

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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 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.		Date: 11/30/2018 Time: 04:32
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 CHIEF FINANCIAL 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 07/01/2017 and ending 06/30/2018, 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.

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

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

Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII			HIT	TITLE XIX	
		TITLE V	PART A	PART B			
		1	2	3	4	5	
1	HOSPITAL		1,591,238	414,112			1
2	SUBPROVIDER - IPF		100,195				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		1,691,433	414,112			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 / 2017	To: 06 / 30 / 2018							20
21	Type of control (see instructions)	1								21

Inpatient PPS Information

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

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,946	746	8		7,867		24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.							25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1						26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1						27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status is in effect in the cost reporting period.							35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.							37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPSS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N						37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				38

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

		1	2	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (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)(i) or (ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	N	N	39
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)	N	Y	40
		V	XVIII	XIX
	Prospective Payment System (PPS)-Capital	1	2	3
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	48

Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	Y	Y		57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
		NAHE 413.85 Y/N 1	Worksheet A Line # 2	Pass-Through Qualification Criteria Code 3	
60	Are you claiming nursing and allied health education (NAHE) costs for any program(s) that meet the criteria under 42 CFR 413.85? (see instructions)	N			60
		Y/N 1	IME 4	Direct GME 5	
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. Enter in column 4, the 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. Enter in column 4 direct the 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 through 67. (see instructions)	N			63
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**WORKSHEET S-2
PART I**

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

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

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

Inpatient Psychiatric Facility PPS

		1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.	Y			70
71	If line 70 is 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 is 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 an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? 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
98	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.06

Rural Providers

		1	2	
105	Does this hospital qualify as a CAH?	N		105
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106
107	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			107
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.	Y	Y	109
				1
110	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110
		1	2	
111	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: 'A' for Ambulance services; 'B' for additional beds; and/or 'C' for tele-health services.			111

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 care related taxes as defined in §1983(w)(3) of the Act? 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 in column 2.			126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date in column 2.			127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date in column 2.			128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date in column 2.			129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date in column 2.			130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date in column 2.			131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date in column 2.			132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date 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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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**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 the name of the home office, the home office contractor name, and home office contractor number on line 141. Enter the address of the home office on lines 142 and 143.

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	3	4	
		1	2			
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)	9.99			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 / 2017	09 / 30 / 2017		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. 1, 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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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 relifed for Medicare purposes? If yes, see instructions.		22
23	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23
24	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.		24
25	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25
26	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26
27	Has the provider's capitalization policy changed during the cost reporting period? If yes, see instructions.		27

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

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

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

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				Total All Patients
						Title V	Title XVIII	Title XIX		
		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			17,620	1,325	41,664	1
2	HMO and other (see instructions)						9,254	7,875		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			17,620	1,325	41,664	7
8	Intensive Care Unit	31	26	9,490			1,664	198	4,202	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				603	1,065	11.10
12	Other Special Care (specify)	35								12
13	Nursery	43						216	1,821	13
14	Total (see instructions)		220	80,300			19,284	2,342	48,752	14
15	CAH Visits									15
16	Subprovider - IPF	40	24	8,760			1,048		2,799	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		16,000	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								7,967	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)								176	30
31	Employee discount days-IRF								6	31
32	Labor & delivery (see instructions)							350	500	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33
33.01	LTCH site neutral days and discharges									33.01

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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)					3,709	492	10,236	1
2	HMO and other (see instructions)					1,636	1,065		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)	2.24	1,353.31			3,709	492	10,236	14
15	CAH Visits								15
16	Subprovider - IPF		15.94			156		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		20.10						22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)		12.12						24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)	2.24	1,401.47						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32.01
33	LTCH non-covered days								33
33.01	LTCH site neutral days and discharges								33.01

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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	200	89,538,678		89,538,678	2,917,585.00	30.69	1
2							2
3							3
4							4
4.01							4.01
5		1,354,585		1,354,585	15,679.00	86.39	5
6							6
7	21						7
7.01		197,285		197,285	4,659.00	42.34	7.01
8							8
9	44						9
10		4,144,735	-106,167	4,038,568	116,288.00	34.73	10
OTHER WAGES & RELATED COSTS							
11		1,794,634		1,794,634	24,867.00	72.17	11
12							12
13		822,750		822,750	4,021.00	204.61	13
14							14
14.01							14.01
14.02							14.02
15							15
16							16
WAGE-RELATED COSTS							
17		21,092,352		21,092,352			17
18							18
19		1,096,198		1,096,198			19
20							20
21							21
22							22
22.01							22.01
23		196,944		196,944			23
24							24
25							25
25.50							25.50
25.51							25.51
25.52							25.52
25.53							25.53
OVERHEAD COSTS - DIRECT SALARIES							
26		996,641		996,641	27,708.00	35.97	26
27		13,257,125	-320,108	12,937,017	442,415.00	29.24	27
28		35,505		35,505	150.00	236.70	28
29							29
30		2,788,969		2,788,969	115,760.00	24.09	30
31		141,092		141,092	9,144.00	15.43	31
32		1,476,618		1,476,618	113,433.00	13.02	32
33							33
34		1,307,209	-663,346	643,863	38,751.00	16.62	34
35							35
36			663,346	663,346	35,485.00	18.69	36
37							37
38		1,935,632		1,935,632	54,720.00	35.37	38
39							39
40		2,506,178		2,506,178	60,991.00	41.09	40
41		1,628,115		1,628,115	61,724.00	26.38	41
42			799,793	799,793	25,292.00	31.62	42
43							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)	88,022,313		88,022,313	2,897,397.00	30.38	1
2	Excluded area salaries (see instructions)	4,144,735	-106,167	4,038,568	116,288.00	34.73	2
3	Subtotal salaries (line 1 minus line 2)	83,877,578	106,167	83,983,745	2,781,109.00	30.20	3
4	Subtotal other wages & related costs (see instructions)	2,617,384		2,617,384	28,888.00	90.60	4
5	Subtotal wage-related costs (see instructions)	21,092,352		21,092,352		25.11%	5
6	Total (sum of lines 3 through 5)	107,587,314	106,167	107,693,481	2,809,997.00	38.33	6
7	Total overhead cost (see instructions)	26,073,084	479,685	26,552,769	985,573.00	26.94	7

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	1,490,994	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)		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	9,795	7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)		8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	12,102,574	8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	209,349	10
11	Life Insurance (If employee is owner or beneficiary)	243,473	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	732,003	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	959,711	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	6,469,895	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	40,954	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	126,745	23
24	Total Wage Related cost (Sum of lines 1-23)	22,385,493	24

Part B - Other Than Core Related Cost

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

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost	1,794,634	22,385,493	1
2	Hospital	1,794,634	21,092,352	2
3	Subprovider - IPF		312,520	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		376,603	11
12	Separately Certified ASC			12
13	Hospital-Based Hospice		219,862	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		384,156	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		382		86	468	1
2	Unduplicated Census Count (see instructions)		495.00		372.00	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)		0.50		0.50	4
5	Other Administrative Personnel		6.60		6.60	5
6	Direct Nursing Service		5.63		5.63	6
7	Nursing Supervisor					7
8	Physical Therapy Service		2.07	3.30	5.37	8
9	Physical Therapy Supervisor					9
10	Occupational Therapy Service		0.69	1.32	2.01	10
11	Occupational Therapy Supervisor					11
12	Speech Pathology Service			0.04	0.04	12
13	Speech Pathology Supervisor					13
14	Medical Social Service		0.48		0.48	14
15	Medical Social Service Supervisor					15
16	Home Health Aide		0.38		0.38	16
17	Home Health Aide Supervisor					17
18	Other (specify)					18

HOME HEALTH AGENCY CBSA CODES

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

PPS ACTIVITY

	Description	Full Episodes		LUPA Episodes	PEP only Episodes	Total (columns 1 through 4)	
		Without Outliers	With Outliers				
		1	2	3	4	5	
21	Skilled Nursing Visits	4,358	637	208	72	5,275	21
22	Skilled Nursing Visit Charges	1,285,610	187,915	61,360	21,240	1,556,125	22
23	Physical Therapy Visits	3,922	170	28	54	4,174	23
24	Physical Therapy Visit Charges	1,215,820	52,700	6,510	16,740	1,291,770	24
25	Occupational Therapy Visits	1,245	90	6	13	1,354	25
26	Occupational Therapy Visit Charges	385,950	27,900	1,860	4,030	419,740	26
27	Speech Pathology Visits	40				40	27
28	Speech Pathology Visit Charges	12,400				12,400	28
29	Medical Social Service Visits	87	13	2	3	105	29
30	Medical Social Service Visit Charges	34,800	5,200	800	1,200	42,000	30
31	Home Health Aide Visits	264	101	8	9	382	31
32	Home Health Aide Visit Charges	52,800	20,200		1,800	74,800	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	9,916	1,011	252	151	11,330	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	2,987,380	293,915	70,530	45,010	3,396,835	35
36	Total Number of Episodes (standard/non-outlier)	556		96	11	663	36
37	Total Number of Ourlier Episodes		25			25	37
38	Total Non-Routine Medical Supply Charges	170,805	35,928	5,971	2,318	215,022	38

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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	7,314	65	275	7,654	10
11	Hospice Routine Home Care					11
12	Hospice Inpatient Respite Care	11			11	12
13	Hospice General Inpatient Care	145	6		151	13
14	Total Hospice Days	7,470	71	275	7,816	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	11			11	15
16	Hospice General Inpatient Care	145	6		151	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)		0.174881	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		22,369,923	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 and/or supplemental payments from Medicaid?		Y	4
5	If line 4 is no, enter DSH and/or supplemental payments from Medicaid			5
6	Medicaid charges		213,507,510	6
7	Medicaid cost (line 1 times line 6)		37,338,407	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.		14,968,484	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)		14,968,484	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)	13,020,711	6,259,930	19,280,641	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,277,075	6,259,930	8,537,005	21
22	Payments received from patients for amounts previously written off as charity care	150,000	100,000	250,000	22
23	Cost of charity care (line 21 minus line 22)	2,127,075	6,159,930	8,287,005	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)		29,139,103	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		3,031,031	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		4,663,124	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		24,475,979	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		5,912,477	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)		14,199,482	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		29,167,966	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		8,063.816	8,063.816	3,834.080	11,897.896	-3,350.501	8,547.395	1
2	00200	Cap Rel Costs-Mvble Equip		6,058.683	6,058.683		6,058.683	-34.035	6,024.648	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	996,641	1,515.337	2,511.978		2,511.978	-264,269	2,247.709	4
5	00500	Administrative & General	13,257.125	36,528.279	49,785.404	-233.074	49,552.330	-23,040.961	26,511.369	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	2,788.969	4,671.995	7,460.964		7,460.964	-2,545	7,458.419	7
8	00800	Laundry & Linen Service	141,092	259.731	400.823		400.823	-9,752	391.071	8
9	00900	Housekeeping	1,476.618	911.918	2,388.536		2,388.536	-4,680	2,383.856	9
10	01000	Dietary	1,307.209	1,298.304	2,605.513	-1,284.131	1,321.382	-18,967	1,302.415	10
11	01100	Cafeteria				1,284.131	1,284.131	-650.151	633.980	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,935.632	595.508	2,531.140		2,531.140		2,531.140	13
14	01400	Central Services & Supply								14
15	01500	Pharmacy	2,506.178	14,259.658	16,765.836	-13,284.371	3,481.465	-52,530	3,428.935	15
16	01600	Medical Records & Library	1,628.115	1,025.768	2,653.883		2,653.883	-6,021	2,647.862	16
17	01700	Social Service				1,008.939	1,008.939		1,008.939	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		197.285	197.285		197.285	-184,719	12,566	22
23	02300	Paramed Ed Prgm-(specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	20,718.461	8,095.209	28,813.670	-898.843	27,914.827	-1,426,587	26,488.240	30
31	03100	Intensive Care Unit	3,668.705	1,354.045	5,022.750	-81,085	4,941.665	-17,885	4,923.780	31
34.10	02060	NICU	1,006.063	1,230.360	2,236.423		2,236.423	-894,892	1,341.531	34.10
40	04000	Subprovider - IPF	1,242.052	317.518	1,559.570		1,559.570	-34,613	1,524.957	40
43	04300	Nursery				898.843	898.843		898.843	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	4,221.120	7,356.183	11,577.303	-4,912.585	6,664.718	-155,471	6,509.247	50
52	05200	Delivery Room & Labor Room	2,218.102	838.881	3,056.983		3,056.983		3,056.983	52
53	05300	Anesthesiology	111,591	2,345.597	2,457.188		2,457.188	-2,002,059	455,129	53
54	05400	Radiology-Diagnostic	2,894.681	2,841.061	5,735.742	-2,001.679	3,734.063	-35,358	3,698.705	54
54.01	03440	BREAST HEALTH CENTER								54.01
55	05500	Radiology-Therapeutic	779,125	423,060	1,202,185		1,202,185	-2,250	1,199,935	55
56	05600	Radioisotope	357.550	1,067.307	1,424.857	102,144	1,527,001		1,527,001	56
56.10	03630	ULTRASOUND	805.555	339.554	1,145.109	229,642	1,374,751		1,374,751	56.10
57	05700	CT Scan	698,132	647,492	1,345,624	88,382	1,434,006		1,434,006	57
58	05800	MRI	221,125	318.630	539,755	102,363	642,118		642,118	58
59	05900	Cardiac Catheterization	629,226	2,068,108	2,697,334	-1,405,446	1,291,888	-112,574	1,179,314	59
60	06000	Laboratory	3,602,762	5,471,514	9,074,276		9,074,276	-44,702	9,029,574	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	1,966,408	816,345	2,782,753	-210,268	2,572,485	-58,977	2,513,508	65
65.01	03952	SLEEP LAB	198,291	78.575	276,866		276,866		276,866	65.01
66	06600	Physical Therapy	1,803,624	495,927	2,299,551		2,299,551		2,299,551	66
68	06800	Speech Pathology	246,257	68,053	314,310		314,310		314,310	68
69	06900	Electrocardiology	1,253,671	698,658	1,952,329		1,952,329	-77,663	1,874,666	69
69.01	06901	C-PORT								69.01
70	07000	Electroencephalography	45,752	23,673	69,425		69,425		69,425	70
71	07100	Medical Supplies Charged to Patients	572,801	1,164,379	1,737,180	3,960,482	5,697,662		5,697,662	71
72	07200	Impl. Dev. Charged to Patients				3,732,972	3,732,972		3,732,972	72
73	07300	Drugs Charged to Patients				13,284,371	13,284,371		13,284,371	73
74	07400	Renal Dialysis	672,397	330,215	1,002,612		1,002,612	-9,303	993,309	74
75.10	03340	GI LAB	1,056,943	973,932	2,030,875	-571,487	1,459,388		1,459,388	75.10
76	03951	ENTEROSTOMAL THERAPY								76
76.10	03950	NEUROLOGY								76.10
76.20	03290	EMG								76.20
76.30	03953	OS SVCS		32,658	32,658		32,658	-16,329	16,329	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	660,385	249,999	910,384		910,384	32,964	943,348	90
90.01	09001	PALOS DIAGNOSTIC CENTER	116,250	91,300	207,550		207,550		207,550	90.01
90.02	09002	CARE STATIONS	1,905,776	937,261	2,843,037		2,843,037	-596,157	2,246,880	90.02
90.03	09003	OUTPATIENT CARE CENTER	1,137,086	1,244,781	2,381,867	234,702	2,616,569	15,403	2,631,972	90.03
91	09100	Emergency	4,243,394	2,223,903	6,467,297		6,467,297	-46,250	6,421,047	91
92	09200	Observation Beds (Non-Distinct Part)								92
93	04951	OUTPATIENT REHAB	994,279	267,857	1,262,136		1,262,136	-9,653	1,252,483	93
93.10	04950	WOUND CARE CENTER	550,852	362,786	913,638		913,638	-15,922	897,716	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	1,571,056	893,774	2,464,830	-92,068	2,372,762		2,372,762	101
		SPECIAL PURPOSE COST CENTERS								
113	11300	Interest Expense		3,744,918	3,744,918	-3,744,918				113
116	11600	Hospice	905,645	627,497	1,533,142	-41,096	1,492,046		1,492,046	116
117	06950	MOBILE MED								117
118		SUBTOTALS (sum of lines 1-117)	89,112,696	125,427,292	214,539,988		214,539,988	-33,127,409	181,412,579	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	425,982	468,950	894,932		894,932		894,932	192
192.01	19201	VACANT SPACE								192.01
193	19300	Nonpaid Workers								193
194	07950	FUND DEVELOPMENT								194
200		TOTAL (sum of lines 118-199)	89,538,678	125,896,242	215,434,920		215,434,920	-33,127,409	182,307,511	200

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
1	DRUGS CHGD TO PAT.	1					
		A	Drugs Charged to Patients	73		13,284,371	1
500	Total reclassifications					13,284,371	500
	Code Letter - A						
1	CAFETERIA COSTS	B	Cafeteria	11	663,346	620,785	1
500	Total reclassifications				663,346	620,785	500
	Code Letter - B						
1	HHA/HOSPICE BILLONG MED REC COSTS	D	Administrative & General	5	106,167	26,997	1
2							2
500	Total reclassifications				106,167	26,997	500
	Code Letter - D						
1	INTEREST EXPENSE	G	Cap Rel Costs-Bldg & Fixt	1		3,744,918	1
500	Total reclassifications					3,744,918	500
	Code Letter - G						
1	RADIOLOGY ADMIN COSTS	I	Radioisotope	56	70,731	31,413	1
2			ULTRASOUND	56.10	159,018	70,624	2
3			CT Scan	57	147,862	65,669	3
4			MRI	58	70,882	31,481	4
5			OUPATIENT CARE CENTER	90.03	162,522	72,180	5
500	Total reclassifications				611,015	271,367	500
	Code Letter - I						
1	NURSERY COSTS	J	Nursery	43	697,566	201,277	1
500	Total reclassifications				697,566	201,277	500
	Code Letter - J						
1	UTIL/QUALITY MANAGEMENT COSTS	L	Social Service	17	799,793	209,146	1
500	Total reclassifications				799,793	209,146	500
	Code Letter - L						
1	MEDICAL SUPPLIES	M	Medical Supplies Charged to P	71		4,692,345	1
2							2
3							3
4							4
5							5
6							6
7							7
500	Total reclassifications					4,692,345	500
	Code Letter - M						
1	MATERIALS MANAGEMENT COSTS	N	Administrative & General	5	373,518	358,345	1
500	Total reclassifications				373,518	358,345	500
	Code Letter - N						
1	PROPERTY INSURANCE	O	Cap Rel Costs-Bldg & Fixt	1		89,162	1
500	Total reclassifications					89,162	500
	Code Letter - O						
1	IMPLANT COSTS	P	Impl. Dev. Charged to Patient	72		3,732,972	1
2							2
3							3
4							4
500	Total reclassifications					3,732,972	500
	Code Letter - P						
	GRAND TOTAL (Increases)					3,251,405	27,231,685

(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		13,284,371		1
500	Total reclassifications					13,284,371		500
	Code letter - A							
1	CAFETERIA COSTS	B	Dietary	10	663,346	620,785		1
500	Total reclassifications				663,346	620,785		500
	Code letter - B							
1	HHA/HOSPICE BILLONG MED REC COSTS	D	Home Health Agency	101	74,320	17,748		1
2			Hospice	116	31,847	9,249		2
500	Total reclassifications				106,167	26,997		500
	Code letter - D							
1	INTEREST EXPENSE	G	Interest Expense	113		3,744,918	9	1
500	Total reclassifications					3,744,918		500
	Code letter - G							
1	RADIOLOGY ADMIN COSTS	I	Radiology-Diagnostic	54	611,015	271,367		1
2								2
3								3
4								4
5								5
500	Total reclassifications				611,015	271,367		500
	Code letter - I							
1	NURSERY COSTS	J	Adults & Pediatrics	30	697,566	201,277		1
500	Total reclassifications				697,566	201,277		500
	Code letter - J							
1	UTIL/QUALITY MANAGEMENT COSTS	L	Administrative & General	5	799,793	209,146		1
500	Total reclassifications				799,793	209,146		500
	Code letter - L							
1	MEDICAL SUPPLIES	M	Operating Room	50		2,395,790		1
2			Radiology-Diagnostic	54		1,119,297		2
3			CT Scan	57		125,149		3
4			Cardiac Catheterization	59		579,395		4
5			Respiratory Therapy	65		210,268		5
6			GI LAB	75.10		181,361		6
7			Intensive Care Unit	31		81,085		7
500	Total reclassifications					4,692,345		500
	Code letter - M							
1	MATERIALS MANAGEMENT COSTS	N	Medical Supplies Charged to P	71	373,518	358,345		1
500	Total reclassifications				373,518	358,345		500
	Code letter - N							
1	PROPERTY INSURANCE	O	Administrative & General	5		89,162	9	1
500	Total reclassifications					89,162		500
	Code letter - O							
1	IMPLANT COSTS	P	Operating Room	50		2,516,795		1
2			Cardiac Catheterization	59		804,721		2
3			Cardiac Catheterization	59		21,330		3
4			GI LAB	75.10		390,126		4
500	Total reclassifications					3,732,972		500
	Code letter - P							
	GRAND TOTAL (Decreases)				3,251,405	27,231,685		

(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	9,018,035					9,018,035		1
2	Land Improvements	10,572,702	530,036		530,036		11,102,738		2
3	Buildings and Fixtures	273,887,354	5,825,074		5,825,074	383	279,712,045		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	97,929,557	5,860,589		5,860,589	629,620	103,160,526		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	391,407,648	12,215,699		12,215,699	630,003	402,993,344		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	391,407,648	12,215,699		12,215,699	630,003	402,993,344		10

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

		SUMMARY OF CAPITAL							
	Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	Cap Rel Costs-Bldg & Fixt	8,063,816						8,063,816	1
2	Cap Rel Costs-Mvble Equip	6,058,683						6,058,683	2
3	Total (sum of lines 1-2)	14,122,499						14,122,499	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

		COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
	Description	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

		SUMMARY OF CAPITAL							
	Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	Cap Rel Costs-Bldg & Fixt	8,547,395						8,547,395	1
2	Cap Rel Costs-Mvble Equip	6,024,648						6,024,648	2
3	Total (sum of lines 1-2)	14,572,043						14,572,043	3

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

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.
				COST CENTER	LINE#	
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			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)	B	-89,027	Cap Rel Costs-Bldg & Fixt	1	9 6
7	Telephone services (pay stations excl) (chapter 21)	A	-63,492	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	-8,801,934			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	54,255			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	-271	Medical Records & Library	16	18
19	Nursing and allied health education (tuition, fees, books, etc.)					19
20	Vending machines	B	-14,767	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	-13,538	Laboratory	60	33.03
33.04	PHARMACY MISC REVENUE	B	-52,530	Pharmacy	15	33.04
33.05	RADIOLOGY ADMIN	B	-4,685	Radiology-Diagnostic	54	33.05
33.09	HUMAN RESOURCES MISC REVENUE	B	-841	Employee Benefits Department	4	33.09
33.15	TELE & COMM MISC REVENUE	B	-1,490	Administrative & General	5	33.15
33.16	ANSWERING SVCE INCOME	B	-240,069	Administrative & General	5	33.16
33.25	CAFETERIA REVENUE	B	-650,151	Cafeteria	11	33.25
33.27	MEDICAL STAFF APPLICATION REVENUE	B	-42,000	Administrative & General	5	33.27
33.28	HOUSEKEEPING	B	-4,680	Housekeeping	9	33.28
33.29	EMPLOYEE HEALTH	A	-263,428	Employee Benefits Department	4	33.29
33.30	BUS OFFICE/ADMITTING REVENUE	B	-249	Administrative & General	5	33.30
33.32	MOTHER BABY	B	-2,620	Adults & Pediatrics	30	33.32
33.33	SECURITY PURCH SERVICES REVENUE	B	-2,545	Operation of Plant	7	33.33
33.39	LINEN OTHER REVENUE	B	-9,752	Laundry & Linen Service	8	33.39
33.41	HEALTH EDUCATION CENTER REVENUE	B	-112,427	Administrative & General	5	33.41
33.43	AFFILIATES REVENUE	B	-779,572	Administrative & General	5	33.43
33.45	MISCELLANEOUS REVENUE	B	-47,681	Administrative & General	5	33.45
33.46	REAL ESTATE TAXES	A	-211,481	Administrative & General	5	33.46
33.47	ELIMINATE PENSION CREDIT	A	1,990,493	Administrative & General	5	33.47
33.52	NON-ALLOWABLE ADMIN COSTS	A	-177,949	Administrative & General	5	9 33.52
33.53	MAT MAGM REV	B	-32,791	Administrative & General	5	33.53
33.58	OTHER REVENUE	B	-4,200	Dietary	10	33.58
34	CARE DEPOT OTHER REV	B	-4,605	Adults & Pediatrics	30	34
34.01	MEDICAID TAX	A	-12,498,754	Administrative & General	5	34.01
34.02	VOLUNTEER SERVICES	A	-915,946	Administrative & General	5	34.02
34.05	NON-ALLOWABLE DUES	A	-39,481	Administrative & General	5	9 34.05
34.06	DEPR TELEPHONES, PATIENT PORTION	A	-26,210	Cap Rel Costs-Mvble Equip	2	9 34.06
34.07	NON-ALLOWABLE INTEREST EXPENSE	A	-3,242,489	Cap Rel Costs-Bldg & Fixt	1	9 34.07
34.08	MARKETING COSTS	A	-853,998	Administrative & General	5	9 34.08
34.24	EMPLOYEE HEALTH COSTS	A	-2,917,992	Administrative & General	5	34.24
34.26	PHYSICIAN MATCH EXPENSES	A	-94,753	Administrative & General	5	34.26
34.27	PHYS MATCH DEPR	A	-7,825	Cap Rel Costs-Mvble Equip	2	9 34.27

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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	
34.40	NON-ALLOWABLE DEPRECIATION	A	-57,555	Cap Rel Costs-Bldg & Fixt	1	9	34.40
34.65	OTHER REVENUE	B	-34	Electrocardiology	69		34.65
34.66	OTHER REVENUE	B	-200	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	-2,884,395	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)		-33,127,409				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	38,570		38,570	9	3
3.01	5	Administrative & General	POTTER PAV ADMIN COSTS	32,081	65,789	-33,708		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	230,945	213,590	17,355		3.03
3.04	90.03	OUPATIENT CARE CENTER	OP CARE CENTER BUILD COST	204,959	189,556	15,403		3.04
3.05	76.30	OS SVCS	OUTSIDE SERVICES	16,329	32,658	-16,329		3.05
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		555,848	501,593	54,255		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 related 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	3,151,012	3,051,245	99,767	177,800	793	67,786	3,389	1
2	30	Adults & Pediatrics AGGREGATE	1,469,920	1,378,578	91,341	177,800	609	52,058	2,603	2
3	34.10	NICU AGGREGATE	894,892	894,892						3
4	40	Subprovider - IPF	39,742		39,742	177,800	60	5,129	256	4
5	50	Operating Room AGGREGATE	155,471	155,471						5
6	31	Intensive Care Unit	38,400		38,400	177,800	240	20,515	1,026	6
7	53	Anesthesiology AGGREGATE	2,013,623	2,002,059	11,564	177,800	154	13,164	658	7
8	54	Radiology-Diagnostic AGGREGATE	30,673	30,673						8
9	55	Radiology-Therapeuti								9
10	59	Cardiac Catheterizat	127,960		127,960	177,800	180	15,386	769	10
11	60	Laboratory AGGREGATE	31,164	31,164						11
12	65	Respiratory Therapy	103,000		103,000	177,800	515	44,023	2,201	12
13	69	Electrocardiology	135,072		135,072	177,800	672	57,443	2,872	13
14	74	Renal Dialysis	22,125		22,125	177,800	150	12,822	641	14
15	90.02	CARE STATIONS AGGREGATE	648,872	594,872	54,000	177,800	416	35,560	1,778	15
16	91	Emergency								16
17	93	OUTPATIENT REHAB	14,782		14,782	177,800	60	5,129	256	17
18	93.10	WOUND CARE CENTER	39,600		39,600	177,800	277	23,678	1,184	18
19	91	Emergency AGGREGATE	46,250	46,250						19
20	16	Medical Records & Li AGGREGATE	5,750	5,750						20
21	22	I&R Services-Other P	197,285		197,285	177,800	147	12,566	628	21
200		TOTAL	9,165,593	8,190,954	974,638		4,273	365,259	18,261	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					67,786	31,981	3,083,226	1
2	30	Adults & Pediatrics AGGREGATE					52,058	39,283	1,417,862	2
3	34.10	NICU AGGREGATE							894,892	3
4	40	Subprovider - IPF					5,129	34,613	34,613	4
5	50	Operating Room AGGREGATE							155,471	5
6	31	Intensive Care Unit					20,515	17,885	17,885	6
7	53	Anesthesiology AGGREGATE					13,164		2,002,059	7
8	54	Radiology-Diagnostic AGGREGATE							30,673	8
9	55	Radiology-Therapeuti								9
10	59	Cardiac Catheterizat					15,386	112,574	112,574	10
11	60	Laboratory AGGREGATE							31,164	11
12	65	Respiratory Therapy					44,023	58,977	58,977	12
13	69	Electrocardiology					57,443	77,629	77,629	13
14	74	Renal Dialysis					12,822	9,303	9,303	14
15	90.02	CARE STATIONS AGGREGATE					35,560	18,440	613,312	15
16	91	Emergency								16
17	93	OUTPATIENT REHAB					5,129	9,653	9,653	17
18	93.10	WOUND CARE CENTER					23,678	15,922	15,922	18
19	91	Emergency AGGREGATE							46,250	19
20	16	Medical Records & Li AGGREGATE							5,750	20
21	22	I&R Services-Other P					12,566	184,719	184,719	21
200		TOTAL					365,259	610,979	8,801,934	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	8,547,395	8,547,395					1
2	Cap Rel Costs-Mvble Equip	6,024,648		6,024,648				2
4	Employee Benefits Department	2,247,709	6,131	3,949	2,257,789			4
5	Administrative & General	26,511,369	693,496	1,612,328	346,044	29,163,237	29,163,237	5
6	Maintenance & Repairs							6
7	Operation of Plant	7,458,419	906,953	219,478	90,544	8,675,394	1,652,055	7
8	Laundry & Linen Service	391,071	146,488	1,731	7,152	546,442	104,059	8
9	Housekeeping	2,383,856	59,676	29,957	88,724	2,562,213	487,922	9
10	Dietary	1,302,415	184,401	10,707	30,310	1,527,833	290,945	10
11	Cafeteria	633,980	127,774	9,804	27,756	799,314	152,213	11
12	Maintenance of Personnel							12
13	Nursing Administration	2,531,140	17,553	730,046	42,800	3,321,539	632,521	13
14	Central Services & Supply							14
15	Pharmacy	3,428,935	71,260	94,020	47,707	3,641,922	693,531	15
16	Medical Records & Library	2,647,862	136,324	8,933	48,279	2,841,398	541,087	16
17	Social Service	1,008,939	10,293	170	19,783	1,039,185	197,892	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd	12,566	27,910			40,476	7,708	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	26,488,240	1,926,964	297,096	502,442	29,214,742	5,563,338	30
31	Intensive Care Unit	4,923,780	201,663	53,223	78,481	5,257,147	1,001,119	31
34.10	NICU	1,341,531	279,102	25,810	19,198	1,665,641	317,188	34.10
40	Subprovider - IPF	1,524,957	222,475	3,479	25,929	1,776,840	338,364	40
43	Nursery	898,843	21,651	28,697	14,645	963,836	183,543	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	6,509,247	548,202	466,133	100,701	7,624,283	1,451,892	50
52	Delivery Room & Labor Room	3,056,983	259,258	131,466	49,251	3,496,958	665,926	52
53	Anesthesiology	455,129	7,341	81,573	3,445	547,488	104,258	53
54	Radiology-Diagnostic	3,698,705	592,955	167,356	54,596	4,513,612	859,527	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	1,199,935	561,753	644,794	17,246	2,423,728	461,551	55
56	Radioisotope	1,527,001	54,143	46,933	8,897	1,636,974	311,729	56
56.10	ULTRASOUND	1,374,751	37,751	105,833	20,003	1,538,338	292,946	56.10
57	CT Scan	1,434,006	25,377	9,254	18,599	1,487,236	283,214	57
58	MRI	642,118	27,039	30,700	8,916	708,773	134,972	58
59	Cardiac Catheterization	1,179,314	136,486	172,995	11,245	1,500,040	285,653	59
60	Laboratory	9,029,574	199,727	186,982	102,134	9,518,417	1,812,592	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,513,508	39,042	93,301	48,031	2,693,882	512,996	65
65.01	SLEEP LAB	276,866	42,914	19,827	5,713	345,320	65,759	65.01
66	Physical Therapy	2,299,551	111,802	12,541	38,064	2,461,958	468,831	66
68	Speech Pathology	314,310	3,630	1,222	4,411	323,573	61,618	68
69	Electrocardiology	1,874,666	26,119	77,831	31,483	2,010,099	382,783	69
69.01	C-PORT							69.01
70	Electroencephalography	69,425	25,168	9,585	1,685	105,863	20,159	70
71	Medical Supplies Charged to Patients	5,697,662	60,854	16,932	11,110	5,786,558	1,101,934	71
72	Impl. Dev. Charged to Patients	3,732,972				3,732,972	710,870	72
73	Drugs Charged to Patients	13,284,371				13,284,371	2,529,743	73
74	Renal Dialysis	993,309	26,458	26,496	11,965	1,058,228	201,518	74
75.10	GI LAB	1,459,388	124,386	272,378	21,467	1,877,619	357,555	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS	16,329				16,329	3,110	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	943,348	34,041	9,464	16,781	1,003,634	191,122	90
90.01	PALOS DIAGNOSTIC CENTER	207,550		11,977	3,821	223,348	42,532	90.01
90.02	CARE STATIONS	2,246,880		30,118	37,911	2,314,909	440,828	90.02
90.03	OUPATIENT CARE CENTER	2,631,972		135,153	41,321	2,808,446	534,812	90.03
91	Emergency	6,421,047	238,931	57,799	110,199	6,827,976	1,300,251	91
92	Observation Beds (Non-Distinct Part)							92
93	OUTPATIENT REHAB	1,252,483	176,012	1,107	23,216	1,452,818	276,660	93
93.10	WOUND CARE CENTER	897,716	26,942	5,230	10,847	940,735	179,144	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	2,372,762		42,446	26,599	2,441,807	464,993	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	1,492,046		26,586	18,261	1,536,893	292,671	116
117	MOBILE MED							117
118	SUBTOTALS (sum of lines 1-117)	181,412,579	8,426,445	6,023,440	2,247,712	181,280,344	28,967,634	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		17,101			17,101	3,257	190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices	894,932	29,524	1,208	10,077	935,741	178,193	192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers		30,491			30,491	5,806	193
194	FUND DEVELOPMENT		43,834			43,834	8,347	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	182,307,511	8,547,395	6,024,648	2,257,789	182,307,511	29,163,237	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	10,327,449						7
8	Laundry & Linen Service	217,964	868,465					8
9	Housekeeping	88,794	16,921	3,155,850				9
10	Dietary	274,376		86,410	2,179,564			10
11	Cafeteria	190,119		59,875		1,201,521		11
12	Maintenance of Personnel							12
13	Nursing Administration	26,117		8,225		33,496	4,021,898	13
14	Central Services & Supply							14
15	Pharmacy	106,030		33,392		37,336		15
16	Medical Records & Library	202,841	3	63,881		37,784		16
17	Social Service	15,315		4,823		15,482		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	41,528		13,079				22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	2,867,192	271,349	902,975	1,856,441	393,218	1,829,210	30
31	Intensive Care Unit	300,061	33,508	94,499	195,652	61,420	285,721	31
34.10	NICU	415,284	4,319	130,787		15,024	69,892	34.10
40	Subprovider - IPF	331,027	5,837	104,252	127,471	20,292	94,398	40
43	Nursery	32,215		10,145		11,462	53,319	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	815,686	301,291	256,887		78,810	366,619	50
52	Delivery Room & Labor Room	385,758	58,058	121,488		38,545	17,846	52
53	Anesthesiology	10,922		3,440		2,696	12,544	53
54	Radiology-Diagnostic	882,275	27,315	277,858		42,727	198,763	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	835,850	1,185	263,237		13,497	62,787	55
56	Radioisotope	80,560	5,126	25,371		6,963	32,392	56
56.10	ULTRASOUND	56,171	10,421	17,690		15,655		56.10
57	CT Scan	37,760	11,251	11,892		14,556		57
58	MRI	40,232	2,283	12,670		6,978		58
59	Cardiac Catheterization	203,081	2,101	63,957		8,801		59
60	Laboratory	297,180	3,044	93,592		79,931		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	58,092	39	18,295		37,590	174,863	65
65.01	SLEEP LAB	63,853	1,061	20,109		4,471		65.01
66	Physical Therapy	166,354	11,279	52,390		29,790		66
68	Speech Pathology	5,401		1,701		3,452		68
69	Electrocardiology	38,864	4,379	12,240		24,639		69
69.01	C-PORT							69.01
70	Electroencephalography	37,448	686	11,794		1,319	6,134	70
71	Medical Supplies Charged to Patients	90,546		28,516		8,695		71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	39,368	4,080	12,398		9,364		74
75.10	GI LAB	185,078	10,456	58,287		16,800	78,153	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	50,650	60	15,951		13,133	50,730	90
90.01	PALOS DIAGNOSTIC CENTER							90.01
90.02	CARE STATIONS		2,668					90.02
90.03	OUPATIENT CARE CENTER		4,985					90.03
91	Emergency	355,512	70,546	111,963		86,244	401,197	91
92	Observation Beds (Non-Distinct Part)							92
93	OUTPATIENT REHAB	261,893		82,479		18,169	84,520	93
93.10	WOUND CARE CENTER	40,088	4,214	12,625		8,489	39,491	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 ADMINI- STRATION	
		7	8	9	10	11	13	
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency						96,839	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice						66,480	116
117	MOBILE MED							117
118	SUBTOTALS (sum of lines 1-117)	10,147,485	868,465	3,099,173	2,179,564	1,196,828	4,021,898	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	25,445		8,014				190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices	43,929		13,835		4,693		192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers	45,369		14,288				193
194	FUND DEVELOPMENT	65,221		20,540				194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	10,327,449	868,465	3,155,850	2,179,564	1,201,521	4,021,898	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	4,512,211						15	
16	Medical Records & Library	32	3,687,026					16	
17	Social Service			1,272,697				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					102,791		22	
23	Paramed Ed Prgm-(specify)							23	
	INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	3,786	463,216	973,043		102,791	44,441,301	-102,791	30
31	Intensive Care Unit	281	58,639	102,550			7,390,597		31
34.10	NICU	125	17,199	27,057			2,662,516		34.10
40	Subprovider - IPF	81	21,548	66,813			2,886,923		40
43	Nursery		13,325	41,678			1,309,523		43
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	3,621	177,252				11,076,341		50
52	Delivery Room & Labor Room	101	69,905				4,854,585		52
53	Anesthesiology	17,303	58,953				757,604		53
54	Radiology-Diagnostic	22,369	156,678				6,981,124		54
54.01	BREAST HEALTH CENTER								54.01
55	Radiology-Therapeutic	203	58,143				4,120,181		55
56	Radioisotope	102,433	56,030				2,257,578		56
56.10	ULTRASOUND	130	74,289				2,005,640		56.10
57	CT Scan	20,495	316,923				2,183,327		57
58	MRI	13,751	42,543				962,202		58
59	Cardiac Catheterization	12,211	65,135				2,140,979		59
60	Laboratory	3,125	553,299				12,361,180		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	1,362	113,096				3,610,215		65
65.01	SLEEP LAB	3	8,594				509,170		65.01
66	Physical Therapy	51	44,928				3,235,581		66
68	Speech Pathology		8,940				404,685		68
69	Electrocardiology	29	78,101				2,551,134		69
69.01	C-PORT								69.01
70	Electroencephalography	13	5,298				188,714		70
71	Medical Supplies Charged to Patients	3	76,551				7,092,803		71
72	Impl. Dev. Charged to Patients		66,318				4,510,160		72
73	Drugs Charged to Patients	4,274,516	469,828				20,558,458		73
74	Renal Dialysis		18,046				1,343,002		74
75.10	GI LAB	337	67,508				2,651,793		75.10
76	ENTEROSTOMAL THERAPY								76
76.10	NEUROLOGY								76.10
76.20	EMG								76.20
76.30	OS SVCS		161				19,600		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	2,548	8,066				1,335,894		90
90.01	PALOS DIAGNOSTIC CENTER		3,628				269,508		90.01
90.02	CARE STATIONS	9,133	22,813				2,790,351		90.02
90.03	OUTPATIENT CARE CENTER	10,897	71,094				3,430,234		90.03
91	Emergency	2,305	372,563	61,556			9,590,113		91
92	Observation Beds (Non-Distinct Part)								92
93	OUTPATIENT REHAB	119	17,651				2,194,309		93
93.10	WOUND CARE CENTER	1,610	14,644				1,241,040		93.10
	OTHER REIMBURSABLE COST CENTERS								
99.10	CORF								99.10
99.20	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY								99.30

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		15	16	17	22	24	25	
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	407	10,292			3,014,338		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	8,831	5,829			1,910,704		116
117	MOBILE MED							117
118	SUBTOTALS (sum of lines 1-117)	4,512,211	3,687,026	1,272,697	102,791	180,843,407	-102,791	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					53,817		190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices					1,176,391		192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers					95,954		193
194	FUND DEVELOPMENT					137,942		194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	4,512,211	3,687,026	1,272,697	102,791	182,307,511	-102,791	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	44,338,510					30
31	Intensive Care Unit	7,390,597					31
34.10	NICU	2,662,516					34.10
40	Subprovider - IPF	2,886,923					40
43	Nursery	1,309,523					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	11,076,341					50
52	Delivery Room & Labor Room	4,854,585					52
53	Anesthesiology	757,604					53
54	Radiology-Diagnostic	6,981,124					54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	4,120,181					55
56	Radioisotope	2,257,578					56
56.10	ULTRASOUND	2,005,640					56.10
57	CT Scan	2,183,327					57
58	MRI	962,202					58
59	Cardiac Catheterization	2,140,979					59
60	Laboratory	12,361,180					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	3,610,215					65
65.01	SLEEP LAB	509,170					65.01
66	Physical Therapy	3,235,581					66
68	Speech Pathology	404,685					68
69	Electrocardiology	2,551,134					69
69.01	C-PORT						69.01
70	Electroencephalography	188,714					70
71	Medical Supplies Charged to Patients	7,092,803					71
72	Impl. Dev. Charged to Patients	4,510,160					72
73	Drugs Charged to Patients	20,558,458					73
74	Renal Dialysis	1,343,002					74
75.10	GI LAB	2,651,793					75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	19,600					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	1,335,894					90
90.01	PALOS DIAGNOSTIC CENTER	269,508					90.01
90.02	CARE STATIONS	2,790,351					90.02
90.03	OUPATIENT CARE CENTER	3,430,234					90.03
91	Emergency	9,590,113					91
92	Observation Beds (Non-Distinct Part)						92
93	OUTPATIENT REHAB	2,194,309					93
93.10	WOUND CARE CENTER	1,241,040					93.10
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30

KPMG LLP Compu-Max 2552-10

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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	3,014,338					101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice	1,910,704					116
117	MOBILE MED						117
118	SUBTOTALS (sum of lines 1-117)	180,740,616					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	53,817					190
191.10	ADULT DAY CARE						191.10
192	Physicians' Private Offices	1,176,391					192
192.01	VACANT SPACE						192.01
193	Nonpaid Workers	95,954					193
194	FUND DEVELOPMENT	137,942					194
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	182,204,720					202

KPMG LLP Compu-Max 2552-10

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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	6,131	3,949	10,512	10,512		4
5	Administrative & General	105,982	693,496	1,612,328	2,411,806	1,611	2,413,417	5
6	Maintenance & Repairs							6
7	Operation of Plant	3,257	906,953	219,478	1,129,688	422	136,716	7
8	Laundry & Linen Service		146,488	1,731	148,219	33	8,611	8
9	Housekeeping	26,443	59,676	29,957	116,076	413	40,378	9
10	Dietary	1,346	184,401	10,707	196,454	141	24,077	10
11	Cafeteria	504	127,774	9,804	138,082	129	12,596	11
12	Maintenance of Personnel							12
13	Nursing Administration	761	17,553	730,046	748,360	199	52,344	13
14	Central Services & Supply							14
15	Pharmacy	14,766	71,260	94,020	180,046	222	57,393	15
16	Medical Records & Library	108	136,324	8,933	145,365	225	44,778	16
17	Social Service		10,293	170	10,463	92	16,377	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		27,910		27,910		638	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,704	1,926,964	297,096	2,225,764	2,338	460,412	30
31	Intensive Care Unit	941	201,663	53,223	255,827	365	82,847	31
34.10	NICU		279,102	25,810	304,912	89	26,249	34.10
40	Subprovider - IPF	108	222,475	3,479	226,062	121	28,001	40
43	Nursery		21,651	28,697	50,348	68	15,189	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	6,895	548,202	466,133	1,021,230	469	120,151	50
52	Delivery Room & Labor Room	1,374	259,258	131,466	392,098	229	55,109	52
53	Anesthesiology	216	7,341	81,573	89,130	16	8,628	53
54	Radiology-Diagnostic	1,793	592,955	167,356	762,104	254	71,130	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	840	561,753	644,794	1,207,387	80	38,196	55
56	Radioisotope	477	54,143	46,933	101,553	41	25,797	56
56.10	ULTRASOUND	108	37,751	105,833	143,692	93	24,243	56.10
57	CT Scan		25,377	9,254	34,631	87	23,437	57
58	MRI	442	27,039	30,700	58,181	42	11,170	58
59	Cardiac Catheterization	3,228	136,486	172,995	312,709	52	23,639	59
60	Laboratory	702	199,727	186,982	387,411	476	150,001	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	27,801	39,042	93,301	160,144	224	42,453	65
65.01	SLEEP LAB	68	42,914	19,827	62,809	27	5,442	65.01
66	Physical Therapy	1,188	111,802	12,541	125,531	177	38,798	66
68	Speech Pathology	14,748	3,630	1,222	19,600	21	5,099	68
69	Electrocardiology	1,149	26,119	77,831	105,099	147	31,677	69
69.01	C-PORT							69.01
70	Electroencephalography		25,168	9,585	34,753	8	1,668	70
71	Medical Supplies Charged to Patients	55,822	60,854	16,932	133,608	52	91,190	71
72	Impl. Dev. Charged to Patients						58,828	72
73	Drugs Charged to Patients						209,348	73
74	Renal Dialysis	864	26,458	26,496	53,818	56	16,677	74
75.10	GI LAB	324	124,386	272,378	397,088	100	29,589	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS						257	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	34,041	9,464	43,721	78	15,816	90
90.01	PALOS DIAGNOSTIC CENTER	28,812		11,977	40,789	18	3,520	90.01
90.02	CARE STATIONS	185,980		30,118	216,098	177	36,481	90.02
90.03	OUTPATIENT CARE CENTER	167,262		135,153	302,415	192	44,258	90.03
91	Emergency	540	238,931	57,799	297,270	513	107,602	91
92	Observation Beds (Non-Distinct Part)							92
93	OUTPATIENT REHAB	320	176,012	1,107	177,439	108	22,895	93
93.10	WOUND CARE CENTER	276	26,942	5,230	32,448	51	14,825	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	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	ADMINI- STRATIVE & GENERAL 5	
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency			42,446	42,446	124	38,480	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice			26,586	26,586	85	24,220	116
117	MOBILE MED							117
118	SUBTOTALS (sum of lines 1-117)	657,797	8,426,445	6,023,440	15,107,682	10,465	2,397,230	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		17,101		17,101		269	190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices		29,524	1,208	30,732	47	14,746	192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers		30,491		30,491		481	193
194	FUND DEVELOPMENT		43,834		43,834		691	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	657,797	8,547,395	6,024,648	15,229,840	10,512	2,413,417	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	1,266,826						7
8	Laundry & Linen Service	26,737	183,600					8
9	Housekeeping	10,892	3,577	171,336				9
10	Dietary	33,657		4,691	259,020			10
11	Cafeteria	23,321		3,251		177,379		11
12	Maintenance of Personnel							12
13	Nursing Administration	3,204		447		4,945	809,499	13
14	Central Services & Supply							14
15	Pharmacy	13,006		1,813		5,512		15
16	Medical Records & Library	24,882	1	3,468		5,578		16
17	Social Service	1,879		262		2,286		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	5,094		710				22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	351,706	57,365	49,023	220,620	58,050	368,169	30
31	Intensive Care Unit	36,807	7,084	5,131	23,251	9,067	57,508	31
34.10	NICU	50,941	913	7,101		2,218	14,067	34.10
40	Subprovider - IPF	40,606	1,234	5,660	15,149	2,996	19,000	40
43	Nursery	3,952		551		1,692	10,732	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	100,057	63,692	13,947		11,635	73,790	50
52	Delivery Room & Labor Room	47,319	12,274	6,596		5,690	3,592	52
53	Anesthesiology	1,340		187		398	2,525	53
54	Radiology-Diagnostic	108,225	5,775	15,085		6,308	40,006	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	102,530	250	14,292		1,993	12,637	55
56	Radioisotope	9,882	1,084	1,377		1,028	6,520	56
56.10	ULTRASOUND	6,890	2,203	960		2,311		56.10
57	CT Scan	4,632	2,379	646		2,149		57
58	MRI	4,935	483	688		1,030		58
59	Cardiac Catheterization	24,911	444	3,472		1,299		59
60	Laboratory	36,454	644	5,081		11,800		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	7,126	8	993		5,549	35,195	65
65.01	SLEEP LAB	7,833	224	1,092		660		65.01
66	Physical Therapy	20,406	2,385	2,844		4,398		66
68	Speech Pathology	663		92		510		68
69	Electrocardiology	4,767	926	665		3,637		69
69.01	C-PORT							69.01
70	Electroencephalography	4,594	145	640		195	1,235	70
71	Medical Supplies Charged to Patients	11,107		1,548		1,284		71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	4,829	863	673		1,382		74
75.10	GI LAB	22,703	2,211	3,165		2,480	15,730	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	6,213	13	866		1,939	10,211	90
90.01	PALOS DIAGNOSTIC CENTER							90.01
90.02	CARE STATIONS		564					90.02
90.03	OUPATIENT CARE CENTER		1,054					90.03
91	Emergency	43,609	14,914	6,079		12,732	80,750	91
92	Observation Beds (Non-Distinct Part)							92
93	OUTPATIENT REHAB	32,125		4,478		2,682	17,012	93
93.10	WOUND CARE CENTER	4,917	891	685		1,253	7,948	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						19,491	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice						13,381	116
117	MOBILE MED							117
118	SUBTOTALS (sum of lines 1-117)	1,244,751	183,600	168,259	259,020	176,686	809,499	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	3,121		435				190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices	5,389		751		693		192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers	5,565		776				193
194	FUND DEVELOPMENT	8,000		1,115				194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,266,826	183,600	171,336	259,020	177,379	809,499	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	257,992					15
16	Medical Records & Library	2	224,299				16
17	Social Service			31,359			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				34,352		22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	216	28,180	23,975		3,845,818	30
31	Intensive Care Unit	16	3,567	2,527		483,997	31
34.10	NICU	7	1,046	667		408,210	34.10
40	Subprovider - IPF	5	1,311	1,646		341,791	40
43	Nursery		811	1,027		84,370	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	207	10,783			1,415,961	50
52	Delivery Room & Labor Room	6	4,253			527,166	52
53	Anesthesiology	989	3,586			106,799	53
54	Radiology-Diagnostic	1,279	9,532			1,019,698	54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	12	3,537			1,380,914	55
56	Radioisotope	5,857	3,409			156,548	56
56.10	ULTRASOUND	7	4,519			184,918	56.10
57	CT Scan	1,172	19,280			88,413	57
58	MRI	786	2,588			79,903	58
59	Cardiac Catheterization	698	3,963			371,187	59
60	Laboratory	179	33,657			625,703	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	78	6,880			258,650	65
65.01	SLEEP LAB		523			78,610	65.01
66	Physical Therapy	3	2,733			197,275	66
68	Speech Pathology		544			26,529	68
69	Electrocardiology	2	4,751			151,671	69
69.01	C-PORT						69.01
70	Electroencephalography	1	322			43,561	70
71	Medical Supplies Charged to Patients		4,657			243,446	71
72	Impl. Dev. Charged to Patients		4,034			62,862	72
73	Drugs Charged to Patients	244,401	28,582			482,331	73
74	Renal Dialysis		1,098			79,396	74
75.10	GI LAB	19	4,107			477,192	75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS		10			267	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	146	491			79,494	90
90.01	PALOS DIAGNOSTIC CENTER		221			44,548	90.01
90.02	CARE STATIONS	522	1,388			255,230	90.02
90.03	OUPATIENT CARE CENTER	623	4,325			352,867	90.03
91	Emergency	132	22,665	1,517		587,783	91
92	Observation Beds (Non-Distinct Part)						92
93	OUTPATIENT REHAB	7	1,074			257,820	93
93.10	WOUND CARE CENTER	92	891			64,001	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	23	626			101,190		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	505	355			65,132		116
117	MOBILE MED							117
118	SUBTOTALS (sum of lines 1-117)	257,992	224,299	31,359		15,031,251		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					20,926		190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices					52,358		192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers					37,313		193
194	FUND DEVELOPMENT					53,640		194
200	Cross Foot Adjustments				34,352	34,352		200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	257,992	224,299	31,359	34,352	15,229,840		202

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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	3,845,818					30
31	Intensive Care Unit	483,997					31
34.10	NICU	408,210					34.10
40	Subprovider - IPF	341,791					40
43	Nursery	84,370					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,415,961					50
52	Delivery Room & Labor Room	527,166					52
53	Anesthesiology	106,799					53
54	Radiology-Diagnostic	1,019,698					54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	1,380,914					55
56	Radioisotope	156,548					56
56.10	ULTRASOUND	184,918					56.10
57	CT Scan	88,413					57
58	MRI	79,903					58
59	Cardiac Catheterization	371,187					59
60	Laboratory	625,703					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	258,650					65
65.01	SLEEP LAB	78,610					65.01
66	Physical Therapy	197,275					66
68	Speech Pathology	26,529					68
69	Electrocardiology	151,671					69
69.01	C-PORT						69.01
70	Electroencephalography	43,561					70
71	Medical Supplies Charged to Patients	243,446					71
72	Impl. Dev. Charged to Patients	62,862					72
73	Drugs Charged to Patients	482,331					73
74	Renal Dialysis	79,396					74
75.10	GI LAB	477,192					75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	267					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	79,494					90
90.01	PALOS DIAGNOSTIC CENTER	44,548					90.01
90.02	CARE STATIONS	255,230					90.02
90.03	OUPATIENT CARE CENTER	352,867					90.03
91	Emergency	587,783					91
92	Observation Beds (Non-Distinct Part)						92
93	OUTPATIENT REHAB	257,820					93
93.10	WOUND CARE CENTER	64,001					93.10
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	101,190					101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
116	Hospice	65,132					116
117	MOBILE MED						117
118	SUBTOTALS (sum of lines 1-117)	15,031,251					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	20,926					190
191.10	ADULT DAY CARE						191.10
192	Physicians' Private Offices	52,358					192
192.01	VACANT SPACE						192.01
193	Nonpaid Workers	37,313					193
194	FUND DEVELOPMENT	53,640					194
200	Cross Foot Adjustments	34,352					200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	15,229,840					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		6,722,221					2
4	Employee Benefits Department	380	4,406	2,886,566				4
5	Administrative & General	42,986	1,799,014	442,415	-29,163,237	153,144,274		5
6	Maintenance & Repairs							6
7	Operation of Plant	56,217	244,890	115,760		8,675,394	430,223	7
8	Laundry & Linen Service	9,080	1,931	9,144		546,442	9,080	8
9	Housekeeping	3,699	33,426	113,433		2,562,213	3,699	9
10	Dietary	11,430	11,947	38,751		1,527,833	11,430	10
11	Cafeteria	7,920	10,939	35,486		799,314	7,920	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,088	814,575	54,720		3,321,539	1,088	13
14	Central Services & Supply							14
15	Pharmacy	4,417	104,906	60,993		3,641,922	4,417	15
16	Medical Records & Library	8,450	9,967	61,724		2,841,398	8,450	16
17	Social Service	638	190	25,292		1,039,185	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				40,476	1,730	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	119,442	331,496	642,367		29,214,742	119,442	30
31	Intensive Care Unit	12,500	59,385	100,337		5,257,147	12,500	31
34.10	NICU	17,300	28,798	24,544		1,665,641	17,300	34.10
40	Subprovider - IPF	13,790	3,882	33,150		1,776,840	13,790	40
43	Nursery	1,342	32,020	18,724		963,836	1,342	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	33,980	520,105	128,746		7,624,283	33,980	50
52	Delivery Room & Labor Room	16,070	146,688	62,967		3,496,958	16,070	52
53	Anesthesiology	455	91,018	4,405		547,488	455	53
54	Radiology-Diagnostic	36,754	186,734	69,800		4,513,612	36,754	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	34,820	719,452	22,049		2,423,728	34,820	55
56	Radioisotope	3,356	52,367	11,375		1,636,974	3,356	56
56.10	ULTRASOUND	2,340	118,087	25,574		1,538,338	2,340	56.10
57	CT Scan	1,573	10,325	23,779		1,487,236	1,573	57
58	MRI	1,676	34,255	11,399		708,773	1,676	58
59	Cardiac Catheterization	8,460	193,025	14,377		1,500,040	8,460	59
60	Laboratory	12,380	208,632	130,577		9,518,417	12,380	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,420	104,104	61,407		2,693,882	2,420	65
65.01	SLEEP LAB	2,660	22,123	7,304		345,320	2,660	65.01
66	Physical Therapy	6,930	13,993	48,665		2,461,958	6,930	66
68	Speech Pathology	225	1,364	5,640		323,573	225	68
69	Electrocardiology	1,619	86,843	40,251		2,010,099	1,619	69
69.01	C-PORT							69.01
70	Electroencephalography	1,560	10,695	2,154		105,863	1,560	70
71	Medical Supplies Charged to Patients	3,772	18,893	14,204		5,786,558	3,772	71
72	Impl. Dev. Charged to Patients					3,732,972		72
73	Drugs Charged to Patients					13,284,371		73
74	Renal Dialysis	1,640	29,564	15,297		1,058,228	1,640	74
75.10	GI LAB	7,710	303,916	27,445		1,877,619	7,710	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS					16,329		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	10,560	21,454		1,003,634	2,110	90
90.01	PALOS DIAGNOSTIC CENTER		13,364	4,885		223,348		90.01
90.02	CARE STATIONS		33,605	48,469		2,314,909		90.02
90.03	OUPATIENT CARE CENTER		150,802	52,829		2,808,446		90.03
91	Emergency	14,810	64,491	140,889		6,827,976	14,810	91
92	Observation Beds (Non-Distinct Part)							92
93	OUTPATIENT REHAB	10,910	1,235	29,681		1,452,818	10,910	93
93.10	WOUND CARE CENTER	1,670	5,836	13,868		940,735	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

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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		47,361	34,007		2,441,807		101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice		29,664	23,346		1,536,893		116
117	MOBILE MED							117
118	SUBTOTALS (sum of lines 1-117)	522,309	6,720,873	2,873,683	-29,163,237	152,117,107	422,726	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	1,060				17,101	1,060	190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices	1,830	1,348	12,883		935,741	1,830	192
192.01	VACANT SPACE							192.01
193	Nonpaid Workers	1,890				30,491	1,890	193
194	FUND DEVELOPMENT	2,717				43,834	2,717	194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	8,547,395	6,024,648	2,257,789		29,163,237	10,327,449	202
203	Unit Cost Multiplier (Wkst. B, Part I)	16.133066	0.896229	0.782171		0.190430	24.004874	203
204	Cost to be allocated (Per Wkst. B, Part II)			10,512		2,413,417	1,266,826	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.003642		0.015759	2.944580	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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 NRSNG 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	890,621						8
9	Housekeeping	17,353	417,444					9
10	Dietary		11,430	155,169				10
11	Cafeteria		7,920		1,962,825			11
12	Maintenance of Personnel							12
13	Nursing Administration		1,088		54,720	1,412,376		13
14	Central Services & Supply							14
15	Pharmacy		4,417		60,993		14,023,086	15
16	Medical Records & Library	3	8,450		61,724		98	16
17	Social Service		638		25,292			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	278,272	119,442	132,165	642,367	642,367	11,766	30
31	Intensive Care Unit	34,363	12,500	13,929	100,337	100,337	872	31
34.10	NICU	4,429	17,300		24,544	24,544	387	34.10
40	Subprovider - IPF	5,986	13,790	9,075	33,150	33,150	253	40
43	Nursery		1,342		18,724	18,724		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	308,974	33,980		128,746	128,746	11,254	50
52	Delivery Room & Labor Room	59,539	16,070		62,967	6,267	315	52
53	Anesthesiology		455		4,405	4,405	53,773	53
54	Radiology-Diagnostic	28,012	36,754		69,800	69,800	69,519	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	1,215	34,820		22,049	22,049	631	55
56	Radioisotope	5,257	3,356		11,375	11,375	318,341	56
56.10	ULTRASOUND	10,687	2,340		25,574		405	56.10
57	CT Scan	11,538	1,573		23,779		63,696	57
58	MRI	2,341	1,676		11,399		42,734	58
59	Cardiac Catheterization	2,155	8,460		14,377		37,950	59
60	Laboratory	3,122	12,380		130,577		9,711	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	40	2,420		61,407	61,407	4,234	65
65.01	SLEEP LAB	1,088	2,660		7,304		10	65.01
66	Physical Therapy	11,567	6,930		48,665		159	66
68	Speech Pathology		225		5,640			68
69	Electrocardiology	4,491	1,619		40,251		89	69
69.01	C-PORT							69.01
70	Electroencephalography	704	1,560		2,154	2,154	41	70
71	Medical Supplies Charged to Patients		3,772		14,204		9	71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients						13,284,371	73
74	Renal Dialysis	4,184	1,640		15,297			74
75.10	GI LAB	10,723	7,710		27,445	27,445	1,046	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	62	2,110		21,454	17,815	7,920	90
90.01	PALOS DIAGNOSTIC CENTER							90.01
90.02	CARE STATIONS	2,736					28,385	90.02
90.03	OU PATIENT CARE CENTER	5,112					33,867	90.03
91	Emergency	72,346	14,810		140,889	140,889	7,164	91
92	Observation Beds (Non-Distinct Part)							92
93	OUTPATIENT REHAB		10,910		29,681	29,681	371	93
93.10	WOUND CARE CENTER	4,322	1,670		13,868	13,868	5,005	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 NRSNG 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					34,007	1,264	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice					23,346	27,446	116
117	MOBILE MED							117
118	SUBTOTALS (sum of lines 1-117)	890,621	409,947	155,169	1,955,158	1,412,376	14,023,086	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		1,060					190
191.10	ADULT DAY CARE							191.10
192	Physicians' Private Offices		1,830		7,667			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)	868,465	3,155,850	2,179,564	1,201,521	4,021,898	4,512,211	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.975123	7.559936	14.046388	0.612139	2.847611	0.321770	203
204	Cost to be allocated (Per Wkst. B, Part II)	183,600	171,336	259,020	177,379	809,499	257,992	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.206148	0.410441	1.669277	0.090369	0.573147	0.018398	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	I/R-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	1,033,506,351	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		22
23	Paramed Ed Prgm-(specify)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	Adults & Pediatrics	129,861,570	30
31	Intensive Care Unit	16,439,371	31
34.10	NICU	4,821,569	34.10
40	Subprovider - IPF	6,040,981	40
43	Nursery	3,735,561	43
ANCILLARY SERVICE COST CENTERS			
50	Operating Room	49,692,163	50
52	Delivery Room & Labor Room	19,597,640	52
53	Anesthesiology	16,527,367	53
54	Radiology-Diagnostic	43,924,334	54
54.01	BREAST HEALTH CENTER		54.01
55	Radiology-Therapeutic	16,300,259	55
56	Radioisotope	15,708,004	56
56.10	ULTRASOUND	20,826,869	56.10
57	CT Scan	88,848,659	57
58	MRI	11,926,830	58
59	Cardiac Catheterization	18,260,414	59
60	Laboratory	154,973,100	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	Respiratory Therapy	31,706,313	65
65.01	SLEEP LAB	2,409,244	65.01
66	Physical Therapy	12,595,352	66
68	Speech Pathology	2,506,285	68
69	Electrocardiology	21,895,530	69
69.01	C-PORT		69.01
70	Electroencephalography	1,485,398	70
71	Medical Supplies Charged to Patients	21,460,990	71
72	Impl. Dev. Charged to Patients	18,591,956	72
73	Drugs Charged to Patients	131,715,215	73
74	Renal Dialysis	5,059,121	74
75.10	GI LAB	18,925,626	75.10
76	ENTEROSTOMAL THERAPY		76
76.10	NEUROLOGY		76.10
76.20	EMG		76.20
76.30	OS SVCS	45,156	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	2,261,316	90
90.01	PALOS DIAGNOSTIC CENTER	1,017,068	90.01
90.02	CARE STATIONS	6,395,642	90.02
90.03	OUPATIENT CARE CENTER	19,930,980	90.03
91	Emergency	104,447,087	91
92	Observation Beds (Non-Distinct Part)		92
93	OUTPATIENT REHAB	4,948,495	93
93.10	WOUND CARE CENTER	4,105,331	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	2,885,394						101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	1,634,161						116
117	MOBILE MED							117
118	SUBTOTALS (sum of lines 1-117)	1,033,506,351	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)	3,687,026	1,272,697	102,791				202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.003567	22.086998	102.791000				203
204	Cost to be allocated (Per Wkst. B, Part II)	224,299	31,359	34,352				204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000217	0.544219	34.352000				205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

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POST STEPDOWN ADJUSTMENTS**WORKSHEET B-2**

	DESCRIPTION	WORKSHEET		AMOUNT	
		CODE	LINE NO.		
	1	2	3	4	

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	44,338,510		44,338,510	39,283	44,377,793	30
31	Intensive Care Unit	7,390,597		7,390,597	17,885	7,408,482	31
34.10	NICU	2,662,516		2,662,516		2,662,516	34.10
40	Subprovider - IPF	2,886,923		2,886,923	34,613	2,921,536	40
43	Nursery	1,309,523		1,309,523		1,309,523	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	11,076,341		11,076,341		11,076,341	50
52	Delivery Room & Labor Room	4,854,585		4,854,585		4,854,585	52
53	Anesthesiology	757,604		757,604		757,604	53
54	Radiology-Diagnostic	6,981,124		6,981,124		6,981,124	54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	4,120,181		4,120,181		4,120,181	55
56	Radioisotope	2,257,578		2,257,578		2,257,578	56
56.10	ULTRASOUND	2,005,640		2,005,640		2,005,640	56.10
57	CT Scan	2,183,327		2,183,327		2,183,327	57
58	MRI	962,202		962,202		962,202	58
59	Cardiac Catheterization	2,140,979		2,140,979	112,574	2,253,553	59
60	Laboratory	12,361,180		12,361,180		12,361,180	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	3,610,215		3,610,215	58,977	3,669,192	65
65.01	SLEEP LAB	509,170		509,170		509,170	65.01
66	Physical Therapy	3,235,581		3,235,581		3,235,581	66
68	Speech Pathology	404,685		404,685		404,685	68
69	Electrocardiology	2,551,134		2,551,134	77,629	2,628,763	69
69.01	C-PORT						69.01
70	Electroencephalography	188,714		188,714		188,714	70
71	Medical Supplies Charged to Patients	7,092,803		7,092,803		7,092,803	71
72	Impl. Dev. Charged to Patients	4,510,160		4,510,160		4,510,160	72
73	Drugs Charged to Patients	20,558,458		20,558,458		20,558,458	73
74	Renal Dialysis	1,343,002		1,343,002	9,303	1,352,305	74
75.10	GI LAB	2,651,793		2,651,793		2,651,793	75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	19,600		19,600		19,600	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	1,335,894		1,335,894		1,335,894	90
90.01	PALOS DIAGNOSTIC CENTER	269,508		269,508		269,508	90.01
90.02	CARE STATIONS	2,790,351		2,790,351	18,440	2,808,791	90.02
90.03	OUPATIENT CARE CENTER	3,430,234		3,430,234		3,430,234	90.03
91	Emergency	9,590,113		9,590,113		9,590,113	91
92	Observation Beds (Non-Distinct Part)	7,123,693		7,123,693		7,123,693	92
93	OUTPATIENT REHAB	2,194,309		2,194,309	9,653	2,203,962	93
93.10	WOUND CARE CENTER	1,241,040		1,241,040	15,922	1,256,962	93.10
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	3,014,338		3,014,338		3,014,338	101
113	Interest Expense						113
116	Hospice	1,910,704		1,910,704		1,910,704	116
117	MOBILE MED						117
200	Subtotal (sum of lines 30 thru 199)	187,864,309		187,864,309	394,279	188,258,588	200
201	Less Observation Beds	7,123,693		7,123,693		7,123,693	201
202	Total (line 200 minus line 201)	180,740,616		180,740,616		181,134,895	202

KPMG LLP Compu-Max 2552-10

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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	113,847,829		113,847,829				30
31	Intensive Care Unit	16,439,371		16,439,371				31
34.10	NICU	4,821,569		4,821,569				34.10
40	Subprovider - IPF	6,040,981		6,040,981				40
43	Nursery	3,735,561		3,735,561				43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	20,062,139	29,630,024	49,692,163	0.222899	0.222899	0.222899	50
52	Delivery Room & Labor Room	13,072,296	6,525,344	19,597,640	0.247713	0.247713	0.247713	52
53	Anesthesiology	7,457,785	9,069,582	16,527,367	0.045839	0.045839	0.045839	53
54	Radiology-Diagnostic	15,884,632	28,039,702	43,924,334	0.158935	0.158935	0.158935	54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic	935,851	15,364,408	16,300,259	0.252768	0.252768	0.252768	55
56	Radioisotope	4,107,673	11,600,331	15,708,004	0.143722	0.143722	0.143722	56
56.10	ULTRASOUND	6,185,843	14,641,026	20,826,869	0.096301	0.096301	0.096301	56.10
57	CT Scan	30,721,192	58,127,467	88,848,659	0.024574	0.024574	0.024574	57
58	MRI	5,734,584	6,192,246	11,926,830	0.080675	0.080675	0.080675	58
59	Cardiac Catheterization	10,473,174	7,787,240	18,260,414	0.117247	0.117247	0.123412	59
60	Laboratory	62,488,467	92,484,633	154,973,100	0.079763	0.079763	0.079763	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	27,149,255	4,557,058	31,706,313	0.113864	0.113864	0.115724	65
65.01	SLEEP LAB	6,688	2,402,556	2,409,244	0.211340	0.211340	0.211340	65.01
66	Physical Therapy	4,295,539	8,299,813	12,595,352	0.256887	0.256887	0.256887	66
68	Speech Pathology	1,826,582	679,703	2,506,285	0.161468	0.161468	0.161468	68
69	Electrocardiology	9,750,108	12,145,422	21,895,530	0.116514	0.116514	0.120059	69
69.01	C-PORT							69.01
70	Electroencephalography	413,203	1,072,195	1,485,398	0.127046	0.127046	0.127046	70
71	Medical Supplies Charged to Patients	13,001,353	8,459,637	21,460,990	0.330497	0.330497	0.330497	71
72	Impl. Dev. Charged to Patients	11,291,803	7,300,153	18,591,956	0.242587	0.242587	0.242587	72
73	Drugs Charged to Patients	63,146,785	68,568,430	131,715,215	0.156083	0.156083	0.156083	73
74	Renal Dialysis	4,097,730	961,391	5,059,121	0.265462	0.265462	0.267300	74
75.10	GI LAB	4,184,280	14,741,346	18,925,626	0.140117	0.140117	0.140117	75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS	33,147	12,009	45,156	0.434051	0.434051	0.434051	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	204,720	2,056,596	2,261,316	0.590760	0.590760	0.590760	90
90.01	PALOS DIAGNOSTIC CENTER	1,553	1,015,515	1,017,068	0.264985	0.264985	0.264985	90.01
90.02	CARE STATIONS	22,563	6,373,079	6,395,642	0.436289	0.436289	0.439173	90.02
90.03	OUTPATIENT CARE CENTER	82,787	19,848,193	19,930,980	0.172106	0.172106	0.172106	90.03
91	Emergency	32,190,647	72,256,440	104,447,087	0.091818	0.091818	0.091818	91
92	Observation Beds (Non-Distinct Part)	2,720,738	13,293,003	16,013,741	0.444849	0.444849	0.444849	92
93	OUTPATIENT REHAB	5,169	4,943,326	4,948,495	0.443430	0.443430	0.445380	93
93.10	WOUND CARE CENTER	17,063	4,088,268	4,105,331	0.302300	0.302300	0.306178	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	1,099	2,884,295	2,885,394				101
113	Interest Expense							113
116	Hospice		1,634,161	1,634,161				116
117	MOBILE MED							117
200	Subtotal (sum of lines 30 thru 199)	496,451,759	537,054,592	1,033,506,351				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	496,451,759	537,054,592	1,033,506,351				202

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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE XIX (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (B Part 1 col 26 plus sum of cols 21 & 22)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	44,441,301		44,441,301		44,441,301	30
31	Intensive Care Unit	7,390,597		7,390,597		7,390,597	31
34.10	NICU	2,662,516		2,662,516		2,662,516	34.10
40	Subprovider - IPF	2,886,923		2,886,923		2,886,923	40
43	Nursery	1,309,523		1,309,523		1,309,523	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	11,076,341		11,076,341		11,076,341	50
52	Delivery Room & Labor Room	4,854,585		4,854,585		4,854,585	52
53	Anesthesiology	757,604		757,604		757,604	53
54	Radiology-Diagnostic	6,981,124		6,981,124		6,981,124	54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	4,120,181		4,120,181		4,120,181	55
56	Radioisotope	2,257,578		2,257,578		2,257,578	56
56.10	ULTRASOUND	2,005,640		2,005,640		2,005,640	56.10
57	CT Scan	2,183,327		2,183,327		2,183,327	57
58	MRI	962,202		962,202		962,202	58
59	Cardiac Catheterization	2,140,979		2,140,979		2,140,979	59
60	Laboratory	12,361,180		12,361,180		12,361,180	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	3,610,215		3,610,215		3,610,215	65
65.01	SLEEP LAB	509,170		509,170		509,170	65.01
66	Physical Therapy	3,235,581		3,235,581		3,235,581	66
68	Speech Pathology	404,685		404,685		404,685	68
69	Electrocardiology	2,551,134		2,551,134		2,551,134	69
69.01	C-PORT						69.01
70	Electroencephalography	188,714		188,714		188,714	70
71	Medical Supplies Charged to Patients	7,092,803		7,092,803		7,092,803	71
72	Impl. Dev. Charged to Patients	4,510,160		4,510,160		4,510,160	72
73	Drugs Charged to Patients	20,558,458		20,558,458		20,558,458	73
74	Renal Dialysis	1,343,002		1,343,002		1,343,002	74
75.10	GI LAB	2,651,793		2,651,793		2,651,793	75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	19,600		19,600		19,600	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	1,335,894		1,335,894		1,335,894	90
90.01	PALOS DIAGNOSTIC CENTER	269,508		269,508		269,508	90.01
90.02	CARE STATIONS	2,790,351		2,790,351		2,790,351	90.02
90.03	OUPATIENT CARE CENTER	3,430,234		3,430,234		3,430,234	90.03
91	Emergency	9,590,113		9,590,113		9,590,113	91
92	Observation Beds (Non-Distinct Part)	7,133,891		7,133,891		7,133,891	92
93	OUTPATIENT REHAB	2,194,309		2,194,309		2,194,309	93
93.10	WOUND CARE CENTER	1,241,040		1,241,040		1,241,040	93.10
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	3,014,338		3,014,338		3,014,338	101
113	Interest Expense						113
116	Hospice	1,910,704		1,910,704		1,910,704	116
117	MOBILE MED						117
200	Subtotal (sum of lines 30 thru 199)	187,977,298		187,977,298		187,977,298	200
201	Less Observation Beds	7,133,891		7,133,891		7,133,891	201
202	Total (line 200 minus line 201)	180,843,407		180,843,407		180,843,407	202

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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE XIX (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)

**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							30
31	Intensive Care Unit							31
34.10	NICU							34.10
40	Subprovider - IPF							40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic							55
56	Radioisotope							56
56.10	ULTRASOUND							56.10
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
65.01	SLEEP LAB							65.01
66	Physical Therapy							66
68	Speech Pathology							68
69	Electrocardiology							69
69.01	C-PORT							69.01
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75.10	GI LAB							75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS							76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	PALOS DIAGNOSTIC CENTER							90.01
90.02	CARE STATIONS							90.02
90.03	OUTPATIENT CARE CENTER							90.03
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
93	OUTPATIENT REHAB							93
93.10	WOUND CARE CENTER							93.10
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency							101
113	Interest Expense							113
116	Hospice							116
117	MOBILE MED							117
200	Subtotal (sum of lines 30 thru 199)							200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)							202

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LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

**WORKSHEET C
PART II**

[] Title V

[XX] Title XIX

	COST CENTER DESCRIPTIONS	Total Cost (Wkst B, Part I, col. 26)	Capital Cost (Wkst B, Part II, col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	
		1	2	3	4	
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	11,076,341	1,415,961	9,660,380		50
52	Delivery Room & Labor Room	4,854,585	527,166	4,327,419		52
53	Anesthesiology	757,604	106,799	650,805		53
54	Radiology-Diagnostic	6,981,124	1,019,698	5,961,426		54
54.01	BREAST HEALTH CENTER					54.01
55	Radiology-Therapeutic	4,120,181	1,380,914	2,739,267		55
56	Radioisotope	2,257,578	156,548	2,101,030		56
56.10	ULTRASOUND	2,005,640	184,918	1,820,722		56.10
57	CT Scan	2,183,327	88,413	2,094,914		57
58	MRI	962,202	79,903	882,299		58
59	Cardiac Catheterization	2,140,979	371,187	1,769,792		59
60	Laboratory	12,361,180	625,703	11,735,477		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	3,610,215	258,650	3,351,565		65
65.01	SLEEP LAB	509,170	78,610	430,560		65.01
66	Physical Therapy	3,235,581	197,275	3,038,306		66
68	Speech Pathology	404,685	26,529	378,156		68
69	Electrocardiology	2,551,134	151,671	2,399,463		69
69.01	C-PORT					69.01
70	Electroencephalography	188,714	43,561	145,153		70
71	Medical Supplies Charged to Patients	7,092,803	243,446	6,849,357		71
72	Impl. Dev. Charged to Patients	4,510,160	62,862	4,447,298		72
73	Drugs Charged to Patients	20,558,458	482,331	20,076,127		73
74	Renal Dialysis	1,343,002	79,396	1,263,606		74
75.10	GI LAB	2,651,793	477,192	2,174,601		75.10
76	ENTEROSTOMAL THERAPY					76
76.10	NEUROLOGY					76.10
76.20	EMG					76.20
76.30	OS SVCS	19,600	267	19,333		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	1,335,894	79,494	1,256,400		90
90.01	PALOS DIAGNOSTIC CENTER	269,508	44,548	224,960		90.01
90.02	CARE STATIONS	2,790,351	255,230	2,535,121		90.02
90.03	OUTPATIENT CARE CENTER	3,430,234	352,867	3,077,367		90.03
91	Emergency	9,590,113	587,783	9,002,330		91
92	Observation Beds (Non-Distinct Part)	7,133,891	617,346	6,516,545		92
93	OUTPATIENT REHAB	2,194,309	257,820	1,936,489		93
93.10	WOUND CARE CENTER	1,241,040	64,001	1,177,039		93.10
	OTHER REIMBURSABLE COST CENTERS					
99.10	CORF					99.10
99.20	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	OUTPATIENT SPEECH PATHOLOGY					99.40
101	Home Health Agency	3,014,338	101,190	2,913,148		101
113	Interest Expense					113
116	Hospice	1,910,704	65,132	1,845,572		116
117	MOBILE MED					117
200	Subtotal	129,286,438	10,484,411	118,802,027		200
201	Less Observation Beds	7,133,891	617,346	6,516,545		201
202	Total	122,152,547	9,867,065	112,285,482		202

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

**WORKSHEET C
PART II**

[] Title V

[XX] Title XIX

	COST CENTER DESCRIPTIONS	Operating Cost Reduction Amount	Cost Net of Capital and Operating Cost Reduction	Total Charges (Wkst C, Part I, col. 8)	Outpatient Cost to Charge Ratio (col. 6 ÷ col. 7)	
		5	6	7	8	
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room		11,076,341			50
52	Delivery Room & Labor Room		4,854,585			52
53	Anesthesiology		757,604			53
54	Radiology-Diagnostic		6,981,124			54
54.01	BREAST HEALTH CENTER					54.01
55	Radiology-Therapeutic		4,120,181			55
56	Radioisotope		2,257,578			56
56.10	ULTRASOUND		2,005,640			56.10
57	CT Scan		2,183,327			57
58	MRI		962,202			58
59	Cardiac Catheterization		2,140,979			59
60	Laboratory		12,361,180			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy		3,610,215			65
65.01	SLEEP LAB		509,170			65.01
66	Physical Therapy		3,235,581			66
68	Speech Pathology		404,685			68
69	Electrocardiology		2,551,134			69
69.01	C-PORT					69.01
70	Electroencephalography		188,714			70
71	Medical Supplies Charged to Patients		7,092,803			71
72	Impl. Dev. Charged to Patients		4,510,160			72
73	Drugs Charged to Patients		20,558,458			73
74	Renal Dialysis		1,343,002			74
75.10	GI LAB		2,651,793			75.10
76	ENTEROSTOMAL THERAPY					76
76.10	NEUROLOGY					76.10
76.20	EMG					76.20
76.30	OS SVCS		19,600			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		1,335,894			90
90.01	PALOS DIAGNOSTIC CENTER		269,508			90.01
90.02	CARE STATIONS		2,790,351			90.02
90.03	OUPATIENT CARE CENTER		3,430,234			90.03
91	Emergency		9,590,113			91
92	Observation Beds (Non-Distinct Part)		7,133,891	16,013,741	0.445486	92
93	OUTPATIENT REHAB		2,194,309			93
93.10	WOUND CARE CENTER		1,241,040			93.10
	OTHER REIMBURSABLE COST CENTERS					
99.10	CORF					99.10
99.20	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	OUTPATIENT SPEECH PATHOLOGY					99.40
101	Home Health Agency		3,014,338			101
113	Interest Expense					113
116	Hospice		1,910,704			116
117	MOBILE MED					117
200	Subtotal		129,286,438	16,013,741		200
201	Less Observation Beds		7,133,891	16,013,741		201
202	Total		122,152,547			202

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

Check [] Title V [XX] PPS
Applicable [XX] 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)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	3,845,818		3,845,818	49,631	77.49	17,620	1,365,374	30
31	Intensive Care Unit	483,997		483,997	4,202	115.18	1,664	191,660	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
34.10	NICU	408,210		408,210	1,065	383.30			34.10
35	Other Special Care (specify)								35
40	Subprovider - IPF	341,791		341,791	2,799	122.11	1,048	127,971	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	84,370		84,370	1,821	46.33			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	5,164,186		5,164,186	59,518		20,332	1,685,005	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: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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) PPS
 Applicable Title XVIII, Part A IPF TEFRA
 Boxes: Title XIX IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,415,961	49,692,163	0.028495	7,282,917	207,527	50
52	Delivery Room & Labor Room	527,166	19,597,640	0.026899	11,357	305	52
53	Anesthesiology	106,799	16,527,367	0.006462	2,276,921	14,713	53
54	Radiology-Diagnostic	1,019,698	43,924,334	0.023215	7,607,162	176,600	54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	1,380,914	16,300,259	0.084717	487,136	41,269	55
56	Radioisotope	156,548	15,708,004	0.009966	1,908,301	19,018	56
56.10	ULTRASOUND	184,918	20,826,869	0.008879	2,740,679	24,334	56.10
57	CT Scan	88,413	88,848,659	0.000995	14,156,869	14,086	57
58	MRI	79,903	11,926,830	0.006699	2,370,741	15,882	58
59	Cardiac Catheterization	371,187	18,260,414	0.020327	3,880,503	78,879	59
60	Laboratory	625,703	154,973,100	0.004037	25,624,683	103,447	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	258,650	31,706,313	0.008158	11,739,370	95,770	65
65.01	SLEEP LAB	78,610	2,409,244	0.032628	5,332	174	65.01
66	Physical Therapy	197,275	12,595,352	0.015663	2,055,325	32,193	66
68	Speech Pathology	26,529	2,506,285	0.010585	955,216	10,111	68
69	Electrocardiology	151,671	21,895,530	0.006927	4,287,335	29,698	69
69.01	C-PORT						69.01
70	Electroencephalography	43,561	1,485,398	0.029326	165,244	4,846	70
71	Medical Supplies Charged to Pat	243,446	21,460,990	0.011344	5,151,524	58,439	71
72	Impl. Dev. Charged to Patients	62,862	18,591,956	0.003381	3,962,950	13,399	72
73	Drugs Charged to Patients	482,331	131,715,215	0.003662	25,573,890	93,652	73
74	Renal Dialysis	79,396	5,059,121	0.015694	2,262,339	35,505	74
75.10	GI LAB	477,192	18,925,626	0.025214	2,026,456	51,095	75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	267	45,156	0.005913	5,534	33	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	79,494	2,261,316	0.035154	60,864	2,140	90
90.01	PALOS DIAGNOSTIC CENTER	44,548	1,017,068	0.043800	1,478	65	90.01
90.02	CARE STATIONS	255,230	6,395,642	0.039907	17,264	689	90.02
90.03	OUTPATIENT CARE CENTER	352,867	19,930,980	0.017704	58,130	1,029	90.03
91	Emergency	587,783	104,447,087	0.005628	12,711,388	71,540	91
92	Observation Beds (Non-Distinct	617,346	16,013,741	0.038551	1,262,599	48,674	92
93	OUTPATIENT REHAB	257,820	4,948,495	0.052101			93
93.10	WOUND CARE CENTER	64,001	4,105,331	0.015590	16,134	252	93.10
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	10,318,089	884,101,485		140,665,641	1,245,364	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: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Nursing School Post-Stepdown Adjustments 1A	Nursing School 1	Allied Health Post-Stepdown Adjustments 2A	Allied Health Cost 2	All Other Medical Education Cost 3	Swing-Bed Adjustment Amount (see instructions) 4	Total Costs (sum of cols. 1 through 3 minus col 4.) 5	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)								30
31	Intensive Care Unit								31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
34.10	NICU								34.10
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	TOTAL (lines 30-199)								200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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)	49,631		17,620		30
31	Intensive Care Unit	4,202		1,664		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
34.10	NICU	1,065				34.10
35	Other Special Care (specify)					35
40	Subprovider - IPF	2,799		1,048		40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	1,821				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	59,518		20,332		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: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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	2A	2	3A	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	OUPATIENT 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: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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	49,692,163			7,282,917		8,512,249		50
52	Delivery Room & Labor Room	19,597,640			11,357		27,370		52
53	Anesthesiology	16,527,367			2,276,921		2,568,620		53
54	Radiology-Diagnostic	43,924,334			7,607,162		6,704,914		54
54.01	BREAST HEALTH CENTER								54.01
55	Radiology-Therapeutic	16,300,259			487,136		5,885,978		55
56	Radioisotope	15,708,004			1,908,301		4,095,078		56
56.10	ULTRASOUND	20,826,869			2,740,679		2,660,982		56.10
57	CT Scan	88,848,659			14,156,869		13,894,491		57
58	MRI	11,926,830			2,370,741		1,495,655		58
59	Cardiac Catheterization	18,260,414			3,880,503		3,735,935		59
60	Laboratory	154,973,100			25,624,683		10,860,087		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	31,706,313			11,739,370		861,782		65
65.01	SLEEP LAB	2,409,244			5,332		585,022		65.01
66	Physical Therapy	12,595,352			2,055,325		57,244		66
68	Speech Pathology	2,506,285			955,216		14,916		68
69	Electrocardiology	21,895,530			4,287,335		3,935,794		69
69.01	C-PORT								69.01
70	Electroencephalography	1,485,398			165,244		215,685		70
71	Medical Supplies Charged to Pat	21,460,990			5,151,524		3,389,650		71
72	Impl. Dev. Charged to Patients	18,591,956			3,962,950		2,839,658		72
73	Drugs Charged to Patients	131,715,215			25,573,890		27,128,082		73
74	Renal Dialysis	5,059,121			2,262,339		427,348		74
75.10	GI LAB	18,925,626			2,026,456		4,421,502		75.10
76	ENTEROSTOMAL THERAPY								76
76.10	NEUROLOGY								76.10
76.20	EMG								76.20
76.30	OS SVCS	45,156			5,534				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	2,261,316			60,864		443,944		90
90.01	PALOS DIAGNOSTIC CENTER	1,017,068			1,478		456,055		90.01
90.02	CARE STATIONS	6,395,642			17,264		858,432		90.02
90.03	OUPATIENT CARE CENTER	19,930,980			58,130		5,502,222		90.03
91	Emergency	104,447,087			12,711,388		10,788,160		91
92	Observation Beds (Non-Distinct)	16,013,741			1,262,599		3,696,372		92
93	OUTPATIENT REHAB	4,948,495					292,847		93
93.10	WOUND CARE CENTER	4,105,331			16,134		2,243,361		93.10
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	884,101,485			140,665,641		128,599,435		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: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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	0.222899	8,512,249			1,897,372			50
52	Delivery Room & Labor Room	0.247713	27,370			6,780			52
53	Anesthesiology	0.045839	2,568,620			117,743			53
54	Radiology-Diagnostic	0.158935	6,704,914			1,065,646			54
54.01	BREAST HEALTH CENTER								54.01
55	Radiology-Therapeutic	0.252768	5,885,978			1,487,787			55
56	Radioisotope	0.143722	4,095,078			588,553			56
56.10	ULTRASOUND	0.096301	2,660,982			256,255			56.10
57	CT Scan	0.024574	13,894,491			341,443			57
58	MRI	0.080675	1,495,655			120,662			58
59	Cardiac Catheterization	0.117247	3,735,935			438,027			59
60	Laboratory	0.079763	10,860,087			866,233			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.113864	861,782			98,126			65
65.01	SLEEP LAB	0.211340	585,022			123,639			65.01
66	Physical Therapy	0.256887	57,244			14,705			66
68	Speech Pathology	0.161468	14,916			2,408			68
69	Electrocardiology	0.116514	3,935,794			458,575			69
69.01	C-PORT								69.01
70	Electroencephalography	0.127046	215,685			27,402			70
71	Medical Supplies Charged to Pat	0.330497	3,389,650			1,120,269			71
72	Impl. Dev. Charged to Patients	0.242587	2,839,658			688,864			72
73	Drugs Charged to Patients	0.156083	27,128,082		220,310	4,234,232		34,387	73
74	Renal Dialysis	0.265462	427,348			113,445			74
75.10	GI LAB	0.140117	4,421,502			619,528			75.10
76	ENTEROSTOMAL THERAPY								76
76.10	NEUROLOGY								76.10
76.20	EMG								76.20
76.30	OS SVCS	0.434051							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	0.590760	443,944			262,264			90
90.01	PALOS DIAGNOSTIC CENTER	0.264985	456,055			120,848			90.01
90.02	CARE STATIONS	0.436289	858,432			374,524			90.02
90.03	OUPATIENT CARE CENTER	0.172106	5,502,222			946,965			90.03
91	Emergency	0.091818	10,788,160			990,547			91
92	Observation Beds (Non-Distinct	0.444849	3,696,372			1,644,327			92
93	OUTPATIENT REHAB	0.443430	292,847			129,857			93
93.10	WOUND CARE CENTER	0.302300	2,243,361			678,168			93.10
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		128,599,435		220,310	19,835,194		34,387	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		128,599,435		220,310	19,835,194		34,387	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: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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) [XX] PPS
 Applicable [XX] Title XVIII, Part A [XX] 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	1,415,961	49,692,163	0.028495			50
52	Delivery Room & Labor Room	527,166	19,597,640	0.026899			52
53	Anesthesiology	106,799	16,527,367	0.006462			53
54	Radiology-Diagnostic	1,019,698	43,924,334	0.023215	15,506	360	54
54.01	BREAST HEALTH CENTER						54.01
55	Radiology-Therapeutic	1,380,914	16,300,259	0.084717	1,957	166	55
56	Radioisotope	156,548	15,708,004	0.009966	2,312	23	56
56.10	ULTRASOUND	184,918	20,826,869	0.008879	9,809	87	56.10
57	CT Scan	88,413	88,848,659	0.000995	49,195	49	57
58	MRI	79,903	11,926,830	0.006699	22,960	154	58
59	Cardiac Catheterization	371,187	18,260,414	0.020327			59
60	Laboratory	625,703	154,973,100	0.004037	618,062	2,495	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	258,650	31,706,313	0.008158	104,339	851	65
65.01	SLEEP LAB	78,610	2,409,244	0.032628			65.01
66	Physical Therapy	197,275	12,595,352	0.015663	27,363	429	66
68	Speech Pathology	26,529	2,506,285	0.010585			68
69	Electrocardiology	151,671	21,895,530	0.006927	60,312	418	69
69.01	C-PORT						69.01
70	Electroencephalography	43,561	1,485,398	0.029326	1,938	57	70
71	Medical Supplies Charged to Pat	243,446	21,460,990	0.011344	1,586	18	71
72	Impl. Dev. Charged to Patients	62,862	18,591,956	0.003381			72
73	Drugs Charged to Patients	482,331	131,715,215	0.003662	274,316	1,005	73
74	Renal Dialysis	79,396	5,059,121	0.015694	29,393	461	74
75.10	GI LAB	477,192	18,925,626	0.025214			75.10
76	ENTEROSTOMAL THERAPY						76
76.10	NEUROLOGY						76.10
76.20	EMG						76.20
76.30	OS SVCS	267	45,156	0.005913			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	79,494	2,261,316	0.035154			90
90.01	PALOS DIAGNOSTIC CENTER	44,548	1,017,068	0.043800			90.01
90.02	CARE STATIONS	255,230	6,395,642	0.039907			90.02
90.03	OUTPATIENT CARE CENTER	352,867	19,930,980	0.017704			90.03
91	Emergency	587,783	104,447,087	0.005628	300,342	1,690	91
92	Observation Beds (Non-Distinct)		16,013,741				92
93	OUTPATIENT REHAB	257,820	4,948,495	0.052101	415	22	93
93.10	WOUND CARE CENTER	64,001	4,105,331	0.015590			93.10
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	9,700,743	884,101,485		1,519,805	8,285	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: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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	2A	2	3A	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	OUPATIENT 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: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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	49,692,163							50
52	Delivery Room & Labor Room	19,597,640							52
53	Anesthesiology	16,527,367							53
54	Radiology-Diagnostic	43,924,334			15,506				54
54.01	BREAST HEALTH CENTER								54.01
55	Radiology-Therapeutic	16,300,259			1,957				55
56	Radioisotope	15,708,004			2,312				56
56.10	ULTRASOUND	20,826,869			9,809				56.10
57	CT Scan	88,848,659			49,195				57
58	MRI	11,926,830			22,960				58
59	Cardiac Catheterization	18,260,414							59
60	Laboratory	154,973,100			618,062		7,807		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	31,706,313			104,339				65
65.01	SLEEP LAB	2,409,244							65.01
66	Physical Therapy	12,595,352			27,363				66
68	Speech Pathology	2,506,285							68
69	Electrocardiology	21,895,530			60,312		602		69
69.01	C-PORT								69.01
70	Electroencephalography	1,485,398			1,938				70
71	Medical Supplies Charged to Pat	21,460,990			1,586				71
72	Impl. Dev. Charged to Patients	18,591,956							72
73	Drugs Charged to Patients	131,715,215			274,316				73
74	Renal Dialysis	5,059,121			29,393				74
75.10	GI LAB	18,925,626							75.10
76	ENTEROSTOMAL THERAPY								76
76.10	NEUROLOGY								76.10
76.20	EMG								76.20
76.30	OS SVCS	45,156							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	2,261,316							90
90.01	PALOS DIAGNOSTIC CENTER	1,017,068							90.01
90.02	CARE STATIONS	6,395,642							90.02
90.03	OUPATIENT CARE CENTER	19,930,980							90.03
91	Emergency	104,447,087			300,342				91
92	Observation Beds (Non-Distinct)	16,013,741							92
93	OUTPATIENT REHAB	4,948,495			415		41,123		93
93.10	WOUND CARE CENTER	4,105,331							93.10
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	884,101,485			1,519,805		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: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.222899							50
52	Delivery Room & Labor Room	0.247713							52
53	Anesthesiology	0.045839							53
54	Radiology-Diagnostic	0.158935							54
54.01	BREAST HEALTH CENTER								54.01
55	Radiology-Therapeutic	0.252768							55
56	Radioisotope	0.143722							56
56.10	ULTRASOUND	0.096301							56.10
57	CT Scan	0.024574							57
58	MRI	0.080675							58
59	Cardiac Catheterization	0.117247							59
60	Laboratory	0.079763	7.807			623			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.113864							65
65.01	SLEEP LAB	0.211340							65.01
66	Physical Therapy	0.256887							66
68	Speech Pathology	0.161468							68
69	Electrocardiology	0.116514	602			70			69
69.01	C-PORT								69.01
70	Electroencephalography	0.127046							70
71	Medical Supplies Charged to Pat	0.330497							71
72	Impl. Dev. Charged to Patients	0.242587							72
73	Drugs Charged to Patients	0.156083							73
74	Renal Dialysis	0.265462							74
75.10	GI LAB	0.140117							75.10
76	ENTEROSTOMAL THERAPY								76
76.10	NEUROLOGY								76.10
76.20	EMG								76.20
76.30	OS SVCS	0.434051							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	0.590760							90
90.01	PALOS DIAGNOSTIC CENTER	0.264985							90.01
90.02	CARE STATIONS	0.436289							90.02
90.03	OUPATIENT CARE CENTER	0.172106							90.03
91	Emergency	0.091818							91
92	Observation Beds (Non-Distinct	0.444849							92
93	OUTPATIENT REHAB	0.443430	41,123			18,235			93
93.10	WOUND CARE CENTER	0.302300							93.10
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		49,532			18,928			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		49,532			18,928			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: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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)	3,845,818		3,845,818	49,631	77.49	1,325	102,674	30
31	Intensive Care Unit	483,997		483,997	4,202	115.18	198	22,806	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
34.10	NICU	408,210		408,210	1,065	383.30	603	231,130	34.10
35	Other Special Care (specify)								35
40	Subprovider - IPF	341,791		341,791	2,799	122.11			40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	84,370		84,370	1,821	46.33	216	10,007	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	5,164,186		5,164,186	59,518		2,342	366,617	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: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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	1,415,961	49,692,163	0.028495		50
52	Delivery Room & Labor Room	527,166	19,597,640	0.026899		52
53	Anesthesiology	106,799	16,527,367	0.006462		53
54	Radiology-Diagnostic	1,019,698	43,924,334	0.023215		54
54.01	BREAST HEALTH CENTER					54.01
55	Radiology-Therapeutic	1,380,914	16,300,259	0.084717		55
56	Radioisotope	156,548	15,708,004	0.009966		56
56.10	ULTRASOUND	184,918	20,826,869	0.008879		56.10
57	CT Scan	88,413	88,848,659	0.000995		57
58	MRI	79,903	11,926,830	0.006699		58
59	Cardiac Catheterization	371,187	18,260,414	0.020327		59
60	Laboratory	625,703	154,973,100	0.004037		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	258,650	31,706,313	0.008158		65
65.01	SLEEP LAB	78,610	2,409,244	0.032628		65.01
66	Physical Therapy	197,275	12,595,352	0.015663		66
68	Speech Pathology	26,529	2,506,285	0.010585		68
69	Electrocardiology	151,671	21,895,530	0.006927		69
69.01	C-PORT					69.01
70	Electroencephalography	43,561	1,485,398	0.029326		70
71	Medical Supplies Charged to Pat	243,446	21,460,990	0.011344		71
72	Impl. Dev. Charged to Patients	62,862	18,591,956	0.003381		72
73	Drugs Charged to Patients	482,331	131,715,215	0.003662		73
74	Renal Dialysis	79,396	5,059,121	0.015694		74
75.10	GI LAB	477,192	18,925,626	0.025214		75.10
76	ENTEROSTOMAL THERAPY					76
76.10	NEUROLOGY					76.10
76.20	EMG					76.20
76.30	OS SVCS	267	45,156	0.005913		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	79,494	2,261,316	0.035154		90
90.01	PALOS DIAGNOSTIC CENTER	44,548	1,017,068	0.043800		90.01
90.02	CARE STATIONS	255,230	6,395,642	0.039907		90.02
90.03	OUPATIENT CARE CENTER	352,867	19,930,980	0.017704		90.03
91	Emergency	587,783	104,447,087	0.005628		91
92	Observation Beds (Non-Distinct	617,346	16,013,741	0.038551		92
93	OUTPATIENT REHAB	257,820	4,948,495	0.052101		93
93.10	WOUND CARE CENTER	64,001	4,105,331	0.015590		93.10
	OTHER REIMBURSABLE COST CENTERS					
200	Total (sum of lines 50-199)	10,318,089	884,101,485			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: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Nursing School Post-Stepdown Adjustments 1A	Nursing School 1	Allied Health Post-Stepdown Adjustments 2A	Allied Health Cost 2	All Other Medical Education Cost 3	Swing-Bed Adjustment Amount (see instructions) 4	Total Costs (sum of cols. 1 through 3 minus col 4.) 5	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)								30
31	Intensive Care Unit								31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
34.10	NICU								34.10
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	TOTAL (lines 30-199)								200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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

		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)	49,631		1,325		30
31	Intensive Care Unit	4,202		198		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
34.10	NICU	1,065		603		34.10
35	Other Special Care (specify)					35
40	Subprovider - IPF	2,799				40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	1,821		216		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	59,518		2,342		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: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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	2A	2	3A	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	OUPATIENT 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: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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								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	OUPATIENT 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: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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								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	OUPATIENT 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	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: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0179

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	49,631	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	49,631	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)	41,664	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)	17,620	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)	44,377,793	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)	44,377,793	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)	44,377,793	37

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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)		
38	Adjusted general inpatient routine service cost per diem (see instructions)					894.15	38	
39	Program general inpatient routine service cost (line 9 x line 38)					15,754,923	39	
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40	
41	Total Program general inpatient routine service cost (line 39 + line 40)					15,754,923	41	
		1	2	3	4	5		
42	Nursery (Titles V and XIX only)						42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	7,408,482	4,202	1,763.08	1,664	2,933,765	43	
44	Coronary Care Unit						44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
46.10	NICU	2,662,516	1,065	2,500.02			46.10	
47	Other Special Care (specify)						47	

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					18,574,782	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					37,263,470	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,557,034	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,245,364	51
52	Total Program excludable cost (sum of lines 50 and 51)					2,802,398	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					34,461,072	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: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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)					7,967	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					894.15	88
89	Observation bed cost (line 87 x line 88) (see instructions)					7,123,693	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	3,845,818	44,377,793	0.086661	7,123,693	617,346	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: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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)	2,799	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,799	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)	2,799	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)	1,048	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)	2,921,536	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)	2,921,536	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)	2,921,536	37

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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)	1,043.78	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,093,881	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)	1,093,881	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	162,145	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,256,026	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	127,971	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	8,285	51
52	Total Program excludable cost (sum of lines 50 and 51)	136,256	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,119,770	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0179

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	49,631	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	49,631	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)	41,664	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)	1,325	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)	1,821	15
16	Nursery days (title V or XIX only)	216	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)	44,441,301	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)	44,441,301	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)	44,441,301	37

KPMG LLP Compu-Max 2552-10

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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)					895.43	38	
39	Program general inpatient routine service cost (line 9 x line 38)					1,186,445	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)					1,186,445	41	
42	Nursery (Titles V and XIX only)	1,309,523	1,821	719.12	216	155,330	42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	7,390,597	4,202	1,758.83	198	348,248	43	
44	Coronary Care Unit						44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
46.10	NICU	2,662,516	1,065	2,500.02	603	1,507,512	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)					3,197,535	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					366,617	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)					366,617	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

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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)					7,967	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					895.43	88
89	Observation bed cost (line 87 x line 88) (see instructions)					7,133,891	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	3,845,818	44,441,301	0.086537	7,133,891	617,346	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

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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		45,283,064		30
31	Intensive Care Unit		6,521,114		31
34.10	NICU				34.10
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.222899	7,282,917	1,623,355	50
52	Delivery Room & Labor Room	0.247713	11,357	2,813	52
53	Anesthesiology	0.045839	2,276,921	104,372	53
54	Radiology-Diagnostic	0.158935	7,607,162	1,209,044	54
54.01	BREAST HEALTH CENTER				54.01
55	Radiology-Therapeutic	0.252768	487,136	123,132	55
56	Radioisotope	0.143722	1,908,301	274,265	56
56.10	ULTRASOUND	0.096301	2,740,679	263,930	56.10
57	CT Scan	0.024574	14,156,869	347,891	57
58	MRI	0.080675	2,370,741	191,260	58
59	Cardiac Catheterization	0.123412	3,880,503	478,901	59
60	Laboratory	0.079763	25,624,683	2,043,902	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.115724	11,739,370	1,358,527	65
65.01	SLEEP LAB	0.211340	5,332	1,127	65.01
66	Physical Therapy	0.256887	2,055,325	527,986	66
68	Speech Pathology	0.161468	955,216	154,237	68
69	Electrocardiology	0.120059	4,287,335	514,733	69
69.01	C-PORT				69.01
70	Electroencephalography	0.127046	165,244	20,994	70
71	Medical Supplies Charged to Patients	0.330497	5,151,524	1,702,563	71
72	Impl. Dev. Charged to Patients	0.242587	3,962,950	961,360	72
73	Drugs Charged to Patients	0.156083	25,573,890	3,991,649	73
74	Renal Dialysis	0.267300	2,262,339	604,723	74
75.10	GI LAB	0.140117	2,026,456	283,941	75.10
76	ENTEROSTOMAL THERAPY				76
76.10	NEUROLOGY				76.10
76.20	EMG				76.20
76.30	OS SVCS	0.434051	5,534	2,402	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	0.590760	60,864	35,956	90
90.01	PALOS DIAGNOSTIC CENTER	0.264985	1,478	392	90.01
90.02	CARE STATIONS	0.439173	17,264	7,582	90.02
90.03	OUTPATIENT CARE CENTER	0.172106	58,130	10,005	90.03
91	Emergency	0.091818	12,711,388	1,167,134	91
92	Observation Beds (Non-Distinct Part)	0.444849	1,262,599	561,666	92
93	OUTPATIENT REHAB	0.445380			93
93.10	WOUND CARE CENTER	0.306178	16,134	4,940	93.10
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		140,665,641	18,574,782	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		140,665,641		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S179

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
34.10	NICU				34.10
40	Subprovider - IPF		2,286,428		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.222899			50
52	Delivery Room & Labor Room	0.247713			52
53	Anesthesiology	0.045839			53
54	Radiology-Diagnostic	0.158935	15,506	2,464	54
54.01	BREAST HEALTH CENTER				54.01
55	Radiology-Therapeutic	0.252768	1,957	495	55
56	Radioisotope	0.143722	2,312	332	56
56.10	ULTRASOUND	0.096301	9,809	945	56.10
57	CT Scan	0.024574	49,195	1,209	57
58	MRI	0.080675	22,960	1,852	58
59	Cardiac Catheterization	0.123412			59
60	Laboratory	0.079763	618,062	49,298	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.115724	104,339	12,075	65
65.01	SLEEP LAB	0.211340			65.01
66	Physical Therapy	0.256887	27,363	7,029	66
68	Speech Pathology	0.161468			68
69	Electrocardiology	0.120059	60,312	7,241	69
69.01	C-PORT				69.01
70	Electroencephalography	0.127046	1,938	246	70
71	Medical Supplies Charged to Patients	0.330497	1,586	524	71
72	Impl. Dev. Charged to Patients	0.242587			72
73	Drugs Charged to Patients	0.156083	274,316	42,816	73
74	Renal Dialysis	0.267300	29,393	7,857	74
75.10	GI LAB	0.140117			75.10
76	ENTEROSTOMAL THERAPY				76
76.10	NEUROLOGY				76.10
76.20	EMG				76.20
76.30	OS SVCS	0.434051			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	0.590760			90
90.01	PALOS DIAGNOSTIC CENTER	0.264985			90.01
90.02	CARE STATIONS	0.439173			90.02
90.03	OUTPATIENT CARE CENTER	0.172106			90.03
91	Emergency	0.091818	300,342	27,577	91
92	Observation Beds (Non-Distinct Part)	0.444849			92
93	OUTPATIENT REHAB	0.445380	415	185	93
93.10	WOUND CARE CENTER	0.306178			93.10
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		1,519,805	162,145	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,519,805		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: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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)	8,252,099			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	24,756,298			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)	261,385			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	14,552,950			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	198.17			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	2.24			10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)	2.24			12
13	Total allowable FTE count for the prior year				13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	1.61			14
15	Sum of lines 12 through 14 divided by 3	1.28			15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count	1.28			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.006459			19
20	Prior year resident to bed ratio (see instructions)	0.010881			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.006459			21
22	IME payment adjustment (see instructions)	116,355			22
22.01	IME payment adjustment - Managed Care (see instructions)	51,299			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)	-0.76			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)	116,355			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	51,299			29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0519			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2138			31
32	Sum of lines 30 and 31	0.2657			32
33	Allowable disproportionate share percentage (see instructions)	0.1114			33
34	Disproportionate share adjustment (see instructions)	919,284			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)	5,977,483,147		6,766,695,164	35
35.01	Factor 3 (see instructions)	0.000297003		0.000257715	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,775,330		1,743,879	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	447,481		1,304,326	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,751,807			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

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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)	36,057,228			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)	36,108,527			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	2,857,680			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)	108,822			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)	39,075,029			59
60	Primary payer payments				60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	39,075,029			61
62	Deductibles billed to program beneficiaries	3,234,192			62
63	Coinsurance billed to program beneficiaries	160,508			63
64	Allowable bad debts (see instructions)	3,092,910			64
65	Adjusted reimbursable bad debts (see instructions)	2,010,392			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	357,053			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	37,690,721			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)	-22,642			70.93
70.94	HRR adjustment amount (see instructions)	-601,875			70.94
70.99	HAC adjustment amount (see instructions)	287,404			70.99
71	Amount due provider (see instructions)	36,778,800			71
71.01	Sequestration adjustment (see instructions)	735,576			71.01
71.02	Demonstration payment adjustment amount after sequestration				71.02
72	Interim payments	34,451,986			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	1,591,238			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	1,045,716			75
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. I, line 2				91
92	Operating outlier reconciliation adjustment amount (see instructions)				92
93	Capital outlier reconciliation adjustment amount (see instructions)				93
94	The rate used to calculate the time value of money (see instructions)				94
95	Time value of money for operating expenses (see instructions)				95
96	Time value of money for capital related expenses (see instructions)				96
HSP Bonus Payment Amount		Prior to 10/1	On or After 10/1		
100	HSP bonus amount (see instructions)				100
HVBP Adjustment for HSP Bonus Payment		Prior to 10/1	On or After 10/1		
101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102
HRR Adjustment for HSP Bonus Payment		Prior to 10/1	On or After 10/1		
103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

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HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION

EXHIBIT 5

	(Amt. from Wkst. E, Pt. A or L Pt. I)	Prior to October 1		On or After October 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	8,252,099	8,252,099			8,252,099	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	24,756,298		24,756,298		24,756,298	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	261,385	65,346		196,039	261,385	2
2.01	Outlier payment for discharges for Model 4 BPCI						2.01
3	Operating outlier reconciliation						3
4	Managed Care Simulated Payments	14,552,950	3,638,238		10,914,712	14,552,950	4
	Indirect Medical Education Adjustment						
5	Amount from Worksheet E Part A, line 21	0.006459	0.006459		0.006459		5
6	IME payment adjustment	116,355	29,089		87,266	116,355	6
6.01	IME payment adjustment for managed care	51,299	12,825		38,474	51,299	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)	116,355	29,089		87,266	116,355	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	51,299	12,825		38,474	51,299	9.01
	Disproportionate Share Adjustment						
10	Allowable disproportionate share percentage	0.1114	0.1114	0.1114	0.1114	0.1114	10
11	Disproportionate share adjustment	919,284	229,821		689,463	919,284	11
11.01	Uncompensated care payments	1,751,807	447,481		1,304,326	1,751,807	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12	Total ESRD additional payment						12
13	Subtotal	36,057,228	9,023,836		27,033,392	36,057,228	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	36,108,527	9,036,661		27,071,866	36,108,527	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	2,857,680	720,769		2,136,911	2,857,680	16
17	Special add-on payments for new technologies						17
17.01	DO NOT USE THIS LINE						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		9,757,430		29,208,777	38,966,207	19
20	Capital DRG other than outlier	2,684,413	677,103		2,007,310	2,684,413	20
20.01	Model 4 BPCI Capital DRG other than outlier						20.01
21	Capital DRG outlier payments	17,303	4,326		12,977	17,303	21
21.01	Model 4 BPCI Capital DRG outlier payments						21.01
22	Indirect medical education percentage	0.2800	0.2800		0.2800		22
23	Indirect medical education adjustment	7,516	1,896		5,620	7,516	23
24	Allowable disproportionate share percentage	0.0553	0.0553		0.0553		24
25	Disproportionate share adjustment	148,448	37,444		111,004	148,448	25
26	Total prospective capital payments	2,857,680	720,769		2,136,911	2,857,680	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	-22,642	-5,661		-16,981	-22,642	30
30.01	HVBP payment adjustment for HSP bonus payment						30.01
31	HRR adjustment	-601,875	-150,469		-451,406	-601,875	31
31.01	HRR adjustment for HSP bonus payment						31.01
32	HAC Reduction Program adjustment				287,404	287,404	32

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0179

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	34,387			1
2	Medical and other services reimbursed under OPPS (see instructions)	19,835,194			2
3	OPPS payments	18,007,293			3
4	Outlier payment (see instructions)	40,632			4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of lines 3, 4, and 4.01, 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)	34,387			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	220,310			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)	220,310			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)	220,310			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	185,923			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 (see instructions)	34,387			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, 4.01, 8 and 9)	18,047,925			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	3,554,468			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)	14,527,844			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	56,188			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	14,584,032			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	14,584,032			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)	1,412,931			34
35	Adjusted reimbursable bad debts (see instructions)	918,405			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	249,593			36
37	Subtotal (see instructions)	15,502,437			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments ()				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	15,502,437			40
40.01	Sequestration adjustment (see instructions)	310,049			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	14,778,276			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	414,112			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-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)	18,928		2
3	OPPS payments	12,088		3
4	Outlier payment (see instructions)			4
4.01	Outlier reconciliation amount (see instructions)			4.01
5	Enter the hospital specific payment to cost ratio (see instructions)			5
6	Line 2 times line 5			6
7	Sum of lines 3, 4, and 4.01, 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 (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, 4.01, 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
40.02	Demonstration payment adjustment amount after sequestration			40.02
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: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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		34,451,986		14,778,276	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 to Provider	.01 .02 .03 .04 .05 .06 .07 .08 .09 .10 .50 .51 .52 to Program .53 .54 .55 .56 .57 .58 .59 .99			3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.10 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)					
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)		34,451,986		14,778,276	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 to Provider	.01 .02 .03 .04 .05 .06 .07 .08 .09 .10 .50 .51 .52 to Program .53 .54 .55 .56 .57 .58 .59 .99			5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.10 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					
6	Determined net settlement amount (balance due) based on the cost report (1)					6.01 6.02
7	Total Medicare program liability (see instructions)					7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)		8

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

KPMG LLP Compu-Max 2552-10

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-S179

WORKSHEET E-1
PART I

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

			INPATIENT PART A		PART B		
DESCRIPTION			mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
			1	2	3	4	
1	Total interim payments paid to provider			854,349		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)						
		.01					3.01
		.02					3.02
	Program	.03					3.03
	to	.04					3.04
	Provider	.05					3.05
		.06					3.06
		.07					3.07
		.08					3.08
		.09					3.09
		.10					3.10
		.50					3.50
		.51					3.51
	Provider	.52					3.52
	to	.53					3.53
	Program	.54					3.54
		.55					3.55
		.56					3.56
		.57					3.57
		.58					3.58
		.59					3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99					3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)			854,349		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)						
		.01					5.01
		.02					5.02
	Program	.03					5.03
	to	.04					5.04
	Provider	.05					5.05
		.06					5.06
		.07					5.07
		.08					5.08
		.09					5.09
		.10					5.10
		.50					5.50
		.51					5.51
	Provider	.52					5.52
	to	.53					5.53
	Program	.54					5.54
		.55					5.55
		.56					5.56
		.57					5.57
		.58					5.58
		.59					5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99					5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01					6.01
		.02					6.02
7	Total Medicare program liability (see instructions)						7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)		8

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

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

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)	989,594	1
2	Net IPF PPS Outlier payment		2
3	Net IPF PPS ECT payment		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)	7,668,493	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)	989,594	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)	989,594	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	989,594	18
19	Deductibles	107,484	19
20	Subtotal (line 18 minus line 19)	882,110	20
21	Coinsurance	10,319	21
22	Subtotal (line 20 minus line 21)	871,791	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)	157,283	23
24	Adjusted reimbursable bad debts (see instructions)	102,234	24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)		25
26	Subtotal (sum of lines 22 and 24)	974,025	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)	974,025	31
31.01	Sequestration adjustment (see instructions)	19,481	31.01
31.02	Demonstration payment adjustment amount after sequestration		31.02
32	Interim payments	854,349	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	100,195	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

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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)		2.24	6	
7	Enter the lesser of line 5 or line 6		2.24	7	
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	1.24	1.00	2.24	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	1.24	1.00	2.24	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	1.24	1.00		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	1.30	0.87		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.54	0.00		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	1.36	0.62		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	1.36	0.62		17
18	Per resident amount	148,235.75	146,635.50		18
19	Approved amount for resident costs	201,601	90,914	292,515	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)			292,515	25
COMPUTATION OF PROGRAM PATIENT LOAD					
26	Inpatient days (see instructions)	20,332	9,320		26
27	Total inpatient days (see instructions)	50,230	50,230		27
28	Ratio of inpatient days to total inpatient days	0.404778	0.185546		28
29	Program direct GME amount	118,404	54,275		29
30	Reduction for direct GME payments for Medicare Advantage		7,669		30
31	Net Program direct GME amount			165,010	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)			5,059,121	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)			38,519,496	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)			38,519,496	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			19,888,509	42
43	Primary payer payments (see instructions)				43
44	Total Part B reasonable cost (line 42 minus line 43)			19,888,509	44
45	Total reasonable cost (sum of lines 41 and 44)			58,408,005	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.659490	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.340510	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			165,010	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			108,822	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			56,188	50

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

WORKSHEET E-4

Check Title V
 Applicable Title XVIII
 Box: Title XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			1	
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)			2	
3	Amount of reduction to Direct GME cap under §422 of MMA			3	
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)			3.01	
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			4	
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)			4.01	
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			4.02	
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			5	
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			6	
7	Enter the lesser of line 5 or line 6			7	
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.00	0.00	0.00	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
10.01	Unweighted dental and podiatric resident FTE count for the current year				10.01
11	Total weighted FTE count	0.00	0.00		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
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	0.00	0.00		17
18	Per resident amount	0.00	0.00		18
19	Approved amount for resident costs				19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)				21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)				25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	2,476	7,875		26
27	Total inpatient days (see instructions)	50,230	50,230		27
28	Ratio of inpatient days to total inpatient days	0.049293	0.156779		28
29	Program direct GME amount				29
30	Reduction for direct GME payments for Medicare Advantage				30
31	Net Program direct GME amount				31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)				33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
Part A Reasonable Cost					
37	Reasonable cost (see instructions)				37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)				40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)				41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)				42
43	Primary payer payments (see instructions)				43
44	Total Part B reasonable cost (line 42 minus line 43)				44
45	Total reasonable cost (sum of lines 41 and 44)				45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)				46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)				47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)				48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)				49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)				50

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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Assets (Omit Cents)	1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	6,245,225				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	21,442,545				4
5	Other receivables					5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory					7
8	Prepaid expenses	10,797,036				8
9	Other current assets	13,000,000				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	51,484,806				11
FIXED ASSETS						
12	Land	9,018,035				12
13	Land improvements	11,108,738				13
14	Accumulated depreciation	-7,195,285				14
15	Buildings	279,712,044				15
16	Accumulated depreciation	-92,588,084				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	103,160,524				23
24	Accumulated depreciation	-76,299,749				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)	226,916,223				30
OTHER ASSETS						
31	Investments	641,128,511	3,693,287			31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	108,932,741				34
35	Total other assets (sum of lines 31-34)	750,061,252	3,693,287			35
36	Total assets (sum of lines 11, 30 and 35)	1,028,462,281	3,693,287			36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	8,411,383				37
38	Salaries, wages and fees payable	21,154,754				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	5,000,000				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	46,856,667				44
45	Total current liabilities (sum of lines 37 thru 44)	81,422,804				45
LONG TERM LIABILITIES						
46	Mortgage payable	190,885,313				46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	61,354,640				49
50	Total long term liabilities (sum of lines 46 thru 49)	252,239,953				50
51	Total liabilities (sum of lines 45 and 50)	333,662,757				51
CAPITAL ACCOUNTS						
52	General fund balance	694,799,524				52
53	Specific purpose fund		3,693,287			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)	694,799,524	3,693,287			59
60	Total liabilities and fund balances (sum of lines 51 and 59)	1,028,462,281	3,693,287			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		677,018,436		2,879,158	1
2	Net income (loss) (from Worksheet G-3, line 29)		31,618,233			2
3	Total (sum of line 1 and line 2)		708,636,669		2,879,158	3
4	Additions (credit adjustments) (specify)					4
5	OTHER					5
6	NET ASSETS RELEASED FROM RESTR	265,114				6
7	RESTR CONTRIBUTIONS AND INVESTMENT			4,281,109		7
8	PENSION RELATED CHANGES	1,093,987				8
9						9
10	Total additions (sum of lines 4-9)		1,359,101		4,281,109	10
11	Subtotal (line 3 plus line 10)		709,995,770		7,160,267	11
12	Deductions (debit adjustments) (specify)					12
13						13
14	RESTR ASSETS REL FOR OPER			3,466,980		14
15	NET ASSET TRANSFER	14,582,300				15
16	OTHER	613,946				16
17						17
18	Total deductions (sum of lines 12-17)		15,196,246		3,466,980	18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		694,799,524		3,693,287	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 ASSETS RELEASED FROM RESTR					6
7	RESTR CONTRIBUTIONS AND INVESTMENT					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	OTHER					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

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	107,446,814		107,446,814	1
2	Subprovider IPF	6,040,981		6,040,981	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)	113,487,795		113,487,795	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	16,439,371		16,439,371	11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
14.10	NICU	4,821,569		4,821,569	14.10
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	21,260,940		21,260,940	16
17	Total inpatient routine care services (sum of lines 10 and 16)	134,748,735		134,748,735	17
18	Ancillary services	359,782,914	537,209,652	896,992,566	18
19	Outpatient services		529,494	529,494	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		2,909,555	2,909,555	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	HOSPICE		1,634,161	1,634,161	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	494,531,649	542,282,862	1,036,814,511	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		215,434,920	29
30	Add (specify)			30
31	TRANSFORMATION COSTS	668,764		31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)		668,764	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)		216,103,684	43

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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)	1,036,814,511	1
2	Less contractual allowances and discounts on patients' accounts	850,183,538	2
3	Net patient revenues (line 1 minus line 2)	186,630,973	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	216,103,684	4
5	Net income from service to patients (line 3 minus line 4)	-29,472,711	5

OTHER INCOME

6	Contributions, donations, bequests, etc.	1,336,760	6
7	Income from investments	22,249,981	7
8	Revenues from telephone and other miscellaneous communication services	240,069	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	650,151	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	45,780	17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen	10,328	20
21	Rental of vending machines	14,767	21
22	Rental of hosptial space	89,027	22
23	Governmental appropriations		23
24	Other (specify)		24
24.02	Other (CREDIT CARD REBATE)	49,956	24.02
24.03	Other (AFFILIATE SERVICES)	779,572	24.03
24.04	Other (HEALTH PROMOTION)	112,427	24.04
24.05	Other (LAB OTHER REVENUE)	13,438	24.05
24.06	Other (OTHER RENTAL REVENUE)	274,335	24.06
24.07	Other (MISCELLANEOUS REVENUE)	1,716,205	24.07
24.08	Other (SELF INSURANCE INVESTMENT INCOME)	1,791,331	24.08
24.09	Other (MATERNAL EDUCATION)	7,225	24.09
24.10	Other (SCRAP SILVER REVENUE)	859	24.10
24.11	Other (MEDICAL STAFFAPPLICATIONS)	42,000	24.11
24.12	Other (VOTIVE LIGHT REVENUE)	8,248	24.12
24.13	Other (UN RELAIIZED LOSS ON INVESTMENTS)	-1,252,976	24.13
24.14	Other (REALIZED GAIN ON INVESTMENTS)	31,995,515	24.14
24.17	Other (VOLUNTEER IMPUTED SALARIES)	915,946	24.17
25	Total other income (sum of lines 6-24)	61,090,944	25
26	Total (line 5 plus line 25)	31,618,233	26
29	Net income (or loss) for the period (line 26 minus line 28)	31,618,233	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	578,490	138,158			129,675	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	631,840	150,899	19,404			6
7	Physical Therapy	231,939	55,393	8,614	208,214		7
8	Occupational Therapy	83,866	20,029	3,411	38,895		8
9	Speech Pathology				3,658		9
10	Medical Social Services	32,368	7,730	369			10
11	Home Health Aide	12,552	2,998	1,159			11
12	Supplies (see instructions)					105,169	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)	1,571,055	375,207	32,957	250,767	234,844	24

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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	846,323	-92,068	754,255		754,255	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	802,143		802,143		802,143	6
7	Physical Therapy	504,160		504,160		504,160	7
8	Occupational Therapy	146,201		146,201		146,201	8
9	Speech Pathology	3,658		3,658		3,658	9
10	Medical Social Services	40,467		40,467		40,467	10
11	Home Health Aide	16,709		16,709		16,709	11
12	Supplies (see instructions)	105,169		105,169		105,169	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)	2,464,830	-92,068	2,372,762		2,372,762	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	754,255				5
HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	802,143				6
7	Physical Therapy	504,160				7
8	Occupational Therapy	146,201				8
9	Speech Pathology	3,658				9
10	Medical Social Services	40,467				10
11	Home Health Aide	16,709				11
12	Supplies (see instructions)	105,169				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)	2,372,762				24

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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		754,255	754,255		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		802,143	373,814	1,175,957	6
7	Physical Therapy		504,160	234,948	739,108	7
8	Occupational Therapy		146,201	68,132	214,333	8
9	Speech Pathology		3,658	1,705	5,363	9
10	Medical Social Services		40,467	18,858	59,325	10
11	Home Health Aide		16,709	7,787	24,496	11
12	Supplies (see instructions)		105,169	49,011	154,180	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)		2,372,762		2,372,762	24

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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					-754,255	1,618,507	5
HHA REIMBURSABLE SERVICES								
6	Skilled Nursing Care						802,143	6
7	Physical Therapy						504,160	7
8	Occupational Therapy						146,201	8
9	Speech Pathology						3,658	9
10	Medical Social Services						40,467	10
11	Home Health Aide						16,709	11
12	Supplies (see instructions)						105,169	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)					-754,255	1,618,507	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						754,255	25
26	Unit Cost Multiplier						0.466019	26

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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			42,446	11,554	54,000	10,283	1
2	Skilled Nursing Care	1,175,957			9,157	1,185,114	225,683	2
3	Physical Therapy	739,108			3,360	742,468	141,388	3
4	Occupational Therapy	214,333			1,118	215,451	41,028	4
5	Speech Pathology	5,363				5,363	1,021	5
6	Medical Social Services	59,325			787	60,112	11,447	6
7	Home Health Aide	24,496			623	25,119	4,783	7
8	Supplies	154,180				154,180	29,360	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)	2,372,762		42,446	26,599	2,441,807	464,993	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: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7404

**WORKSHEET H-2
PART I**

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

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

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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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		42,065		407			1
2	Skilled Nursing Care		33,337			4,793		2
3	Physical Therapy		12,233			3,560		3
4	Occupational Therapy		4,072			962		4
5	Speech Pathology					19		5
6	Medical Social Services		2,865			133		6
7	Home Health Aide		2,267			259		7
8	Supplies					566		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)		96,839		407	10,292		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: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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						106,755	1
2	Skilled Nursing Care						1,448,927	2
3	Physical Therapy						899,649	3
4	Occupational Therapy						261,513	4
5	Speech Pathology						6,403	5
6	Medical Social Services						74,557	6
7	Home Health Aide						32,428	7
8	Supplies						184,106	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)						3,014,338	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: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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 25	SUBTOTAL (cols 23 +/- 24) 26	ALLOCATED HHA A&G (see PtII) 27	TOTAL HHA COSTS 28		
1	Administrative and General		106,755				1
2	Skilled Nursing Care		1,448,927	53,198	1,502,125		2
3	Physical Therapy		899,649	33,032	932,681		3
4	Occupational Therapy		261,513	9,602	271,115		4
5	Speech Pathology		6,403	235	6,638		5
6	Medical Social Services		74,557	2,737	77,294		6
7	Home Health Aide		32,428	1,191	33,619		7
8	Supplies		184,106	6,760	190,866		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)		3,014,338	106,755	3,014,338		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.			0.036716			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

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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)	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE AND REPAIRS (SQUARE FEET)	
		1	2	4	4A	5	6	
1	Administrative and General		47,361	14,772		54,000		1
2	Skilled Nursing Care			11,707		1,185,114		2
3	Physical Therapy			4,296		742,468		3
4	Occupational Therapy			1,430		215,451		4
5	Speech Pathology					5,363		5
6	Medical Social Services			1,006		60,112		6
7	Home Health Aide			796		25,119		7
8	Supplies					154,180		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)		47,361	34,007		2,441,807		20
21	Total cost to be allocated		42,446	26,599		464,993		21
22	Unit Cost Multiplier			0.782162		0.190430		22
22	Unit Cost Multiplier		0.896223					22

KPMG LLP Compu-Max 2552-10

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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							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

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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 NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13	14	15	16	17	19	
1	Administrative and General	14,772		1,264				1
2	Skilled Nursing Care	11,707			1,343,952			2
3	Physical Therapy	4,296			998,020			3
4	Occupational Therapy	1,430			269,735			4
5	Speech Pathology				5,463			5
6	Medical Social Services	1,006			37,156			6
7	Home Health Aide	796			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)	34,007		1,264	2,885,394			20
21	Total cost to be allocated	96,839		407	10,292			21
22	Unit Cost Multiplier	2.847620		0.321994				22
22	Unit Cost Multiplier				0.003567			22

KPMG LLP Compu-Max 2552-10

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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: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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	1,502,125		1,502,125	7,832	191.79
2	Physical Therapy	3	932,681		932,681	5,760	161.92
3	Occupational Therapy	4	271,115		271,115	1,750	154.92
4	Speech Pathology	5	6,638		6,638	41	161.90
5	Medical Social Services	6	77,294		77,294	149	518.75
6	Home Health Aide	7	33,619		33,619	468	71.84
7	Total (sum of lines 1-6)		2,823,472		2,823,472	16,000	

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		5,275	
9	Physical Therapy	16974		4,174	
10	Occupational Therapy	16974		1,354	
11	Speech Pathology	16974		40	
12	Medical Social Services	16974		105	
13	Home Health Aide	16974		382	
14	Total (sum of lines 8-13)			11,330	

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	190,866		190,866	493,803	0.386523
16	Cost of Drugs	9					

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

		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charges (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated
		1	2	3	4	
1	Physical Therapy	66	0.256887			col. 2, line 2
2	Occupational Therapy	67				col. 2, line 3
3	Speech Pathology	68	0.161468			col. 2, line 4
4	Medical Supplies Charged to Pat	71	0.330497			col. 2, line 15
5	Drugs Charged to Patients	73	0.156083			col. 2, line 16

KPMG LLP Compu-Max 2552-10

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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7404

WORKSHEET H-3
PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation		Program Visits			Cost of Services				
		Part B			Part B			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		5,275			1,011,692		1,011,692	1	
2 Physical Therapy		4,174			675,854		675,854	2	
3 Occupational Therapy		1,354			209,762		209,762	3	
4 Speech Pathology		40			6,476		6,476	4	
5 Medical Social Services		105			54,469		54,469	5	
6 Home Health Aide		382			27,443		27,443	6	
7 Total (sum of lines 1-6)		11,330			1,985,696		1,985,696	7	

Supplies and Drugs Cost Computations		Program Covered Charges			Cost of Services				
		Part B			Part B			Total Program Cost (sum of cols 9-10)	
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	12		
15 Cost of Medical Supplies				215,022			83,111	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: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

		Part A Services	Part B Services
Description		1	2
10	Total reasonable cost (see instructions)		10
11	Total PPS Reimbursement - Full Episodes without Outliers		1,955,300
12	Total PPS Reimbursement - Full Episodes with Outliers		113,605
13	Total PPS Reimbursement - LUPA Episodes		39,836
14	Total PPS Reimbursement - PEP Episodes		17,514
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers		
16	Total PPS Outlier Reimbursement - PSP Episodes		
17	Total Other Payments		
18	DME Payments		
19	Oxygen Payments		
20	Prosthetic and Orthotic Payments		
21	Part B deductibles billed to Medicare patients (exclude coinsurance)		
22	Subtotal (sum of lines 10 thru 20 minus line 21)		2,126,255
23	Excess reasonable cost (from line 8)		
24	Subtotal (line 22 minus line 23)		2,126,255
25	Coinsurance billed to program patients (from your records)		
26	Net cost (line 24 minus line 25)		2,126,255
27	Reimbursable bad debts (from your records)		
28	Reimbursable bad debts for dual eligible (see instructions)		
29	Total costs - current cost reporting period (line 26 plus line 27)		2,126,255
30	Other adjustments (see instructions) (specify)		
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		
31	Subtotal (see instructions)		2,126,255
31.01	Sequestration adjustment (see instructions)		42,525
31.02	Demonstration payment adjustment amount after sequestration		
32	Interim payments (see instructions)		2,083,730
33	Tentative settlement (for contractor use only)		
34	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2		

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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				2,083,730	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)				2,083,730	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	2,684,413	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	17,303	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)	130.43	3
4	Number of interns & residents (see instructions)	1.28	4
5	Indirect medical education percentage (see instructions)	0.28	5
6	Indirect medical education adjustment (see instructions)	7,516	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0519	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.2138	8
9	Sum of lines 7 and 8	0.2657	9
10	Allowable disproportionate share percentage (see instructions)	0.0553	10
11	Disproportionate share adjustment (see instructions)	148,448	11
12	Total prospective capital payments (see instructions)	2,857,680	12

PART II - PAYMENT UNDER REASONABLE COST

1	Program inpatient routine capital cost (see instructions)		1
2	Program inpatient ancillary capital cost (see instructions)		2
3	Total inpatient program capital cost (line 1 plus line 2)		3
4	Capital cost payment factor (see instructions)		4
5	Total inpatient program capital cost (line 3 times line 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	Program inpatient capital costs (see instructions)		1
2	Program inpatient capital costs for extraordinary circumstances (see instructions)		2
3	Net program inpatient capital costs (line 1 minus line 2)		3
4	Applicable exception percentage (see instructions)		4
5	Capital cost for comparison to payments (line 3 x line 4)		5
6	Percentage adjustment for extraordinary circumstances (see instructions)		6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		7
8	Capital minimum payment level (line 5 plus line 7)		8
9	Current year capital payments (from Part I, line 12 as applicable)		9
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		10
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		11
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		12
13	Current year exception payment (if line 12 is positive, enter the amount on this line)		13
14	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		14
15	Current year allowable operating and capital payment (see instructions)		15
16	Current year operating and capital costs (see instructions)		16
17	Current year exception offset amount (see instructions)		17

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		0	2A	24	25	26		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
34.10	NICU							34.10
40	Subprovider - IPF							40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	BREAST HEALTH CENTER							54.01
55	Radiology-Therapeutic							55
56	Radioisotope							56
56.10	ULTRASOUND							56.10
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
65.01	SLEEP LAB							65.01
66	Physical Therapy							66
68	Speech Pathology							68
69	Electrocardiology							69
69.01	C-PORT							69.01
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75.10	GI LAB							75.10
76	ENTEROSTOMAL THERAPY							76
76.10	NEUROLOGY							76.10
76.20	EMG							76.20
76.30	OS SVCS							76.30
76.40	AUDIOLOGY							76.40
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	PALOS DIAGNOSTIC CENTER							90.01
90.02	CARE STATIONS							90.02
90.03	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

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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		
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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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							3
4	Administrative & General	375,471	206,293	581,764	-28,295	553,469	553,469	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	9,897	2,904	12,801	-12,801			11
12	Staff Transportation							12
13	Volunteer Service Coordination	31,408	9,214	40,622		40,622	40,622	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		57,901	57,901		57,901	57,901	25
26	Physician Services		69,027	69,027		69,027	69,027	26
27	Nurse Practitioner							27
28	Registered Nurse	346,287	109,746	456,033		456,033	456,033	28
29	LPN/LVN							29
30	Physical Therapy	1,252		1,252		1,252	1,252	30
31	Occupational Therapy							31
32	Speech/Language Pathology							32
33	Medical Social Services	16,011	4,697	20,708		20,708	20,708	33
34	Spiritual Counseling	47,430	15,735	63,165		63,165	63,165	34
35	Dietary Counseling							35
36	Counseling - Other	25,630	7,519	33,149		33,149	33,149	36
37	Hospice Aide and Homemaker Services	52,259	19,677	71,936		71,936	71,936	37
38	Durable Medical Equipment - Oxygen		72,898	72,898		72,898	72,898	38
39	Patient Transportation							39
40	Imaging Services							40
41	Labs and Diagnostics							41
42	Medical Supplies - Non-routine		24,440	24,440		24,440	24,440	42
42.50	Drugs Charged to Patients		27,446	27,446		27,446	27,446	42.50
43	Outpatient Services							43
44	Palliative Radiation Therapy							44
45	Palliative Chemotherapy							45
46	Other Patient Care Services							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	905,645	627,497	1,533,142	-41,096	1,492,046	1,492,046	100

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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		69,027	69,027	69,027		69,027	26
27	Nurse Practitioner							27
28	Registered Nurse	346,287	109,746	456,033	456,033		456,033	28
29	LPN/LVN							29
30	Physical Therapy	1,252		1,252	1,252		1,252	30
31	Occupational Therapy							31
32	Speech/Language Pathology							32
33	Medical Social Services	16,011	4,697	20,708	20,708		20,708	33
34	Spiritual Counseling	47,430	15,735	63,165	63,165		63,165	34
35	Dietary Counseling							35
36	Counseling - Other	25,630	7,519	33,149	33,149		33,149	36
37	Hospice Aide and Homemaker Services	52,259	19,677	71,936	71,936		71,936	37
38	Durable Medical Equipment - Oxygen		72,898	72,898	72,898		72,898	38
39	Patient Transportation							39
40	Imaging Services							40
41	Labs and Diagnostics							41
42	Medical Supplies - Non-routine		24,440	24,440	24,440		24,440	42
42.50	Drugs Charged to Patients		27,446	27,446	27,446		27,446	42.50
43	Outpatient Services							43
44	Palliative Radiation Therapy							44
45	Palliative Chemotherapy							45
46	Other Patient Care Services							46
100	TOTAL	488,869	351,185	840,054	840,054		840,054	100

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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								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
42.50	Drugs Charged to Patients								42.50
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: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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		27,901	27,901		27,901		27,901	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
42.50	Drugs Charged to Patients								42.50
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services								46
100	TOTAL		27,901	27,901		27,901		27,901	100

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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		30,000	30,000		30,000		30,000	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
42.50	Drugs Charged to Patients								42.50
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services								46
100	TOTAL		30,000	30,000		30,000		30,000	100

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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		26,586	26,586	2
3	Employee Benefits Department		18,261	18,261	3
4	Administrative & General	553,469	292,671	846,140	4
5	Plant Operation & Maintenance				5
6	Laundry & Linen Service				6
7	Housekeeping				7
8	Dietary				8
9	Nursing Administration		66,480	66,480	9
10	Routine Medical Supplies				10
11	Medical Records		5,829	5,829	11
12	Staff Transportation				12
13	Volunteer Service Coordination	40,622		40,622	13
14	Pharmacy		8,831	8,831	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	840,054		840,054	50
51	Hospice Routine Home Care				51
52	Hospice Inpatient Respite Care	27,901		27,901	52
53	Hospice General Inpatient Care	30,000		30,000	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	1,492,046	418,658	1,910,704	100

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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	26,586		26,586					2
3	Employee Benefits Department	18,261			18,261				3
4	Administrative & General	846,140		26,586	16,761	889,487	889,487		4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping								7
8	Dietary								8
9	Nursing Administration	66,480				66,480	57,905		9
10	Routine Medical Supplies								10
11	Medical Records	5,829				5,829	5,077		11
12	Staff Transportation								12
13	Volunteer Service Coordination	40,622			1,500	42,122	36,689		13
14	Pharmacy	8,831				8,831	7,692		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	840,054				840,054	731,692		50
51	Hospice Routine Home Care								51
52	Hospice Inpatient Respite Care	27,901				27,901	24,302		52
53	Hospice General Inpatient Care	30,000				30,000	26,130		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	1,910,704		26,586	18,261	1,910,704	889,487		100

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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 ADMINISTRATION 9	ROUTINE MEDICAL SUPPLIES 10	MEDICAL RECORDS 11	STAFF TRANSPORTATION 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				124,385				9
10	Routine Medical Supplies								10
11	Medical Records						10,906		11
12	Staff Transportation								12
13	Volunteer Service Coordination				8,485				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						10,680		50
51	Hospice Routine Home Care				115,900				51
52	Hospice Inpatient Respite Care						15		52
53	Hospice General Inpatient Care						211		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				124,385		10,906		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 13	PHARMACY 14	PHYSICIAN ADMIN SERVICES 15	OTHER GENERAL SERVICE 16	PATIENT/ RES CARE SVCS 17	TOTAL 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	87,296						13
14	Pharmacy		16,523					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						1,582,426	50
51	Hospice Routine Home Care		16,523				132,423	51
52	Hospice Inpatient Respite Care	2,260					54,478	52
53	Hospice General Inpatient Care	85,036					141,377	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	87,296	16,523				1,910,704	100

KPMG LLP Compu-Max 2552-10

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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		29,664						2
3	Employee Benefits Department			12,528					3
4	Administrative & General		29,664	11,499	-889,487	1,021,217			4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping								7
8	Dietary								8
9	Nursing Administration					66,480			9
10	Routine Medical Supplies								10
11	Medical Records					5,829			11
12	Staff Transportation								12
13	Volunteer Service Coordination			1,029		42,122			13
14	Pharmacy					8,831			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					840,054			50
51	Hospice Routine Home Care								51
52	Hospice Inpatient Respite Care					27,901			52
53	Hospice General Inpatient Care					30,000			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)		26,586	18,261		889,487			100
101	Unit cost multiplier		0.896238	1.457615		0.871007			101

KPMG LLP Compu-Max 2552-10

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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					7,816			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					7,654			50
51	Hospice Routine Home Care			14,206					51
52	Hospice Inpatient Respite Care					11		8	52
53	Hospice General Inpatient Care					151		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)			124,385		10,906		87,296	100
101	Unit cost multiplier			8.158533		1.395343		282.511327	101

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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)	16,523				100
101	Unit cost multiplier	165.230000				101

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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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	
Cost Center Descriptions		0	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS							
1	Physical Therapy	66	0.256887				1
2	Occupational Therapy	67					2
3	Speech Language Pathology	68	0.161468				3
4	Drugs, Biological & Infusion Therapy	73	0.156083				4
5	Durable Medical Equipment/Oxygen	96					5
6	Labs and Diagnostics	60	0.079763				6
7	Medical Supplies	71	0.330497				7
8	Outpatient Services (incl E/R)	93	0.443430				8
9	Radiation Therapy	55	0.252768				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

KPMG LLP Compu-Max 2552-10

LITTLE COMPANY OF MARY Provider CCN: 14-0179	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 04:32 Version: 2018.04 (09/26/2018)
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CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

HOSPICE CCN: 14-1511

WORKSHEET O-8

		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1	2	3	
HOSPICE CONTINUOUS HOME CARE					
1	Total cost			1,582,426	1
2	Total unduplicated days			7,654	2
3	Total average cost per diem			206.74	3
4	Unduplicated program days	7,314	65		4
5	Program cost	1,512,096	13,438		5
HOSPICE ROUTINE HOME CARE					
6	Total cost			132,423	6
7	Total unduplicated days				7
8	Total average cost per diem				8
9	Unduplicated program days				9
10	Program cost				10
HOSPICE INPATIENT RESPITE CARE					
11	Total cost			54,478	11
12	Total unduplicated days			11	12
13	Total average cost per diem			4,952.55	13
14	Unduplicated program days	11			14
15	Program cost	54,478			15
HOSPICE GENERAL INPATIENT CARE					
16	Total cost			141,377	16
17	Total unduplicated days			151	17
18	Total average cost per diem			936.27	18
19	Unduplicated program days	145	6		19
20	Program cost	135,759	5,618		20
TOTAL HOSPICE CARE					
21	Total cost			1,910,704	21
22	Total unduplicated days			7,816	22
23	Average cost per diem			244.46	23