS (sum of lines 1-117)	181,201,938					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	50,861					190
191.10	ADULT DAY CARE						191.10
192	Physicians' Private Offices	976,279					192
192.01	VACANT SPACE						192.01
193	Nonpaid Workers	90,684					193
194	FUND DEVELOPMENT	130,364					194
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	182,450,126					202

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LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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	432	5,632	2,810	8,874	8,874		4
5	Administrative & General	105,982	637,147	1,756,080	2,499,209	1,376	2,500,585	5
6	Maintenance & Repairs							6
7	Operation of Plant	3,257	833,259	297,357	1,133,873	347	136,097	7
8	Laundry & Linen Service		134,586	1,924	136,510	31	9,912	8
9	Housekeeping	26,443	54,827	34,890	116,160	349	42,040	9
10	Dietary	1,346	169,418	27,918	198,682	120	25,469	10
11	Cafeteria	504	117,392		117,896	126	13,879	11
12	Maintenance of Personnel							12
13	Nursing Administration	761	16,127	531,888	548,776	173	52,302	13
14	Central Services & Supply							14
15	Pharmacy	14,766	65,470	58,868	139,104	187	57,682	15
16	Medical Records & Library	108	125,248	16,293	141,649	158	34,975	16
17	Social Service		9,457		9,457	68	14,728	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		25,642		25,642		3,102	22
23	Paramed Ed Prgm-(specify)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	1,704	1,770,391	408,848	2,180,943	1,968	465,288	30
31	Intensive Care Unit	941	185,277	56,204	242,422	324	95,134	31
34.10	NICU		256,424	26,604	283,028	77	28,101	34.10
40	Subprovider - IPF	108	204,398	4,916	209,422	106	29,001	40
43	Nursery		19,891		19,891	48	11,894	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	6,895	503,658	441,072	951,625	397	123,825	50
52	Delivery Room & Labor Room	1,374	238,193	128,841	368,408	188	54,415	52
53	Anesthesiology	216	6,744	85,094	92,054	13	8,688	53
54	Radiology-Diagnostic	1,793	544,775	198,054	744,622	211	73,987	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	840	516,109	801,182	1,318,131	98	58,794	55
56	Radioisotope	477	49,743	89,145	139,365	38	25,781	56
56.10	ULTRASOUND	108	34,684	125,098	159,890	80	25,133	56.10
57	CT Scan		23,315	1,550	24,865	72	22,712	57
58	MRI	442	24,842	22,850	48,134	41	11,902	58
59	Cardiac Catheterization	3,228	125,396	173,852	302,476	46	22,780	59
60	Laboratory	702	183,499	232,990	417,191	405	152,225	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	27,801	35,870	95,760	159,431	182	42,290	65
65.01	SLEEP LAB	68	39,427	23,787	63,282	20	5,278	65.01
66	Physical Therapy	1,188	102,718	13,108	117,014	147	40,198	66
68	Speech Pathology	14,748	3,335	1,304	19,387	17	5,755	68
69	Electrocardiology	1,149	23,997	86,257	111,403	120	31,048	69
69.01	C-PORT							69.01
70	Electroencephalography		23,123	8,454	31,577	7	1,588	70
71	Medical Supplies Charged to Patients	55,822	55,909	43,102	154,833	32	95,917	71
72	Impl. Dev. Charged to Patients						83,979	72
73	Drugs Charged to Patients						217,052	73
74	Renal Dialysis	864	24,308	28,056	53,228	48	17,571	74
75.10	GI LAB	324	114,279	179,267	293,870	86	33,830	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS						729	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	31,275	4,991	36,482	38	9,150	90
90.01	PALOS DIAGNOSTIC CENTER	28,812		10,202	39,014	17	3,841	90.01
90.02	CARE STATIONS	185,980		38,864	224,844	207	39,424	90.02
90.03	OUPATIENT CARE CENTER	167,262		441,446	608,708	108	38,935	90.03
91	Emergency	540	219,517	63,341	283,398	394	108,071	91
92	Observation Beds (Non-Distinct Part)							92
93	OUTPATIENT REHAB	320	161,710	1,791	163,821	86	21,970	93
93.10	WOUND CARE CENTER	276	24,753	6,732	31,761	43	14,256	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	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			46,508	46,508	131	42,208	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice			28,823	28,823	91	28,860	116
117	MOBILE MED			2,663	2,663	17	4,963	117
118	SUBTOTALS (sum of lines 1-117)	657,797	7,741,765	6,648,784	15,048,346	8,838	2,486,759	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		15,712		15,712		251	190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices		27,125	2,927	30,052	36	12,485	192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers		28,014		28,014		447	193
194	FUND DEVELOPMENT		40,272		40,272		643	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	657,797	7,852,888	6,651,711	15,162,396	8,874	2,500,585	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	1,270,317						7
8	Laundry & Linen Service	26,810	173,263					8
9	Housekeeping	10,922	1,424	170,895				9
10	Dietary	33,749		4,679	262,699			10
11	Cafeteria	23,385		3,242		158,528		11
12	Maintenance of Personnel							12
13	Nursing Administration	3,213		445		4,583	609,492	13
14	Central Services & Supply							14
15	Pharmacy	13,042	23	1,808		4,945		15
16	Medical Records & Library	24,950		3,459		4,188		16
17	Social Service	1,884		261		1,786		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	5,108		708				22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	352,677	52,690	48,902	223,753	52,151	266,618	30
31	Intensive Care Unit	36,909	6,764	5,117	23,582	8,560	43,761	31
34.10	NICU	51,082	803	7,082		2,046	10,461	34.10
40	Subprovider - IPF	40,718	1,327	5,645	15,364	2,791	14,271	40
43	Nursery	3,963		549		1,259	6,436	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	100,333	60,875	13,911		10,492	53,639	50
52	Delivery Room & Labor Room	47,450	12,599	6,579		4,968	25,396	52
53	Anesthesiology	1,343		186		335	1,711	53
54	Radiology-Diagnostic	108,523	5,274	15,046		5,581	28,534	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	102,813	1,352	14,255		2,584	13,213	55
56	Radioisotope	9,909	1,056	1,374		1,003		56
56.10	ULTRASOUND	6,909	2,134	958		2,197		56.10
57	CT Scan	4,645	2,077	644		1,915		57
58	MRI	4,949	438	686		1,077		58
59	Cardiac Catheterization	24,980	337	3,463		1,214		59
60	Laboratory	36,554	539	5,068		10,718		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	7,146	13	991		4,809	24,584	65
65.01	SLEEP LAB	7,854	205	1,089		532		65.01
66	Physical Therapy	20,462	2,222	2,837		3,883		66
68	Speech Pathology	664		92		451		68
69	Electrocardiology	4,780	935	663		3,176		69
69.01	C-PORT							69.01
70	Electroencephalography	4,606	103	639		173	883	70
71	Medical Supplies Charged to Patients	11,138		1,544		859		71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	4,842	862	671		1,263		74
75.10	GI LAB	22,765	2,187	3,156		2,268	11,595	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	6,230	142	864		1,014	5,182	90
90.01	PALOS DIAGNOSTIC CENTER					452		90.01
90.02	CARE STATIONS		514					90.02
90.03	OUPATIENT CARE CENTER		1,011					90.03
91	Emergency	43,729	14,342	6,063		10,437	53,356	91
92	Observation Beds (Non-Distinct Part)							92
93	OUTPATIENT REHAB	32,214		4,466		2,266	11,586	93
93.10	WOUND CARE CENTER	4,931	991	684		1,139	5,825	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	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		5				17,768	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice						12,361	116
117	MOBILE MED					452	2,312	117
118	SUBTOTALS (sum of lines 1-117)	1,248,181	173,244	167,826	262,699	157,567	609,492	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	3,130		434				190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices	5,403	19	749		961		192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers	5,581		774				193
194	FUND DEVELOPMENT	8,022		1,112				194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,270,317	173,263	170,895	262,699	158,528	609,492	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS
		15	16	17	22	24	25
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy	216,791					15
16	Medical Records & Library		209,379				16
17	Social Service			28,184			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				34,560		22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	169	24,886	21,548		3,691,593	30
31	Intensive Care Unit	16	3,546	2,271		468,406	31
34.10	NICU	11	1,071	599		384,361	34.10
40	Subprovider - IPF	1	1,281	1,480		321,407	40
43	Nursery		732	923		45,695	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	127	10,608			1,325,832	50
52	Delivery Room & Labor Room	11	3,838			523,852	52
53	Anesthesiology	809	3,673			108,812	53
54	Radiology-Diagnostic	3,493	9,123			994,394	54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	12	3,085			1,514,337	55
56	Radioisotope	4,568	3,179			186,273	56
56.10	ULTRASOUND	6	4,271			201,578	56.10
57	CT Scan	577	16,246			73,753	57
58	MRI	663	2,552			70,442	58
59	Cardiac Catheterization	544	4,694			360,534	59
60	Laboratory	105	31,697			654,502	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	80	6,044			245,570	65
65.01	SLEEP LAB		421			78,681	65.01
66	Physical Therapy	1	2,504			189,268	66
68	Speech Pathology		543			26,909	68
69	Electrocardiology	1	4,444			156,570	69
69.01	C-PORT						69.01
70	Electroencephalography		290			39,866	70
71	Medical Supplies Charged to Patients	10	4,844			269,177	71
72	Impl. Dev. Charged to Patients		5,020			88,999	72
73	Drugs Charged to Patients	203,750	26,493			447,295	73
74	Renal Dialysis		1,054			79,539	74
75.10	GI LAB	14	4,006			373,777	75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS		15			744	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	27	300			59,429	90
90.01	PALOS DIAGNOSTIC CENTER		169			43,493	90.01
90.02	CARE STATIONS	464	1,255			266,708	90.02
90.03	OUPATIENT CARE CENTER	504	3,991			653,257	90.03
91	Emergency	81	20,643	1,363		541,877	91
92	Observation Beds (Non-Distinct Part)						92
93	OUTPATIENT REHAB	2	924			237,335	93
93.10	WOUND CARE CENTER	81	875			60,586	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	2	610			107,232		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	646	389			71,170		116
117	MOBILE MED	16	63			10,486		117
118	SUBTOTALS (sum of lines 1-117)	216,791	209,379	28,184		14,973,739		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					19,527		190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices					49,705		192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers					34,816		193
194	FUND DEVELOPMENT					50,049		194
200	Cross Foot Adjustments				34,560	34,560		200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	216,791	209,379	28,184	34,560	15,162,396		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	3,691,593					30
31	Intensive Care Unit	468,406					31
34.10	NICU	384,361					34.10
40	Subprovider - IPF	321,407					40
43	Nursery	45,695					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,325,832					50
52	Delivery Room & Labor Room	523,852					52
53	Anesthesiology	108,812					53
54	Radiology-Diagnostic	994,394					54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	1,514,337					55
56	Radioisotope	186,273					56
56.10	ULTRASOUND	201,578					56.10
57	CT Scan	73,753					57
58	MRI	70,442					58
59	Cardiac Catheterization	360,534					59
60	Laboratory	654,502					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	245,570					65
65.01	SLEEP LAB	78,681					65.01
66	Physical Therapy	189,268					66
68	Speech Pathology	26,909					68
69	Electrocardiology	156,570					69
69.01	C-PORT						69.01
70	Electroencephalography	39,866					70
71	Medical Supplies Charged to Patients	269,177					71
72	Impl. Dev. Charged to Patients	88,999					72
73	Drugs Charged to Patients	447,295					73
74	Renal Dialysis	79,539					74
75.10	GI LAB	373,777					75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	744					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	59,429					90
90.01	PALOS DIAGNOSTIC CENTER	43,493					90.01
90.02	CARE STATIONS	266,708					90.02
90.03	OUPATIENT CARE CENTER	653,257					90.03
91	Emergency	541,877					91
92	Observation Beds (Non-Distinct Part)						92
93	OUTPATIENT REHAB	237,335					93
93.10	WOUND CARE CENTER	60,586					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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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	107,232					101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice	71,170					116
117	MOBILE MED	10,486					117
118	SUBTOTALS (sum of lines 1-117)	14,973,739					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	19,527					190
191.10	ADULT DAY CARE						191.10
192	Physicians' Private Offices	49,705					192
192.01	VACANT SPACE						192.01
193	Nonpaid Workers	34,816					193
194	FUND DEVELOPMENT	50,049					194
200	Cross Foot Adjustments	34,560					200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	15,162,396					202

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP-REL COSTS MOV EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT 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		6,676,845					2
4	Employee Benefits Department	380	2,821	2,973,218				4
5	Administrative & General	42,986	1,762,715	460,959	-26,004,216	156,725,718		5
6	Maintenance & Repairs							6
7	Operation of Plant	56,217	298,480	116,124		8,530,031	430,223	7
8	Laundry & Linen Service	9,080	1,931	10,422		621,254	9,080	8
9	Housekeeping	3,699	35,022	116,751		2,634,930	3,699	9
10	Dietary	11,430	28,023	40,332		1,596,279	11,430	10
11	Cafeteria	7,920		42,343		869,888	7,920	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,088	533,898	58,028		3,278,082	1,088	13
14	Central Services & Supply							14
15	Pharmacy	4,417	59,090	62,619		3,615,287	4,417	15
16	Medical Records & Library	8,450	16,355	53,035		2,192,128	8,450	16
17	Social Service	638		22,614		923,104	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				194,437	1,730	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	119,442	410,393	660,392		29,160,993	119,442	30
31	Intensive Care Unit	12,500	56,416	108,393		5,962,653	12,500	31
34.10	NICU	17,300	26,705	25,910		1,761,290	17,300	34.10
40	Subprovider - IPF	13,790	4,935	35,348		1,817,675	13,790	40
43	Nursery	1,342		15,942		745,472	1,342	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	33,980	442,738	132,860		7,760,861	33,980	50
52	Delivery Room & Labor Room	16,070	129,328	62,903		3,410,506	16,070	52
53	Anesthesiology	455	85,416	4,239		544,544	455	53
54	Radiology-Diagnostic	36,754	198,802	70,676		4,637,202	36,754	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	34,820	804,209	32,727		3,685,017	34,820	55
56	Radioisotope	3,356	89,482	12,695		1,615,833	3,356	56
56.10	ULTRASOUND	2,340	125,571	26,818		1,575,271	2,340	56.10
57	CT Scan	1,573	1,556	24,244		1,423,491	1,573	57
58	MRI	1,676	22,936	13,636		745,973	1,676	58
59	Cardiac Catheterization	8,460	174,509	15,370		1,427,755	8,460	59
60	Laboratory	12,380	233,870	135,726		9,540,897	12,380	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,420	96,122	60,892		2,650,608	2,420	65
65.01	SLEEP LAB	2,660	23,877	6,736		330,795	2,660	65.01
66	Physical Therapy	6,930	13,158	49,170		2,519,437	6,930	66
68	Speech Pathology	225	1,309	5,711		360,679	225	68
69	Electrocardiology	1,619	86,583	40,223		1,945,945	1,619	69
69.01	C-PORT							69.01
70	Electroencephalography	1,560	8,486	2,188		99,501	1,560	70
71	Medical Supplies Charged to Patients	3,772	43,265	10,784		6,011,739	3,772	71
72	Impl. Dev. Charged to Patients					5,263,473		72
73	Drugs Charged to Patients					13,604,013		73
74	Renal Dialysis	1,640	28,162	15,995		1,101,291	1,640	74
75.10	GI LAB	7,710	179,944	28,720		2,120,327	7,710	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS					45,706		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	5,010	12,835		573,497	2,110	90
90.01	PALOS DIAGNOSTIC CENTER		10,241	5,721		240,727		90.01
90.02	CARE STATIONS		39,011	69,311		2,470,946		90.02
90.03	OU PATIENT CARE CENTER		443,114	36,015		2,440,302		90.03
91	Emergency	14,810	63,580	132,159		6,773,486	14,810	91
92	Observation Beds (Non-Distinct Part)							92
93	OUTPATIENT REHAB	10,910	1,798	28,697		1,376,986	10,910	93
93.10	WOUND CARE CENTER	1,670	6,757	14,428		893,490	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		46,684	44,009		2,645,469		101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice		28,932	30,617		1,808,859		116
117	MOBILE MED		2,673	5,727		311,059		117
118	SUBTOTALS (sum of lines 1-117)	522,309	6,673,907	2,961,044	-26,004,216	155,859,188	422,726	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	1,060				15,712	1,060	190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices	1,830	2,938	12,174		782,532	1,830	192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers	1,890				28,014	1,890	193
194	FUND DEVELOPMENT	2,717				40,272	2,717	194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	7,852,888	6,651,711	2,365,923		26,004,216	9,945,351	202
203	Unit Cost Multiplier (Wkst. B, Part I)	14.822195	0.996236	0.795745		0.165922	23.116735	203
204	Cost to be allocated (Per Wkst. B, Part II)			8,874		2,500,585	1,270,317	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.002985		0.015955	2.952694	205

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LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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 (MEALS SERVED)	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	879,548						8
9	Housekeeping	7,228	417,444					9
10	Dietary		11,430	155,169				10
11	Cafeteria		7,920		2,007,425			11
12	Maintenance of Personnel							12
13	Nursing Administration		1,088		58,028	1,509,662		13
14	Central Services & Supply							14
15	Pharmacy	118	4,417		62,619		14,474,766	15
16	Medical Records & Library		8,450		53,035			16
17	Social Service		638		22,614			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	267,475	119,442	132,165	660,392	660,392	11,307	30
31	Intensive Care Unit	34,337	12,500	13,929	108,393	108,393	1,039	31
34.10	NICU	4,074	17,300		25,910	25,910	729	34.10
40	Subprovider - IPF	6,736	13,790	9,075	35,348	35,348	81	40
43	Nursery		1,342		15,942	15,942		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	309,014	33,980		132,860	132,860	8,491	50
52	Delivery Room & Labor Room	63,957	16,070		62,903	62,903	710	52
53	Anesthesiology		455		4,239	4,239	53,991	53
54	Radiology-Diagnostic	26,774	36,754		70,676	70,676	233,246	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	6,865	34,820		32,727	32,727	821	55
56	Radioisotope	5,359	3,356		12,695		304,969	56
56.10	ULTRASOUND	10,834	2,340		27,818		407	56.10
57	CT Scan	10,546	1,573		24,244		38,548	57
58	MRI	2,221	1,676		13,636		44,256	58
59	Cardiac Catheterization	1,713	8,460		15,370		36,353	59
60	Laboratory	2,736	12,380		135,726		6,994	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	64	2,420		60,892	60,892	5,349	65
65.01	SLEEP LAB	1,043	2,660		6,736		20	65.01
66	Physical Therapy	11,281	6,930		49,170		38	66
68	Speech Pathology		225		5,711			68
69	Electrocardiology	4,748	1,619		40,223		69	69
69.01	C-PORT							69.01
70	Electroencephalography	521	1,560		2,188	2,188		70
71	Medical Supplies Charged to Patients		3,772		10,874		639	71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients						13,604,013	73
74	Renal Dialysis	4,377	1,640		15,995			74
75.10	GI LAB	11,101	7,710		28,720	28,720	915	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	720	2,110		12,835	12,835	1,830	90
90.01	PALOS DIAGNOSTIC CENTER				5,721			90.01
90.02	CARE STATIONS	2,609					30,995	90.02
90.03	OU PATIENT CARE CENTER	5,134					33,653	90.03
91	Emergency	72,806	14,810		132,159	132,159	5,414	91
92	Observation Beds (Non-Distinct Part)							92
93	OUTPATIENT REHAB		10,910		28,697	28,697	143	93
93.10	WOUND CARE CENTER	5,033	1,670		14,428	14,428	5,389	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 (MEALS SERVED)	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	27				44,009	134	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice					30,617	43,149	116
117	MOBILE MED				5,727	5,727	1,074	117
118	SUBTOTALS (sum of lines 1-117)	879,451	409,947	155,169	1,995,251	1,509,662	14,474,766	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		1,060					190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices	97	1,830		12,174			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)	934,234	3,165,309	2,212,030	1,257,361	3,891,735	4,390,089	202
203	Unit Cost Multiplier (Wkst. B, Part I)	1.062175	7.582596	14.255618	0.626355	2.577885	0.303293	203
204	Cost to be allocated (Per Wkst. B, Part II)	173,263	170,895	262,699	158,528	609,492	216,791	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.196991	0.409384	1.692986	0.078971	0.403727	0.014977	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	1,028,342,472					16
17	Social Service		57,622				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	121,989,290	44,055	1,000			30
31	Intensive Care Unit	17,383,993	4,643				31
34.10	NICU	5,247,689	1,225				34.10
40	Subprovider - IPF	6,281,814	3,025				40
43	Nursery	3,586,197	1,887				43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	51,999,257					50
52	Delivery Room & Labor Room	18,812,986					52
53	Anesthesiology	18,002,802					53
54	Radiology-Diagnostic	44,720,359					54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	15,123,693					55
56	Radioisotope	15,583,582					56
56.10	ULTRASOUND	20,935,573					56.10
57	CT Scan	79,635,051					57
58	MRI	12,508,172					58
59	Cardiac Catheterization	23,010,687					59
60	Laboratory	157,358,256					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	29,627,274					65
65.01	SLEEP LAB	2,061,892					65.01
66	Physical Therapy	12,274,291					66
68	Speech Pathology	2,663,700					68
69	Electrocardiology	21,782,164					69
69.01	C-PORT						69.01
70	Electroencephalography	1,423,825					70
71	Medical Supplies Charged to Patients	23,743,304					71
72	Impl. Dev. Charged to Patients	24,609,095					72
73	Drugs Charged to Patients	129,865,391					73
74	Renal Dialysis	5,168,758					74
75.10	GI LAB	19,638,311					75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	73,940					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	1,471,260					90
90.01	PALOS DIAGNOSTIC CENTER	828,927					90.01
90.02	CARE STATIONS	6,152,872					90.02
90.03	OUPATIENT CARE CENTER	19,561,890					90.03
91	Emergency	101,188,975	2,787				91
92	Observation Beds (Non-Distinct Part)						92
93	OUTPATIENT REHAB	4,531,740					93
93.10	WOUND CARE CENTER	4,291,370					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	2,992,339						101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	1,904,504						116
117	MOBILE MED	307,249						117
118	SUBTOTALS (sum of lines 1-117)	1,028,342,472	57,622	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)	2,848,478	1,110,017	279,808				202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.002770	19.263771	279.808000				203
204	Cost to be allocated (Per Wkst. B, Part II)	209,379	28,184	34,560				204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000204	0.489119	34.560000				205

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

		WORKSHEET		
DESCRIPTION		PART	LINE NO.	AMOUNT
1		2	3	4

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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	43,140,457		43,140,457	63,781	43,204,238	30
31	Intensive Care Unit	8,055,996		8,055,996	17,885	8,073,881	31
34.10	NICU	2,710,330		2,710,330		2,710,330	34.10
40	Subprovider - IPF	2,868,098		2,868,098	34,804	2,902,902	40
43	Nursery	1,007,728		1,007,728		1,007,728	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	10,992,279		10,992,279	81,902	11,074,181	50
52	Delivery Room & Labor Room	4,791,540		4,791,540		4,791,540	52
53	Anesthesiology	728,690		728,690	2,690	731,380	53
54	Radiology-Diagnostic	6,984,458		6,984,458	26,933	7,011,391	54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	5,519,692		5,519,692		5,519,692	55
56	Radioisotope	2,136,268		2,136,268		2,136,268	56
56.10	ULTRASOUND						56.10
57	CT Scan	1,995,526		1,995,526		1,995,526	57
58	MRI	1,966,636		1,966,636		1,966,636	58
59	Cardiac Catheterization	980,169		980,169		980,169	59
60	Laboratory	2,010,581		2,010,581	110,324	2,120,905	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	12,029,892		12,029,892		12,029,892	65
65.01	SLEEP LAB						65.01
66	Physical Therapy	3,443,565		3,443,565	55,658	3,499,223	66
68	Speech Pathology	478,386		478,386		478,386	68
69	Speech Pathology	3,227,005		3,227,005		3,227,005	69
69.01	C-PORT						69.01
70	Electroencephalography	438,386		438,386		438,386	70
71	Medical Supplies Charged to Patients	2,409,117		2,409,117	73,597	2,482,714	71
72	Impl. Dev. Charged to Patients	175,408		175,408		175,408	72
73	Drugs Charged to Patients	7,197,791		7,197,791		7,197,791	73
74	Renal Dialysis	6,204,966		6,204,966		6,204,966	74
75.10	GI LAB						75.10
76	ENTEROSTOMAL THERAPY	20,346,940		20,346,940		20,346,940	76
76.10	NEUROLOGY						76.10
76.20	EMG	1,363,350		1,363,350	11,262	1,374,612	76.20
76.30	OS SVCS	2,867,321		2,867,321		2,867,321	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	779,949		779,949		779,949	90
90.01	PALOS DIAGNOSTIC CENTER						90.01
90.02	CARE STATIONS	286,548		286,548		286,548	90.02
90.03	OUPATIENT CARE CENTER	2,910,145		2,910,145	16,440	2,926,585	90.03
91	Emergency	2,915,048		2,915,048		2,915,048	91
92	Observation Beds (Non-Distinct Part)	9,188,438		9,188,438		9,188,438	92
93	OUTPATIENT REHAB	6,413,370		6,413,370		6,413,370	93
93.10	WOUND CARE CENTER						93.10
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	2,044,937		2,044,937	10,528	2,055,465	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	1,158,106		1,158,106	39,336	1,197,442	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency						101
113	Interest Expense	3,206,220		3,206,220		3,206,220	113
116	Hospice	2,206,278		2,206,278		2,206,278	116
117	MOBILE MED	382,199		382,199		382,199	117
200	Subtotal (sum of lines 30 thru 199)	187,615,308		187,615,308	545,140	188,160,448	200
201	Less Observation Beds	6,413,370		6,413,370		6,413,370	201
202	Total (line 200 minus line 201)	181,201,938		181,201,938		181,747,078	202

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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	107,424,820		107,424,820				30
31	Intensive Care Unit	17,383,993		17,383,993				31
34.10	NICU	5,247,689		5,247,689				34.10
40	Subprovider - IPF	6,281,814		6,281,814				40
43	Nursery	3,586,197		3,586,197				43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	23,960,706	28,038,551	51,999,257	0.211393	0.211393	0.212968	50
52	Delivery Room & Labor Room	12,478,756	6,334,230	18,812,986	0.254693	0.254693	0.254693	52
53	Anesthesiology	9,369,913	8,632,889	18,002,802	0.040476	0.040476	0.040626	53
54	Radiology-Diagnostic	17,895,014	26,825,345	44,720,359	0.156181	0.156181	0.156783	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	889,509	14,234,184	15,123,693	0.364970	0.364970	0.364970	55
56	Radioisotope	5,068,042	10,515,540	15,583,582	0.137085	0.137085	0.137085	56
56.10	ULTRASOUND	6,540,290	14,395,283	20,935,573	0.095317	0.095317	0.095317	56.10
57	CT Scan	26,678,789	52,956,262	79,635,051	0.024696	0.024696	0.024696	57
58	MRI	5,707,968	6,800,204	12,508,172	0.078362	0.078362	0.078362	58
59	Cardiac Catheterization	13,710,423	9,300,264	23,010,687	0.087376	0.087376	0.092170	59
60	Laboratory	63,854,702	93,503,554	157,358,256	0.076449	0.076449	0.076449	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	25,240,603	4,386,671	29,627,274	0.116230	0.116230	0.118108	65
65.01	SLEEP LAB	5,241	2,056,651	2,061,892	0.232013	0.232013	0.232013	65.01
66	Physical Therapy	4,293,157	7,981,134	12,274,291	0.262908	0.262908	0.262908	66
68	Speech Pathology	1,911,443	752,257	2,663,700	0.164578	0.164578	0.164578	68
69	Electrocardiology	10,067,571	11,714,593	21,782,164	0.110600	0.110600	0.113979	69
69.01	C-PORT							69.01
70	Electroencephalography	411,141	1,012,684	1,423,825	0.123195	0.123195	0.123195	70
71	Medical Supplies Charged to Patients	15,209,476	8,533,828	23,743,304	0.303150	0.303150	0.303150	71
72	Impl. Dev. Charged to Patients	16,039,433	8,569,662	24,609,095	0.252141	0.252141	0.252141	72
73	Drugs Charged to Patients	66,024,192	63,841,199	129,865,391	0.156677	0.156677	0.156677	73
74	Renal Dialysis	4,345,268	823,490	5,168,758	0.263767	0.263767	0.265946	74
75.10	GI LAB	4,183,109	15,455,202	19,638,311	0.146006	0.146006	0.146006	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS	62,381	11,559	73,940	0.723492	0.723492	0.723492	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	172,194	1,299,066	1,471,260	0.530123	0.530123	0.530123	90
90.01	PALOS DIAGNOSTIC CENTER	861	828,066	828,927	0.345685	0.345685	0.345685	90.01
90.02	CARE STATIONS	4,373	6,148,499	6,152,872	0.472973	0.472973	0.475645	90.02
90.03	OUTPATIENT CARE CENTER	103,120	19,458,770	19,561,890	0.149017	0.149017	0.149017	90.03
91	Emergency	30,764,640	70,424,335	101,188,975	0.090805	0.090805	0.090805	91
92	Observation Beds (Non-Distinct Part)	2,423,517	12,140,953	14,564,470	0.440344	0.440344	0.440344	92
93	OUTPATIENT REHAB	7,532	4,524,208	4,531,740	0.451248	0.451248	0.453571	93
93.10	WOUND CARE CENTER	102,970	4,188,400	4,291,370	0.269869	0.269869	0.279035	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	1,056	2,991,283	2,992,339				101
113	Interest Expense							113
116	Hospice		1,904,504	1,904,504				116
117	MOBILE MED		307,249	307,249				117
200	Subtotal (sum of lines 30 thru 199)	507,451,903	520,890,569	1,028,342,472				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	507,451,903	520,890,569	1,028,342,472				202

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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)	3,691,593		3,691,593	50,605	72.95	18,894	1,378,317	30
31	Intensive Care Unit	468,406		468,406	4,632	101.12	2,006	202,847	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
34.10	NICU	384,361		384,361	1,222	314.53			34.10
35	Other Special Care (specify)								35
40	Subprovider - IPF	321,407		321,407	3,020	106.43	1,156	123,033	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	45,695		45,695	1,733	26.37			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	4,911,462		4,911,462	61,212		22,056	1,704,197	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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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	1,325,832	51,999,257	0.025497	9,186,234	234,221	50
52	Delivery Room & Labor Room	523,852	18,812,986	0.027845	22,775	634	52
53	Anesthesiology	108,812	18,002,802	0.006044	3,038,539	18,365	53
54	Radiology-Diagnostic	994,394	44,720,359	0.022236	8,817,732	196,071	54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	1,514,337	15,123,693	0.100130	473,637	47,425	55
56	Radioisotope	186,273	15,583,582	0.011953	2,325,044	27,791	56
56.10	ULTRASOUND	201,578	20,935,573	0.009628	2,977,233	28,665	56.10
57	CT Scan	73,753	79,635,051	0.000926	13,389,607	12,399	57
58	MRI	70,442	12,508,172	0.005632	2,468,208	13,901	58
59	Cardiac Catheterization	360,534	23,010,687	0.015668	6,121,980	95,919	59
60	Laboratory	654,502	157,358,256	0.004159	27,791,669	115,586	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	245,570	29,627,274	0.008289	11,212,039	92,937	65
65.01	SLEEP LAB	78,681	2,061,892	0.038160	3,597	137	65.01
66	Physical Therapy	189,268	12,274,291	0.015420	2,256,307	34,792	66
68	Speech Pathology	26,909	2,663,700	0.010102	995,880	10,060	68
69	Electrocardiology	156,570	21,782,164	0.007188	4,733,650	34,025	69
69.01	C-PORT						69.01
70	Electroencephalography	39,866	1,423,825	0.027999	179,581	5,028	70
71	Medical Supplies Charged to Pat	269,177	23,743,304	0.011337	6,257,164	70,937	71
72	Impl. Dev. Charged to Patients	88,999	24,609,095	0.003617	6,339,984	22,932	72
73	Drugs Charged to Patients	447,295	129,865,391	0.003444	27,281,252	93,957	73
74	Renal Dialysis	79,539	5,168,758	0.015388	2,403,563	36,986	74
75.10	GI LAB	373,777	19,638,311	0.019033	1,921,015	36,563	75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	744	73,940	0.010062	15,333	154	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	59,429	1,471,260	0.040393	83,272	3,364	90
90.01	PALOS DIAGNOSTIC CENTER	43,493	828,927	0.052469	78	4	90.01
90.02	CARE STATIONS	266,708	6,152,872	0.043347			90.02
90.03	OUPATIENT CARE CENTER	653,257	19,561,890	0.033394	73,544	2,456	90.03
91	Emergency	541,877	101,188,975	0.005355	13,208,195	70,730	91
92	Observation Beds (Non-Distinct)	547,990	14,564,470	0.037625	1,219,536	45,885	92
93	OUTPATIENT REHAB	237,335	4,531,740	0.052372	2,804	147	93
93.10	WOUND CARE CENTER	60,586	4,291,370	0.014118	101,092	1,427	93.10
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	10,421,379	883,213,867		154,900,544	1,353,498	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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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

		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjust- ment Amount (see instruct- ions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)						30
31	Intensive Care Unit						31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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

		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)	50,605		18,894		30
31	Intensive Care Unit	4,632		2,006		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
34.10	NICU	1,222				34.10
35	Other Special Care (specify)					35
40	Subprovider - IPF	3,020		1,156		40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	1,733				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	61,212		22,056		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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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	51,999,257			9,186,234		8,426,837		50
52	Delivery Room & Labor Room	18,812,986			22,775		10,211		52
53	Anesthesiology	18,002,802			3,038,539		2,535,666		53
54	Radiology-Diagnostic	44,720,359			8,817,732		6,471,538		54
54.01	BREAST HEALTH CENTER								54.01
55	Radiology-Therapeutic	15,123,693			473,637		4,993,693		55
56	Radioisotope	15,583,582			2,325,044		4,124,450		56
56.10	ULTRASOUND	20,935,573			2,977,233		2,662,924		56.10
57	CT Scan	79,635,051			13,389,607		13,655,134		57
58	MRI	12,508,172			2,468,208		1,730,785		58
59	Cardiac Catheterization	23,010,687			6,121,980		4,401,470		59
60	Laboratory	157,358,256			27,791,669		11,495,869		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	29,627,274			11,212,039		920,542		65
65.01	SLEEP LAB	2,061,892			3,597		666,135		65.01
66	Physical Therapy	12,274,291			2,256,307		76,878		66
68	Speech Pathology	2,663,700			995,880		18,287		68
69	Electrocardiology	21,782,164			4,733,650		3,888,126		69
69.01	C-PORT								69.01
70	Electroencephalography	1,423,825			179,581		260,789		70
71	Medical Supplies Charged to Pat	23,743,304			6,257,164		3,370,006		71
72	Impl. Dev. Charged to Patients	24,609,095			6,339,984		3,573,021		72
73	Drugs Charged to Patients	129,865,391			27,281,252		22,807,233		73
74	Renal Dialysis	5,168,758			2,403,563		343,392		74
75.10	GI LAB	19,638,311			1,921,015		4,780,694		75.10
76	ENTEROSTOMAL THERAPY								76
76.10	NEUROLOGY								76.10
76.20	EMG								76.20
76.30	OS SVCS	73,940			15,333		4,963		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	1,471,260			83,272		420,345		90
90.01	PALOS DIAGNOSTIC CENTER	828,927			78		395,829		90.01
90.02	CARE STATIONS	6,152,872					790,069		90.02
90.03	OUPATIENT CARE CENTER	19,561,890			73,544		5,327,295		90.03
91	Emergency	101,188,975			13,208,195		11,057,552		91
92	Observation Beds (Non-Distinct)	14,564,470			1,219,536		3,310,646		92
93	OUPATIENT REHAB	4,531,740			2,804		259,672		93
93.10	WOUND CARE CENTER	4,291,370			101,092		2,230,175		93.10
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	883,213,867			154,900,544		125,010,226		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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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	0.211393	8,426,837			1,781,374			50
52	Delivery Room & Labor Room	0.254693	10,211			2,601			52
53	Anesthesiology	0.040476	2,535,666			102,634			53
54	Radiology-Diagnostic	0.156181	6,471,538			1,010,731			54
54.01	BREAST HEALTH CENTER								54.01
55	Radiology-Therapeutic	0.364970	4,993,693			1,822,548			55
56	Radioisotope	0.137085	4,124,450			565,400			56
56.10	ULTRASOUND	0.095317	2,662,924			253,822			56.10
57	CT Scan	0.024696	13,655,134			337,227			57
58	MRI	0.078362	1,730,785			135,628			58
59	Cardiac Catheterization	0.087376	4,401,470			384,583			59
60	Laboratory	0.076449	11,495,869			878,848			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.116230	920,542			106,995			65
65.01	SLEEP LAB	0.232013	666,135			154,552			65.01
66	Physical Therapy	0.262908	76,878			20,212			66
68	Speech Pathology	0.164578	18,287			3,010			68
69	Electrocardiology	0.110600	3,888,126			430,027			69
69.01	C-PORT								69.01
70	Electroencephalography	0.123195	260,789			32,128			70
71	Medical Supplies Charged to Pat	0.303150	3,370,006			1,021,617			71
72	Impl. Dev. Charged to Patients	0.252141	3,573,021			900,905			72
73	Drugs Charged to Patients	0.156677	22,807,233		176,442	3,573,369		27,644	73
74	Renal Dialysis	0.263767	343,392			90,575			74
75.10	GI LAB	0.146006	4,780,694			698,010			75.10
76	ENTEROSTOMAL THERAPY								76
76.10	NEUROLOGY								76.10
76.20	EMG								76.20
76.30	OS SVCS	0.723492	4,963			3,591			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	0.530123	420,345			222,835			90
90.01	PALOS DIAGNOSTIC CENTER	0.345685	395,829			136,832			90.01
90.02	CARE STATIONS	0.472973	790,069			373,681			90.02
90.03	OUPATIENT CARE CENTER	0.149017	5,327,295			793,858			90.03
91	Emergency	0.090805	11,057,552			1,004,081			91
92	Observation Beds (Non-Distinct	0.440344	3,310,646			1,457,823			92
93	OUTPATIENT REHAB	0.451248	259,672			117,176			93
93.10	WOUND CARE CENTER	0.269869	2,230,175			601,855			93.10
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		125,010,226		176,442	19,018,528		27,644	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		125,010,226		176,442	19,018,528		27,644	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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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)	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)	
Cost Center Description	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 Operating Room	1,325,832	51,999,257	0.025497	1,037	26	50
52 Delivery Room & Labor Room	523,852	18,812,986	0.027845			52
53 Anesthesiology	108,812	18,002,802	0.006044			53
54 Radiology-Diagnostic	994,394	44,720,359	0.022236	31,774	707	54
54.01 BREAST HEALTH CENTER						54.01
55 Radiology-Therapeutic	1,514,337	15,123,693	0.100130			55
56 Radioisotope	186,273	15,583,582	0.011953	6,742	81	56
56.10 ULTRASOUND	201,578	20,935,573	0.009628	9,468	91	56.10
57 CT Scan	73,753	79,635,051	0.000926	101,873	94	57
58 MRI	70,442	12,508,172	0.005632	3,742	21	58
59 Cardiac Catheterization	360,534	23,010,687	0.015668			59
60 Laboratory	654,502	157,358,256	0.004159	699,384	2,909	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 Respiratory Therapy	245,570	29,627,274	0.008289	104,068	863	65
65.01 SLEEP LAB	78,681	2,061,892	0.038160			65.01
66 Physical Therapy	189,268	12,274,291	0.015420	25,631	395	66
68 Speech Pathology	26,909	2,663,700	0.010102	730	7	68
69 Electrocardiology	156,570	21,782,164	0.007188	57,646	414	69
69.01 C-PORT						69.01
70 Electroencephalography	39,866	1,423,825	0.027999	2,793	78	70
71 Medical Supplies Charged to Pat	269,177	23,743,304	0.011337	1,989	23	71
72 Impl. Dev. Charged to Patients	88,999	24,609,095	0.003617			72
73 Drugs Charged to Patients	447,295	129,865,391	0.003444	321,432	1,107	73
74 Renal Dialysis	79,539	5,168,758	0.015388	48,198	742	74
75.10 GI LAB	373,777	19,638,311	0.019033	3,694	70	75.10
76 ENTEROSTOMAL THERAPY						76
76.10 NEUROLOGY						76.10
76.20 EMG						76.20
76.30 OS SVCS	744	73,940	0.010062			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	59,429	1,471,260	0.040393			90
90.01 PALOS DIAGNOSTIC CENTER	43,493	828,927	0.052469			90.01
90.02 CARE STATIONS	266,708	6,152,872	0.043347			90.02
90.03 OUPATIENT CARE CENTER	653,257	19,561,890	0.033394			90.03
91 Emergency	541,877	101,188,975	0.005355	288,438	1,545	91
92 Observation Beds (Non-Distinct)		14,564,470				92
93 OUTPATIENT REHAB	237,335	4,531,740	0.052372	3,837	201	93
93.10 WOUND CARE CENTER	60,586	4,291,370	0.014118			93.10
OTHER REIMBURSABLE COST CENTERS						
200 Total (sum of lines 50-199)	9,873,389	883,213,867		1,712,476	9,374	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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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	51,999,257			1,037				50
52	Delivery Room & Labor Room	18,812,986							52
53	Anesthesiology	18,002,802							53
54	Radiology-Diagnostic	44,720,359			31,774				54
54.01	BREAST HEALTH CENTER								54.01
55	Radiology-Therapeutic	15,123,693							55
56	Radioisotope	15,583,582			6,742				56
56.10	ULTRASOUND	20,935,573			9,468				56.10
57	CT Scan	79,635,051			101,873				57
58	MRI	12,508,172			3,742				58
59	Cardiac Catheterization	23,010,687							59
60	Laboratory	157,358,256			699,384		7,807		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	29,627,274			104,068				65
65.01	SLEEP LAB	2,061,892							65.01
66	Physical Therapy	12,274,291			25,631				66
68	Speech Pathology	2,663,700			730				68
69	Electrocardiology	21,782,164			57,646		602		69
69.01	C-PORT								69.01
70	Electroencephalography	1,423,825			2,793				70
71	Medical Supplies Charged to Pat	23,743,304			1,989				71
72	Impl. Dev. Charged to Patients	24,609,095							72
73	Drugs Charged to Patients	129,865,391			321,432				73
74	Renal Dialysis	5,168,758			48,198				74
75.10	GI LAB	19,638,311			3,694				75.10
76	ENTEROSTOMAL THERAPY								76
76.10	NEUROLOGY								76.10
76.20	EMG								76.20
76.30	OS SVCS	73,940							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	1,471,260							90
90.01	PALOS DIAGNOSTIC CENTER	828,927							90.01
90.02	CARE STATIONS	6,152,872							90.02
90.03	OUPATIENT CARE CENTER	19,561,890							90.03
91	Emergency	101,188,975			288,438				91
92	Observation Beds (Non-Distinct)	14,564,470							92
93	OUPATIENT REHAB	4,531,740			3,837		41,123		93
93.10	WOUND CARE CENTER	4,291,370							93.10
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	883,213,867			1,712,476		49,532		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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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	0.211393							50
52	Delivery Room & Labor Room	0.254693							52
53	Anesthesiology	0.040476							53
54	Radiology-Diagnostic	0.156181							54
54.01	BREAST HEALTH CENTER								54.01
55	Radiology-Therapeutic	0.364970							55
56	Radioisotope	0.137085							56
56.10	ULTRASOUND	0.095317							56.10
57	CT Scan	0.024696							57
58	MRI	0.078362							58
59	Cardiac Catheterization	0.087376							59
60	Laboratory	0.076449	7,807			597			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.116230							65
65.01	SLEEP LAB	0.232013							65.01
66	Physical Therapy	0.262908							66
68	Speech Pathology	0.164578							68
69	Electrocardiology	0.110600	602			67			69
69.01	C-PORT								69.01
70	Electroencephalography	0.123195							70
71	Medical Supplies Charged to Pat	0.303150							71
72	Impl. Dev. Charged to Patients	0.252141							72
73	Drugs Charged to Patients	0.156677							73
74	Renal Dialysis	0.263767							74
75.10	GI LAB	0.146006							75.10
76	ENTEROSTOMAL THERAPY								76
76.10	NEUROLOGY								76.10
76.20	EMG								76.20
76.30	OS SVCS	0.723492							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	0.530123							90
90.01	PALOS DIAGNOSTIC CENTER	0.345685							90.01
90.02	CARE STATIONS	0.472973							90.02
90.03	OUPATIENT CARE CENTER	0.149017							90.03
91	Emergency	0.090805							91
92	Observation Beds (Non-Distinct	0.440344							92
93	OUTPATIENT REHAB	0.451248	41,123			18,557			93
93.10	WOUND CARE CENTER	0.269869							93.10
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		49,532			19,221			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		49,532			19,221			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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	3,691,593		3,691,593	50,605	72.95	1,570	114,532	30
31	Intensive Care Unit	468,406		468,406	4,632	101.12	221	22,348	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
34.10	NICU	384,361		384,361	1,222	314.53	477	150,031	34.10
35	Other Special Care (specify)								35
40	Subprovider - IPF	321,407		321,407	3,020	106.43			40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	45,695		45,695	1,733	26.37	243	6,408	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	4,911,462		4,911,462	61,212		2,511	293,319	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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0179

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)
		1	2	3	4	5
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	1,325,832	51,999,257	0.025497		50
52	Delivery Room & Labor Room	523,852	18,812,986	0.027845		52
53	Anesthesiology	108,812	18,002,802	0.006044		53
54	Radiology-Diagnostic	994,394	44,720,359	0.022236		54
54.01	BREAST HEALTH CENTER					54.01
55	Radiology-Therapeutic	1,514,337	15,123,693	0.100130		55
56	Radioisotope	186,273	15,583,582	0.011953		56
56.10	ULTRASOUND					56.10
57	CT Scan	73,753	79,635,051	0.000926		57
58	MRI	70,442	12,508,172	0.005632		58
59	Cardiac Catheterization	360,534	23,010,687	0.015668		59
60	Laboratory	654,502	157,358,256	0.004159		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	245,570	29,627,274	0.008289		65
65.01	SLEEP LAB					65.01
66	Physical Therapy	189,268	12,274,291	0.015420		66
68	Speech Pathology	26,909	2,663,700	0.010102		68
69	Electrocardiology	156,570	21,782,164	0.007188		69
69.01	C-PORT					69.01
70	Electroencephalography	39,866	1,423,825	0.027999		70
71	Medical Supplies Charged to Pat	269,177	23,743,304	0.011337		71
72	Impl. Dev. Charged to Patients	88,999	24,609,095	0.003617		72
73	Drugs Charged to Patients	447,295	129,865,391	0.003444		73
74	Renal Dialysis	79,539	5,168,758	0.015388		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	744	73,940	0.010062		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	59,429	1,471,260	0.040393		90
90.01	PALOS DIAGNOSTIC CENTER					90.01
90.02	CARE STATIONS					90.02
90.03	OUPATIENT CARE CENTER					90.03
91	Emergency	541,877	101,188,975	0.005355		91
92	Observation Beds (Non-Distinct)	547,990	14,564,470	0.037625		92
93	OUTPATIENT REHAB					93
93.10	WOUND CARE CENTER					93.10
	OTHER REIMBURSABLE COST CENTERS					
200	Total (sum of lines 50-199)	10,421,379	883,213,867			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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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: [XX] Title XIX [XX] 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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6	7	8	9			
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	50,605		1,570		30
31	Intensive Care Unit	4,632		221		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
34.10	NICU	1,222		477		34.10
35	Other Special Care (specify)					35
40	Subprovider - IPF	3,020				40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	1,733		243		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	61,212		2,511		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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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	51,999,257							50
52	Delivery Room & Labor Room	18,812,986							52
53	Anesthesiology	18,002,802							53
54	Radiology-Diagnostic	44,720,359							54
54.01	BREAST HEALTH CENTER								54.01
55	Radiology-Therapeutic	15,123,693							55
56	Radioisotope	15,583,582							56
56.10	ULTRASOUND	20,935,573							56.10
57	CT Scan	79,635,051							57
58	MRI	12,508,172							58
59	Cardiac Catheterization	23,010,687							59
60	Laboratory	157,358,256							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	29,627,274							65
65.01	SLEEP LAB	2,061,892							65.01
66	Physical Therapy	12,274,291							66
68	Speech Pathology	2,663,700							68
69	Electrocardiology	21,782,164							69
69.01	C-PORT								69.01
70	Electroencephalography	1,423,825							70
71	Medical Supplies Charged to Pat	23,743,304							71
72	Impl. Dev. Charged to Patients	24,609,095							72
73	Drugs Charged to Patients	129,865,391							73
74	Renal Dialysis	5,168,758							74
75.10	GI LAB	19,638,311							75.10
76	ENTEROSTOMAL THERAPY								76
76.10	NEUROLOGY								76.10
76.20	EMG								76.20
76.30	OS SVCS	73,940							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	1,471,260							90
90.01	PALOS DIAGNOSTIC CENTER	828,927							90.01
90.02	CARE STATIONS	6,152,872							90.02
90.03	OUPATIENT CARE CENTER	19,561,890							90.03
91	Emergency	101,188,975							91
92	Observation Beds (Non-Distinct)	14,564,470							92
93	OUPATIENT REHAB	4,531,740							93
93.10	WOUND CARE CENTER	4,291,370							93.10
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	883,213,867							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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0179

WORKSHEET D
PART V

Check [] Title V - O/P [XX] Hospital [] SUB (Other) [] Swing Bed SNF
 Applicable [] Title XVIII, Part B [] IPF [] SNF [] Swing Bed NF
 Boxes: [XX] Title XIX - O/P [] IRF [] NF [] ICF/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	0.211393							50
52	Delivery Room & Labor Room	0.254693							52
53	Anesthesiology	0.040476							53
54	Radiology-Diagnostic	0.156181							54
54.01	BREAST HEALTH CENTER								54.01
55	Radiology-Therapeutic	0.364970							55
56	Radioisotope	0.137085							56
56.10	ULTRASOUND	0.095317							56.10
57	CT Scan	0.024696							57
58	MRI	0.078362							58
59	Cardiac Catheterization	0.087376							59
60	Laboratory	0.076449							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.116230							65
65.01	SLEEP LAB	0.232013							65.01
66	Physical Therapy	0.262908							66
68	Speech Pathology	0.164578							68
69	Electrocardiology	0.110600							69
69.01	C-PORT								69.01
70	Electroencephalography	0.123195							70
71	Medical Supplies Charged to Pat	0.303150							71
72	Impl. Dev. Charged to Patients	0.252141							72
73	Drugs Charged to Patients	0.156677							73
74	Renal Dialysis	0.263767							74
75.10	GI LAB	0.146006							75.10
76	ENTEROSTOMAL THERAPY								76
76.10	NEUROLOGY								76.10
76.20	EMG								76.20
76.30	OS SVCS	0.723492							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	0.530123							90
90.01	PALOS DIAGNOSTIC CENTER	0.345685							90.01
90.02	CARE STATIONS	0.472973							90.02
90.03	OUTPATIENT CARE CENTER	0.149017							90.03
91	Emergency	0.090805							91
92	Observation Beds (Non-Distinct)	0.440344							92
93	OUTPATIENT REHAB	0.451248							93
93.10	WOUND CARE CENTER	0.269869							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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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)	50,605	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	50,605	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)	43,093	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)	18,894	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)	43,204,238	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)	43,204,238	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)	43,204,238	37

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0179

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1		
38	Adjusted general inpatient routine service cost per diem (see instructions)						853.75	38	
39	Program general inpatient routine service cost (line 9 x line 38)						16,130,753	39	
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)							40	
41	Total Program general inpatient routine service cost (line 39 + line 40)						16,130,753	41	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
		1	2	3	4	5			
42	Nursery (Titles V and XIX only)							42	
	Intensive Care Type Inpatient Hospital Units								
43	Intensive Care Unit	8,073,881	4,632	1,743.07	2,006	3,496,598		43	
44	Coronary Care Unit							44	
45	Burn Intensive Care Unit							45	
46	Surgical Intensive Care Unit							46	
46.10	NICU	2,710,330	1,222	2,217.95				46.10	
47	Other Special Care (specify)							47	
							1		
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						20,621,842	48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						40,249,193	49	
	PASS THROUGH COST ADJUSTMENTS								
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						1,581,164	50	
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						1,353,498	51	
52	Total Program excludable cost (sum of lines 50 and 51)						2,934,662	52	
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						37,314,531	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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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)					7,512	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					853.75	88
89	Observation bed cost (line 87 x line 88) (see instructions)					6,413,370	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	3,691,593	43,204,238	0.085445	6,413,370	547,990	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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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 [XX] PPS
 Applicable [XX] Title XVIII, Part A [XX] IPF [] SNF [] TEFRA
 Boxes: [] Title XIX - I/P [] IRF [] NF [] Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,020	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,020	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)	3,020	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)	1,156	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)	2,902,902	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)	2,902,902	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)	2,902,902	37

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S179

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	961.23	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,111,182	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)	1,111,182	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	181,622	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,292,804	49
PASS THROUGH COST ADJUSTMENTS			
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	123,033	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	9,374	51
52	Total Program excludable cost (sum of lines 50 and 51)	132,407	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,160,397	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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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)	50,605	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	50,605	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)	43,093	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)	1,570	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)	1,733	15
16	Nursery days (title V or XIX only)	243	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)	43,140,457	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)	43,140,457	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)	43,140,457	37

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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)					852.49	38	
39	Program general inpatient routine service cost (line 9 x line 38)					1,338,409	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)					1,338,409	41	
42	Nursery (Titles V and XIX only)	1,007,728	1,733	581.49	243	141,302	42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	8,055,996	4,632	1,739.20	221	384,363	43	
44	Coronary Care Unit						44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
46.10	NICU	2,710,330	1,222	2,217.95	477	1,057,962	46.10	
47	Other Special Care (specify)						47	

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					2,922,036	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					293,319	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)					293,319	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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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)					7,512	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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0179

WORKSHEET D-3

Check [] Title V [XX] Hospital [] SUB (Other) [] Swing Bed SNF [XX] PPS
 Applicable [XX] Title XVIII, Part A [] IPF [] SNF [] Swing Bed NF [] TEFRA
 Boxes: [] Title XIX [] IRF [] NF [] ICF/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		45,447,892		30
31	Intensive Care Unit		7,659,543		31
34.10	NICU				34.10
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.212968	9,186,234	1,956,374	50
52	Delivery Room & Labor Room	0.254693	22,775	5,801	52
53	Anesthesiology	0.040626	3,038,539	123,444	53
54	Radiology-Diagnostic	0.156783	8,817,732	1,382,470	54
54.01	BREAST HEALTH CENTER				54.01
55	Radiology-Therapeutic	0.364970	473,637	172,863	55
56	Radioisotope	0.137085	2,325,044	318,729	56
56.10	ULTRASOUND	0.095317	2,977,233	283,781	56.10
57	CT Scan	0.024696	13,389,607	330,670	57
58	MRI	0.078362	2,468,208	193,414	58
59	Cardiac Catheterization	0.092170	6,121,980	564,263	59
60	Laboratory	0.076449	27,791,669	2,124,645	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.118108	11,212,039	1,324,232	65
65.01	SLEEP LAB	0.232013	3,597	835	65.01
66	Physical Therapy	0.262908	2,256,307	593,201	66
68	Speech Pathology	0.164578	995,880	163,900	68
69	Electrocardiology	0.113979	4,733,650	539,537	69
69.01	C-PORT				69.01
70	Electroencephalography	0.123195	179,581	22,123	70
71	Medical Supplies Charged to Patients	0.303150	6,257,164	1,896,859	71
72	Impl. Dev. Charged to Patients	0.252141	6,339,984	1,598,570	72
73	Drugs Charged to Patients	0.156677	27,281,252	4,274,345	73
74	Renal Dialysis	0.265946	2,403,563	639,218	74
75.10	GI LAB	0.146006	1,921,015	280,480	75.10
76	ENTEROSTOMAL THERAPY				76
76.10	NEUROLOGY				76.10
76.20	EMG				76.20
76.30	OS SVCS	0.723492	15,333	11,093	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	0.530123	83,272	44,144	90
90.01	PALOS DIAGNOSTIC CENTER	0.345685	78	27	90.01
90.02	CARE STATIONS	0.475645			90.02
90.03	OUTPATIENT CARE CENTER	0.149017	73,544	10,959	90.03
91	Emergency	0.090805	13,208,195	1,199,370	91
92	Observation Beds (Non-Distinct Part)	0.440344	1,219,536	537,015	92
93	OUTPATIENT REHAB	0.453571	2,804	1,272	93
93.10	WOUND CARE CENTER	0.279035	101,092	28,208	93.10
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		154,900,544	20,621,842	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		154,900,544		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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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		2,410,321		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.212968	1,037	221	50
52	Delivery Room & Labor Room	0.254693			52
53	Anesthesiology	0.040626			53
54	Radiology-Diagnostic	0.156783	31,774	4,982	54
54.01	BREAST HEALTH CENTER				54.01
55	Radiology-Therapeutic	0.364970			55
56	Radioisotope	0.137085	6,742	924	56
56.10	ULTRASOUND	0.095317	9,468	902	56.10
57	CT Scan	0.024696	101,873	2,516	57
58	MRI	0.078362	3,742	293	58
59	Cardiac Catheterization	0.092170			59
60	Laboratory	0.076449	699,384	53,467	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.118108	104,068	12,291	65
65.01	SLEEP LAB	0.232013			65.01
66	Physical Therapy	0.262908	25,631	6,739	66
68	Speech Pathology	0.164578	730	120	68
69	Electrocardiology	0.113979	57,646	6,570	69
69.01	C-PORT				69.01
70	Electroencephalography	0.123195	2,793	344	70
71	Medical Supplies Charged to Patients	0.303150	1,989	603	71
72	Impl. Dev. Charged to Patients	0.252141			72
73	Drugs Charged to Patients	0.156677	321,432	50,361	73
74	Renal Dialysis	0.265946	48,198	12,818	74
75.10	GI LAB	0.146006	3,694	539	75.10
76	ENTEROSTOMAL THERAPY				76
76.10	NEUROLOGY				76.10
76.20	EMG				76.20
76.30	OS SVCS	0.723492			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	0.530123			90
90.01	PALOS DIAGNOSTIC CENTER	0.345685			90.01
90.02	CARE STATIONS	0.475645			90.02
90.03	OUTPATIENT CARE CENTER	0.149017			90.03
91	Emergency	0.090805	288,438	26,192	91
92	Observation Beds (Non-Distinct Part)	0.440344			92
93	OUTPATIENT REHAB	0.453571	3,837	1,740	93
93.10	WOUND CARE CENTER	0.279035			93.10
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		1,712,476	181,622	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,712,476		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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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	0.211393			50
52	Delivery Room & Labor Room	0.254693			52
53	Anesthesiology	0.040476			53
54	Radiology-Diagnostic	0.156181			54
54.01	BREAST HEALTH CENTER				54.01
55	Radiology-Therapeutic	0.364970			55
56	Radioisotope	0.137085			56
56.10	ULTRASOUND	0.095317			56.10
57	CT Scan	0.024696			57
58	MRI	0.078362			58
59	Cardiac Catheterization	0.087376			59
60	Laboratory	0.076449			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.116230			65
65.01	SLEEP LAB	0.232013			65.01
66	Physical Therapy	0.262908			66
68	Speech Pathology	0.164578			68
69	Electrocardiology	0.110600			69
69.01	C-PORT				69.01
70	Electroencephalography	0.123195			70
71	Medical Supplies Charged to Patients	0.303150			71
72	Impl. Dev. Charged to Patients	0.252141			72
73	Drugs Charged to Patients	0.156677			73
74	Renal Dialysis	0.263767			74
75.10	GI LAB	0.146006			75.10
76	ENTEROSTOMAL THERAPY				76
76.10	NEUROLOGY				76.10
76.20	EMG				76.20
76.30	OS SVCS	0.723492			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	0.530123			90
90.01	PALOS DIAGNOSTIC CENTER	0.345685			90.01
90.02	CARE STATIONS	0.472973			90.02
90.03	OUPATIENT CARE CENTER	0.149017			90.03
91	Emergency	0.090805			91
92	Observation Beds (Non-Distinct Part)	0.440344			92
93	OUTPATIENT REHAB	0.451248			93
93.10	WOUND CARE CENTER	0.269869			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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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)	9,441,943			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	28,325,830			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)	249,133			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	14,142,065			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	199.42			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).	0.16			8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)	3.00			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	2.17			10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)	2.17			12
13	Total allowable FTE count for the prior year	1.61			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	3.84			14
15	Sum of lines 12 through 14 divided by 3	2.54			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	2.54			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.012737			19
20	Prior year resident to bed ratio (see instructions)	0.007917			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.007917			21
22	IME payment adjustment (see instructions)	163,119			22
22.01	IME payment adjustment - Managed Care (see instructions)	61,080			22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)	-0.83			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)	163,119			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	61,080			29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0476			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2103			31
32	Sum of lines 30 and 31	0.2579			32
33	Allowable disproportionate share percentage (see instructions)	0.1049			33
34	Disproportionate share adjustment (see instructions)	990,460			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)	6,406,145,534		5,977,483,147	35
35.01	Factor 3 (see instructions)	0.000297967		0.000297003	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,908,820		1,775,330	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	479,812		1,327,849	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,807,661			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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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)	40,978,146			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)	41,039,226			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	3,244,030			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)	139,761			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)	44,423,017			59
60	Primary payer payments				60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	44,423,017			61
62	Deductibles billed to program beneficiaries	3,599,036			62
63	Coinsurance billed to program beneficiaries	147,021			63
64	Allowable bad debts (see instructions)	1,215,713			64
65	Adjusted reimbursable bad debts (see instructions)	790,213			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	527,114			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	41,467,173			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)	-11,317			70.93
70.94	HRR adjustment amount (see instructions)	-628,284			70.94
70.99	HAC adjustment amount (see instructions)	327,048			70.99
71	Amount due provider (see instructions)	40,500,524			71
71.01	Sequestration adjustment (see instructions)	810,010			71.01
72	Interim payments	39,085,498			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	605,016			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	49,523			75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

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

HSP Bonus Payment Amount

Prior to 10/1 On or After 10/1

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

Prior to 10/1 On or After 10/1

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

HRR Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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	9,441,943	9,441,943			9,441,943	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	28,325,830		28,325,830		28,325,830	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	249,133	62,283	186,850		249,133	2
2.01	Outlier payment for discharges for Model 4 BPCI						2.01
3	Operating outlier reconciliation						3
4	Managed Care Simulated Payments	14,142,065	3,535,516	10,606,549		14,142,065	4
	Indirect Medical Education Adjustment						
5	Amount from Worksheet E Part A, line 21	0.007917	0.007917	0.007917			5
6	IME payment adjustment	163,119	40,780	122,339		163,119	6
6.01	IME payment adjustment for managed care	61,080	15,270	45,810		61,080	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)	163,119	40,780	122,339		163,119	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	61,080	15,270	45,810		61,080	9.01
	Disproportionate Share Adjustment						
10	Allowable disproportionate share percentage	0.1049	0.1049	0.1049	0.1049		10
11	Disproportionate share adjustment	990,460	247,615	742,845		990,460	11
11.01	Uncompensated care payments	1,807,661	479,812	1,327,849		1,807,661	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12	Total ESRD additional payment						12
13	Subtotal	40,978,146	10,272,433	30,705,713		40,978,146	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	41,039,226	10,287,703	30,751,523		41,039,226	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	3,244,030	811,007	2,433,023		3,244,030	16
17	Special add-on payments for new technologies						17
	DO NOT USE THIS LINE						
17.01							17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG						17.02
18	Capital outlier reconciliation adjustment amount						18
19	SUBTOTAL		11,098,710	33,184,546		44,283,256	19
20	Capital DRG other than outlier	3,049,936	762,484	2,287,452		3,049,936	20
20.01	Model 4 BPCI Capital DRG other than outlier						20.01
21	Capital DRG outlier payments	14,452	3,613	10,839		14,452	21
21.01	Model 4 BPCI Capital DRG outlier payments						21.01
22	Indirect medical education percentage	0.5300	0.5300	0.5300			22
23	Indirect medical education adjustment	16,165	4,041	12,124		16,165	23
24	Allowable disproportionate share percentage	0.0536	0.0536	0.0536			24
25	Disproportionate share adjustment	163,477	40,869	122,608		163,477	25
26	Total prospective capital payments	3,244,030	811,007	2,433,023		3,244,030	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	-11,317	-2,829	-8,488		-11,317	30
30.01	HVBP payment adjustment for HSP bonus payment						30.01
31	HRR adjustment	-628,284	-157,071	-471,213		-628,284	31
31.01	HRR adjustment for HSP bonus payment						31.01
32	HAC Reduction Program adjustment			327,048		327,048	32

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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)	27,644			1
2	Medical and other services reimbursed under OPSS (see instructions)	19,018,528			2
3	PPS payments	17,705,992			3
4	Outlier payment (see instructions)	28,983			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)	27,644			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	176,442			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)	176,442			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)	176,442			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	148,798			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)	27,644			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)	17,734,975			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	3,554,503			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)	14,208,116			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	64,140			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	14,272,256			30
31	Primary payer payments	617			31
32	Subtotal (line 30 minus line 31)	14,271,639			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)	895,383			34
35	Adjusted reimbursable bad debts (see instructions)	581,999			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	504,916			36
37	Subtotal (see instructions)	14,853,638			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)	14,853,638			40
40.01	Sequestration adjustment (see instructions)	297,073			40.01
41	Interim payments	14,458,578			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	97,987			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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S179

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (see instructions)	19,221			2
3	PPS payments	12,088			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)	12,088			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	2,418			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)	9,670			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)	9,670			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	9,670			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)	9,670			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)	9,670			40
40.01	Sequestration adjustment (see instructions)	193			40.01
41	Interim payments	9,477			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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		39,360,189		14,350,344	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)			02/14/2017	118,772	3.01
						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	02/14/2017	37,376	3.51
		Provider	.52	06/29/2017	237,315	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)		-274,691		108,234	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)		39,085,498		14,458,578	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)					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)					5.99
6	Determined net settlement amount (balance due) based on the cost report (1)		.01			6.01
			.02			6.02
7	Total Medicare program liability (see instructions)					7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	8

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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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		922,329		9,477	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)	Program	.01			3.01
		to	.02			3.02
		Provider	.03			3.03
			.04			3.04
			.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)		922,329		9,477	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)	Program	.01			5.01
		to	.02			5.02
		Provider	.03			5.03
			.04			5.04
			.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

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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)	10,927	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	20,900	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	8,586	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	48,947	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	1,028,342,472	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	18,860,374	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)	606,888	8
9	Sequestration adjustment amount (see instructions)	12,138	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	594,750	10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

30	Initial/interim HIT payment(s)	596,755	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	-2,005	32

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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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)	1,065,504	1
2	Net IPF PPS Outlier payment		2
3	Net IPF PPS ECT payment	2,341	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)	8.273973	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)	1,067,845	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)	1,067,845	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	1,067,845	18
19	Deductibles	113,008	19
20	Subtotal (line 18 minus line 19)	954,837	20
21	Coinsurance	13,685	21
22	Subtotal (line 20 minus line 21)	941,152	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)	55,078	23
24	Adjusted reimbursable bad debts (see instructions)	35,801	24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)		25
26	Subtotal (sum of lines 22 and 24)	976,953	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)	976,953	31
31.01	Sequestration adjustment (see instructions)	19,539	31.01
32	Interim payments	922,329	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	35,085	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		35

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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	2,922,036		1
2			2
3			3
4	2,922,036		4
5			5
6			6
7	2,922,036		7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18	2,922,036		18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	2,922,036		30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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))			0.16	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)			3.00	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			2.17	6
7	Enter the lesser of line 5 or line 6			2.17	7
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	1.30	0.87	2.17	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	1.30	0.87	2.17	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
10.01	Unweighted dental and podiatric resident FTE count for the current year				10.01
11	Total weighted FTE count	1.30	0.87		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	1.54	0.00		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.84	2.00		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	1.56	0.96		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
15.01	Unweighted adjustment for residents in initial years of new programs				15.01
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
16.01	Unweighted adjustment for residents displaced by program or hospital closure				16.01
17	Adjusted rolling average FTE count	1.56	0.96		17
18	Per resident amount	145,201.05	143,633.56		18
19	Approved amount for resident costs	226,514	137,888	364,402	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)			364,402	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	22,056	8,652		26
27	Total inpatient days (see instructions)	52,695	52,695		27
28	Ratio of inpatient days to total inpatient days	0.418560	0.164190		28
29	Program direct GME amount	152,524	59,831		29
30	Reduction for direct GME payments for Medicare Advantage		8,454		30
31	Net Program direct GME amount			203,901	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)			5,168,758	33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
Part A Reasonable Cost					
37	Reasonable cost (see instructions)			41,541,997	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)				40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41,541,997	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			19,065,393	42
43	Primary payer payments (see instructions)			617	43
44	Total Part B reasonable cost (line 42 minus line 43)			19,064,776	44
45	Total reasonable cost (sum of lines 41 and 44)			60,606,773	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.685435	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.314565	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			203,901	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			139,761	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			64,140	50

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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	
10.01	Unweighted dental and podiatric resident FTE count for the current year			
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	
15.01	Unweighted adjustment for residents in initial years of new programs			
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure			
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)	2,522	8,105	26
27	Total inpatient days (see instructions)	52,695	52,695	27
28	Ratio of inpatient days to total inpatient days	0.047860	0.153810	28
29	Program direct GME amount			29
30	Reduction for direct GME payments for Medicare Advantage			30
31	Net Program direct GME amount			31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			34
35	Medicare outpatient ESRD charges (see instructions)			35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
Part A Reasonable Cost				
37	Reasonable cost (see instructions)			37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			38
39	Cost of physicians' services in a teaching hospital (see instructions)			39
40	Primary payer payments (see instructions)			40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41
Part B Reasonable Cost				
42	Reasonable cost (see instructions)			42
43	Primary payer payments (see instructions)			43
44	Total Part B reasonable cost (line 42 minus line 43)			44
45	Total reasonable cost (sum of lines 41 and 44)			45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	Total program GME payment (line 31)			48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			50

KPMG LLP Compu-Max 2552-10

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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	8,732,064				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	24,958,919				4
5	Other receivables					5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory					7
8	Prepaid expenses	11,136,908				8
9	Other current assets	3,400,000				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	48,227,891				11
FIXED ASSETS						
12	Land	9,018,035				12
13	Land improvements	10,572,702				13
14	Accumulated depreciation	-6,837,541				14
15	Buildings	273,887,352				15
16	Accumulated depreciation	-84,878,616				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	97,929,557				23
24	Accumulated depreciation	-70,206,065				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)	229,485,424				30
OTHER ASSETS						
31	Investments	693,016,641	2,879,158			31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	40,325,324				34
35	Total other assets (sum of lines 31-34)	733,341,965	2,879,158			35
36	Total assets (sum of lines 11, 30 and 35)	1,011,055,280	2,879,158			36
Liabilities and Fund Balances (Omit Cents)						
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	5,713,946				37
38	Salaries, wages and fees payable	21,300,237				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	4,800,000				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	36,146,504				44
45	Total current liabilities (sum of lines 37 thru 44)	67,960,687				45
LONG TERM LIABILITIES						
46	Mortgage payable	195,845,320				46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	70,230,837				49
50	Total long term liabilities (sum of lines 46 thru 49)	266,076,157				50
51	Total liabilities (sum of lines 45 and 50)	334,036,844				51
CAPITAL ACCOUNTS						
52	General fund balance	677,018,436				52
53	Specific purpose fund		2,879,158			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)	677,018,436	2,879,158			59
60	Total liabilities and fund balances (sum of lines 51 and 59)	1,011,055,280	2,879,158			60

KPMG LLP Compu-Max 2552-10

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	Fund balances at beginning of period		606,041,292		2,700,283	1
2	Net income (loss) (from Worksheet G-3, line 29)		61,293,568			2
3	Total (sum of line 1 and line 2)		667,334,860		2,700,283	3
4	Additions (credit adjustments) (specify)					4
5	OTHER	101,549				5
6	NET ASSESTS RELEASED FROM RESTR	114,979				6
7	RESTR CONTRIBUTIONS			1,981,778		7
8	PENSION RELATED CHANGES	24,289,889				8
9						9
10	Total additions (sum of lines 4-9)		24,506,417		1,981,778	10
11	Subtotal (line 3 plus line 10)		691,841,277		4,682,061	11
12	Deductions (debit adjustments) (specify)					12
13						13
14	RESTR ASSETS REL FOR OPER			1,802,903		14
15	NET ASSET TRANSFER	15,695,059				15
16						16
17						17
18	Total deductions (sum of lines 12-17)		15,695,059		1,802,903	18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		676,146,218		2,879,158	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	NET ASSESTS RELEASED FROM RESTR					6
7	RESTR CONTRIBUTIONS					7
8	PENSION RELATED CHANGES					8
9						9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)					11
12	Deductions (debit adjustments) (specify)					12
13						13
14	RESTR ASSETS REL FOR OPER					14
15	NET ASSET TRANSFER					15
16						16
17						17
18	Total deductions (sum of lines 12-17)					18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)					19

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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	107,957,229		107,957,229	1
2	Subprovider IPF	6,281,766		6,281,766	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)	114,238,995		114,238,995	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	17,230,446		17,230,446	11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
14.10	NICU	4,734,113		4,734,113	14.10
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	21,964,559		21,964,559	16
17	Total inpatient routine care services (sum of lines 10 and 16)	136,203,554		136,203,554	17
18	Ancillary services	374,750,516	526,562,155	901,312,671	18
19	Outpatient services		607,981	607,981	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		3,024,374	3,024,374	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	HOSPICE		1,904,504	1,904,504	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	510,954,070	532,099,014	1,043,053,084	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		214,188,205	29
30	Add (specify)			30
31	ROUNDING	5		31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)		5	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)		214,188,210	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)	1,043,053,084	1
2	Less contractual allowances and discounts on patients' accounts	850,715,206	2
3	Net patient revenues (line 1 minus line 2)	192,337,878	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	214,188,210	4
5	Net income from service to patients (line 3 minus line 4)	-21,850,332	5

OTHER INCOME

6	Contributions, donations, bequests, etc.	1,077,957	6
7	Income from investments	24,120,939	7
8	Revenues from telephone and other miscellaneous communication services	235,653	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	739,200	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients	45,659	17
18	Revenue from sale of medical records and abstracts	1,476	18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen	11,993	20
21	Rental of vending machines	17,795	21
22	Rental of hospitial space	95,514	22
23	Governmental appropriations		23
24	Other (specify)		24
24.02	Other (CREDIT CARD REBATE)	66,571	24.02
24.03	Other (AFFILIATE SERVICES)	671,893	24.03
24.04	Other (HEALTH PROMOTION)	106,495	24.04
24.05	Other (LAB OTHER REVENUE)	12,373	24.05
24.06	Other (OTHER RENTAL REVENUE)	273,334	24.06
24.07	Other (MISCELLANEOUS REVENUE)	154,589	24.07
24.08	Other (SELF INSURANCE INVESTMENT INCOME)	1,732,972	24.08
24.09	Other (MATERNAL EDUCATION)		24.09
24.10	Other (SCRAP SILVER REVENUE)	5,981	24.10
24.11	Other (MEDICAL STAFFAPPLICATIONS)	42,700	24.11
24.12	Other (VOTIVE LIGHT REVENUE)	8,729	24.12
24.13	Other (UN REALIZED GAIN ON INVESTMENTS)	43,483,080	24.13
24.14	Other (REALIZED GAIN ON INVESTMENTS)	9,314,342	24.14
24.17	Other (VOLUNTEER IMPUTED SALARIES)	924,655	24.17
25	Total other income (sum of lines 6-24)	83,143,900	25
26	Total (line 5 plus line 25)	61,293,568	26
29	Net income (or loss) for the period (line 26 minus line 28)	61,293,568	29

KPMG LLP Compu-Max 2552-10

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7404

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	654,082	153,565			149,480	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	715,938	168,087	27,452			6
7	Physical Therapy	228,146	53,564	10,727	194,345		7
8	Occupational Therapy	74,644	17,525	3,678	31,605		8
9	Speech Pathology				2,655		9
10	Medical Social Services	25,345	5,951	533			10
11	Home Health Aide	17,778	4,174	2,024			11
12	Supplies (see instructions)					115,510	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)	1,715,933	402,866	44,414	228,605	264,990	24

KPMG LLP Compu-Max 2552-10

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7404

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	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	957,127	-92,867	864,260		864,260	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	911,477		911,477		911,477	6
7	Physical Therapy	486,782		486,782		486,782	7
8	Occupational Therapy	127,452		127,452		127,452	8
9	Speech Pathology	2,655		2,655		2,655	9
10	Medical Social Services	31,829		31,829		31,829	10
11	Home Health Aide	23,976		23,976		23,976	11
12	Supplies (see instructions)	115,510		115,510		115,510	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)	2,656,808	-92,867	2,563,941		2,563,941	24

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

KPMG LLP Compu-Max 2552-10

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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	864,260			5
HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care	911,477			6
7	Physical Therapy	486,782			7
8	Occupational Therapy	127,452			8
9	Speech Pathology	2,655			9
10	Medical Social Services	31,829			10
11	Home Health Aide	23,976			11
12	Supplies (see instructions)	115,510			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)	2,563,941			24

KPMG LLP Compu-Max 2552-10

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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		864,260	864,260		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		911,477	463,471	1,374,948	6
7	Physical Therapy		486,782	247,521	734,303	7
8	Occupational Therapy		127,452	64,807	192,259	8
9	Speech Pathology		2,655	1,350	4,005	9
10	Medical Social Services		31,829	16,185	48,014	10
11	Home Health Aide		23,976	12,191	36,167	11
12	Supplies (see instructions)		115,510	58,735	174,245	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)		2,563,941		2,563,941	24

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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					-864,260	1,699,681	5
HHA REIMBURSABLE SERVICES								
6	Skilled Nursing Care						911,477	6
7	Physical Therapy						486,782	7
8	Occupational Therapy						127,452	8
9	Speech Pathology						2,655	9
10	Medical Social Services						31,829	10
11	Home Health Aide						23,976	11
12	Supplies (see instructions)						115,510	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)					-864,260	1,699,681	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						864,260	25
26	Unit Cost Multiplier						0.508484	26

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7404

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINI- STRATIVE & GENERAL	
		0	1	2	4	4A	5	
1	Administrative and General			46,508	13,536	60,044	9,963	1
2	Skilled Nursing Care	1,374,948			14,135	1,389,083	230,478	2
3	Physical Therapy	734,303			4,337	738,640	122,557	3
4	Occupational Therapy	192,259			1,373	193,632	32,128	4
5	Speech Pathology	4,005				4,005	665	5
6	Medical Social Services	48,014			695	48,709	8,082	6
7	Home Health Aide	36,167			944	37,111	6,158	7
8	Supplies	174,245				174,245	28,911	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)	2,563,941		46,508	35,020	2,645,469	438,942	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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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			29				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)			29				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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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		43,839		41			1
2	Skilled Nursing Care		45,803			4,019		2
3	Physical Therapy		14,049			2,765		3
4	Occupational Therapy		4,449			747		4
5	Speech Pathology					15		5
6	Medical Social Services		2,253			103		6
7	Home Health Aide		3,057			201		7
8	Supplies					439		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)		113,450		41	8,289		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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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						113,887	1
2	Skilled Nursing Care						1,669,412	2
3	Physical Therapy						878,011	3
4	Occupational Therapy						230,956	4
5	Speech Pathology						4,685	5
6	Medical Social Services						59,147	6
7	Home Health Aide						46,527	7
8	Supplies						203,595	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)						3,206,220	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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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		113,887				1
2	Skilled Nursing Care		1,669,412	61,482	1,730,894		2
3	Physical Therapy		878,011	32,336	910,347		3
4	Occupational Therapy		230,956	8,506	239,462		4
5	Speech Pathology		4,685	173	4,858		5
6	Medical Social Services		59,147	2,178	61,325		6
7	Home Health Aide		46,527	1,714	48,241		7
8	Supplies		203,595	7,498	211,093		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)		3,206,220	113,887	3,206,220		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.			0.036829			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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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		46,684	17,010		60,044		1
2	Skilled Nursing Care			17,763		1,389,083		2
3	Physical Therapy			5,450		738,640		3
4	Occupational Therapy			1,726		193,632		4
5	Speech Pathology					4,005		5
6	Medical Social Services			874		48,709		6
7	Home Health Aide			1,186		37,111		7
8	Supplies					174,245		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)		46,684	44,009		2,645,469		20
21	Total cost to be allocated		46,508	35,020		438,942		21
22	Unit Cost Multiplier			0.795746		0.165922		22
22	Unit Cost Multiplier		0.996230					22

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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 (MEALS SERVED)	MAINT OF PERSONNEL (NUMBER HOUSED)	
		7	8	9	10	11	12	
1	Administrative and General							1
2	Skilled Nursing Care			27				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)			27				20
21	Total cost to be allocated			29				21
22	Unit Cost Multiplier							22
22	Unit Cost Multiplier			1.074074				22

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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 ADMINISTRATION (DIRECT NRSNG 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	17,006		134				1
2	Skilled Nursing Care	17,767			1,450,897			2
3	Physical Therapy	5,450			998,020			3
4	Occupational Therapy	1,726			269,735			4
5	Speech Pathology				5,463			5
6	Medical Social Services	874			37,156			6
7	Home Health Aide	1,186			72,473			7
8	Supplies				158,595			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)	44,009		134	2,992,339			20
21	Total cost to be allocated	113,450		41	8,289			21
22	Unit Cost Multiplier	2.577882		0.305970				22
22	Unit Cost Multiplier				0.002770			22

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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	1,730,894		1,730,894	8,599	201.29
2	Physical Therapy	3	910,347		910,347	5,629	161.72
3	Occupational Therapy	4	239,462		239,462	1,521	157.44
4	Speech Pathology	5	4,858		4,858	31	156.71
5	Medical Social Services	6	61,325		61,325	167	367.22
6	Home Health Aide	7	48,241		48,241	634	76.09
7	Total (sum of lines 1-6)		2,995,127		2,995,127	16,581	

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		5,967		8
9	Physical Therapy	16974		3,914		9
10	Occupational Therapy	16974		1,169		10
11	Speech Pathology	16974		20		11
12	Medical Social Services	16974		116		12
13	Home Health Aide	16974		605		13
14	Total (sum of lines 8-13)			11,791		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	211,093		211,093	493,803	0.427484
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	0.262908			col. 2, line 2
2	Occupational Therapy	67				col. 2, line 3
3	Speech Pathology	68	0.164578			col. 2, line 4
4	Medical Supplies Charged to Pat	71	0.303150			col. 2, line 15
5	Drugs Charged to Patients	73	0.156677			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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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		5,967			1,201,097		1,201,097	1	
2 Physical Therapy		3,914			632,972		632,972	2	
3 Occupational Therapy		1,169			184,047		184,047	3	
4 Speech Pathology		20			3,134		3,134	4	
5 Medical Social Services		116			42,598		42,598	5	
6 Home Health Aide		605			46,034		46,034	6	
7 Total (sum of lines 1-6)		11,791			2,109,882		2,109,882	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			143,196	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: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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		2,011,477	11
12	Total PPS Reimbursement - Full Episodes with Outliers		94,071	12
13	Total PPS Reimbursement - LUPA Episodes		46,433	13
14	Total PPS Reimbursement - PEP Episodes		34,636	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers		2,968	15
16	Total PPS Outlier Reimbursement - PSP Episodes			16
17	Total Other Payments			17
18	DME Payments			18
19	Oxygen Payments			19
20	Prosthetic and Orthotic Payments			20
21	Part B deductibles billed to Medicare patients (exclude coinsurance)			21
22	Subtotal (sum of lines 10 thru 20 minus line 21)		2,189,585	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		2,189,585	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		2,189,585	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)		2,189,585	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		2,189,585	31
31.01	Sequestration adjustment (see instructions)		43,787	31.01
32	Interim payments (see instructions)		2,145,798	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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				2,145,798	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)				2,145,798	4
	TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				5.01
		.02				5.02
	Program	.03				5.03
	To	.04				5.04
	Provider	.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	Provider	.52				5.52
	To	.53				5.53
	Program	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determine net settlement amount (balance due) based on the cost report (see instructions)	.01				6.01
		.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)					7
8	Name of Contractor		Contractor Number		NPR Date: Month, Day, Year	8

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

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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	3,049,936	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	14,452	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)	136.86	3
4	Number of interns & residents (see instructions)	2.54	4
5	Indirect medical education percentage (see instructions)	0.53	5
6	Indirect medical education adjustment (see instructions)	16,165	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0476	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.2103	8
9	Sum of lines 7 and 8	0.2579	9
10	Allowable disproportionate share percentage (see instructions)	0.0536	10
11	Disproportionate share adjustment (see instructions)	163,477	11
12	Total prospective capital payments (see instructions)	3,244,030	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

KPMG LLP Compu-Max 2552-10

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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	OUPATIENT 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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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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

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ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

HOSPICE CCN: 14-1511

WORKSHEET O

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
3	Employee Benefits Department		287,527	287,527	287,527		287,527	3
4	Administrative & General	401,765	118,875	520,640	-41,301	479,339	479,339	4
5	Plant Operation & Maintenance							5
6	Laundry & Linen Service							6
7	Housekeeping							7
8	Dietary							8
9	Nursing Administration							9
10	Routine Medical Supplies							10
11	Medical Records							11
12	Staff Transportation							12
13	Volunteer Service Coordination	31,515		31,515			31,515	13
14	Pharmacy							14
15	Physician Administrative Services							15
16	Other General Service							16
17	Patient/Residential Care Services							17
DIRECT PATIENT CARE SERVICE COST CENTERS								
25	Inpatient Care - Contracted							25
26	Physician Services		64,000	64,000		64,000	64,000	26
27	Nurse Practitioner	2,024	574	2,598		2,598	2,598	27
28	Registered Nurse	385,714	13,064	398,778		398,778	398,778	28
29	LPN/LVN							29
30	Physical Therapy	420	23	443		443	443	30
31	Occupational Therapy							31
32	Speech/Language Pathology							32
33	Medical Social Services	10,568	423	10,991		10,991	10,991	33
34	Spiritual Counseling	103,481	2,495	105,976		105,976	105,976	34
35	Dietary Counseling							35
36	Counseling - Other							36
37	Hospice Aide and Homemaker Services	78,673	8,088	86,761		86,761	86,761	37
38	Durable Medical Equipment - Oxygen		107,685	107,685		107,685	107,685	38
39	Patient Transportation							39
40	Imaging Services							40
41	Labs and Diagnostics							41
42	Medical Supplies - Non-routine		32,573	32,573		32,573	32,573	42
43	Outpatient Services							43
44	Palliative Radiation Therapy							44
45	Palliative Chemotherapy							45
46	Other Patient Care Services		147,487	147,487		147,487	147,487	46
NONREIMBURSABLE COST CENTERS								
60	Bereavement Program							60
61	Volunteer Program							61
62	Fundraising							62
63	Hospice/Palliative Medicine Fellows							63
64	Palliative care Program							64
65	Other Physician Services							65
66	Residential Care							66
67	Advertising							67
68	Telehealth / Telemonitoring							68
69	Thrift Store							69
70	Nursing Facility Room & Board							70
71	Other Nonreimbursable							71
100	TOTAL	1,014,160	782,814	1,796,974	-41,301	1,755,673	1,755,673	100

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ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE CONTINUOUS HOME CARE

HOSPICE CCN: 14-1511

WORKSHEET O-1

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25	Inpatient Care - Contracted								25
26	Physician Services								26
27	Nurse Practitioner								27
28	Registered Nurse								28
29	LPN/LVN								29
30	Physical Therapy								30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services								33
34	Spiritual Counseling								34
35	Dietary Counseling								35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services								37
38	Durable Medical Equipment - Oxygen								38
39	Patient Transportation								39
40	Imaging Services								40
41	Labs and Diagnostics								41
42	Medical Supplies - Non-routine								42
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services								46
100	TOTAL								100

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE ROUTINE HOME CARE**

HOSPICE CCN: 14-1511

WORKSHEET O-2

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS							
25	Inpatient Care - Contracted							25
26	Physician Services		64,000	64,000	64,000		64,000	26
27	Nurse Practitioner	2,024	574	2,598	2,598		2,598	27
28	Registered Nurse	385,714	13,064	398,778	398,778		398,778	28
29	LPN/LVN							29
30	Physical Therapy	420	23	443	443		443	30
31	Occupational Therapy							31
32	Speech/Language Pathology							32
33	Medical Social Services	10,568	423	10,991	10,991		10,991	33
34	Spiritual Counseling	103,481	2,495	105,976	105,976		105,976	34
35	Dietary Counseling							35
36	Counseling - Other							36
37	Hospice Aide and Homemaker Services	78,673	8,088	86,761	86,761		86,761	37
38	Durable Medical Equipment - Oxygen		107,685	107,685	107,685		107,685	38
39	Patient Transportation							39
40	Imaging Services							40
41	Labs and Diagnostics							41
42	Medical Supplies - Non-routine		32,573	32,573	32,573		32,573	42
43	Outpatient Services							43
44	Palliative Radiation Therapy							44
45	Palliative Chemotherapy							45
46	Other Patient Care Services		35,694	35,694	35,694		35,694	46
100	TOTAL	580,880	264,619	845,499	845,499		845,499	100

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LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE INPATIENT RESPITE CARE**

HOSPICE CCN: 14-1511

WORKSHEET O-3

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS							
25	Inpatient Care - Contracted							25
26	Physician Services							26
27	Nurse Practitioner							27
28	Registered Nurse							28
29	LPN/LVN							29
30	Physical Therapy							30
31	Occupational Therapy							31
32	Speech/Language Pathology							32
33	Medical Social Services							33
34	Spiritual Counseling							34
35	Dietary Counseling							35
36	Counseling - Other							36
37	Hospice Aide and Homemaker Services							37
38	Durable Medical Equipment - Oxygen							38
39	Patient Transportation							39
40	Imaging Services							40
41	Labs and Diagnostics							41
42	Medical Supplies - Non-routine							42
43	Outpatient Services							43
44	Palliative Radiation Therapy							44
45	Palliative Chemotherapy							45
46	Other Patient Care Services		6,000	6,000	6,000		6,000	46
100	TOTAL		6,000	6,000	6,000		6,000	100

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE GENERAL INPATIENT CARE

HOSPICE CCN: 14-1511

WORKSHEET O-4

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS							
25	Inpatient Care - Contracted							25
26	Physician Services							26
27	Nurse Practitioner							27
28	Registered Nurse							28
29	LPN/LVN							29
30	Physical Therapy							30
31	Occupational Therapy							31
32	Speech/Language Pathology							32
33	Medical Social Services							33
34	Spiritual Counseling							34
35	Dietary Counseling							35
36	Counseling - Other							36
37	Hospice Aide and Homemaker Services							37
38	Durable Medical Equipment - Oxygen							38
39	Patient Transportation							39
40	Imaging Services							40
41	Labs and Diagnostics							41
42	Medical Supplies - Non-routine							42
43	Outpatient Services							43
44	Palliative Radiation Therapy							44
45	Palliative Chemotherapy							45
46	Other Patient Care Services		105,793	105,793	105,793		105,793	46
100	TOTAL		105,793	105,793	105,793		105,793	100

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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**COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE
NET EXPENSES FOR ALLOCATION**

HOSPICE CCN: 14-1511

WORKSHEET O-5

	Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols 1+2)	
		1	2	3	
	GENERAL SERVICE COST CENTERS				
1	Cap Rel Costs-Bldg & Fixt				1
2	Cap Rel Costs-Mvble Equip		28,823	28,823	2
3	Employee Benefits Department	287,527	24,363	311,890	3
4	Administrative & General	479,339	300,130	779,469	4
5	Plant Operation & Maintenance				5
6	Laundry & Linen Service				6
7	Housekeeping				7
8	Dietary				8
9	Nursing Administration		78,927	78,927	9
10	Routine Medical Supplies				10
11	Medical Records		5,275	5,275	11
12	Staff Transportation				12
13	Volunteer Service Coordination	31,515		31,515	13
14	Pharmacy		13,087	13,087	14
15	Physician Administrative Services				15
16	Other General Service				16
17	Patient/Residential Care Services				17
	LEVEL OF CARE				
50	Hospice Continuous Home Care				50
51	Hospice Routine Home Care	845,499		845,499	51
52	Hospice Inpatient Respite Care	6,000		6,000	52
53	Hospice General Inpatient Care	105,793		105,793	53
	NONREIMBURSABLE COST CENTERS				
60	Bereavement Program				60
61	Volunteer Program				61
62	Fundraising				62
63	Hospice/Palliative Medicine Fellows				63
64	Palliative care Program				64
65	Other Physician Services				65
66	Residential Care				66
67	Advertising				67
68	Telehealth / Telemonitoring				68
69	Thrift Store				69
70	Nursing Facility Room & Board				70
71	Other Nonreimbursable				71
99	Negative Cost Center				99
100	TOTAL	1,755,673	450,605	2,206,278	100

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/28/2017 Run Time: 06:45 Version: 2017.10 (10/12/2017)
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COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

HOSPICE CCN: 14-1511

**WORKSHEET O-6
PART I**

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	ADMINISTRATIVE & GENERAL	PLANT OP & MAINT	
		0	1	2	3	3A	4	5	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip	28,823		28,823					2
3	Employee Benefits Department	311,890			311,890				3
4	Administrative & General	779,469		28,823	286,273	1,094,565	1,094,565		4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping								7
8	Dietary								8
9	Nursing Administration	78,927				78,927	77,710		9
10	Routine Medical Supplies								10
11	Medical Records	5,275				5,275	5,194		11
12	Staff Transportation								12
13	Volunteer Service Coordination	31,515			25,617	57,132	56,251		13
14	Pharmacy	13,087				13,087	12,885		14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care								50
51	Hospice Routine Home Care	845,499				845,499	832,457		51
52	Hospice Inpatient Respice Care	6,000				6,000	5,907		52
53	Hospice General Inpatient Care	105,793				105,793	104,161		53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	TOTAL	2,206,278		28,823	311,890	2,206,278	1,094,565		100

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

HOSPICE CCN: 14-1511

**WORKSHEET O-6
PART I**

	Descriptions	LAUNDRY & LINEN 6	HOUSE-KEEPING 7	DIETARY 8	NURSING ADMINIS-TRATION 9	ROUTINE MEDICAL SUPPLIES 10	MEDICAL RECORDS 11	STAFF TRANS-PORTATION 12	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department								3
4	Administrative & General								4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping								7
8	Dietary								8
9	Nursing Administration				156,637				9
10	Routine Medical Supplies								10
11	Medical Records						10,469		11
12	Staff Transportation								12
13	Volunteer Service Coordination				10,685				13
14	Pharmacy								14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care								50
51	Hospice Routine Home Care				145,952		10,135		51
52	Hospice Inpatient Respite Care						9		52
53	Hospice General Inpatient Care						325		53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	TOTAL				156,637		10,469		100

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COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

HOSPICE CCN: 14-1511

**WORKSHEET O-6
PART I**

	Descriptions	VOLUNTEER SVC COOR- DINATION	PHARMACY	PHYSICIAN ADMIN SERVICES	OTHER GENERAL SERVICE	PATIENT/ RES CARE SVCS	TOTAL	
		13	14	15	16	17	18	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
3	Employee Benefits Department							3
4	Administrative & General							4
5	Plant Operation & Maintenance							5
6	Laundry & Linen Service							6
7	Housekeeping							7
8	Dietary							8
9	Nursing Administration							9
10	Routine Medical Supplies							10
11	Medical Records							11
12	Staff Transportation							12
13	Volunteer Service Coordination	124,068						13
14	Pharmacy		25,972					14
15	Physician Administrative Services							15
16	Other General Service							16
17	Patient/Residential Care Services							17
	LEVEL OF CARE							
50	Hospice Continuous Home Care							50
51	Hospice Routine Home Care		25,972				1,860,015	51
52	Hospice Inpatient Respite Care	3,212					15,128	52
53	Hospice General Inpatient Care	120,856					331,135	53
	NONREIMBURSABLE COST CENTERS							
60	Bereavement Program							60
61	Volunteer Program							61
62	Fundraising							62
63	Hospice/Palliative Medicine Fellows							63
64	Palliative care Program							64
65	Other Physician Services							65
66	Residential Care							66
67	Advertising							67
68	Telehealth / Telemonitoring							68
69	Thrift Store							69
70	Nursing Facility Room & Board							70
71	Other Nonreimbursable							71
99	Negative Cost Center							99
100	TOTAL	124,068	25,972				2,206,278	100

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COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS

HOSPICE CCN: 14-1511

**WORKSHEET O-6
PART II**

	Descriptions	CAP REL BLDG & FIX SQUARE FEET	CAP REL MVBLE EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPART- MENT GROSS SALARIES	RECONCIL- IATION	ADMINIS- TRATIVE & GENERAL ACCUM. COST	PLANT OP & MAINT SQUARE FEET	LAUNDRY & LINEN IN-FACIL- ITY DAYS	
		1	2	3	4A	4	5	6	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip		28,932						2
3	Employee Benefits Department			12,528					3
4	Administrative & General		28,932	11,499	-1,094,565	1,111,713			4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping								7
8	Dietary								8
9	Nursing Administration					78,927			9
10	Routine Medical Supplies								10
11	Medical Records					5,275			11
12	Staff Transportation								12
13	Volunteer Service Coordination			1,029		57,132			13
14	Pharmacy					13,087			14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care								50
51	Hospice Routine Home Care					845,499			51
52	Hospice Inpatient Respite Care					6,000			52
53	Hospice General Inpatient Care					105,793			53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	Cost to be allocated (per O-6 Pt I)		28,823	311,890		1,094,565			100
101	Unit cost multiplier		0.996233	24.895434		0.984575			101

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COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS

HOSPICE CCN: 14-1511

**WORKSHEET O-6
PART II**

	Descriptions	HOUSE-KEEPING SQUARE FEET 7	DIETARY IN-FACILITY DAYS 8	NURSING ADMINISTRATION DIRECT NURS. HRS. 9	ROUTINE MEDICAL SUPPLIES PATIENT DAYS 10	MEDICAL RECORDS PATIENT DAYS 11	STAFF TRANSPORTATION MILEAGE 12	VOLUNTEER SVC COORDINATION HOURS OF SERVICE 13	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department								3
4	Administrative & General								4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping								7
8	Dietary								8
9	Nursing Administration			15,246					9
10	Routine Medical Supplies								10
11	Medical Records					9,702			11
12	Staff Transportation								12
13	Volunteer Service Coordination			1,040				309	13
14	Pharmacy								14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care								50
51	Hospice Routine Home Care			14,206		9,393			51
52	Hospice Inpatient Respite Care					8		8	52
53	Hospice General Inpatient Care					301		301	53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	Cost to be allocated (per O-6 Pt I)			156,637		10,469		124,068	100
101	Unit cost multiplier			10.273974		1.079056		401.514563	101

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COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS

HOSPICE CCN: 14-1511

WORKSHEET O-6
PART II

	Descriptions	PHARMACY CHARGES 14	PHYSICIAN ADMIN SERVICES PATIENT DAYS 15	OTHER GENERAL SERVICE SPECIFY BASIS 16	PATIENT/ RESIDENT CARE SVCS IN-FACIL- ITY DAYS 17	
	GENERAL SERVICE COST CENTERS					
1	Cap Rel Costs-Bldg & Fixt					1
2	Cap Rel Costs-Mvble Equip					2
3	Employee Benefits Department					3
4	Administrative & General					4
5	Plant Operation & Maintenance					5
6	Laundry & Linen Service					6
7	Housekeeping					7
8	Dietary					8
9	Nursing Administration					9
10	Routine Medical Supplies					10
11	Medical Records					11
12	Staff Transportation					12
13	Volunteer Service Coordination					13
14	Pharmacy	100				14
15	Physician Administrative Services					15
16	Other General Service					16
17	Patient/Residential Care Services					17
	LEVEL OF CARE					
50	Hospice Continuous Home Care					50
51	Hospice Routine Home Care	100				51
52	Hospice Inpatient Respite Care					52
53	Hospice General Inpatient Care					53
	NONREIMBURSABLE COST CENTERS					
60	Bereavement Program					60
61	Volunteer Program					61
62	Fundraising					62
63	Hospice/Palliative Medicine Fellows					63
64	Palliative care Program					64
65	Other Physician Services					65
66	Residential Care					66
67	Advertising					67
68	Telehealth / Telemonitoring					68
69	Thrift Store					69
70	Nursing Facility Room & Board					70
71	Other Nonreimbursable					71
99	Negative Cost Center					99
100	Cost to be allocated (per O-6 Pt I)	25,972				100
101	Unit cost multiplier	259.720000				101

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APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE

HOSPICE CCN: 14-1511

WORKSHEET O-7

		Charges by LOC (from Provider Records)					
	Wkst C Pt I, col. 9, line	Cost to Charge Ratio	HCHC	HRHC	HIRC	HGIP	
	0	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS							
1	Physical Therapy	66	0.262908				1
2	Occupational Therapy	67					2
3	Speech Language Pathology	68	0.164578				3
4	Drugs, Biological & Infusion Therapy	73	0.156677				4
5	Durable Medical Equipment/Oxygen	96					5
6	Labs and Diagnostics	60	0.076449				6
7	Medical Supplies	71	0.303150				7
8	Outpatient Services (incl E/R)	93	0.451248				8
9	Radiation Therapy	55	0.364970				9
10	Other	76					10
11	Totals (sum of lines 1-10)						11

		Shared Service Costs by LOC				
		HCHC (col 1 x col 2)	HRHC (col 1 x col 3)	HIRC (col 1 x col 4)	HGIP (col 1 x col 5)	
	Cost Center Descriptions	6	7	8	9	
ANCILLARY SERVICE COST CENTERS						
1	Physical Therapy					1
2	Occupational Therapy					2
3	Speech Language Pathology					3
4	Drugs, Biological & Infusion Therapy					4
5	Durable Medical Equipment/Oxygen					5
6	Labs and Diagnostics					6
7	Medical Supplies					7
8	Outpatient Services (incl E/R)					8
9	Radiation Therapy					9
10	Other					10
11	Totals (sum of lines 1-10)					11

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CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

HOSPICE CCN: 14-1511

WORKSHEET O-8

		TITLE XVIII MEDICARE 1	TITLE XIX MEDICAID 2	TOTAL 3	
	HOSPICE CONTINUOUS HOME CARE				
1	Total cost				1
2	Total unduplicated days				2
3	Total average cost per diem				3
4	Unduplicated program days				4
5	Program cost				5
	HOSPICE ROUTINE HOME CARE				
6	Total cost			1,860,015	6
7	Total unduplicated days			9,393	7
8	Total average cost per diem			198.02	8
9	Unduplicated program days	8,798	324		9
10	Program cost	1,742,180	64,158		10
	HOSPICE INPATIENT RESPITE CARE				
11	Total cost			15,128	11
12	Total unduplicated days			8	12
13	Total average cost per diem			1,891.00	13
14	Unduplicated program days	8			14
15	Program cost	15,128			15
	HOSPICE GENERAL INPATIENT CARE				
16	Total cost			331,135	16
17	Total unduplicated days			301	17
18	Total average cost per diem			1,100.12	18
19	Unduplicated program days	281	9		19
20	Program cost	309,134	9,901		20
	TOTAL HOSPICE CARE				
21	Total cost			2,206,278	21
22	Total unduplicated days			9,702	22
23	Average cost per diem			227.40	23