SUBPROVIDER (OTHER)

SKILLED NURSING FACILITY

OUTPATIENT REHABILITATION PROVIDER

SWING BED - SNF SWING BED - NF

NURSING FACILITY

HOME HEALTH AGENCY

HEALTH CLINIC - RHC HEALTH CLINIC - FQHC

4

5

8

9

10

11

12 200

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2013.11 11/24/2013 20:25

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
PARTS I, II & III

9

10

11

12

200

PART I - COST REPORT	T STATUS					
PROVIDER USE ONLY	1. [X] ELECTRONICALLY FILED COST 1 2. [] MANUALLY SUBMITTED COST RE 3. [] IF THIS IS AN AMENDED REPORMANCE OF THE STREET OF TH	PORT RT ENTER THE NUM		DATE:		
2 - 5 3 - 5 4 - 1	COST REPORT STATUS 6. DATE RECEI' AS SUBMITTED 7. CONTRACTOR SETTLED WITHOUT AUDIT 8. [] INITIAL RE: SETTLED WITH AUDIT 9. [] FINAL REPORT REOPENED MENDED	PORT FOR THIS PRO	OVIDER CCN 12. [] IF LINE	5, COLUMN 1	IS 4: ENTER
PART II - CERTIFICAT	TION					
ADMINISTRATIVE ACTION PROVIDED OR PROCUREI	R FALSIFICATION OF ANY INFORMATION CONTA ON, FINE AND/OR IMPRISONMENT UNDER FEDER. O THROUGH THE PAYMENT DIRECTLY OR INDIREC ACTION, FINES AND/OR IMPRISONMENT MAY RE:	AL LAW. FURTHERMO	ORE, IF SERVICES	IDENTIFIED	IN THIS RE	CPORT WERE
	CERTIFICATION BY OFFI	CER OR ADMINISTR	ATOR OF PROVIDER	2(S)		
FILED OR MANUAI ST. MARY'S HOSI REPORTING PERIC A TRUE, CORREC APPLICABLE INST REGARDING THE I	FY THAT I HAVE READ THE ABOVE STATEMENT ALLY SUBMITTED COST REPORT AND THE BALANCE PITAL (14-0166) DID BEGINNING 07/01/2012 AND ENDING 06/30 AND COMPLETE STATEMENT PREPARED FROM TOTAL TOTAL PROVISION OF HEALTH CARE SERVICES, AND TOTAL PROVISION OF HEALTH CARE SERVICES.	E SHEET AND STATI (PROVIDER I /2013, AND TO THI HE BOOKS AND RECC RTIFY THAT I AM I	EMENT OF REVENUE NAME(S) AND NUME E BEST OF MY KNO ORDS OF THE PROV FAMILIAR WITH TE	AND EXPENS BER(S)) FOR WLEDGE AND TIDER IN ACC HE LAWS AND	ES PREPAREI THE COST BELIEF, IT ORDANCE WIT REGULATIONS	D BY IS TH
		(SIGNED)				
		Ol	FFICER OR ADMINI	STRATOR OF	PROVIDER(S)	
		T	ITLE			
		D.	ATE			
PART III - SETTLEMEN	NT SUMMARY					
			TITLE XVIII			
	TI		T A PART 2 3			TITLE XIX 5
1 HOSPITAL 2 SUBPROVIDER - 3 SUBPROVIDER -			59,831 35 887 01,032	5,804 -	125,133	1 2 3

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

-4,371

-44,685

35,804

-125,133

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMD 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.

KPMG LLP COMPU-MAX MICRO SYSTEM KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011) VERSION: 2013.11 11/24/2013 20:25

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRES	HOSPITAL	AND HOSPITA	L HEALTH	CARE	COMPLEX	ADDRESS
--	----------	-------------	----------	------	---------	---------

1 STREET: 1800 EAST LAKE SHORE DRIVE

2 CITY: DECATUR

P.O.BOX:
STATE: IL ZIP CODE: 62521 COUNTY: MACON 2

								_
HOSPITA	L AND HOSPITAL-BASED COMPONENT IDENTIFICAT:	ION: COMPONENT	Co	N CBSA	PROV DATE	PAYME (P, T	NT SYS	
	COMPONENT 0	NAME 1		ER NUMBER	TYPE CERTIFIED 4 5			
3 4 5 6 7 8	HOSPITAL SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER - (OTHER) SWING BEDS - SNF SWING BEDS - NF	ST. MARY'S HOSPITAL PSYCHIATRY UNIT REHABILITATION UNIT	14-S	66 19500 66 19500 66 19500	4 07/01/2011	. N	P P P	O 3 N 4 N 5 6 7
9 10 11 12 13 14 15 16 17 18		EXTENDED CARE UNIT	14-5	51 19500	12/06/1985	N	P	N 9 10 11 12 13 14 15 16 17 18 19
20 21	COST REPORTING PERIOD (MM/DD/YYYY) TYPE OF CONTROL	FROM: 07/01/2012	TO: 00	/30/2013				20 21
INPATIE	NT PPS INFORMATION DOES THIS FACILITY QUALIFY FOR AND RECEIVE 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR	R YES AND 'N' FOR NO. I	S THIS FACILTY	SUBJECT T	O 42 CFR		1 Y	2 N 22
23	§412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? WHICH METHOD IS USED TO DETERMINE MEDICALIDATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IN THIS COST REPORTING PERIOD DIFFERENT FICOLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO	D DAYS ON LINES 24 AND/ IF DATE OF DISCHARGE. ROM THE METHOD USED IN	OR 25 BELOW? II	COLUMN 1 F IDENTIF	, ENTER 1 IF YING THE DAYS		1	N 23
			IN-STATE MEDICA MEDICAID ELIGIA PAID UNPA: DAYS DAYS	LE MEDICA D PAID DAYS	E MEDICAID ID ELIGIBLE MEDI UNPAID H DAYS DA	CAID MO M YS 5		
24	IF THIS PROVIDER IS AN IPPS HOSPITAL, ENTIMEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID DAYS IN COL. 2, OUT-OF-STATE MEDIC. COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNICOL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT IN COL. 5, AND OTHER MEDICAID DAYS IN COL.	DICAID ELIGIBLE AID PAID DAYS IN PAID DAYS IN I UNPAID DAYS	9,390	04	7 1	,063	Ü	24
25	IN COL. 3, AND OTHER MEDICATO DAYS IN COL. IF THIS PROVIDER IS AN IRF, ENTER THE IN-: DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 4, I MEDICAID ELIGIBLE UNPAID DAYS IN COL. 5, AI DAYS IN COL. 6.	STATE MEDICAID PAID E UNPAID DAYS IN . 3, OUT-OF STATE MEDICAID HMO PAID	69 :	58				25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICA' AT THE BEGINNING OF THE COST REPORTING PEI URBAN AND '2' FOR RURAL.				1			26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICA' AT THE END OF THE COST REPORTING PERIOD. I FOR URBAN OR '2' FOR RURAL. IF APPLICABLE DATE OF THE GEOGRAPHIC RECLASSIFICATION II	ENTER IN COLUMN 1, '1', ENTER THE EFFECTIVE			1			27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF						35
36	PERIODS SCH STATUS IN EFFECT IN THE COST I ENTER APPLICABLE BEGINNING AND ENDING DAT! SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS II ENTER SUBSEQUENT DATES.	ES OF SCH STATUS.	1	BEGINNING:	ENDI	NG:		36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL OF PERIODS MDH STATUS IN EFFECT IN THE CO.							37
38	ENTER APPLICABLE BEGINNING AND ENDING DATE SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXUBSEQUENT DATES.	ES OF MDH STATUS.	1	BEGINNING:	ENDI	NG:		38
39	DOES THIS FACILITY QUALIFY FOR THE INPATI LOW VOLUME HOSPITALS IN ACCORDANCE WITH 4 COLUMN 1 'Y' FOR YES OR 'N' FOR NO. DOES ' REQUIREMENTS IN ACCORDANCE WITH 42 CFR 41 COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE	2 CFR §412.101(b)(2)(ii THE FACILITY MEET THE M 2.101(b)(2)(ii)? ENTER)? ENTER IN ILEAGE IN		V///**		1 N	2 N 39
PROSPEC'	FIVE PAYMENT SYSTEM(PPS)-CAPITAL		:		XVIII 2		XIX 3	
45	DOES THIS FACILITY QUALIFY AND RECEIVE CASHARE IN ACCORDANCE WITH 42 CFR §412.320?	PITAL PAYMENT FOR DISPR	OPORTIONATE I	Ī	Y		N	45
46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL	PAYMENT EXCEPTION FOR E	XTRAORDINARY I	ī	N		N	46

CIRCUMSTANCES PURSUANT TO 42 CFR \$412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.

47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' I	FOR YES	N	N	N	47
48	OR 'N' FOR NO. IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR 'N' FOR NO.	YES OR	N	N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

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WORKSHEET S-2

	HOOFFITTE THE HEALTH CHALL CONTINUE TENTIFICATION ENTIT			PART I	
TEACHING	G HOSPITALS	1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAM. ENTER 'Y' FOR YES OR 'N' FOR NO.	S? 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' FOY 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 WORKSHEET E-4 IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.		Y		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YE OR 'N' FOR NO. (SEE INSTRUCTIONS)	N S			60
		Y/N	IME	DIRECT GME	
61	DID YOUR HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1.)(SEE INSTRUCTIONS)	N			61
61.01	ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTES FROM THE HOSPITA. 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SINSTRUCTIONS)				61.01
61.02	ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN AND GENERAL SURGERY) ADDED AS A RESULT OF SECTION 5503. (SEE INSTRUCTIONS)				61.02
61.03	ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SINSTRUCTIONS)	EE			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 : AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS)	FTE			61.05
61.06	ENTER THE AMOUNT OF ACA \$5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND FTES THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS)	/OR			61.06
	OF THE FTES IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.	D			
			UNWEIGHTED IME	UNWEIGHTED DIRECT GME	
	PROGRAM NAME	PROGRAM CODE 2	FTE COUNT	FTE COUNT	
					61.10
	OF THE FTES IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF AN AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTION ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
					61.20
ACA PROV	/ISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) 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	TONDING (SEE INSTRUCTIONS) 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 63	HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2 PART I (CONT)

THIS BA	5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDING YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OF 2009 AND BEFORE JUNE 30, 2010. ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWESTER OF YOUR SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF NON-PRIMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOW COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 INSTRUCTIONS) ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YEST FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUM OF UNWEIGHTED PRIMARY CARE RESIDENT FTES THAT TRAINED ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COUSE INSTRUCTIONS)	R AFTER Y TRAINED IGHTED NON-PRIMARY G IN ALL F UNWEIGHTED OSPITAL. ENTER IN + COLUMN 2)). (SEE S, OR YOUR HE PROGRAM NAME. THE NUMBER OF ROTATIONS MN 4 THE NUMBER IN YOUR HOSPITAL.	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2)	64
	PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTES NONPROVIDER SITE 3	UNWEIGHTED FTES IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4))
	5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULE ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY FTES ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INST	LY 1, 2010 RY CARE RESIDENT ROVIDER SETTINGS. Y CARE RESIDENT THE RATIO OF	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2)) 66
	ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ET THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNW CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNIFORMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPI' IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN (SEE INSTRUCTIONS)	EIGHTED PRIMARY G IN ALL NON- WEIGHTED TAL. ENTER 3 ÷ COLUMN 4)).	UNWEIGHTED FTES NONPROVIDER	UNWEIGHTED FTES IN	RATIO (COL.1/	
	PROGRAM NAME 1	PROGRAM CODE 2	SITE 3	HOSPITAL 4	(COL.3+COL.4) 5)
INPATIE	NT PSYCHIATRIC FACILITY PPS IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (I	PF), OR DOES IT CON	TAIN AN IPF SUBPR	OVIDER?	Y	70
71	ENTER 'Y' FOR YES OR 'N' FOR NO. IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOI COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW ' 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVENCY PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCY	R NO. TEACHING PROGRAM IN 'N' FOR NO. VELY IN COLUMN 3. I 4 IN COLUMN 3, OR	ACCORDANCE WITH	TING	N	71
INPATIE	NT REHABILITATION FACILITY PPS IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY	(IRF). OR DOES IT	CONTAIN AN IRE SU	BPROVIDER?	Y	75
76	OD ENDING	N	76			
LONG TE	RM CARE HOSPITAL PPS IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FO	OR YES OR 'N' FOR N	ю.		N	80
TEFRA PI 85 86	ROVIDERS IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (DENTER 'Y' FOR YES, OR 'N' FOR NO.				N N	85 86

 KPMG LLP COMPU-MAX MICRO SYSTEM
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	HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA					CONT)
TITLE V 90	AND XIX INPATIENT SERVICES DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES,	OR 'N'		1	XIX 2 Y	90
91	FOR NO IN APPLICABLE COLUMN. IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL CENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.	R IN PART?		N	N	91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FO 'N' FOR NO IN THE APPLICABLE COLUMN.	R YES OR			N	92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FO 'N' FOR NO IN THE APPLICABLE COLUMN.	R YES OR	,	N	N	93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICOLUMN.	CABLE	:	N	N	94
95 96	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN. DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICATION.	LICABLE		N	N	95 96
97	COLUMN. IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.					97
	ROVIDERS			1	2	
105 106	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)? IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.		•	N		105 106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR IS TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATIC WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER	N				107
108	'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE?			N		108
200	SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.					100
		PHY- OCCUP- ICAL ATIONAL		RESE		
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.	N N	N	N		109
	ANEOUS COST REPORTING INFORMATION					115
115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	, N				115
	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					
116	PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1. 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'		N			117 118
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
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: SELF INSURANCE:					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		N			118.02
120	COST CENTERS AND AMOUNTS CONTAINED THEREIN. IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §312 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 OUALIFIES FOR THE OUTPATIENT HOLD HARMLESS		N		N	120
	PROVISION IN ACA \$3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.					
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER		Y			121
TRANSPLA	ANT CENTER INFORMATION					
125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S)(MM/DD/YYYY) BELOW.		N			125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.					126
127	COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2. IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.					127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN					128
129	COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2. IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN					129
130	COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2. IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN					130
131	COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2. IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE	IN				131
132	COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2. IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN					132
	COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.					
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.					133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.					134

PART I (CONT)

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL PERIOD FROM 07/01/2012 TO 06/30/2013 VERSION: 2013.11 11/24/2013 20:25 KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011) HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA WORKSHEET S-2

					(,
ALL PROVIDERS					
ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFF ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.			1 Y	2 148005	140
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE N ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NU					
141 NAME: HOSPITAL SISTERS HEALTH SYSTEM CONTRACTOR'S NAME: WPS 142 STREET: STREET: 4936 LAVERNA ROAD P.O. BOX:		CONTRACTOR'S	S NUMBER:	05101	141 142
143 CITY: SPRINGFIELD STATE: IL	2	ZIP CODE: 62	2707		143
144 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?			Y		144
145 IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	FOR INPAT	CIENT	N		145
HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REP FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, 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 N	10.	N		149
DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE		IIIVX			
	PART A		V	XIX	
FOR EACH COMPONENT FOR PART A AND PART B. SEE 42 CFR §413.13)	1	2	3	4	
155 HOSPITAL	N	N		N	155
156 SUBPROVIDER - IPF	N	N			156
157 SUBPROVIDER - IRF	N	N			157
158 SUBPROVIDER - (OTHER)	N	N			158
159 SNF	N	N			159
160 HHA 161 CMHC	N	N N			160 161
161 CORF		IN			161.10
161.10 CORF					101.10
MULTICAMPUS 165 IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES		ana			1.65
165 IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES ENTER 'Y' FOR YES OR 'N' FOR NO.	IN DIFFERE	INT CBSAS?	N		165
166 IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.	UMN 1, STA	ATE IN			
NAME COUNTY	STATE Z	ZIP CODE	CBSA	FTE/CAMPUS	3
0 1	2	3	4	5	
HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMEN	T ACT				1.68
167 IS THIS PROVIDER A MEANINGFUL USER UNDER \$1886(n)? ENTER 'Y' FOR YES OR 'N' FO			Y		167
168 IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS	Υ'),				168
ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS. 169 IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH			1.00		169
169 IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.			1.00		109
170 IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING	DATE	07/1	2/2012 04	5/30/2012	170
FOR THE REPORTING PERIOD, RESPECTIVELY. (mmddyyyy) (SEE INSTRUCTIONS)	D13111	07/1	2,2012 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110
Tok The Association (American () Color () C					

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2013.11 11/24/2013 20:25

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2 PART II

N 15

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES. ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETE	Y DV	71 T /	TUCCLIL	TC

PROVI	DER ORGANIZATION AND OPERATION 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)	Y/N 1 N	DATE 2	1
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'	Y/N 1 N	DATE 2	V/I 3 2
3	FOR INVOLUNTARY. 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
FINAN	CIAL DATA AND REPORTS	1	2	3
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5
			Y/N	Y/N
	WED EDUCATIONAL ACTIVITIES		1	2
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		N	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 INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9
10	WAS AN INTERN-RESIDENT 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
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.

		PAF	RT A	PART B		
		Y/N	DATE	Y/N	DATE	
PS&R	REPORT DATA	1	2	3	4	
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3	N		N	16	
	IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4.					
	(SEE INSTRUCTIONS)					
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S	N		N	17	
	RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH					
	DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)					
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR	N		N	18	
	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.					
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR	N		N	19	
	CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.					
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER?	N		N	20	
	DESCRIBE THE OTHER ADJUSTMENTS:					
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE	N		N	21	
	INSTRUCTIONS.					

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

PART II

VERSION: 2013.11 11/24/2013 20:25 HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE WORKSHEET S-2

GENERAL INSTRUCTION:	ENTER	Y FOR .	ALL	YES	RESPONSES.	ENTER	N	FOR	ALL	NO	RESPONSES.
	ENTER	ALL DA	TES	IN 7	THE MM/DD/YY	YYY FOR	RMA	AT.			

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

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			23
MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			
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			25
PERIOD? IF YES, SEE INSTRUCTIONS.			
26 WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING			26
PERIOD? IF YES, SEE INSTRUCTIONS. 27 HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD?			27
27 HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			21
II IEG, BEE INDIRECTION.			
INTEREST EXPENSE			
28 WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING			28
THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 29 DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT			29
SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IT YES. SEE			23
INSTRUCTIONS.			
30 HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT?			30
IF YES, SEE INSTRUCTIONS.			21
31 HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS.			31
11 120, 022 110110012010.			
PURCHASED SERVICES			
32 HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED			32
THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS.			
33 IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING			33
TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS.			
DOMESTIC DATE DIVISIONS			
PROVIDER-BASED PHYSICIANS 34 ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH			34
PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS.			34
35 IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH			35
THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE			
INSTRUCTIONS.	Y/N	DATE	
HOME OFFICE COSTS	1	2	
36 WERE 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			37
OFFICE? IF YES, SEE INSTRUCTIONS. 38 IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM	N		38
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	N		30
OFFICE.			
39 IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS?			39
IF YES, SEE INSTRUCTIONS.			4.0
40 IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.			40
and incirculation.			
COST REPORT PREPARER CONTACT INFORMATION			
41 FIRST NAME: MICHAEL LAST NAME: CADDICK	TITLE: VICE PRESIDENT		41
42 EMPLOYER: STRATEGIC REIMBURSEMENT, INC. 43 PHONE NUMBER: 708 466-7240 E-MAIL ADDRESS: MICHAEL.CADDICK@SRINC.ORG			42 43
TO FROME NUMBER: 700 100-7210 E-MAIL ADDRESS: MICRAEL.CADDICA@SKINC.ORG			±3

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2013.11

 IN LIEU OF FORM CMS-2552-10 (08/2011)
 11/24/2013 20:25

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3 PART I

		WKST A				INPATIENT DA	AYS / OUTPAT	TIENT VISIT	TS / TRIPS TOTAL	
		LINE	NO OF	BED DAYS	CAH		TITLE	TITLE	ALL	
	COMPONENT	NO. 1	BEDS 2	AVAILABLE 3	HOURS 4	TITLE V 5	XVIII 6	XIX 7	PATIENTS 8	
1	HOSPITAL ADULTS & PEDS. (COLS. 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			12,880	8,247	29,203	1
2 3 4 5	HMO AND OTHER (SEE INSTRUCTIONS) HMO IPF SUBPROVIDER HMO IRF SUBPROVIDER HOSPITAL ADULTS & PEDS. SWING BED SNF						646 138 65	1,063		2 3 4 5
6 7	HOSPITAL ADULTS & PEDS. SWING BED NF TOTAL ADULTS & PEDS. (EXCLUDE OBSERVATION BEDS) (SEE INSTR.)		184	67,160			12,880	8,247	29,203	6 7
8 9 10 11 12	INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)	31 32 33 34 35	12	4,380			1,635	299		8 9 10 11 12
13 14 15	NURSERY TOTAL (SEE INSTRUCTIONS) CAH VISITS	43	196	71,540			14,515	856 9,402	1,447 33,197	13
16 17 18	SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER I	40 41 42	14 20	- ,			3,533 3,581	12 227	4,088 4,470	16
19 20 21 22 23 24	SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE HOME HEALTH AGENCY ASC (DISTINCT PART) HOSPICE (DISTINCT PART) HOSPICE (NON-DISTINCT PART) CMHC RHC	44 45 46 101 115 116 30 99 88	14	4,452			3,137		3,192	19 20 21 22 23 24 24.10 25 26
27 28 29 30 31	TOTAL (SUM OF LINES 14-26) OBSERVATION BED DAYS AMBULANCE TRIPS EMPLOYEE DISCOUNT DAYS (SEE INSTR.) EMPLOYEE DISCOUNT DAYS-IRF		244						1,918	29 30
32	LABOR & DELIVERY DAYS (SEE INSTR.) TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (SEE INSTR.) LTCH NON-COVERED DAYS							99	161	

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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

			FULL TI	ME EQUIVA	LENTS	DISCHARGES				
		WKST A		EMPLOYEES					TOTAL	
		LINE	INTERNS &		NONPAID				ALL	
	COMPONENT	NO. 1	RESIDENTS 9		WORKERS		XVIII 13	XIX 14	PATIENTS 15	
		1	9	10	11	12	13	14	15	
1	HOSPITAL ADULTS & PEDS. (COLS. 5, 6,	30					3,361	1,616	7,428	1
	7 AND 8 EXCLUDE SWING BED, OBSERVATION	N					. ,	,	,	
	BED AND HOSPICE DAYS) (SEE INSTRUCTIONS	3								
	FOR COL. 2 FOR THE PORTION OF LDP ROOM	P								
	AVAILABLE BEDS)									
2	HMO AND OTHER (SEE INSTRUCTIONS)									2
3	HMO IPF									3
4	HMO IRF									4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF									5
6	HOSPITAL ADULTS & PEDS. SWING BED NF									6
7	TOTAL ADULTS & PEDS. (EXCLUDE									7
	OBSERVATION BEDS) (SEE INSTR.)	2.1								0
8 9	INTENSIVE CARE UNIT	31								8 9
10	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	32 33								9 10
11										11
12	OTHER SECTION CARE UNIT	35								12
13	OTHER SPECIAL CARE (SPECIFY) NURSERY TOTAL (SEE INSTRUCTIONS) CAH VISITS SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER I SKILLED NURSING FACILITY	43								13
14	TOTAL (SEE INSTRUCTIONS)		1.05	803.22			3.361	1.616	7,428	
15	CAH VISITS						-,	_,		15
16	SUBPROVIDER - IPF	40		17.94			223	2	263	16
17	SUBPROVIDER - IRF	41		20.38			335	33	379	17
18	SUBPROVIDER I	42							:	18
19	SKILLED NURSING FACILITY	44		9.45						19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101								22
23	ASC (DISTINCT PART)	115								23
24	HOSPICE (DISTINCT PART)	116								24
	HOSPICE (NON-DISTINCT PART)	30								24.10
25	CMHC	99								25
26	RHC	88	1 05	050 00						26
27	TOTAL (SUM OF LINES 14-26)		1.05	850.99						27 28
28 29	OBSERVATION BED DAYS AMBULANCE TRIPS									∠8 29
30	EMPLOYEE DISCOUNT DAYS (SEE INSTR.)									29 30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (SEE INSTR.)									32
	TOTAL ANCILLARY LABOR & DELIVERY									32.01
32.31	ROOM OUTPATIENT DAYS (SEE INSTR.)								•	
33	LTCH NON-COVERED DAYS								:	33

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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3 PART II & III

PART II - WAGE DATA

PART	II HAGE DATA						
				RECLASS	ADJUSTED	PAID HOURS	AVERAGE
		WKST A		OF SALARIES	SALARIES	RELATED H	OURLY WAGE
		LINE	AMOUNT	(FROM	(COL. 2 +	TO SALARIES	(COL. 4 +
		NUMBER	REPORTED	WKST A-6)	COL. 3)	IN COL. 4	COL. 5)
		1	2	3	4	5	6
	SALARIES						
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	42,170,85	57	42,170,857	1,770,070.00	
2	NON-PHYSICIAN ANESTHETIST PART A NON-PHYSICIAN ANESTHETIST PART B		1,787,14	5	1,787,145	19,590.00	2 91.23 3
4	PHYSICIAN-PART A ADMINISTRATIVE		1,707,14	:5	1,707,143	10,000.00	4
	PHYSICIAN-PART A - TEACHING						4.01
5 6	PHYSICIAN-PART B						5
7	NON-PHYSICIAN-PART B INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					6 7
	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44	392,09			19,647.00	
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS) OTHER WAGES & RELATED COSTS		2,643,98	30	2,643,980	174,105.00	15.19 10
11 12	CONTRACT LABOR (SEE INSTRUCTIONS) CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES		152,41	.3	152,413	2,389.00	63.80 11 12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		129,52	13	129,523	1,882.00	
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		3,888,47	8	3,888,478	65,176.00	
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING WAGE-RELATED COSTS						16
17	WAGE-RELATED COSTS (CORE)		13,697,17	'8	13,697,178		17
18	WAGE-RELATED COSTS (OTHER)						18
19 20	EXCLUDED AREAS NON-PHYSICIAN ANESTHETIST PART A		1,113,47	'7	1,113,477		19 20
21	NON-PHISICIAN ANESTHETIST PART A NON-PHYSICIAN ANESTHETIST PART B		279,16	i 9	279,169		21
22	PHYSICIAN PART A - ADMINISTRATIVE		2,5,10		2.5,205		22
	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B						23
24 25	WAGE-RELATED COSTS (RHC/FQHC) INTERNS & RESIDENTS (IN AN APPROVED PROGRAM) OVERHEAD COSTS - DIRECT SALARIES						24 25
26	EMPLOYEE BENEFITS DEPARTMENT		254,71	.5	254,715	8,874.00	28.70 26
27	ADMINISTRATIVE & GENERAL		6,057,62		6,057,621		
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		797,53		797,535		
29 30	MAINTENANCE & REPAIRS OPERATION OF PLANT		115,35 984,41		115,359 984,410		
31	LAUNDRY & LINEN SERVICE		39,62		39,621		
32	HOUSEKEEPING		921,68		921,686		
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34 35	DIETARY DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)		1,090,69	0 -819,415	271,275	22,090.00	12.28 34 35
36	CAFETERIA			819,415	819,415	66,626.00	
37	MAINTENANCE OF PERSONNEL					,.	37
38	NURSING ADMINISTRATION		427,37		427,375		
39 40	CENTRAL SERVICES AND SUPPLY PHARMACY		155,18 1,475,26		155,180 1,475,261		
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,131,51		1,131,518		
42	SOCIAL SERVICE						42
43	OTHER GENERAL SERVICE						43
PART	III - HOSPITAL WAGE INDEX SUMMARY						
1	NET SALARIES (SEE INSTRUCTIONS)		41,181,24	17	41,181.247	1,756,071.00	23.45 1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		3,036,07	9	3,036,079	193,752.00	15.67 2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)		38,145,16			1,562,319.00	
4 5	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)		4,170,41		4,170,414	69,447.00	
5 6	SUBTOTAL WAGE-RELATED COSTS (SEE INST.) TOTAL (SUM OF LINES 3 THRU 5)		13,697,17 56,012,76		13,697,178 56,012,760	1,631,766.00	35.91% 5 34.33 6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)		13,450,97		13,450,971		

PART B - OTHER THAN CORE RELATED COST 25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-10 (08/2011)

PART IV

25

AMOUNT

VERSION: 2013.11 11/24/2013 20:25 HOSPITAL WAGE RELATED COSTS WORKSHEET S-3

PART A - CORE LIST

		REPORTED
	RETIREMENT COST	
1	401K EMPLOYER CONTRIBUTIONS	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	2 3
4	QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	3,346,663 4
	PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)	
5	401K/TSA PLAN ADMINISTRATION FEES	5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	7
	HEALTH AND INSURANCE COST	
8	HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	7,525,597 8
9	PRESCRIPTION DRUG PLAN	9
10	DENTAL, HEARING AND VISION PLAN	10
11	LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	11
12	ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	12
13	DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	80,893 13
14	LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	14
15	WORKERS' COMPENSATION INSURANCE	1,002,474 15
16	RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106.	16
	NON CUMULATIVE PORTION)	
	TAXES	
17	FICA-EMPLOYERS PORTION ONLY	2,947,418 17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY	18
19	UNEMPLOYMENT INSURANCE	104,931 19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES	20
0.1	OTHER	0.1
21	EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE)	21
22	(SEE INSTRUCTIONS) DAY CARE COSTS AND ALLOWANCES	22
23	TUITION REIMBURSEMENT	
23 24	TOTTAL WAGE RELATED COST (SUM OF LINES 1-23)	79,863 23 15,087,839 24
24	TOTAL WAGE RELATED COST (SUM OF LINES 1-25)	15,007,039 24

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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

		CONTRACT	BENEFIT
	COMPONENT	LABOR	COST
	0	1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		1
2	HOSPITAL		2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

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 IN LIEU OF FORM CMS-2552-10 (08/2011)
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 WORKSHEET S-7

	ECTIVE PAYMENT FOR SNF		WORKSHEET S-
		Y/N 1	DATE 2
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N	1
2	DOES THIS WORKSHEEL. DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE	N	2

_	BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER TH (MM/DD/YYYY) IN COLUMN 2.	HE AGREEMENT DATE	-
		SNF SW	TOTAL
	GROUP 1		F DAYS 2 + 3) 3 4
3	RUX		3
4	RUL		
5	RVX		4 5 6
6 7	RVL RHX		6 7
8	RHL		8
9	RMX	16	16 9
10	RML	101	101 10
11 12	RLX RUC	11	11 11 12
13	RUB		13
14	RUA		14
15	RVC	14	15 14 16
16 17	RVB RVA	14	17
18	RHC	69	69 18
19	RHB	43	43 19
20 21	RHA RMC	136 258	136 20 258 21
22	RMB	508	508 22
23	RMA	600	600 23
24 25	RLB RLA	107 70	107 24 70 25
26	ES3	70	26
27	ES2	31	31 27
28 29	ES1 HE2	62	62 28 29
30	HE1	8	8 30
31	HD2		31
32	HD1	14	14 32
33 34	HC2 HC1	22 61	22 33 61 34
35	HB2	01	35
36	HB1	385	385 36
37 38	LE2 LE1	2	37 2 38
39	LD2	2	39
40	LD1	16	16 40
41 42	LC2 LC1	3 20	3 41 20 42
43	LB2	20	43
44	LB1	55	55 44
45 46	CE2 CE1	19	45 19 46
47	CD2	19	47
48	CD1	16	16 48
49	CC2	40	49
50 51	CC1 CB2	48	48 50 51
52	CB1	141	141 52 53 193 54 55 56
53	CA2		53
54 55	CA1 SE3	193	193 54 55
56	SE2		56
57	SE1		57
58 59	SSC SSB		57 58 59 60
60	SSA		60
61	IB2		61
62	IB1		62 63
63 64	IA1 IA2		63 64
65	BB2	13	64 13 65
66	BB1	4	4 66
67 68	BA2 BA1	10	67 10 68
- 0			10 00

STATISTICAL DATA

KPMG LLP COMPU-MAX MICRO SYSTEM
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PROSPECTIVE PAYMENT FOR SNF WORKSHEET S-7

		GROUP 1	SNF DAYS 2	SWING BED SNF DAYS 3	TOTAL (COLS. 2 + 3)	
69 70 71 72	PE2 PE1 PD2 PD1		1.4		14	69 70 71 72
73 74 75 76 77	PC2 PC1 PB2 PB1 PA2		14 20 18 8		14 20 18 8	73 74 75 76 77
78 199 200	PA1 AAA TOTAL		21 3,137		21 3,137	78 199
SNF	SERVICES			CBSA AT BEGINNING OF COST REPORTING PERIOD 1	CBSA ON/AF OCT 1 OF COST REPORT PERIOD (APPLICABE 2	THE TING IF
201	IN EF	IN COLUMN 1 THE SNF CBSA CODE, OR 5 CHARACTER NON-CBSA CODE IF A RURAL FACILITY, FECT AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COLUMN 2 THE CODE IN ON OR AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (IF APPLICABLE).		02040	19500	201

A NOTICE PUBLISHED IN THE FEDERAL REGISTER VOLUME 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. FOR LINES 202 THROUGH 207: ENTER IN COLUMN 1 THE AMOUNT OF THE EXPENSE FOR EACH CATEGORY. ENTER IN COLUMN 2 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKHET G-2, PART I, LINE 7, COLUMN 3. IN COLUMN 3, ENTER 'Y' OR 'N' FOR NO IF THE SPENDING REFLECTS

		ROM WORKSHEET G-2,	•								F THE SPEN	DING REFLE	CTS
INCREA	SES ASSOCIATED W	TH DIRECT PATIENT	CARE ANI	O RELATEI	EXPENSES	FOR EA	ACH CATEGORY	. (SEE I	NSTRUCTION	1S)			
												ASSOCIATED)
												WITH	
												DIRECT	
												PATIENT	
												CARE AND	
												RELATED	
									FYDFNG	272	PERCENTAGE		
									1	CEC	2 EKCENTAGE	o and and an	
									Τ.		2	3	
202	STAFFING								9	50			202
203	RECRUITMENT												203
204	RETENTION OF EM	PLOYEES											204
205	TRAINING												205
206	OTHER (TEMPORAR	Y EMPLOYEES)								2			206
207	· ·	JE (WORKSHEET G-2	PART I,	LINE 7,	COLUMN 3)				1,081,98	30			207
		· · ·											

PROVI PERIC	DER CCN: 14-0166 ST. MARY'S HOSPITAL MODERN 07/01/2012 TO 06/30/2013	KPMG LLP COMPU-MAX MICI IN LIEU OF FORM CMS-25!	RO SYSTEM 52-10 (08/201	1)	VERSION: 20 11/24/2013			
HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA								
UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION 1 COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8) MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)								
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE) 2 NET REVENUE FROM MEDICAID 3 DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID? 4 IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID? 5 IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID 6 MEDICAID CHARGES 7 MEDICAID COST (LINE 1 TIMES LINE 6) 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.								
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE) 9 NET REVENUE FROM STAND-ALONE SCHIP 10 STAND-ALONE SCHIP CHARGES 11 STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10) 12 DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) 15 LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.								
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) 14 CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10) 15 STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14) 16 DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) 17 LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.								
UNCOM 17 18 19	PENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE) PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT O TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LO 12 AND 16)	OF HOSPITAL OPERATIONS		LINES 8,		17 18 19		
			UNINSURED PATIENTS 1		TOTAL			
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CA		13,287,320	1,247,904	14,535,224	20		
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY LINE 20)		3,038,996	285,413	3,324,409	21		
22 23	2 PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE 154,705 46,149							
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CA		NGTH OF STAY	LIMIT	N	24		
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN LIMIT (SEE INSTRUCTIONS)		'S LENGHTH OF	STAY		25		
26 27	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INST				12,745,291 1,123,838			

NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)
COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)
COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)
TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)

11,621,453 28 2,657,989 29 5,781,544 30

13,130,883 31

NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)

WORKSHEET E-3, PART V

28

29 30

31

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WORKSHEET A

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

					TOTAL		
					(COL. 1 +	RECLASSIFI-	
		COST CENTER	SALARIES 1	OTHER 2	COL. 2) 3	CATIONS 4	
		GENERAL SERVICE COST CENTERS	1	2	3	4	
1	00100	CAP REL COSTS-BLDG & FIXT				4,910,779	1
2		CAP REL COSTS-MVBLE EQUIP				4,645,696	2
3 4		OTHER CAP REL COSTS EMPLOYEE BENEFITS DEPARTMENT	254,715	16,678,151	16,932,866		3
5		ADMINISTRATIVE & GENERAL	6,057,621	30,597,757	36,655,378	-9,235,553	5
6		MAINTENANCE & REPAIRS	115,359	5,902	121,261	3,233,333	6
7		OPERATION OF PLANT	984,410	2,242,256	3,226,666	-9,638	7
8		LAUNDRY & LINEN SERVICE	39,621	564,332	603,953	200	8
9 10		HOUSEKEEPING DIETARY	921,686 1,090,690	456,797 434,572	1,378,483 1,525,262	-398 -1,145,991	9 10
11		CAFETERIA	1,090,090	131,372	1,323,202	1,145,991	11
12		MAINTENANCE OF PERSONNEL				, -,	12
13		NURSING ADMINISTRATION	427,375	95,429	522,804		13
14 15		CENTRAL SERVICES & SUPPLY PHARMACY	155,180 1,475,261	144,240 4,496,056	299,420	-99,146 -4,244,844	14 15
16			1,475,201	1,152,332	5,971,317 2,283,850	-10,936	16
17		SOCIAL SERVICE	1,131,310	1,132,332	2,203,030	20,750	17
19		NONPHYSICIAN ANESTHETISTS					19
20		NURSING SCHOOL		6 400	6 400		20
21 22		I&R SERVICES-SALARY & FRINGES APPRVD I&R SERVICES-OTHER PRGM COSTS APPRVD		-6,400	-6,400		21 22
23		PARAMED ED PRGM-(SPECIFY)					23
		INPATIENT ROUTINE SERV COST CENTERS					
30		ADULTS & PEDIATRICS	7,017,342	907,083	7,924,425	-321,324	30
31		INTENSIVE CARE UNIT	1,280,994	257,891	1,538,885	-1,628	31
40 41		SUBPROVIDER - IPF SUBPROVIDER - IRF	833,341 899,728	278,455 939,734	1,111,796 1,839,462		40 41
43		NURSERY		232,646	459,811		43
44	04400	SKILLED NURSING FACILITY	227,165 392,099	72,952	465,051	-2,178	44
		ANCILLARY SERVICE COST CENTERS					
50		OPERATING ROOM	1,203,676	4,598,765	5,802,441	-2,837,359	50
		STONE CENTER ENDOSCOPY	154,407	95,026	249,433		50.01 50.02
50.02	0 = 1 0 0	DECOVERY ROOM	276 700	32,758	409,466	-1,254	50.02
52	05200	DELIVERY ROOM & LABOR ROOM	1,045,005	132,824	1,177,829	-3,058	52
53	05300	ANESTHESIOLOGY	2,024,149	1,411,197	3,435,346		53
		PAIN CENTER	317,191	88,602	405,793	-3,788	53.01
54		RADIOLOGY-DIAGNOSTIC	1,572,132	608,794	2,180,926	-45,313	54
56 57		RADIOISOTOPE CT SCAN	168,457	381,075 405,712	549,532 748,437		56 57
58	05800		342,725 222,719	157,382	380,101		58
59		CARDIAC CATHETERIZATION	1,190,760	6,394,869	7,585,629	-3,835,926	59
60		LABORATORY	2,104,127	2,677,503	4,781,630	-51,302	60
62		WHOLE BLOOD & PACKED RED BLOOD CELLS	59,520	397,865	457,385		62
62.30		BLOOD CLOTTING FOR HEMOPHILIACS RESPIRATORY THERAPY	790,731	161,542	952,273	-17,506	62.30 65
66		PHYSICAL THERAPY	2,123,806	93,212	2,217,018	-12,044	66
69		ELECTROCARDIOLOGY	780,688	1,046,631	1,827,319	-125,190	69
70		ELECTROENCEPHALOGRAPHY	274,917	92,868	367,785	-900	70
71		MEDICAL SUPPLIES CHARGED TO PATIENTS				99,146	71
72		IMPL. DEV. CHARGED TO PATIENTS				6,662,923	72
73 74		DRUGS CHARGED TO PATIENTS RENAL DIALYSIS				4,243,535	73 74
		ASC (NON-DISTINCT PART)				308,716	75
		TREATMENT CENTER	88,076	33,163	121,239	-2,239	76
		CARDIAC REHABILITATION					76.97
		HYPERBARIC OXYGEN THERAPY					76.98
76.99	07699	LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS					76.99
90	09000	CLINIC	103,703	154,588	258,291	-2,882	90
		PRENATAL CLINIC	58,388	163,600	221,988	-550	90.01
		OUTPATIENT PSYCHIATRIC	79,694	2,736	82,430	-500	90.02
		WOUND CLINIC	231,676	135,037	366,713		90.03
		NEUROSURGERY					90.04
		DR JATOI UROLOGY PHYSICIAN					90.05 90.06
		DR. CHU					90.07
		SPORTS MEDICINE CLINIC					90.08
		DR. SHANKER					90.09
		DR MIRMIRA					90.10
		DR TOKHI	20 206	250 160	270 266		90.11 90.12
		CT\PET RADIATION ONCOLOGY	20,206 298.495	259,160 336,497	279,366 634,992	-1,190	90.12
		SPORTS MED-REHAB	270,473	330,431	031,332	1,100	90.14
90.15	09015	MACON COUNT MEDICAL ASSOCIATES					90.15
90.16	09016	DR BRITT					90.16

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

		COST CENTER	SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS 4	
90.18 90.19	09018 09019	ARTHUR FAMILY MEDICINE CENTER DR BOCK PEDIATRIC PROF SERVICES DR ANDERSON	1	2	3	4	90.17 90.18 90.19 90.20
90.22	09022	DR HABIB DR HANNEKEN DR MUNESSES					90.21 90.22 90.23
90.24	09024	DR KOHLI DR DUNCAN					90.24
		MT ZION FAMILY PRACTICE DR POWELL					90.26 90.27
		CHEMOTHEROPY EMERGENCY	17,057 2,306,828	2,142 2,641,369	19,199 4,948,197	-4,059	90.28 91
92		OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS					92
	09910						94 99.10
99.30	09930	OUTPATIENT PHYSICAL THERAPY OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY					99.20 99.30 99.40
118	09940	SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117)	41,259,946	82.055.102	123.315.048		118
	10000	MONDETMRIDGARIE COST CENTERS					190
192	19200	PHYSICIANS' PRIVATE OFFICES	2,688	165,740 7,393,277	242,792 7,395,965		192
194 194.01	07950 07951	GIFT, FLOWER, COFFEE SHOP & CANTEEN PHYSICIANS' PRIVATE OFFICES SENIOR SERVICES ADULT DAY CARE SPORTS MEDICINE REHAB CANCER CARE	54,186 139,739	107,189 82,024	161,375 221,763		194 194.01
194.02	07952	SPORTS MEDICINE REHAB	258,159		276,649 43,980		194.02 194.04
		CANCER CARE RESIDENTIAL PROPERTIES	399	43,581			194.04
		BLUE MOUND ARTHUR CLINIC	359	4,471 40,481	4,830 40,481		194.07 194.08
194.09	07974	OCCUPATIONAL HEALTH					194.09
		2981 NORTH MAIN MEDICAL OFFICE BUILDING 1750	240 3,419	4,134 199,666	4,374 203,085		194.11 194.13
194.14	07958	MEDICAL ARTS					194.14
		MT. ZION CLINIC CERRO GORDO	628 422	19,996 22,745	20,624 23,167		194.15 194.16
194.17	07961	LIFELINE	122	22,713	23,10,		194.17
		COUNTY JAIL CONTRACT ST. JOHN'S HOME HEALTH					194.18 194.19
194.23	07963	ST. MARY'S SURGERY CENTER					194.23
		FIELDS WRIGHT MEDICAL PRACTICE 3915 N COWGILL	57,859 368		64,549 323,704		194.24 194.25
194.28	07975	LAUNDRY OUTSIDE SERVICES	300	19	19		194.28
		MEDICAL MANAGEMENT SYSTEM LAKE SHORE MEDICAL OFFICE BUILDING	3 669	138 389,574	130		194.35 194.36
		DAY CARE CENTER	3,669 334 162,073	5,794	6,128		194.37
		SCHOOL HEALTH SERVICES PRAIRIE CARDIOVASCULAR	162,073	4,745	393,243 6,128 166,818		194.38 194.40
		G I SUITES	160	638	798		194.40
		RESPIRATORY CARE NURSING HOME					194.42
		VACANT SPACE PHYSICIAN POOL	11,356	99,624	110,980		194.43 194.44
194.48	07972	MRI BUILDING	71	4,493	4,564		194.48
194.49	07973	PHYSICIAN POOL MRI BUILDING FUND DEVELOPMENT CENTRAL ILLINOIS LUNG TOTAL (SUM OF LINES 118-199)	137,730	-120,898	16,832		194.49 194.50
200		TOTAL (SUM OF LINES 118-199)	42,170,857	90,871,049	133,041,906		200

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

RECLASS	SIFICA	TION AND ADJUSTMENT OF TRIAL BALANCE OF EX	KPENSES			WORKSHEET A
		COST CENTER GENERAL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT CAP REL COSTS-BLDG & FIXT CAP REL COSTS-WBLE EQUIP OTHER CAP REL COSTS EMPLOYEE BENEFITS DEPARTMENT ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE NOMPHYSICIAN ANESTHETISTS NIBSING SCHOOL	RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6)	
		GENERAL SERVICE COST CENTERS	5	б	/	
1	00100	CAP REL COSTS-BLDG & FIXT	4,910,779	879	4,911,658	1
2	00200	CAP REL COSTS-MVBLE EQUIP	4,645,696		4,645,696	2
3	00300	OTHER CAP REL COSTS				3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	16,932,866	-5,173,813	11,759,053	4
5 6	00500	ADMINISTRATIVE & GENERAL	27,419,825	-4,647,992 -2 241	22,771,833	5
7	00700	OPERATION OF PLANT	3.217.028	-3,241	3.217.028	7
8	00800	LAUNDRY & LINEN SERVICE	603,953	-7,724	596,229	, 8
9	00900	HOUSEKEEPING	1,378,085	-73	1,378,012	9
10	01000	DIETARY	379,271	-14,554	364,717	10
11 12	01100	CAFETERIA MAINTENANCE OF DEPSONNET.	1,145,901	-7,634	1,138,267	11 12
13	01300	NURSING ADMINISTRATION	522.804		522.804	13
14	01400	CENTRAL SERVICES & SUPPLY	200,274		200,274	14
15	01500	PHARMACY	1,726,473	-9,349	1,717,124	15
16	01600	MEDICAL RECORDS & LIBRARY	2,272,914	-8,755	2,264,159	16
17 19	01700	SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS				17 19
20	02000	NURSING SCHOOL				20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-6,400	6,400		21
22						22
23	02300	I&R SERVICES-OTHER PRGM COSTS APPRVD PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IPF SUBPROVIDER - IRF NURSERY SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS OPERATING ROOM STONE CENTER ENDOSCOPY RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN CENTER RADIOLOGY-DIAGNOSTIC RADIOISOTOPE CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY WHOLE BLOOD & PACKED RED BLOOD CELLS BLOOD CLOTTING FOR HEMOPHILIACS RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARGED TO PATIENTS				23
3.0	03000	ADJULTS & DEDIATRICS	7 603 101	-226 657	7 376 444	30
31	03100	INTENSIVE CARE UNIT	1.537.257	-4.276	1.532.981	31
40	04000	SUBPROVIDER - IPF	1,111,796	-,	1,111,796	40
41	04100	SUBPROVIDER - IRF	1,839,462		1,839,462	41
43	04300	NURSERY	459,811	-178,538	281,273	43
44	04400	SKILLED NURSING FACILITY	462,873	-1,555	461,318	44
5.0	05000	OPERATING ROOM	2.965.082		2.965.082	50
50.01	05001	STONE CENTER	_,,,,,,		_,,,,,,	50.01
50.02	05002	ENDOSCOPY	249,433		249,433	50.02
51	05100	RECOVERY ROOM	408,212		408,212	51
52	05200	DELIVERY ROOM & LABOR ROOM	1,174,771	2 022 421	1,174,771	52
53.01	05300	PAIN CENTER	402.005	-2,933,421	402.005	53.01
54	05400	RADIOLOGY-DIAGNOSTIC	2,135,613	-19,709	2,115,904	54
56	05600	RADIOISOTOPE	549,532		549,532	56
57	05700	CT SCAN	748,437		748,437	57
58 50	05800	MRI	380,101	_1 200 571	380,101 2 451 132	58
60	06000	LABORATORY	4,730,328	-44,756	4,685,572	60
62	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	457,385	,	457,385	50 50.01 50.02 51 52 53 53.01 54 56 57 58 59 60 62 62 62.30 65 66
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	934,767	-12,882	921,885	65
69	06900	ELECTROCARDIOLOGY	1.702.129	-389.464	1.312.665	69
70	07000	ELECTROENCEPHALOGRAPHY	366,885	-58,631	308,254	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	99,146		99,146	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	6,662,923		6,662,923	, 2
73 74	07300	DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	4,243,535		4,243,535	73 74
		ASC (NON-DISTINCT PART)	308,716		308,716	74 75
		TREATMENT CENTER	119,000	-23,906	95,094	76
		CARDIAC REHABILITATION				76.97
		HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS				76.99
90	09000	CLINIC	255,409	-100,539	154,870	90
90.01	09001	PRENATAL CLINIC	221,438	-157,424	154,870 64,014	90.01
		OUTPATIENT PSYCHIATRIC	81,930		81,930 365,002	90.02
		WOUND CLINIC	366,713	-1,711	365,002	90.03
		NEUROSURGERY DR JATOI				90.04 90.05
		UROLOGY PHYSICIAN				90.06
		DR. CHU				90.07
		SPORTS MEDICINE CLINIC				90.08
		DR. SHANKER DR MIRMIRA				90.09 90.10
		DR TOKHI				90.10
		CT\PET	279,366		279,366	90.12
90.13	09013	RADIATION ONCOLOGY	633,802		633,802	90.13
		SPORTS MED-REHAB				90.14
		MACON COUNT MEDICAL ASSOCIATES DR BRITT				90.15 90.16
20.10	0,010					20.10

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 IN LIEU OF FORM CMS-2552-10 (08/2011)
 11/24/2013 20:25
 RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES WORKSHEET A

		COST CENTER	RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
00 17	00017	ARTHUR FAMILY MEDICINE CENTER	5	0	/	90.17
						90.17
		DR BOCK				90.18
		PEDIATRIC PROF SERVICES				
		DR ANDERSON				90.20
		DR HABIB				90.21
		DR HANNEKEN				90.22
		DR MUNESSES				90.23
		DR KOHLI				90.24
		DR DUNCAN				90.25
		MT ZION FAMILY PRACTICE				90.26
90.27	09027	DR POWELL				90.27
		CHEMOTHEROPY	19,199		19,199	90.28
91	09100	EMERGENCY	4,944,138	-2,197,298	2,746,840	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92
		OTHER REIMBURSABLE COST CENTERS				
94	09400	HOME PROGRAM DIALYSIS				94
	09910					99.10
		OUTPATIENT PHYSICAL THERAPY				99.20
		OUTPATIENT OCCUPATIONAL THERAPY				99.30
		OUTPATIENT SPEECH PATHOLOGY				99.40
33.10		annatit nimpoan acam animpoa				33.10
118		SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	123 315 048	-17 522 803	105 792 245	118
		NONDETHRIDGARIE COST CENTERS	123,313,010	17,522,005	103,732,213	110
190	19000	CIET FLOWER COFFEE SHOD & CANTEEN	242 792		242,792	190
102	10000	DUVCTOTANC! DETUATE OFFICE	7 205 065		7,395,965	192
104	07050	CENTAR CERVICES	1,393,903		161 275	194
104 01	07950	PENTOK PEKATCEP	101,375		161,375 221,763	194.01
194.01	07951	AUNTERMONASABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN PHYSICIANS' PRIVATE OFFICES SENIOR SERVICES ADULT DAY CARE SPORTS MEDICINE REHAB CANCER CARE	221,763			
194.02	0/952	SPORTS MEDICINE REHAB	2/6,649		276,649	194.02
194.04	07953	CANCER CARE	43,980		43,980	194.04
		RESIDENTIAL PROPERTIES				194.05
		BLUE MOUND	4,830		4,830	194.07
		ARTHUR CLINIC	40,481		40,481	194.08
		OCCUPATIONAL HEALTH				194.09
		2981 NORTH MAIN	4,374		4,374	194.11
		MEDICAL OFFICE BUILDING 1750	203,085		203,085	194.13
		MEDICAL ARTS				194.14
		MT. ZION CLINIC	20,624		20,624	194.15
		CERRO GORDO	23,167		23,167	194.16
		LIFELINE				194.17
		COUNTY JAIL CONTRACT				194.18
194.19	07962	ST. JOHN'S HOME HEALTH				194.19
194.23	07963	ST. MARY'S SURGERY CENTER				194.23
194.24	07964	FIELDS WRIGHT MEDICAL PRACTICE	64,549 323,704		64,549	194.24
194.25	07965	3915 N COWGILL	323,704		323,704	194.25
194.28	07975	LAUNDRY OUTSIDE SERVICES	19		19	194.28
194.35	07966	MEDICAL MANAGEMENT SYSTEM	19 138		138	194.35
194.36	07967	LAKE SHORE MEDICAL OFFICE BUILDING DAY CARE CENTER	393,243		393,243	194.36
194.37	07968	DAY CARE CENTER	6,128		6,128	194.37
194.38	07969	SCHOOL HEALTH SERVICES	166,818		166,818	194.38
		PRAIRIE CARDIOVASCULAR	•			194.40
		G I SUITES	798		798	194.41
		RESPIRATORY CARE NURSING HOME				194.42
194.43	07970	VACANT SPACE				194.43
194 44	07971	PHYSICIAN POOL	110,980		110,980	194.44
194 48	07972	MRI BIIILDING	4,564		4,564	194.48
194 40	07972	FIIND DEVELOPMENT	16,832		16,832	194.49
194 50	07921	PHYSICIAN POOL MRI BUILDING FUND DEVELOPMENT CENTRAL ILLINOIS LUNG TOTAL (SIM OF LINES 118-199)	10,032		10,052	194.50
200	0 / 2 O I	TOTAL (SUM OF LINES 118-199)	133,041,906	-17,522,803	115 519 102	200
200		TOTAL (DOM OF HINES TIG-199)	133,041,500	11,322,003	±±J,J±J,±UJ	200

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 IN LIEU OF FORM CMS-2552-10 (08/2011)
 11/24/2013 20:25
 RECLASSIFICATIONS WORKSHEET A-6

	RECLASSIFICATIONS					WORKSHEET A-6
	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 2	INCREASE LINE # 3	SALARY 4	OTHER 5
2	OLD CAPITAL RECLASS TOTAL RECLASSIFICATIONS CODE LETTER - A	А	CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP	1 2		3,724,170 1 4,236,990 2 7,961,160 500
	CAFETERIA RECLASS TOTAL RECLASSIFICATIONS CODE LETTER - B	В	CAFETERIA	11	819,415 819,415	326,486 1 326,486 500
2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 10 11 1 12 13 14 4 15 5 16 6 17 18 19 20 21 22 23 3 24 4 25 5 500	TOTAL RECLASSIFICATIONS	D	CAP REL COSTS-MVBLE EQUIP	2		408,706 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 408,706 500
	RECLASS BOND ISSUANCE EXPENSE TOTAL RECLASSIFICATIONS CODE LETTER - E	E	CAP REL COSTS-BLDG & FIXT	1		17,371 1 17,371 500
	CHARGEABLE DRUGS TOTAL RECLASSIFICATIONS CODE LETTER - F	F	DRUGS CHARGED TO PATIENTS	73		4,243,535 1 4,243,535 500
	INTEREST EXPENSE TOTAL RECLASSIFICATIONS CODE LETTER - G	G	CAP REL COSTS-BLDG & FIXT	1		1,010,613 1 1,010,613 500
	MEDICAL SUPPLIES TOTAL RECLASSIFICATIONS CODE LETTER - H	Н	MEDICAL SUPPLIES CHARGED TO P	71		99,146 1 99,146 500
2	IMPLANT SUPPLIES TOTAL RECLASSIFICATIONS CODE LETTER - I	I	IMPL. DEV. CHARGED TO PATIENT	72		6,662,923 1 2 6,662,923 500
	PROPERTY INSURANCE TOTAL RECLASSIFICATIONS CODE LETTER - K	K	CAP REL COSTS-BLDG & FIXT	1		158,625 1 158,625 500
	SAME DAY CARE TOTAL RECLASSIFICATIONS CODE LETTER - L GRAND TOTAL (INCREASES)	L	ASC (NON-DISTINCT PART)	75	287,020 287,020 1,106,435	21,696 1 21,696 500 20,910,261

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL PERIOD FROM 07/01/2012 TO 06/30/2013
 KPMG LLP COMPU-MAX MICRO SYSTEM
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 IN LIEU OF FORM CMS-2552-10 (08/2011)
 11/24/2013 20:25

					,		
	RECLASSIFICATIONS					WOI	RKSHEET A-6
	EXPLANATION OF	CODE		DECREASE			
	RECLASSIFICATION ENTRY	1	COST CENTER 6	LINE #	SALARY 8	OTHER 9	REF. 10
1 2	OLD CAPITAL RECLASS	A	ADMINISTRATIVE & GENERAL	5		7 961 160	9 1 9 2
	TOTAL RECLASSIFICATIONS		ADMINISTRATIVE & GENERAL	5		7,961,160 7,961,160	500
	CODE LETTER - A						
1	CAFETERIA RECLASS	В	DIETARY	10	819,415	326,486	1
500	TOTAL RECLASSIFICATIONS				819,415	326,486 326,486	500
	CODE LETTER - B						
	LEASE EXPENSE	D	ADMINISTRATIVE & GENERAL	5 7		87,784	9 1
2			OPERATION OF PLANT HOUSEKEEPING	9		9,638 398	9 2
4			DIETARY	10		90	9 4
5 6			PHARMACY	15		1,309 10,936	9 5 9 6
7			MEDICAL RECORDS & LIBRARY ADULTS & PEDIATRICS	15 16 30 31 44		12,608	9 7
8			INTENSIVE CARE UNIT	31		1,628	9 8
9 10			SKILLED NURSING FACILITY OPERATING ROOM	44 50		2,178 10,362	9 9 9 10
11			RECOVERY ROOM	51		1,254	9 10
12			DELIVERY ROOM & LABOR ROOM	52		3,058	9 12
13			PAIN CENTER	53.01		3,788	9 13 9 14
14 15			RADIOLOGY-DIAGNOSTIC LABORATORY	54 60		45,313 51,302	9 14 9 15
16			RESPIRATORY THERAPY	54 60 65 66 69 70 76		17,506	9 16
17			PHYSICAL THERAPY	66		12,044	9 17
18 19			ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY	70		125,190 900	9 18 9 19
20			TREATMENT CENTER	76		2,239	9 20 9 21 9 22 9 23
21			CLINIC	90		2,882	9 21
22 23			PRENATAL CLINIC OUTPATIENT PSYCHIATRIC	90.01 90.02		500	9 22
24			RADIATION ONCOLOGY	90.13 91		1,190	9 23 9 24 9 25
25	TOTAL DEGLACATELONG		EMERGENCY	91		4,059	9 25
	TOTAL RECLASSIFICATIONS CODE LETTER - D					408,706	500
1	RECLASS BOND ISSUANCE EXPENSE	r.	ADMINICUDATIVE C. CENEDAI	5		17,371	9 1
	TOTAL RECLASSIFICATIONS	-	IDMINISTRATIVE & CENERAL	3		17,371	
	CODE LETTER - E						
1	CHARGEABLE DRUGS	F	PHARMACY	15		4,243,535 4,243,535	1
500	TOTAL RECLASSIFICATIONS					4,243,535	500
	CODE LETTER - F						
		G	ADMINISTRATIVE & GENERAL	5		1,010,613	
500	TOTAL RECLASSIFICATIONS CODE LETTER - G					1,010,613	500
1	MEDICAL SUPPLIES	Н	CENTRAL SERVICES & SUPPLY	14		99,146	1
	TOTAL RECLASSIFICATIONS	11	CENTRAL SERVICES & SUFFLI	14		99,146	500
	CODE LETTER - H						
1	IMPLANT SUPPLIES	I	OPERATING ROOM	50		2,826,997	1
2			CARDIAC CATHETERIZATION	59		3,835,926	2
500	TOTAL RECLASSIFICATIONS CODE LETTER - I					6,662,923	500
	CODE DETIEN - I						
							_
	PROPERTY INSURANCE TOTAL RECLASSIFICATIONS	K	ADMINISTRATIVE & GENERAL	5		158,625 158,625	9 1 500
500	CODE LETTER - K					130,023	500
1	SAME DAY CARE	L	ADULTS & PEDIATRICS	30	287,020	21,696	1
	TOTAL RECLASSIFICATIONS	ц	WOOTID & LEDIWIKICO	30	287,020	21,696	500
	CODE LETTER - L						
	GRAND TOTAL (DECREASES)				1,106,435	20,910,261	

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RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASE 2	ACQUISITION DONATION 3	S TOTAL 4	DISPOSALS AND RETIREMENTS 5		FULLY RECIATED ASSETS 7	
2	LAND LAND IMPROVEMENTS BUILDINGS AND FIXTURES BUILDING IMPROVEMENTS	3,295,160 5,604,195 83,897,936	175,981 5,931,424		175,981 5,931,424		3,295,160 5,780,176 89,829,360		1 2 3 4
5 6 7	FIXED EQUIPMENT MOVABLE EQUIPMENT HIT DESIGNATED ASSETS SUBTOTAL (SUM OF LINES 1-7)	29,899,553 75,150,060 10,165,525 208,012,429	6,409,347 5,065,680 1,664,724 19,247,156		6,409,347 5,065,680 1,664,724 19,247,156	13,837,726 13,837,726	36,308,900 66,378,014 11,830,249 213,421,859		5 6 7 8
	RECONCILING ITEMS TOTAL (LINE 7 MINUS LINE 9)	208,012,429	19,247,156		19,247,156	13,837,726	213,421,859		9 10
	PART II - RECONCILIATION DESCRIPTION				SUMMARY	OF CAPITAL	OTHER CAPITAL- RELATED COSTS (SEE	TOTAL(1	
	DESCRIPTION		ATION L	EASE IN	TEREST (SEE IN	ISTR.) (SEE INS		9-14) 15	
1 2 3	CAP REL COSTS-MVBLE EQUIP								1 2 3
	PART III - RECONCILIATION			OF RATIOS GROSS ASSETS	RATIO	ALLOCATION	OF OTHER CAPIT	AL TOTAL	
	DESCRIPTION	GROSS ASSETS 1	CAPITALIZED S LEASES 2	FOR RATIO	(SEE	SURANCE TAXE 5 6	CAPITAL-	(SUM OF COLS. 5-7)	
1 2 3	CAP REL COSTS-MVBLE EQUIP								1 2 3
					SUMMARY	OF CAPITAL			
	DESCRIPTION		DEPREC- IATION 9	LEASE 10	INTEREST (SEE	TAXE SURANCE (SEE INSTR.) INSTR 12 13	COSTS (SEE .) INSTR.)	TOTAL(2) (SUM OF COLS. 9-14) 15	
1 2 3	CAP REL COSTS-MVBLE EQUIP		4,911,658 4,645,696 9,557,354					4,911,658 4,645,696 9,557,354	2

 KPMG LLP COMPU-MAX MICRO SYSTEM
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 IN LIEU OF FORM CMS-2552-10 (08/2011)
 11/24/2013 20:25
 PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL PERIOD FROM 07/01/2012 TO 06/30/2013

PERIOD	FROM 07/01/2012 TO 06/30/2013		IN LIEU	OF FORM CMS-2552-10 (08/2011)	11/	24/2013	20:25
	ADJUSTMENTS TO EXPENSES					WORKSHE	ET A-8
	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKS FROM WHICH THE AMOUNT IS TO BE COST CENTER 3	ADJUSTED	WKST A-	.7
1	INVESTMENT INCOME-BUILDINGS & FIXTURES						
2	(CHAPTER 2) INVESTMENT INCOME-MOVABLE EQUIPMENT	В	-252,560	CAP REL COSTS-BLDG & FIXT	1	9	1
	(CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2		2
3 4	INVESTMENT INCOME-OTHER (CHAPTER 2) TRADE, QUANTITY, AND TIME DISCOUNTS						3
_	(CHAPTER 8)						4
5	REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)	В	-1,843	ADMINISTRATIVE & GENERAL	5		5
6	RENTAL OF PROVIDER SPACE BY SUPPLIERS						6
7	(CHAPTER 8) TELEPHONE SERVICES (PAY STATIONS EXCL)						6
8	(CHAPTER 21) TELEVISION AND RADIO SERVICE (CHAPTER 21)						7 8
9	PARKING LOT (CHAPTER 21)						9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-5,984,280				10
11	SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)		3,301,200				11
12	RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	2,125,819				12
13	LAUNDRY AND LINEN SERVICE						13
14 15	CAFETERIA - EMPLOYEES AND GUESTS RENTAL OF QUARTERS TO EMPLOYEES & OTHERS	B B	-7,634 -114,771	CAFETERIA CAP REL COSTS-BLDG & FIXT	11 1	9	14 15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO		,				16
17	OTHER THAN PATIENTS SALE OF DRUGS TO OTHER THAN PATIENTS	В	-9,349	PHARMACY	15		17
18 19	SALE OF MEDICAL RECORDS AND ABSTRACTS	В	-8,755	MEDICAL RECORDS & LIBRARY	16		18 19
20	NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.) VENDING MACHINES						20
21	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)						21
22	INTEREST EXP ON MEDICARE OVERPAYMENTS &						
23	BORROWINGS TO REPAY MEDICARE OVERPAYMENT ADJ FOR RESPIRATORY THERAPY COSTS IN	WKST					22
	EXCESS OF LIMITATION (CHAPTER 14)	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	DEPRECIATIONBUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1		26
27 28	DEPRECIATIONMOVABLE EQUIPMENT NON-PHYSICIAN ANESTHETIST			CAP REL COSTS-MVBLE EQUIP NONPHYSICIAN ANESTHETISTS	2 19		27 28
29	PHYSICIANS' ASSISTANT			110111111111111111111111111111111111111			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	WKST A-8-3		CDEEGII DAMIIOI OGV	68		31
32	EXCESS OF LIMITATION (CHAPTER 14) CAH HIT ADJ FOR DEPRECIATION AND	A-0-3		SPEECH PATHOLOGY	00		32
33 34	OTHER REVENUE	В	-40	ADULTS & PEDIATRICS	30		33 34
35	WORKSHOP	В	-12,750	EMERGENCY	91		35
36 37	SERVICES	В	-6,771	CARDIAC CATHETERIZATION RADIOLOGY-DIAGNOSTIC	59		36 37
38 39	OTHER REVENUE	В	-19,709	RADIOLOGY-DIAGNOSTIC	54		38 39
40							40
41 42	GME COSTS OTHER REVENUE	A B	6,400 -100,539		21 90		41 42
43		2					43
44 44.02	MEDICAID TAX DIETARY	A B	-3,817,932 -14,554	ADMINISTRATIVE & GENERAL DIETARY	5 10		44 44.02
44.03	LINEN OTHER REV	В	-7,724	LAUNDRY & LINEN SERVICE	8		44.03
44.04	PATIENT ACCTG REVENUE OTHER REVENUE	B B	-32,163 -26	ADMINISTRATIVE & GENERAL EMPLOYEE BENEFITS DEPARTMENT	5 4		44.04 44.06
44.07	EDUCATION REVENUE	В	-1,133	ADMINISTRATIVE & GENERAL	5		44.07
45 45 03	LOSS ON REFINANCING BIOMED SERVICES	A R	368,210 _3 241	CAP REL COSTS-BLDG & FIXT	1 6	9	45 45.03
45.04	MEDICAID TAX DIETARY LINEN OTHER REV PATIENT ACCTG REVENUE OTHER REVENUE EDUCATION REVENUE LOSS ON REFINANCING BIOMED SERVICES HOUSEKEEPING VENDING ADVERTISING OTHER REVENUE PHYSICIAN RECRUITMENT CASE MANAGEMENT REVENUE LOBBYING COSTS SELF INSURED HEALTH PREMIUMS CRNA SALARIES	В	-73	HOUSEKEEPING	9		45.04
45.06 45.07	ADVERTISING	A	-478,808 -680	ADMINISTRATIVE & GENERAL	5 65		45.06 45.07
45.08	PHYSICIAN RECRUITMENT	A	-571	ADMINISTRATIVE & GENERAL	5		45.08
45.09	CASE MANAGEMENT REVENUE	В	-3,672 -40 528	ADMINISTRATIVE & GENERAL	5		45.09 45.11
45.14	SELF INSURED HEALTH PREMIUMS	A	-4,677,288	EMPLOYEE BENEFITS DEPARTMENT	4		45.14
45.21	CRNA SALARIES CRNA BENEFITS	A A	-1,787,145 -277 194	ADMINISTRATIVE & GENERAL DIETARY LAUNDRY & LINEN SERVICE ADMINISTRATIVE & GENERAL EMPLOYEE BENEFITS DEPARTMENT ADMINISTRATIVE & GENERAL CAP REL COSTS-BLDG & FIXT MAINTENANCE & REPAIRS HOUSEKEEPING ADMINISTRATIVE & GENERAL RESPIRATORY THERAPY ADMINISTRATIVE & GENERAL EMPLOYEE BENEFITS DEPARTMENT ANESTHESIOLOGY EMPLOYEE BENEFITS DEPARTMENT	53 4		45.21 45.22
	COMMUNITY PROMOTIONS	A	277,101	ADMINISTRATIVE & GENERAL	5		45.26

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL PERIOD FROM 07/01/2012 TO 06/30/2013
 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2013.11

 IN LIEU OF FORM CMS-2552-10 (08/2011)
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 ADJUSTMENTS TO EXPENSES WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WOR FROM WHICH THE AMOUNT IS TO B COST CENTER 3		WKST A-7 REF 5
45.27 TRANSPORTATION 45.35 PURCHASED SERVICES HSHS MEDICAL GR 45.36 SPONSORSHIP COSTS 45.37 HSHS MEDICAL GROUP 46 47 48 49 50 TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)	A A A	-20,960 -1,931,975 -217,930 -8,724	ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL EMPLOYEE BENEFITS DEPARTMENT	5 5 5 4	45.27 45.35 45.36 45.37 46 47 48 49 50

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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 THE CLAIMING OF HOME OFFICE COSTS:

	LINE NO. 1	COST CENTER 2	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST 4	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- WKS USTMENTS A- (COL. 4-5) REF 6 7	7
1 2 3 4	5 4	ADMINISTRATIVE & GENERAL EMPLOYEE BENEFITS DEPARTMENT	HEALTH INSURANCE COSTS	8,872,464 9,620,293	6,536,054 9,830,884	2,336,410 -210,591	1 2 3 4
5		TOTALS (SUM OF LINES 1-4) TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.		18,492,757	16,366,938	2,125,819	5

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

THE SECRETARY, BY VIRTUE OF 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.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

		PERCENT		RELATED ORGANIZATION(S) AND/OR HOPERCENT	OME OFFICE	
SYMBOL	NAME	OF	NAME	OF	TYPE OF	
(1)		OWNERSHIP		OWNERSHIP	BUSINESS	
1	2	3	4	5	6	
6 B ST. 7 8 9 10	. MARY'S HOSPITAL	нѕн:	S	HEALTE	I CARE	6 7 8 9 10

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
 A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
 - B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.

 - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
 D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

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 IN LIEU OF FORM CMS-2552-10 (08/2011)
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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

ORKSHEET	A-8	-2
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	WKST A LINE	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL		PROVIDER	RCE	PHYSICIAN/ PROVIDER COMPONENT	UNAD- JUSTED RCE	5 PERCENT OF UNAD- JUSTED	
	NO.	_		FRINGES	COMPONENT	COMPONENT	AMOUNT	HOURS	LIMIT	RCE LIMIT	
	1	2		3	4	5	6	7	8	9	
1	43	NURSERY	NEONATOLOGY	178,538	178,538						1
2	90.01	PRENATAL CLINIC	CLINIC	157,424	157,424						2
3	60	LABORATORY	LABORATORY	86,726	44,756	41,970	219,500	881	92,971	4,649	3
4	30	ADULTS & PEDIATRICS	PSYCHOLOGY	226,617	226,617						4
5	76	TREATMENT CENTER	SMTC	24,000		24,000	195,000	1	94	5	5
6	31	INTENSIVE CARE UNIT	ICU	16,500		16,500	154,100	165	12,224	611	6
7	91	EMERGENCY	AGGREGATE	2,184,548	2,184,548						7
8	69	ELECTROCARDIOLOGY	PRAIRIE CARDIO	389,464	389,464						8
9	59	CARDIAC CATHETERIZATION	CATH LAB	1,291,800	1,291,800						9
10	66	PHYSICAL THERAPY	CARDIAC REHAB	29,316		29,316	154,100	293	21,707	1,085	10
11	53	ANESTHESIOLOGY	ANESTHESIOLOGY	1,146,276	1,146,276						11
12	52	DELIVERY ROOM & LABOR RO		1,500		1,500	194,500	55	5,143	257	12
13	5	ADMINISTRATIVE & GENERAL		255,041	222,421	32,620	154,100	1	74	4	13
14	44	SKILLED NURSING FACILITY		6,000		6,000	154,100	60	4,445	222	14
15	70	ELECTROENCEPHALOGRAPHY	EEG	58,631	58,631						15
16	90.03	WOUND CLINIC	MEDICAL DIRECT	6,675		6,675	154,100	67	4,964	248	16
17	65	RESPIRATORY THERAPY	MEDICAL DIRECTO	29,316		29,316	154,100	231	17,114	856	17
18	57	CT SCAN	CT SCAN	5,746		5,746	231,100	57	6,333	317	18
200		TOTAL		6,094,118	5,900,475	193,643		1,811	165,069	8,254	200

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WORKSHEET A-8-2

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

	WKST A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11		COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUST- MENT 18	
1	43	NURSERY	NEONATOLOGY							178,538	1
2	90.01	PRENATAL CLINIC	CLINIC							157,424	2
3	60	LABORATORY	LABORATORY					92,971		44,756	3
4	30	ADULTS & PEDIATRICS	PSYCHOLOGY							226,617	4
5	76	TREATMENT CENTER	SMTC					94	23,906	23,906	5
6	31	INTENSIVE CARE UNIT	ICU					12,224	4,276	4,276	6
7	91	EMERGENCY	AGGREGATE							2,184,548	7
8	69	ELECTROCARDIOLOGY	PRAIRIE CARDIO							389,464	8
9	59	CARDIAC CATHETERIZATION	CATH LAB							1,291,800	9
10	66	PHYSICAL THERAPY	CARDIAC REHAB					21,707	7,609	7,609	10
11	53	ANESTHESIOLOGY	ANESTHESIOLOGY							1,146,276	11
12	52	DELIVERY ROOM & LABOR RO						5,143			12
13	5	ADMINISTRATIVE & GENERAL						74	32,546		
14	44							4,445	1,555	1,555	
15	70	ELECTROENCEPHALOGRAPHY	EEG							58,631	
16		WOUND CLINIC	MEDICAL DIRECT					4,964	1,711	1,711	16
17	65	RESPIRATORY THERAPY	MEDICAL DIRECTO					17,114	12,202	12,202	17
18	57	CT SCAN	CT SCAN					6,333			18
200		TOTAL						165,069	83,805	5,984,280	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7)	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (COLS.0-4)	
1	GENERAL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS DEPARTMENT ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	4,911,658	4,911,658				1
2 4	CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS DEPARTMENT	4,645,696 11 759 053	18,445	4,645,696 17,446	11 794 944		2
5	ADMINISTRATIVE & GENERAL	22,771,833	625,618	591,741	11,794,944	25,693,770	5
6	MAINTENANCE & REPAIRS	118,020	35,914	33,969	32,461	220,364	6
7	OPERATION OF PLANT	3,217,028	407,156	385,108	2//,00/	4,286,299	7
8 9	LAUNDRY & LINEN SERVICE	596,229	161,499 58,184	152,754 55,033 155,756	11,149	921,631 1,750,586	8 9
10	DIETARY	364.717	164,673	155.756	259,357 76.335	761,481	10
11	CAFETERIA	1,138,267	39,159	37,039	259,357 76,335 230,578	1,445,043	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	522,804	18,140 99,500 38,844	17,158	120,261	678,363	13 14
14 15	DHARMACY	1 717 124	38 844	94,112 36,740	43,667 415,130	437,553 2,207,838	15
16	MEDICAL RECORDS & LIBRARY	2,264,159	87,067	82,353	318,402	2,751,981	16
17	SOCIAL SERVICE		·	,	,		17
19	NONPHYSICIAN ANESTHETISTS						19
20 21	NURSING SCHOOL 1&R SERVICES-SALARY & FRINGES APPRVD						20 21
22	I&R SERVICES-SALARI & FRINGES APPRVD I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	7,376,444			1,893,865		30
31 40	INTENSIVE CARE UNIT	1,532,981	60,382 70,983	57,112 67,139	360,464 234,497	2,010,939 1,484,415	31 40
41	SUBPROVIDER - IFF	1,839,462	116,948	110,615	253,178	2,320,203	41
43	ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF NURSERY SKILLED NURSING FACILITY	281,273	23,410 51,540	22,142	63,923	390,748	43
44	SUBFROVIDER - IRF NURSERY SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	461,318	51,540	48,750	63,923 110,334	671,942	44
50	ANCILLARY SERVICE COST CENTERS OPERATING ROOM	2,965,082	178,967		338,707	3,652,032	50
50.01	OPERATING ROOM STONE CENTER ENDOSCOPY RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN CENTER RADIOLOGY-DIAGNOSTIC RADIOISOTOPE CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY WHOLE BLOOD & PACKED RED BLOOD CELLS	2,903,002				3,032,032	50.01
50.02	ENDOSCOPY	249,433	33,767	31,938 21,805	43,449 106,003 294,058 569,583 89,256 442,389	358,587	50.02
51	RECOVERY ROOM	408,212	23,054	21,805	106,003	559,074	51
52	DELIVERY ROOM & LABOR ROOM	1,174,771	96,244	91,033	294,058	1,656,106	52
53 53 01	PAIN CENTER	501,925 402 005	3,205 35,680	3,U31 33 748	569,583 89 256	1,077,744 560,689	53 53.01
54	RADIOLOGY-DIAGNOSTIC	2,115,904	146,167	138,252	442,389	2,842,712	54
56	RADIOISOTOPE	549,532	6,745	6,380	47,403	610,060	56
57	CT SCAN	748,437	5,677	5,370	96,441	855,925	57
58 59	MKI	380,101 2 451 122	8,983 50,737	8,497 47,989	62,672 335,073	460,253 2,884,931	58 59
60	LABORATORY	4,685,572	361,129		592,089	5,980,364	60
		457,385		2,617	16,749	479,518	62
	BLOOD CLOTTING FOR HEMOPHILIACS			7,285 132,238			62.30
65 66	RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY	921,885 2,197,365	7,702 139,808	7,285	222,507 597,626	1,159,379 3,067,037	65 66
69	ELECTROCARDIOLOGY	1,312,665	38,447	36,365	219,681	1,607,158	69
70	ELECTROENCEPHALOGRAPHY	308,254	26,798	25,347	77,360	437,759	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	99,146				99,146	71
72 73	IMPL. DEV. CHARGED TO PATIENTS	6,662,923 4,243,535				6,662,923	72 73
73 74	DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	4,243,333				4,243,535	74
75	ASC (NON-DISTINCT PART)	308,716			80,766	389,482	75
76	TREATMENT CENTER	95,094	13,928	13,174	24,784	146,980	76
	CARDIAC REHABILITATION						76.97
	HYPERBARIC OXYGEN THERAPY LITHOTRIPSY						76.98 76.99
70.99	OUTPATIENT SERVICE COST CENTERS						70.99
90	CLINIC	154,870			29,181	184,051	90
	PRENATAL CLINIC	64,014	0.5 400		16,430	80,444	90.01
	OUTPATIENT PSYCHIATRIC WOUND CLINIC	81,930 365,002	36,402	34,431	22,425 65,192	175,188 430,194	90.02 90.03
	NEUROSURGERY	303,002			03,192	430,194	90.03
	DR JATOI						90.05
	UROLOGY PHYSICIAN						90.06
	DR. CHU						90.07
	SPORTS MEDICINE CLINIC DR. SHANKER						90.08 90.09
	DR MIRMIRA						90.10
	DR TOKHI						90.11
	CT\PET	279,366			5,686	285,052	90.12
90.13	RADIATION ONCOLOGY	633,802			83,995	717,797	90.13

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET	Ε
PART I	

		FOR COST					
		ALLOCATION	CAP	CAP	EMPLOYEE		
	COST CENTER DESCRIPTION	(FROM WKST	BLDGS &	MOVABLE	BENEFITS	SUBTOTAL	
	COOL CHAIR PROCEEDING	A, COL.7)	FIXTURES	EQUIPMENT	DEPARTMENT	(COLS.0-4)	
		0	1	2	4	4A	
	SPORTS MED-REHAB						90.14
	MACON COUNT MEDICAL ASSOCIATES						90.15
	DR BRITT						90.16
	ARTHUR FAMILY MEDICINE CENTER						90.17 90.18
	DR BOCK PEDIATRIC PROF SERVICES						90.18
	DR ANDERSON						90.19
	DR HABIB						90.21
	DR HANNEKEN						90.22
	DR MUNESSES						90.23
90.24	DR KOHLI						90.24
90.25	DR DUNCAN						90.25
	MT ZION FAMILY PRACTICE						90.26
	DR POWELL						90.27
	CHEMOTHEROPY	19,199		361,224	4,800	23,999 4,139,096	90.28
	EMERGENCY	2,746,840	381,904	361,224	649,128	4,139,096	91
	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS HOME PROGRAM DIALYSIS						94
99.10							99.10
	OUTPATIENT PHYSICAL THERAPY						99.20
	OUTPATIENT OCCUPATIONAL THERAPY						99.30
	OUTPATIENT SPEECH PATHOLOGY						99.40
	CDECTAL DIDDOCE COCT CENTEDS						
118	SUBTOTALS (SUM OF LINES 1-117)	105,792,245	4,510,027	4,265,813	11,538,619	104,754,406	118
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	242,792	5,341	5,052	21,682	274,867	190
192	PHYSICIANS' PRIVATE OFFICES	7,395,965			756	7,396,721	192
194	SENIOR SERVICES	161,375			15,248	274,867 7,396,721 176,623 261,085	194
194.01	ADULT DAY CARE	221,763			39,322 72,644	261,085	194.01
194.02	SPORTS MEDICINE REHAB	276,649				349,293	
194.04	GIFT, FLOWER, COFFEE SHOP & CANTEEN PHYSICIANS' PRIVATE OFFICES SENIOR SERVICES ADULT DAY CARE SPORTS MEDICINE REHAB CANCER CARE RESIDENTIAL PROPERTIES	43,980			112	261,085 349,293 44,092	194.04 194.05
194.05	BLUE MOUND	4,830			101	4,931	
	ARTHUR CLINIC	40,481			101	40,481	
	OCCUPATIONAL HEALTH	10,101				10,101	194.09
	2981 NORTH MAIN	4,374			68	4,442 204,047	194.11
194.13	MEDICAL OFFICE BUILDING 1750	203,085			962	204,047	194.13
194.14	MEDICAL ARTS						194.14
194.15	MT. ZION CLINIC	20,624			177	20,801	194.15
	CERRO GORDO	23,167			119	23,286	194.16
	LIFELINE						194.17
	COUNTY JAIL CONTRACT		E1 E0E	40.000		100 505	194.18
	ST. JOHN'S HOME HEALTH		51,795	48,990		100,785	194.19
	ST. MARY'S SURGERY CENTER FIELDS WRIGHT MEDICAL PRACTICE	64 540			16,281	80,830	194.23 194.24
	3915 N COWGILL	64,549 323,704			10,281	323,808	194.24
	LAUNDRY OUTSIDE SERVICES	19			104	19	
	MEDICAL MANAGEMENT SYSTEM	19 138				138	
	LAKE SHORE MEDICAL OFFICE BUILDING	393,243			1,032	394,275	194.36
	DAY CARE CENTER	6,128			94	6,222	194.37
	SCHOOL HEALTH SERVICES	166,818			45,606	212,424	194.38
194.40	PRAIRIE CARDIOVASCULAR		54,949	51,973		106,922	194.40
194.41	G I SUITES	798			45	843	194.41
	RESPIRATORY CARE NURSING HOME						194.42
	VACANT SPACE	140 000	254,345	240,573		494,918	194.43
	PHYSICIAN POOL	110,980			3,196	114,176	194.44
	MRI BUILDING	4,564	10 014	0 661	20	4,584	194.48
	FUND DEVELOPMENT CENTRAL ILLINOIS LUNG	16,832	10,214	9,661 23,634	38,756	75,463	194.49
	CENTRAL ILLINOIS LUNG CROSS FOOT ADJUSTMENTS		24,987	23,034		48,621	194.50 200
	VEGATIVE COST CENTER						201
	FOTAL (SUM OF LINES 118-201)	115,519,103	4,911,658	4,645,696	11,794,944	115,519,103	202
	•	•	•	•	•		

NET EXP

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B

	COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4 5	EMPLOYEE BENEFITS DEPARTMENT ADMINISTRATIVE & GENERAL	25,693,770					4 5
6	MAINTENANCE & REPAIRS	63,033	283,397				6
7	ODEDATION OF DIANT	1 226 057	27,267	5,539,623			7
8	LAUNDRY & LINEN SERVICE	263,624 500,739 217,815 413,342	10,816		1,429,994		8
9 10	HOUSEKEEPING DIETARY	500,739	3,897 11,028	84,276		2,339,498 106,871	9 10
11	CAFETERIA	413,342	11,028 2,622	238,520 56,720		25,414	11
12	MAINTENANCE OF PERSONNELL						12
13	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	194,040	1,215	26,275		11,773	13
14 15	PHARMACY	125,158 631,532	6,664 2,601	144,120		64,574 25,209	14 15
16	MEDICAL RECORDS & LIBRARY	787,179	5,831	126,113		56,506	16
17	SOCIAL SERVICE	•	,	•		,	17
19	NONPHYSICIAN ANESTHETISTS						19
20 21	NURSING SCHOOL 1&R SERVICES-SALARY & FRINGES APPRVD						20 21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
2.0	INPATIENT ROUTINE SERV COST CENTERS	2 116 104	FF 000	1 000 665	061 526	F.4.1 . F.F.O.	2.0
30 31	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	3,116,184 575,211	55,880 4,044	1,208,665 87,459	961,736 83,420	541,550 39,187	30 31
40	SUBPROVIDER - IPF	424,604	4,754	102,815	133,891	46,067	40
41	SUBPROVIDER - IRF	663 673	7,832	169,393	146,402	75,898	41
43	NURSERY	111,770 192,203	1,568	33,908	104,545	15,193	43
44	SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	192,203	3,452	74,654	104,545	33,449	44
50		1,044,631	11,986	259,225		116,148	50
50.01	amour animon		,				50.01
	ENDOSCOPY	102,571 159,918 473,714 308,279 160,380 813,132 174,502 244,830	2,261	48,909		21,914	50.02
51 52	RECOVERY ROOM	159,918	1,544 6,446	33,392		14,962	51 52
53	DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	308.279	215	4.642		2.080	53
	ANESTHESIOLOGY PAIN CENTER RADIOLOGY-DIAGNOSTIC RADIOISOTOPE CT SCAN	160,380	2,389	51,680		23,156	53.01
54	RADIOLOGY-DIAGNOSTIC	813,132	9,789	211,715		94,861	54
56 57	RADIOISOTOPE CT SCAN	174,502	452 380	9,770		4,378	56 57
58	MRI	131,651	602	13.012		5,830	58
59	MRI CARDIAC CATHETERIZATION LABORATORY	825,209	3,398	73,489		32,928	59
60	El Edition 1	1,710,629	24,185	523,077		234,368	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS BLOOD CLOTTING FOR HEMOPHILIACS	137,162	185	4,008		1,796	62 62.30
65	RESPIRATORY THERAPY	331,630	516	11,155		4,998	65
66		877.298	9,363	202,505		90,734	66
69	PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY	459,713 125,217	2,575	55,688		24,951	69
70 71	MEDICAL SUPPLIES CHARGED TO PATIENTS	125,217 28,360	1,795	38,815		17,391	70 71
72	IMPL. DEV. CHARGED TO PATIENTS	1,905,869					72
73	DRUGS CHARGED TO PATIENTS	1,213,825					73
74 75	RENAL DIALYSIS	111 400					74 75
75 76	ASC (NON-DISTINCT PART) TREATMENT CENTER	111,408 42,042	933	20,174		9,039	75 76
	CARDIAC REHABILITATION	12,012	,,,,	20,111		3,033	76.97
	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS						76.99
90	CLINIC CLINIC	52,646					90
	PRENATAL CLINIC	23,010					90.01
	OUTPATIENT PSYCHIATRIC	50,111	2,438	52,726		23,624	90.02
	WOUND CLINIC NEUROSURGERY	123,053					90.03 90.04
	DR JATOI						90.04
	UROLOGY PHYSICIAN						90.06
	DR. CHU						90.07
	SPORTS MEDICINE CLINIC DR. SHANKER						90.08 90.09
	DR MIRMIRA						90.09
	DR TOKHI						90.11
	CT\PET	81,537					90.12
	RADIATION ONCOLOGY SPORTS MED-REHAB	205,319					90.13 90.14
	MACON COUNT MEDICAL ASSOCIATES						90.14

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-10 (08/2011)

COST ALLOCATION - GENERAL SERVICE COSTS

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	COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	
90.17 90.18 90.19 90.20 90.21 90.22 90.23 90.24 90.25 90.26 90.27	DR BRITT ARTHUR FAMILY MEDICINE CENTER DR BOCK PEDIATRIC PROF SERVICES DR ANDERSON DR HABIB DR HANNEKEN DR MUNESSES DR KOHLI DR DUNCAN MT ZION FAMILY PRACTICE DR POWELL CHEMOTHEROPY EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)		25,576	553,168		247,851	90.16 90.17 90.18 90.19 90.20 90.21 90.22 90.23 90.24 90.25 90.26 90.27 90.28 91
94 99.10 99.20 99.30	OTHER REIMBURSABLE COST CENTERS HOME PROGRAM DIALYSIS						94 99.10 99.20 99.30 99.40
	SUBTOTALS (SUM OF LINES 1-117)		256,499	4,957,882	1,429,994	2,078,845	118
190 192 194 01 194 02 194 04 194 05 194 07 194 11 194 13 194 14 194 15	NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN PHYSICIANS' PRIVATE OFFICES SENIOR SERVICES ADULT DAY CARE SPORTS MEDICINE REHAB CANCER CARE RESIDENTIAL PROPERTIES BLUE MOUND ARTHUR CLINIC OCCUPATIONAL HEALTH 2981 NORTH MAIN MEDICAL OFFICE BUILDING 1750 MEDICAL ARTS MT. ZION CLINIC CERRO GORDO LIFELINE COUNTY JAIL CONTRACT ST. JOHN'S HOME HEALTH ST. MARY'S SURGERY CENTER	1,271 58,366 5,950 6,661	358	7,737		3,466	190 192 194 194.01 194.02 194.04 194.05 194.07 194.08 194.09 194.11 194.13 194.14 194.15 194.16 194.17
194.24 194.25 194.28 194.35	ST. JOHN'S HOME HEALTH ST. MARY'S SURGERY CENTER FIELDS WRIGHT MEDICAL PRACTICE 3915 N COWGILL LAUNDRY OUTSIDE SERVICES MEDICAL MANAGEMENT SYSTEM LAKE SHORE MEDICAL OFFICE BUILDING DAY CARE CENTER SCHOOL HEALTH SERVICES PRAIRIE CARDIOVASCULAR G I SUITES	23,121 92,622 5 39	3,469	75,022		33,614	194.19 194.23 194.24 194.25 194.35 194.35 194.37 194.38
	PRAIRIE CARDIOVASCULAR G I SUITES RESPIRATORY CARE NURSING HOME	30,584	3,680	79,590		35,661	
194.43 194.44 194.48	VACANT SPACE PHYSICIAN POOL MRI BUILDING	141,567 32,659 1,311	17,034	368,405		165,067	194.43 194.44 194.48
194.50 200	FUND DEVELOPMENT CENTRAL ILLINOIS LUNG CROSS FOOT ADJUSTMENTS	21,586 13,908	684 1,673	14,795 36,192		6,629 16,216	194.49 194.50 200
	NEGATIVE COST CENTER TOTAL (SUM OF LINES 118-201)	25,693,770	283,397	5,539,623	1,429,994	2,339,498	201 202

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10	11	13	14	15	
1 2 4 5 6 7 8	GENERAL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MYBLE EQUIP EMPLOYEE BENEFITS DEPARTMENT ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE						1 2 4 5 6 7 8
9 10 11 12 13 14 15 16	HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	1,335,715	1,943,141 25,391 9,219 87,647 67,225	937,057	787,288 4,310	3,015,400	9 10 11 12 13 14 15 16
19 20 21 22 23	NONPHYSICIAN ANESTHETISTS NURSING SCHOOL I&R SERVICES-SALARY & FRINGES APPRVD I&R SERVICES-OTHER PRGM COSTS APPRVD PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS ADULTS & PEDIATRICS	898,329	399,855	316,251	26,488		19 20 21 22 23
31 40 41 43 44	ADULTS & PEDIARICS INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF NURSERY SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	77,920 125,064 136,750 97,652	76,105 49,510 53,454 13,496 23,295	60,191 39,157 42,276 10,674 18,424	12,784 735 4,046 1,871 2,519		31 40 41 43
50.02 51 52 53 53.01 54 56 57 58 59 60 62	OPERATING ROOM STONE CENTER ENDOSCOPY RECOVERY ROOM DELIVERY ROOM & LABOR ROOM AMESTHESIOLOGY PAIN CENTER RADIOLOGY-DIAGNOSTIC RADIOISOTOPE CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY WHOLE BLOOD & PACKED RED BLOOD CELLS BLOOD CLOTTING FOR HEMOPHILIACS RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY		71,512 9,173 22,381 62,085 120,257 18,845 93,402 10,008 20,362 13,232 70,744 125,008 3,536 46,978 126,177 46,381	56,558 7,255 17,701 49,103 95,111 14,904 73,871	76,858 4,247 1,437 5,066 11,442 3,305 4,827 16,839 6,206 1,860 66,717 87,752 3,222 4,010 1,429 19,585		50 50.01 50.02 51 52 53 53.01 54 56 57 58 59 60 62 62.30 65 66
76.98	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS RENAL DIALYSIS ASC (NON-DISTINCT PART) TREATMENT CENTER CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS		16,333 17,052 5,233	4,139	767 5,706 383,459	3,015,400	70 71 72 73 74 75 76 76.97 76.98 76.99
90.02 90.03 90.04 90.05 90.06 90.07 90.08 90.09	CLINIC PRENATAL CLINIC OUTPATIENT PSYCHIATRIC WOUND CLINIC NEUROSURGERY DR JATOI UROLOGY PHYSICIAN DR. CHU SPORTS MEDICINE CLINIC DR. SHANKER DR MIRMIRA DR TOKHI		6,161 3,469 4,735 13,764	4,873 2,744 3,745 10,886	278 169 7 6,898		90 90.01 90.02 90.03 90.04 90.05 90.06 90.07 90.08 90.09 90.10
90.12 90.13 90.14	DR TORHI CT\PET RADIATION ONCOLOGY SPORTS MED-REHAB MACON COUNT MEDICAL ASSOCIATES		1,200 17,734		3,827 346		90.11 90.12 90.13 90.14 90.15

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COST ALLOCATION - GENERAL SERVICE COSTS

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	COST CENTER DESCRIPTION	DIETARY	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY	
90.17 90.18 90.19 90.20 90.22 90.23 90.24 90.25 90.26 90.26	DR BRITT ARTHUR FAMILY MEDICINE CENTER DR BOCK PEDIATRIC PROF SERVICES DR ANDERSON DR HABIB DR HANNEKEN DR MUNESSES DR KOHLI DR DUNCAN MT ZION FAMILY PRACTICE DR POWELL CHEMOTHEROPY EMERGENCY		1,013 137,051	801 108,393	114 17,605		90.16 90.17 90.18 90.19 90.20 90.21 90.22 90.23 90.24 90.25 90.26 90.27 90.28
99.30	OUTPATIENT PHYSICAL THERAPY OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY						92 94 99.10 99.20 99.30 99.40
118		1,335,715	1,889,023	937,057	786,871	3,015,400	118
190 192 194 194.01 194.02 194.04	NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN PHYSICIANS' PRIVATE OFFICES SENIOR SERVICES ADULT DAY CARE SPORTS MEDICINE REHAB CANCER CARE		4,578 160 3,219 8,302 15,337 24		1 47 346 20		190 192 194 194.01 194.02 194.04
194.07 194.08 194.09	RESIDENTIAL PROPERTIES BLUE MOUND ARTHUR CLINIC OCCUPATIONAL HEALTH 2981 NORTH MAIN		21				194.05 194.07 194.08 194.09 194.11
194.13 194.14 194.15	MEDICAL OFFICE BUILDING 1750 MEDICAL ARTS MT. ZION CLINIC CERRO GORDO		203 37 25		1		194.13 194.14 194.15 194.16
194.17 194.18 194.19 194.23	LIFELINE COUNTY JAIL CONTRACT ST. JOHN'S HOME HEALTH ST. MARY'S SURGERY CENTER FIELDS WRIGHT MEDICAL PRACTICE		3,437				194.17 194.18 194.19 194.23 194.24
194.25 194.28 194.35	3915 N COWGILL LAUNDRY OUTSIDE SERVICES MEDICAL MANAGEMENT SYSTEM LAKE SHORE MEDICAL OFFICE BUILDING		22				194.25 194.28 194.35 194.36
194.37 194.38	DAY CARE CENTER SCHOOL HEALTH SERVICES		20 9,629				194.37 194.38
194.41 194.42 194.43	PRAIRIE CARDIOVASCULAR G I SUITES RESPIRATORY CARE NURSING HOME VACANT SPACE DIVISION POOL		10		2		194.40 194.41 194.42 194.43
194.48 194.49 194.50 200	PHYSICIAN POOL MRI BUILDING FUND DEVELOPMENT CENTRAL ILLINOIS LUNG CROSS FOOT ADJUSTMENTS		675 4 8,183				194.44 194.48 194.49 194.50 200 201
	NEGATIVE COST CENTER TOTAL (SUM OF LINES 118-201)	1,335,715	1,943,141	937,057	787,288	3,015,400	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
	GENERAL SERVICE COST CENTERS					
1	CAP REL COSTS-BLDG & FIXT					1
2	CAP REL COSTS-MVBLE EQUIP					2
4	EMPLOYEE BENEFITS DEPARTMENT					4
5	ADMINISTRATIVE & GENERAL					5
6 7	MAINTENANCE & REPAIRS					6 7
8	OPERATION OF PLANT LAUNDRY & LINEN SERVICE					8
9	HOUSEKEEPING					9
10	DIETARY					10
11	CAFETERIA					11
12	MAINTENANCE OF PERSONNEL					12
13 14	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY					13 14
15	PHARMACY					15
16	MEDICAL RECORDS & LIBRARY	3,794,835				16
17	SOCIAL SERVICE					17
19	NONPHYSICIAN ANESTHETISTS					19
20 21	NURSING SCHOOL					20 21
22	I&R SERVICES-SALARY & FRINGES APPRVD I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23	PARAMED ED PRGM-(SPECIFY)					23
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS	218,851	18,637,824		18,637,824	30
31	INTENSIVE CARE UNIT	35,068	3,062,328		3,062,328	31
40 41	SUBPROVIDER - IPF SUBPROVIDER - IRF	25,398 43,914	2,436,410 3,663,841		2,436,410 3,663,841	40 41
43	NURSERY	8,120	587,348		587,348	43
44	SKILLED NURSING FACILITY	9,321	1,231,456		1,231,456	44
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	209,286	5,498,236		5,498,236	50
	STONE CENTER ENDOSCOPY	16,540	571,457		571,457	50.01 50.02
51	RECOVERY ROOM	32,848	843,257		843,257	51
52	DELIVERY ROOM & LABOR ROOM	31,107	2,485,493		2,485,493	52
53	ANESTHESIOLOGY	52,205	1,671,975		1,671,975	53
	PAIN CENTER	40,638	875,986		875,986	53.01
54	RADIOLOGY-DIAGNOSTIC	183,180	4,327,489		4,327,489	54
56 57	RADIOISOTOPE CT SCAN	41,731 350,949	867,740 1,490,559		867,740 1,490,559	56 57
58	MRI	115,915	742,355		742,355	58
59	CARDIAC CATHETERIZATION	303,029	4,260,445		4,260,445	59
60	LABORATORY	511,290	9,196,673		9,196,673	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS BLOOD CLOTTING FOR HEMOPHILIACS	14,362	643,789		643,789	62 62.30
65	RESPIRATORY THERAPY	88,583	1,647,249		1,647,249	65
66	PHYSICAL THERAPY	183,700	4,558,243		4,558,243	66
69	ELECTROCARDIOLOGY	203,085	2,419,136		2,419,136	69
70	ELECTROENCEPHALOGRAPHY	40,048	678,125		678,125	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,159	139,371		139,371	71
72 73	IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	173,776 398,812	9,126,027 8,871,572		9,126,027 8,871,572	72 73
74	RENAL DIALYSIS	370,012	0,071,372		0,011,372	74
75	ASC (NON-DISTINCT PART)	13,360	531,302		531,302	75
76	TREATMENT CENTER	3,338	232,018		232,018	76
	CARDIAC REHABILITATION					76.97
	HYPERBARIC OXYGEN THERAPY LITHOTRIPSY					76.98 76.99
10.99	OUTPATIENT SERVICE COST CENTERS					70.99
90	CLINIC	4,538	252,547		252,547	90
	PRENATAL CLINIC	1,071	110,907		110,907	90.01
	OUTPATIENT PSYCHIATRIC	5,348	317,922		317,922	90.02
	WOUND CLINIC NEUROSURGERY	10,615	595,410		595,410	90.03 90.04
	DR JATOI					90.05
90.06	UROLOGY PHYSICIAN					90.06
	DR. CHU					90.07
	SPORTS MEDICINE CLINIC					90.08
	DR. SHANKER DR MIRMIRA					90.09 90.10
	DR TOKHI					90.10
	CT\PET	8,452	380,068		380,068	90.12
90.13	RADIATION ONCOLOGY	55,657	996,853		996,853	90.13
	SPORTS MED-REHAB					90.14
90.15	MACON COUNT MEDICAL ASSOCIATES					90.15

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	COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
90.17 90.18 90.19 90.20 90.21 90.22 90.23 90.24 90.25 90.26	DR BRITT ARTHUR FAMILY MEDICINE CENTER DR BOCK PEDIATRIC PROF SERVICES DR ANDERSON DR HABIB DR HANNEKEN DR MUNESSES DR KOHLI DR DUNCAN MT ZION FAMILY PRACTICE					90.16 90.17 90.18 90.19 90.20 90.21 90.22 90.23 90.24 90.25 90.26
90.28	DR POWELL CHEMOTHEROPY	1,453	34,245		34,245	90.27 90.28
91 92	EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	353,088	6,765,779		6,765,779	91 92
99.30	HOME PROGRAM DIALYSIS CORF OUTPATIENT PHYSICAL THERAPY OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS					94 99.10 99.20 99.30 99.40
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	3,794,835	100,751,435		100,751,435	118
190 192 194	GIFT, FLOWER, COFFEE SHOP & CANTEEN PHYSICIANS' PRIVATE OFFICES SENIOR SERVICES ADULT DAY CARE		369,630 9,512,646 230,363 344,115		369,630 9,512,646 230,363 344,115	190 192 194 194.01
194.02 194.04	SPORTS MEDICINE REHAB CANCER CARE RESIDENTIAL PROPERTIES		464,888 56,748		464,888 56,748	194.02 194.04 194.05
194.07 194.08	BLUE MOUND ARTHUR CLINIC OCCUPATIONAL HEALTH		6,362 52,060		6,362 52,060	194.07 194.08 194.09
194.11	2981 NORTH MAIN		5,727		5,727	194.11
194.14	MEDICAL OFFICE BUILDING 1750 MEDICAL ARTS		262,617		262,617	194.13 194.14
	MT. ZION CLINIC CERRO GORDO		26,788 29,972		26,788 29,972	194.15 194.16
	LIFELINE COUNTY JAIL CONTRACT					194.17 194.18
194.19	ST. JOHN'S HOME HEALTH ST. MARY'S SURGERY CENTER		241,719		241,719	194.19 194.23
194.24	FIELDS WRIGHT MEDICAL PRACTICE		107,388		107,388	194.24
	3915 N COWGILL LAUNDRY OUTSIDE SERVICES		416,452 24		416,452 24	194.25 194.28
	MEDICAL MANAGEMENT SYSTEM		177		177	194.35
	LAKE SHORE MEDICAL OFFICE BUILDING DAY CARE CENTER		507,272 8,022		507,272 8,022	194.36 194.37
	SCHOOL HEALTH SERVICES		282,815		282,815	194.38
194.40	PRAIRIE CARDIOVASCULAR		256,437		256,437	194.40
	G I SUITES RESPIRATORY CARE NURSING HOME		1,096		1,096	194.41 194.42
	VACANT SPACE		1,186,991		1,186,991	194.43
	PHYSICIAN POOL		147,510		147,510	194.44
	MRI BUILDING FUND DEVELOPMENT		5,899 127,340		5,899 127,340	194.48 194.49
194.50 200	CENTRAL ILLINOIS LUNG CROSS FOOT ADJUSTMENTS		116,610		116,610	194.50 200
	NEGATIVE COST CENTER TOTAL (SUM OF LINES 118-201)	3,794,835	115,519,103		115,519,103	201 202

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B

						PAKI	11
	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	
	CENEDAL CEDULCE COCE CENTEDO						
1	GENERAL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT		18,445	17,446	35,891	35,891	4
5	ADMINISTRATIVE & GENERAL	2,116,517	625,618	591,741	3,333,876	5,185	5
6 7	MAINTENANCE & REPAIRS OPERATION OF PLANT		35,914 407,156	33,969 385,108	69,883 792,264	99 843	6 7
8	LAUNDRY & LINEN SERVICE		161,499	152,754	314,253	34	8
9	HOUSEKEEPING		58,184	55,033	113,217	789	9
10	DIETARY		164,673	155,756	320,429	232	10
11 12	CAFETERIA		39,159	37,039	76,198	701	11
13	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION		18,140	17,158	35,298	366	12 13
14	CENTRAL SERVICES & SUPPLY		99,500	94,112	193,612	133	14
15	PHARMACY		38,844	36,740	75,584	1,263	15
16	MEDICAL RECORDS & LIBRARY		87,067	82,353	169,420	969	16
17 19	SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS						17 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) INPATIENT ROUTINE SERV COST CENTERS						23
30	ADULTS & PEDIATRICS		834,454	789,272	1,623,726	5,772	30
31	INTENSIVE CARE UNIT		60,382	57,112	117,494	1,097	31
40	SUBPROVIDER - IPF		70,983	67,139	138,122	713	40
41	SUBPROVIDER - IRF		116,948	110,615	227,563	770	41
43 44	NURSERY SKILLED NURSING FACILITY		23,410 51,540	22,142 48,750	45,552 100,290	194 336	43 44
11	ANCILLARY SERVICE COST CENTERS		31,340	40,730	100,290	330	11
50	OPERATING ROOM		178,967	169,276	348,243	1,030	50
	STONE CENTER						50.01
	ENDOSCOPY		33,767	31,938	65,705	132	50.02
51 52	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM		23,054 96,244	21,805 91,033	44,859 187,277	322 895	51 52
53	ANESTHESIOLOGY		3,205	3,031	6,236	1,733	53
	PAIN CENTER		35,680	33,748	69,428	272	53.01
54	RADIOLOGY-DIAGNOSTIC		146,167	138,252	284,419	1,346	54
56 57	RADIOISOTOPE CT SCAN		6,745 5,677	6,380 5,370	13,125 11,047	144 293	56 57
58	MRI		8,983	8,497	17,480	191	58
59	CARDIAC CATHETERIZATION		50,737	47,989	98,726	1,019	59
60	LABORATORY		361,129	341,574	702,703	1,801	60
62 62 30	WHOLE BLOOD & PACKED RED BLOOD CELLS BLOOD CLOTTING FOR HEMOPHILIACS		2,767	2,617	5,384	51	62 62.30
65	RESPIRATORY THERAPY		7,702	7,285	14,987	677	65
66	PHYSICAL THERAPY		139,808	132,238	272,046	1,818	66
69	ELECTROCARDIOLOGY		38,447	36,365	74,812	668	69
70 71	ELECTROENCEPHALOGRAPHY		26,798	25,347	52,145	235	70 71
72	MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS						74
75 76	ASC (NON-DISTINCT PART) TREATMENT CENTER		13,928	13,174	27,102	246 75	75 76
	CARDIAC REHABILITATION		13,920	13,1/4	27,102	75	76.97
	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
0.0	OUTPATIENT SERVICE COST CENTERS					0.0	0.0
90 90 01	CLINIC PRENATAL CLINIC					89 50	90 90.01
	OUTPATIENT PSYCHIATRIC		36,402	34,431	70,833	68	90.02
	WOUND CLINIC					198	90.03
	NEUROSURGERY						90.04
	DR JATOI UROLOGY PHYSICIAN						90.05 90.06
	DR. CHU						90.06
	SPORTS MEDICINE CLINIC						90.08
	DR. SHANKER						90.09
	DR MIRMIRA						90.10
	DR TOKHI CT\PET					17	90.11 90.12
	RADIATION ONCOLOGY					256	90.12
90.14	SPORTS MED-REHAB						90.14
90.15	MACON COUNT MEDICAL ASSOCIATES						90.15

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	
90.17 90.18 90.19 90.20 90.21 90.22 90.23 90.24 90.25 90.26	DR BRITT ARTHUR FAMILY MEDICINE CENTER DR BOCK PEDIATRIC PROF SERVICES DR ANDERSON DR HABIB DR HANNEKEN DR MUNESSES DR KOHLI DR DUNCAN MT ZION FAMILY PRACTICE DR POWELL CHEMOTHEROPY EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)		381,904	361,224	743,128	15 1,975	90.16 90.17 90.18 90.19 90.20 90.21 90.22 90.23 90.24 90.25 90.26 90.27 90.28 91
99.30	OTHER REIMBURSABLE COST CENTERS HOME PROGRAM DIALYSIS CORF OUTPATIENT PHYSICAL THERAPY OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						94 99.10 99.20 99.30 99.40
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	2,116,517	4,510,027	4,265,813	10,892,357	35,112	118
190 192 194 194.01 194.02 194.04 194.05 194.09 194.11 194.13 194.14 194.15 194.14	GIFT, FLOWER, COFFEE SHOP & CANTEEN PHYSICIANS' PRIVATE OFFICES SENIOR SERVICES ADULT DAY CARE SPORTS MEDICINE REHAB CANCER CARE RESIDENTIAL PROPERTIES BLUE MOUND ARTHUR CLINIC OCCUPATIONAL HEALTH 2981 NORTH MAIN MEDICAL OFFICE BUILDING 1750 MEDICAL ARTS MT. ZION CLINIC CERRO GORDO LIFELINE COUNTY JAIL CONTRACT ST. JOHN'S HOME HEALTH		5,341 51,795	5,052 48,990	10,393	66 2 46 120 221	190 192 194 194.01 194.02 194.04 194.05 194.07 194.09 194.11 194.13 194.15 194.16
194.24 194.25 194.28 194.35 194.36	ST. MARY'S SURGERY CENTER FIELDS WRIGHT MEDICAL PRACTICE 3915 N COWGILL LAUNDRY OUTSIDE SERVICES MEDICAL MANAGEMENT SYSTEM LAKE SHORE MEDICAL OFFICE BUILDING DAY CARE CENTER					50	194.23 194.24 194.25 194.28 194.35 194.36 194.37
194.38 194.40 194.41	SCHOOL HEALTH SERVICES PRAIRIE CARDIOVASCULAR G I SUITES RESPIRATORY CARE NURSING HOME		54,949	51,973	106,922	139	194.37 194.38 194.40 194.41 194.42
194.43	VACANT SPACE PHYSICIAN POOL		254,345	240,573	494,918	10	194.42 194.43 194.44
194.49 194.50 200	MRI BUILDING FUND DEVELOPMENT CENTRAL ILLINOIS LUNG CROSS FOOT ADJUSTMENTS		10,214 24,987	9,661 23,634	19,875 48,621	118	194.48 194.49 194.50 200
	NEGATIVE COST CENTER TOTAL (SUM OF LINES 118-201)	2,116,517	4,911,658	4,645,696	11,673,871	35,891	201 202

ALLOCATION	OF	CAPITAL-RELATED	COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	
	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	3,339,061					5
6	MAINTENANCE & REPAIRS	8,192	78,174	050 064			6
7 8	OPERATION OF PLANT LAUNDRY & LINEN SERVICE	159,335	7,522	959,964	392,067		7 8
9	HOUSEKEEPING	34,260 65,075	2,983 1,075	40,537 14,604	392,007	194,760	9
10	DIETARY	28,307	3,042	41,333		8,897	10
11	CAFETERIA	53,717	723	9,829		2,116	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	25,217	335	4,553		980	13
14	CENTRAL SERVICES & SUPPLY	16,265	1,838	24,975		5,376	14
15	PHARMACY	82,072	718	9,750		2,099	15
16	MEDICAL RECORDS & LIBRARY	102,299	1,608	21,854		4,704	16
17 19	SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS						17 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	404,947				45,082	30
31	INTENSIVE CARE UNIT	74,753	1,115	15,156	22,872	3,262	31
40	SUBPROVIDER - IPF	55,180	1,311	17,817	36,709	3,835	40
41	SUBPROVIDER - IRF	86,249	2,160	29,354	40,140	6,318	41
43	NURSERY	14,525	432	5,876	20 664	1,265	43
44	SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	24,978	952	12,937	28,664	2,785	44
50	OPERATING ROOM	135,757	3,306	44,921		9,669	50
	STONE CENTER	133,737	3,300	44,721		5,005	50.01
	ENDOSCODY	13,330	624	8,476		1,824	50.02
51	RECOVERY ROOM	20,782 61,562 40,063 20,842 105,672	426	5,787		1,246	51
52	DELIVERY ROOM & LABOR ROOM	61,562	1,778	24,157		5,200	52
53	ANESTHESIOLOGY	40,063	59	804		173	53
	PAIN CENTER	20,842	659	8,956		1,928	53.01
54	RADIOLOGY-DIAGNOSTIC	105,672	2,700	36,688		7,897	54
56	RADIOISOTOPE	22,078	125	1,693		364	56
57 58	CT SCAN	31,817	105	1,425		307	57
58 59	MRI CARDIAC CATHETERIZATION LABORATORY	17,109 107,242	166 937	2,255 12 735		485 2,741	58 59
60	LABORATORY	222,308	6,671	90 644		19,511	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	17,825	51	695		150	62
	BLOOD CLOTTING FOR HEMOPHILIACS	/	-				62.30
65	RESPIRATORY THERAPY	43,098	142	1,933		416	65
66	PHYSICAL THERAPY	114,011	2,583	35,092		7,553	66
69	PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY	59,743	710	9,650		2,077	69
70	ELECTROENCEPHALOGRAPHY	16,273	495	6,726		1,448	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,686					71
72 73	IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	247,681 157,745					72 73
74	RENAL DIALYSIS	137,743					74
75	ASC (NON-DISTINCT PART)	14,478					75
76	TREATMENT CENTER	5,464	257	3,496		752	76
76.97	CARDIAC REHABILITATION						76.97
	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	6,842					90
	PRENATAL CLINIC	2,990	672	0 127		1,967	90.01 90.02
	OUTPATIENT PSYCHIATRIC WOUND CLINIC	6,512 15,992	072	9,137		1,907	90.02
	NEUROSURGERY	13,332					90.04
	DR JATOI						90.05
	UROLOGY PHYSICIAN						90.06
	DR. CHU						90.07
90.08	SPORTS MEDICINE CLINIC						90.08
	DR. SHANKER						90.09
	DR MIRMIRA						90.10
	DR TOKHI	44					90.11
	CT\PET	10,596					90.12
	RADIATION ONCOLOGY SPORTS MED-REHAB	26,683					90.13 90.14
	MACON COUNT MEDICAL ASSOCIATES						90.14
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B

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	COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	
90.17 90.18 90.19 90.20 90.21 90.22 90.23 90.24 90.25 90.26 90.27	DR BRITT ARTHUR FAMILY MEDICINE CENTER DR BOCK PEDIATRIC PROF SERVICES DR ANDERSON DR HABIB DR HANNEKEN DR MUNESSES DR KOHLI DR DUNCAN MT ZION FAMILY PRACTICE DR POWELL CHEMOTHEROPY EMERGENCY	892 153,863	7,055	95,859		20,633	90.16 90.17 90.18 90.19 90.20 90.21 90.22 90.23 90.24 90.25 90.26 90.27
94 99.10 99.20 99.30	OUTPATIENT PHYSICAL THERAPY OUTPATIENT OCCUPATIONAL THERAPY						94 99.10 99.20 99.30 99.40
118	SUBTOTALS (SUM OF LINES 1-117)	2,938,907	70,753	859,153	392,067	173,060	118
192 194 194.01 194.02 194.04 194.05 194.07 194.08 194.09 194.11 194.13	SPECIAL PURPOSE COST CENTERS SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN PHYSICIANS' PRIVATE OFFICES SENIOR SERVICES ADULT DAY CARE SPORTS MEDICINE REHAB CANCER CARE RESIDENTIAL PROPERTIES BLUE MOUND ARTHUR CLINIC OCCUPATIONAL HEALTH 2981 NORTH MAIN MEDICAL OFFICE BUILDING 1750 MEDICAL ARTS MT. ZION CLINIC CERRO GORDO LIFELINE COUNTY JAIL CONTRACT	10,216 274,958 6,566 9,705 12,984 1,639 183 1,505 165 7,585	99	1,341		209	190 192 194 194.01 194.02 194.04 194.05 194.07 194.08 194.09 194.11 194.13 194.14 194.15 194.16 194.17
194.19 194.23 194.24 194.25 194.35 194.36 194.37	CERRO GORDO LIFELINE COUNTY JAIL CONTRACT ST. JOHN'S HOME HEALTH ST. MARY'S SURGERY CENTER FIELDS WRIGHT MEDICAL PRACTICE 3915 N COWGILL LAUNDRY OUTSIDE SERVICES MEDICAL MANAGEMENT SYSTEM LAKE SHORE MEDICAL OFFICE BUILDING DAY CARE CENTER SCHOOL HEALTH SERVICES PRAIRIE CARDIOVASCULAR G I SUITES RESPIRATORY CARE NURSING HOME	3,746 3,005 12,037 1 5 14,656 231 7,896	957	13,001		2,798	194.19 194.23 194.24 194.25 194.35 194.36 194.37 194.38
194.40 194.41 194.42	PRAIRIE CARDIOVASCULAR G I SUITES RESPIRATORY CARE NURSING HOME	3,975	1,015	13,792		2,969	194.40 194.41 194.42
194.43 194.44 194.48	VACANT SPACE PHYSICIAN POOL MRI BUILDING	18,398 4,244 170	4,699	63,841		13,742	194.43 194.44 194.48
194.50 200	FUND DEVELOPMENT CENTRAL ILLINOIS LUNG CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER	2,805 1,807	189 462	2,564 6,272		552 1,350	194.49 194.50 200 201
	TOTAL (SUM OF LINES 118-201)	3,339,061	78,174	959,964	392,067	194,760	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10	11	13	14	15	
1 2 4 5 6 7 8 9 10 11 12 13 14 15 16 17 19 20 21	GENERAL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT CAP REL COSTS-WVBLE EQUIP EMPLOYEE BENEFITS DEPARTMENT ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS NURSING SCHOOL 1&R SERVICES-SALARY & FRINGES APPRVD 1&R SERVICES-OTHER PRCM COSTS APPRVD	402,240	143,284 1,872 680 6,463 4,957	68,621	242,879 1,330	179,279	1 2 4 5 6 7 8 9 10 11 12 13 14 15 16 17 19 20 21 22
23	PARAMED ED PRGM-(SPECIFY)						23
30 31 40 41 43	INPATIENT ROUTINE SERV COST CENTERS ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF NURSERY SKILLED NURSING FACILITY	270,525 23,465 37,662 41,181 29,407	29,482 5,612 3,651 3,942 995 1,718	23,158 4,408 2,868 3,096 782 1,349	8,172 3,944 227 1,248 577 777		30 31 40 41 43
50	ANCILLARY SERVICE COST CENTERS OPERATING ROOM		5,273	4,142	23,711		50
50.01	STONE CENTER						50.01
51 52 53 53.01	ENDOSCOPY RECOVERY ROOM DELIVERY ROOM & LABOR ROOM AMESTHESIOLOGY PAIN CENTER		676 1,650 4,578 8,868 1,390	531 1,296 3,596 6,965 1,091	1,310 443 1,563 3,530 1,020		50.02 51 52 53 53.01
54 56 57 58 59 60 62	RADIOLOGY-DIAGNOSTIC RADIOISOTOPE CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY WHOLE BLOOD & PACKED RED BLOOD CELLS		6,888 738 1,501 976 5,217 9,218 261	5,410	1,489 5,195 1,915 574 20,582 27,072 994		54 56 57 58 59 60 62
62.30 65 66 69	BLOOD CLOTTING FOR HEMOPHILIACS RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY		3,464 9,304 3,420		1,237 441 6,042		62.30 65 66 69
70 71 72 73 74	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS RENAL DIALYSIS		1,204		236 1,760 118,297	179,279	70 71 72 73 74
75 76 76.97 76.98	ASC (NON-DISTINCT PART) TREATMENT CENTER CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS		1,257 386	303	43		75 76 76.97 76.98 76.99
90.02 90.03	CLINIC PRENATAL CLINIC OUTPATIENT PSYCHIATRIC WOUND CLINIC		454 256 349 1,015	357 201 274 797	86 52 2 2,128		90 90.01 90.02 90.03
90.05 90.06 90.07 90.08 90.09 90.10 90.11	NEUROSURGERY DR JATOI UROLOGY PHYSICIAN DR. CHU SPORTS MEDICINE CLINIC DR. SHANKER DR MIRMIRA DR TOKHI CT\PET		89		1,181		90.04 90.05 90.06 90.07 90.08 90.09 90.10 90.11 90.12
90.13 90.14	RADIATION ONCOLOGY SPORTS MED-REHAB MACON COUNT MEDICAL ASSOCIATES		1,308		107		90.12 90.13 90.14 90.15

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B

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	COST CENTER DESCRIPTION	DIETARY	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY	
		10		13		13	
90.17 90.18 90.19	DR BRITT ARTHUR FAMILY MEDICINE CENTER DR BOCK PEDIATRIC PROF SERVICES DR ANDERSON						90.16 90.17 90.18 90.19 90.20
90.22 90.23	DR HABIB DR HANNEKEN DR MUNESSES DR KOHLI						90.21 90.22 90.23 90.24
90.26	DR DUNCAN MT ZION FAMILY PRACTICE DR POWELL						90.25 90.26 90.27
90.28 91	CHEMOTHEROPY EMERGENCY		75 10,106	59 7,938	35 5,431		90.28 91 92
92 94	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS HOME PROGRAM DIALYSIS						94
99.30	CORF OUTPATIENT PHYSICAL THERAPY OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY						99.10 99.20 99.30 99.40
118	SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	402,240	139,293	68,621	242,751	179,279	118
190 192 194	GIFT, FLOWER, COFFEE SHOP & CANTEEN PHYSICIANS' PRIVATE OFFICES SENIOR SERVICES		338 12 237				190 192 194
194.02	ADULT DAY CARE SPORTS MEDICINE REHAB CANCER CARE		612 1,131 2		14 107 6		194.01 194.02 194.04
194.07	RESIDENTIAL PROPERTIES BLUE MOUND ARTHUR CLINIC		2				194.05 194.07 194.08
194.09 194.11	OCCUPATIONAL HEALTH 2981 NORTH MAIN MEDICAL OFFICE BUILDING 1750		1 15				194.09 194.11 194.13
194.14 194.15	MEDICAL ARTS MT. ZION CLINIC		3 2				194.14 194.15 194.16
194.17 194.18	CERRO GORDO LIFELINE COUNTY JAIL CONTRACT ST. JOHN'S HOME HEALTH		2				194.16 194.17 194.18 194.19
194.23 194.24	ST. MARY'S SURGERY CENTER FIELDS WRIGHT MEDICAL PRACTICE 3915 N COWGILL		253 2				194.23 194.24 194.25
194.35	LAUNDRY OUTSIDE SERVICES MEDICAL MANAGEMENT SYSTEM LAKE SHORE MEDICAL OFFICE BUILDING		16				194.28 194.35 194.36
194.37 194.38	DAY CARE CENTER SCHOOL HEALTH SERVICES PRAIRIE CARDIOVASCULAR		1 710				194.37 194.38 194.40
194.41 194.42	G I SUITES RESPIRATORY CARE NURSING HOME VACANT SPACE		1		1		194.41 194.42 194.43
194.44 194.48	PHYSICIAN POOL MRI BUILDING FUND DEVELOPMENT		50 603				194.44 194.48 194.49
194.50 200	CENTRAL ILLINOIS LUNG CROSS FOOT ADJUSTMENTS		003				194.50 200
	NEGATIVE COST CENTER TOTAL (SUM OF LINES 118-201)	402,240	143,284	68,621	242,879	179,279	201 202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B

	COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
1 2	GENERAL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP					1 2
4 5	EMPLOYEE BENEFITS DEPARTMENT ADMINISTRATIVE & GENERAL					4 5
6 7	MAINTENANCE & REPAIRS OPERATION OF PLANT					6 7
8	LAUNDRY & LINEN SERVICE					8
9 10	HOUSEKEEPING DIETARY					9 10
11	CAFETERIA					11
12 13	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION					12 13
14 15	CENTRAL SERVICES & SUPPLY PHARMACY					14 15
16	MEDICAL RECORDS & LIBRARY	305,811				16
17 19	SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS					17 19
20	NURSING SCHOOL					20
21 22	I&R SERVICES-SALARY & FRINGES APPRVD I&R SERVICES-OTHER PRGM COSTS APPRVD					21 22
23	PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS					23
30	ADULTS & PEDIATRICS	17,630	2,917,043		2,917,043	30
31 40	INTENSIVE CARE UNIT SUBPROVIDER - IPF	2,825	276,003 300,141		276,003 300,141	31 40
41	SUBPROVIDER - IRF	2,046 3,538	445,559		445,559	41
43 44	NURSERY SKILLED NURSING FACILITY	654 751	70,852 204,944		70,852 204,944	43 44
	ANCILLARY SERVICE COST CENTERS					F.0
50 50.01	OPERATING ROOM STONE CENTER	16,859	592,911		592,911	50 50.01
50.02 51	ENDOSCOPY	1,332 2,646 2,506 4,205 3,274	93,940 79,457		93,940 79,457	50.02 51
52	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	2,506	293,112		293,112	52
53 53 01	ANESTHESIOLOGY PAIN CENTER	4,205	72,636 108,860		72,636 108,860	53 53.01
54	RADIOLOGY-DIAGNOSTIC	14,756	467,265		467,265	54
56 57	RADIOISOTOPE CT SCAN	14,756 3,362 28,271	47,424 76,681		47,424 76,681	56 57
58	MRT	9,338	48,574		48,574	58
59 60	CARDIAC CATHETERIZATION LABORATORY	24,411 41,299 1,157	273,610 1,121,227		273,610 1,121,227	59 60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,157	26,568		26,568	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS RESPIRATORY THERAPY	7,136	73,090		73,090	62.30 65
66 69	PHYSICAL THERAPY	14,798 16,360	457,646 173,482		457,646	66 69
70	PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS	3,226	81,988		173,482 81,988	70
71 72	MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENTS	496 13,999	5,942 379,977		5,942 379,977	71 72
73	DRUGS CHARGED TO PATIENTS	32,127	369,151		369,151	73
74 75	RENAL DIALYSIS ASC (NON-DISTINCT PART)	1,076	17,057		17,057	74 75
76	TREATMENT CENTER	269	38,147		38,147	76
	CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY					76.97 76.98
76.99	LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS					76.99
90	CLINIC	366	8,194		8,194	90
	PRENATAL CLINIC OUTPATIENT PSYCHIATRIC	86 431	3,635 90,245		3,635 90,245	90.01 90.02
90.03	WOUND CLINIC	855	20,985		20,985	90.03
	NEUROSURGERY DR JATOI					90.04 90.05
90.06	UROLOGY PHYSICIAN					90.06
	DR. CHU SPORTS MEDICINE CLINIC					90.07 90.08
90.09	DR. SHANKER					90.09
	DR MIRMIRA DR TOKHI					90.10 90.11
	CT\PET RADIATION ONCOLOGY	681 4,484	12,564 32,838		12,564 32,838	90.12 90.13
90.14	SPORTS MED-REHAB	7,707	32,030		32,030	90.14
90.15	MACON COUNT MEDICAL ASSOCIATES					90.15

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B

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	COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
90.17 90.18 90.19 90.20 90.21 90.22 90.23	DR BRITT ARTHUR FAMILY MEDICINE CENTER DR BOCK PEDIATRIC PROF SERVICES DR ANDERSON DR HABIB DR HANNEKEN DR MUNESSES DR KOHLI DR DUNCAN MT ZION FAMILY PRACTICE					90.16 90.17 90.18 90.19 90.20 90.21 90.22 90.23 90.24 90.25 90.26
	DR POWELL CHEMOTHEROPY	117	1,193		1,193	90.27 90.28
91	EMERGENCY	28,444	1,074,432		1,074,432	90.28
92	OBSERVATION BEDS (NON-DISTINCT PART)					92
94	OTHER REIMBURSABLE COST CENTERS HOME PROGRAM DIALYSIS					94
	CORF					99.10
	OUTPATIENT PHYSICAL THERAPY OUTPATIENT OCCUPATIONAL THERAPY					99.20 99.30
	OUTPATIENT SPEECH PATHOLOGY					99.40
110	SPECIAL PURPOSE COST CENTERS	205 011	10 257 272		10 257 272	110
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	305,811	10,357,373		10,357,373	118
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		22,744		22,744	190
192	PHYSICIANS' PRIVATE OFFICES		274,972		274,972	192
194	SENIOR SERVICES		6,849		6,849	194
	. ADULT DAY CARE ! SPORTS MEDICINE REHAB		10,451 14,443		10,451 14,443	194.01 194.02
	CANCER CARE		1,647		1,647	194.04
	RESIDENTIAL PROPERTIES		-,		_,	194.05
194.07	BLUE MOUND		185		185	194.07
	ARTHUR CLINIC		1,505		1,505	194.08
	OCCUPATIONAL HEALTH		166		166	194.09
	. 2981 NORTH MAIN MEDICAL OFFICE BUILDING 1750		166 7,603		166 7,603	194.11 194.13
	MEDICAL OFFICE BUILDING 1750		7,003		7,003	194.13
	MT. ZION CLINIC		777		777	194.15
194.16	CERRO GORDO		868		868	194.16
	LIFELINE					194.17
	COUNTY JAIL CONTRACT		101 005		101 005	194.18
	ST. JOHN'S HOME HEALTH ST. MARY'S SURGERY CENTER		121,287		121,287	194.19 194.23
	FIELDS WRIGHT MEDICAL PRACTICE		3,308		3,308	194.24
	3915 N COWGILL		12,039		12,039	194.25
194.28	LAUNDRY OUTSIDE SERVICES		1		1	194.28
	MEDICAL MANAGEMENT SYSTEM		5		5	194.35
	LAKE SHORE MEDICAL OFFICE BUILDING		14,675		14,675	194.36
	DAY CARE CENTER		232 8,745		232 8,745	194.37 194.38
	S SCHOOL HEALTH SERVICES PRAIRIE CARDIOVASCULAR		128,673		128,673	194.40
	G I SUITES		33		33	194.41
	RESPIRATORY CARE NURSING HOME					194.42
	VACANT SPACE		595,598		595,598	194.43
	PHYSICIAN POOL		4,304		4,304	194.44
	RI BUILDING FUND DEVELOPMENT		170 26,706		170 26,706	194.48 194.49
	CENTRAL ILLINOIS LUNG		26,706 58,512		58,512	194.49
	CROSS FOOT ADJUSTMENTS		30,312		30,312	200
	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	305,811	11,673,871		11,673,871	202

WORKSHEET B-1

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT SQUARE FEET 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
1 2	GENERAL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP	482,775	482,775				1 2
1	EMDIOVEE DENEETTO DEDADTMENT	1,813 61,493	1,813	41,916,142			4
5	ADMINISTRATIVE & GENERAL	61,493	61,493	6,057,621	-25,693,770	89,825,333	5
6 7	MAINTENANCE & REPAIRS OPERATION OF PLANT	3,530 40 020	3,530 40,020	115,359 984,410		220,364 4,286,299	6 7
8	LAUNDRY & LINEN SERVICE	15,874	15,874	39,621		921,631	8
9	HOUSEKEEPING	5,719	5,719	921,686		1,750,586	9
10 11	DIETARY CAFETERIA	16,186 3,849	16,186 3,849	271,275 819,415		761,481 1,445,043	10 11
12	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	3,019	3,019	015,115		1,113,013	12
13	NURSING ADMINISTRATION	1,783	1,783	427,375		678,363	13
14 15	CENTRAL SERVICES & SUPPLY PHARMACY	9,780 3,818	9,780 3,818	155,180 1,475,261		437,553 2,207,838	14 15
16	MEDICAL RECORDS & LIBRARY	8,558	8,558	1,131,518		2,751,981	16
17	SOCIAL SERVICE						17
19 20	NONPHYSICIAN ANESTHETISTS NURSING SCHOOL						19 20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS						23
30	ADULTS & PEDIATRICS	82,020	82,020	6,730,322		10,894,035	30
31	INTENSIVE CARE UNIT	5,935	5,935	1,280,994		2,010,939	31
40	SUBPROVIDER - IPF	6,977 11,495	6,977	833,341		1,484,415 2,320,203	40
41 43	SUBPROVIDER - IRF NURSERY	2,301	11,495 2,301	899,728 227,165		390,748	41 43
44	SKILLED NURSING FACILITY	5,066	5,066	392,099		671,942	44
50	ANCILLARY SERVICE COST CENTERS	17 501	17 501	1 202 676		3 653 033	50
	OPERATING ROOM STONE CENTER	17,591	17,591	1,203,676		3,652,032	50.01
50.02	ENDOSCOPY	3,319 2,266 9,460 315 3,507 14,367 663 558	3,319	154,407		358,587	50.02
51 52	RECOVERY ROOM	2,266	2,266	376,708		559,074	51
52 53	DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	315	9,460 315	1,045,005 2,024,149		1,656,106 1,077,744	52 53
53.01	PAIN CENTER	3,507	3,507	317,191		560,689	53.01
54	RADIOLOGY-DIAGNOSTIC	14,367	14,367	1,572,132		2,842,712	54
56 57	RADIOISOTOPE CT SCAN	558	663 558	168,457 342,725		610,060 855,925	56 57
58	MRI	883	883	222,719		460,253	58
59 60	CARDIAC CATHETERIZATION	4,987	4,987	1,190,760		2,884,931	59 60
62	LABORATORY WHOLE BLOOD & PACKED RED BLOOD CELLS	35,496 272	35,496 272	2,104,127 59,520		5,980,364 479,518	62
	BLOOD CLOTTING FOR HEMOPHILIACS					.,.	62.30
65	RESPIRATORY THERAPY	757	757	790,731		1,159,379	65
66 69	PHYSICAL THERAPY ELECTROCARDIOLOGY	13,742 3,779	13,742 3,779	2,123,806 780,688		3,067,037 1,607,158	66 69
70	ELECTROENCEPHALOGRAPHY	2,634	2,634	274,917		437,759	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS					99,146	71
72 73	IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS					6,662,923 4,243,535	72 73
74							74
75 76	· · · · · · · · · · · · · · · · · · ·	1,369	1,369	287,020 88,076		389,482 146,980	75 76
	CARDIAC REHABILITATION	1,309	1,309	88,070		140,900	76.97
	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS						76.99
90				103,703		184,051	90
	PRENATAL CLINIC			58,388		80,444	90.01
	OUTPATIENT PSYCHIATRIC WOUND CLINIC	3,578	3,578	79,694 231,676		175,188 430,194	90.02 90.03
	NEUROSURGERY			231,070		130,131	90.04
90.05	DR JATOI						90.05
	UROLOGY PHYSICIAN DR. CHU						90.06 90.07
	SPORTS MEDICINE CLINIC						90.08
	DR. SHANKER						90.09
	DR MIRMIRA DR TOKHI						90.10 90.11
	CT\PET			20,206		285,052	90.11
90.13	RADIATION ONCOLOGY			298,495		717,797	90.13
90.14	SPORTS MED-REHAB						90.14

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT SQUARE FEET 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
90.16	MACON COUNT MEDICAL ASSOCIATES DR BRITT						90.15 90.16
90.18	ARTHUR FAMILY MEDICINE CENTER DR BOCK						90.17 90.18
	PEDIATRIC PROF SERVICES DR ANDERSON						90.19 90.20
	DR HABIB DR HANNEKEN						90.21 90.22
90.23	DR MUNESSES						90.23
	DR KOHLI DR DUNCAN						90.24 90.25
	MT ZION FAMILY PRACTICE DR POWELL						90.26 90.27
90.28	CHEMOTHEROPY			17,057		23,999	90.28
91 92	EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)	37,538	37,538	2,306,828		4,139,096	91 92
94	OTHER REIMBURSABLE COST CENTERS HOME PROGRAM DIALYSIS						94
99.10	CORF OUTPATIENT PHYSICAL THERAPY						99.10 99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	443,298	443,298	41,005,231	-25,693,770	79,060,636	118
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	525	525	77,052		274,867	190
192 194	PHYSICIANS' PRIVATE OFFICES SENIOR SERVICES			2,688 54,186		7,396,721 176,623	192 194
	ADULT DAY CARE			139,739		261,085 349,293	194.01 194.02
194.04	SPORTS MEDICINE REHAB CANCER CARE			258,159 399		44,092	194.04
	RESIDENTIAL PROPERTIES BLUE MOUND			359		4,931	194.05 194.07
194.08	ARTHUR CLINIC			333		40,481	194.08
	OCCUPATIONAL HEALTH 2981 NORTH MAIN			240		4,442	194.09 194.11
	MEDICAL OFFICE BUILDING 1750			3,419		204,047	194.13
	MEDICAL ARTS MT. ZION CLINIC			628		20,801	194.14 194.15
	CERRO GORDO LIFELINE			422		23,286	194.16 194.17
194.18	COUNTY JAIL CONTRACT						194.18
	ST. JOHN'S HOME HEALTH ST. MARY'S SURGERY CENTER	5,091	5,091			100,785	194.19 194.23
	FIELDS WRIGHT MEDICAL PRACTICE 3915 N COWGILL			57,859		80,830	194.24
	LAUNDRY OUTSIDE SERVICES			368		323,808 19	194.25 194.28
	MEDICAL MANAGEMENT SYSTEM LAKE SHORE MEDICAL OFFICE BUILDING			3,669		138 394,275	194.35 194.36
	DAY CARE CENTER			334			194.37
	SCHOOL HEALTH SERVICES PRAIRIE CARDIOVASCULAR	5,401	5,401	162,073		212,424 106,922	194.38 194.40
194.41	G I SUITES	3,101	3,101	160		843	194.41
	RESPIRATORY CARE NURSING HOME VACANT SPACE	25,000	25,000			494,918	194.42 194.43
	PHYSICIAN POOL MRI BUILDING			11,356 71		114,176 4,584	194.44 194.48
194.49	FUND DEVELOPMENT	1,004	1,004	137,730		75,463	194.49
194.50 200	CENTRAL ILLINOIS LUNG CROSS FOOT ADJUSTMENTS	2,456	2,456			48,621	194.50 200
201	NEGATIVE COST CENTER	4 011 650	4 645 606	11 704 044		05 602 552	201
202 203	COST TO BE ALLOC PER B PT I UNIT COST MULT-WS B PT I	4,911,658 10.173804	4,645,696 9.622901	11,794,944 0.281394		25,693,770 0.286041	202 203
204 205	COST TO BE ALLOC PER B PT II UNIT COST MULT-WS B PT II			35,891 0.000856		3,339,061 0.037173	204 205
∠∪ <i>3</i>	OMII CODI MODI-MO D BI II			0.00000		0.03/1/3	200

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE PATIENT	HOUSE- KEEPING	DIETARY	
		SQUARE FEET 6	SQUARE FEET 7	DAYS 8	SQUARE FEET 9	PATIENT DAYS 10	
1 2 4 5	GENERAL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS DEPARTMENT ADMINISTRATIVE & GENERAL						1 2 4 5
6 7 8	MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE	415,939 40,020 15,874	375,919 15,874	43,661			6 7 8
9 10 11	HOUSEKEEPING DIETARY CAFETERIA	5,719 16,186 3,849	5,719 16,186 3,849		354,326 16,186 3,849	43,661	9 10 11
12 13 14 15	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY	1,783 9,780 3,818	1,783 9,780 3,818		1,783 9,780 3,818		12 13 14 15
16 17 19 20 21 22 23	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS NURSING SCHOOL I&R SERVICES-SALARY & FRINGES APPRVD I&R SERVICES-OTHER PRGM COSTS APPRVD PARAMED ED PRGM-(SPECIFY)	8,558	8,558		8,558		16 17 19 20 21 22 23
30 31 40	INPATIENT ROUTINE SERV COST CENTERS ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER - IPF	82,020 5,935 6,977	82,020 5,935 6,977	29,364 2,547 4,088	82,020 5,935 6,977	29,364 2,547 4,088	30 31 40
41 43 44	SUBPROVIDER - IRF NURSERY SKILLED NURSING FACILITY	11,495 2,301 5,066	11,495 2,301 5,066	4,470 3,192	11,495 2,301 5,066	4,470 3,192	41 43 44
	ANCILLARY SERVICE COST CENTERS OPERATING ROOM STONE CENTER	17,591	17,591		17,591		50 50.01
51 52 53 53.01	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN CENTER	3,319 2,266 9,460 315 3,507	3,319 2,266 9,460 315 3,507		3,319 2,266 9,460 315 3,507		50.02 51 52 53 53.01
54 56 57 58 59	RADIOLOGY-DIAGNOSTIC RADIOISOTOPE CT SCAN MRI CARDIAC CATHETERIZATION	14,367 663 558 883 4,987	14,367 663 558 883 4,987		14,367 663 558 883 4,987		54 56 57 58 59
	LABORATORY WHOLE BLOOD & PACKED RED BLOOD CELLS BLOOD CLOTTING FOR HEMOPHILIACS	35,496 272	35,496 272		35,496 272		60 62 62.30
65 66 69 70	RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY	757 13,742 3,779 2,634	757 13,742 3,779 2,634		757 13,742 3,779 2,634		65 66 69 70
71 72 73 74 75	MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS REMAL DIALYSIS ASC (NON-DISTINCT PART)						71 72 73 74 75
76.98	TREATMENT CENTER CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY LITHOTRIPSY	1,369	1,369		1,369		76 76.97 76.98 76.99
90.02 90.03	OUTPATIENT SERVICE COST CENTERS CLINIC PRENATAL CLINIC OUTPATIENT PSYCHIATRIC WOUND CLINIC NEUROSURGERY	3,578	3,578		3,578		90 90.01 90.02 90.03 90.04
90.05 90.06 90.07 90.08 90.09 90.10	NEDOCOMERT DR JATOI UROLOGY PHYSICIAN DR. CHU SPORTS MEDICINE CLINIC DR. SHANKER DR MIRMIRA DR TOKHI CT\PET						90.05 90.06 90.07 90.08 90.09 90.10 90.11 90.12
90.13	RADIATION ONCOLOGY SPORTS MED-REHAB						90.13

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2013.11

 IN LIEU OF FORM CMS-2552-10 (08/2011)
 11/24/2013 20:25
 COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

COD1 11	BEOCHITON SIMILSTICIE BASIS					WORKER	JEL D I
	COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS SQUARE	OPERATION OF PLANT SQUARE	LAUNDRY + LINEN SERVICE PATIENT	HOUSE- KEEPING SQUARE	DIETARY	
		FEET 6	FEET 7	DAYS 8	FEET 9	DAYS 10	
		0	,	0	9	10	
90.16 90.17 90.18 90.19 90.20 90.21	MACON COUNT MEDICAL ASSOCIATES DR BRITT ARTHUR FAMILY MEDICINE CENTER DR BOCK PEDIATRIC PROF SERVICES DR ANDERSON DR HABIB DR HANNEKEN						90.15 90.16 90.17 90.18 90.19 90.20 90.21 90.22
90.24	DR MUNESSES DR KOHLI DR DUNCAN						90.23 90.24 90.25
90.27	MT ZION FAMILY PRACTICE DR POWELL CHEMOTHEROPY						90.26 90.27 90.28
91 92	EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	37,538	37,538		37,538		91 92
99.30	HOME PROGRAM DIALYSIS CORF OUTPATIENT PHYSICAL THERAPY OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY						94 99.10 99.20 99.30 99.40
118	SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	376,462	336,442	43,661	314,849	43,661	118
190 192 194	GIFT, FLOWER, COFFEE SHOP & CANTEEN PHYSICIANS' PRIVATE OFFICES SENIOR SERVICES	525	525		525		190 192 194
194.01 194.02 194.04 194.05	ADULT DAY CARE SPORTS MEDICINE REHAB CANCER CARE RESIDENTIAL PROPERTIES BLUE MOUND						194.01 194.02 194.04 194.05 194.07
194.08 194.09 194.11 194.13	ARTHUR CLINIC OCCUPATIONAL HEALTH 2981 NORTH MAIN MEDICAL OFFICE BUILDING 1750 MEDICAL ARTS						194.08 194.09 194.11 194.13 194.14
194.15 194.16 194.17 194.18	MT. ZION CLINIC CERRO GORDO LIFELINE COUNTY JAIL CONTRACT						194.15 194.16 194.17 194.18
194.23 194.24 194.25 194.28	ST. JOHN'S HOME HEALTH ST. MARY'S SURGERY CENTER FIELDS WRIGHT MEDICAL PRACTICE 3915 N COWGILL LAUNDRY OUTSIDE SERVICES MEDICAL MANAGEMENT SYSTEM	5,091	5,091		5,091		194.19 194.23 194.24 194.25 194.28 194.35
194.37	LAKE SHORE MEDICAL OFFICE BUILDING DAY CARE CENTER SCHOOL HEALTH SERVICES						194.36 194.37 194.38
194.40 194.41	PRAIRIE CARDIOVASCULAR G I SUITES RESPIRATORY CARE NURSING HOME	5,401	5,401		5,401		194.40 194.41 194.42
194.43 194.44	VACANT SPACE PHYSICIAN POOL	25,000	25,000		25,000		194.43 194.44
	MRI BUILDING FUND DEVELOPMENT	1,004	1,004		1,004		194.48 194.49
194.50 200	CENTRAL ILLINOIS LUNG CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER	2,456	2,456		2,456		194.50 200
201 202	COST TO BE ALLOC PER B PT I	283,397	5,539,623	1,429,994	2,339,498	1,335,715	201 202
203	UNIT COST MULT-WS B PT I	0.681343	14.736214	32.752204	6.602671	30.592863	203
204	COST TO BE ALLOC PER B PT II	78,174	959,964	392,067	194,760	402,240	204
205	UNIT COST MULT-WS B PT II	0.187946	2.553646	8.979799	0.549663	9.212799	205

WORKSHEET B-1

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	CAFETERIA GROSS SALARIES 11	NURSING ADMINIS- TRATION GROSS SALARIES 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	
1 2 4 5 6 7 8 9 10 11 12 13 14 15 16 17 19 20 21 22 23	GENERAL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS DEPARTMENT ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS NURSING SCHOOL I&R SERVICES-SALARY & FRINGES APPRVD I&R SERVICES-OTHER PRGM COSTS APPRVD PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS	32,706,755 427,375 155,180 1,475,261 1,131,518	19,942,339	13,679,709 74,894	100,000	440,513,483	1 2 4 5 6 7 8 9 10 11 12 13 14 15 16 17 19 20 21 22 23
30 31 40 41 43 44	ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF NURSERY SKILLED NURSING FACILITY	6,730,322 1,280,994 833,341 899,728 227,165 392,099	6,730,322 1,280,994 833,341 899,728 227,165 392,099	460,249 222,122 12,768 70,305 32,505 43,771		25,403,468 4,070,546 2,948,135 5,097,433 942,490 1,081,980	30 31 40 41 43
50.02 51 52 53 53.02 54 56 57 58 59 60 62 62 62 62 63 65 66 69 71 72 73 74 75 76 76.99 76.99	TREATMENT CENTER 7 CARDIAC REHABILITATION 8 HYPERBARIC OXYGEN THERAPY 9 LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS	1,203,676 154,407 376,708 1,045,005 2,024,149 317,191 1,572,132 168,457 342,725 222,719 1,190,760 2,104,127 59,520 790,731 2,123,806 780,688 274,917	1,203,676 154,407 376,708 1,045,005 2,024,149 317,191 1,572,132	1,335,446 73,795 24,966 88,030 198,818 57,435 83,871 292,587 107,839 32,315 1,159,249 1,524,738 55,984 69,681 24,828 340,293 13,320 99,146 6,662,923	100,000	24,293,187 1,919,955 3,812,885 3,610,779 6,059,748 4,717,133 21,262,890 4,844,002 40,736,953 13,455,072 35,174,618 59,370,522 1,667,109 10,282,391 21,323,292 23,573,435 4,648,662 714,914 20,171,299 46,292,803 1,550,811 387,520	50 50.01 50.02 51 53 53.01 54 56 57 58 59 60 62 62.30 65 66 69 70 71 72 73 74 75 76.97 76.98 76.99
90.02 90.03 90.04 90.05 90.05 90.05 90.12 90.12	CLINIC PRENATAL CLINIC OUTPATIENT PSYCHIATRIC WOUND CLINIC NEUROSURGERY TO R JATOI TOR. CHU SPORTS MEDICINE CLINIC DR. SHANKER DR MIRMIRA LDR TOKHI CT\PET RADIATION ONCOLOGY SPORTS MED-REHAB	103,703 58,388 79,694 231,676	103,703 58,388 79,694 231,676	4,830 2,942 130 119,851		526,729 124,349 620,782 1,232,112	90 90.01 90.02 90.03 90.04 90.05 90.06 90.07 90.08 90.09 90.10 90.11 90.12 90.13 90.14

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

COD1 11	EDOCHITOR DIMITOTIONE DIDIO					Worthbill	.D. D .
	COST CENTER DESCRIPTION	CAFETERIA GROSS SALARIES 11	NURSING ADMINIS- TRATION GROSS SALARIES 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	
90.16 90.17 90.18 90.19 90.20 90.21 90.22 90.23 90.24 90.25 90.26	MACON COUNT MEDICAL ASSOCIATES DR BRITT ARTHUR FAMILY MEDICINE CENTER DR BOCK PEDIATRIC PROF SERVICES DR ANDERSON DR HABIB DR HANNEKEN DR MUNESSES DR KOHLI DR DUNCAN MT ZION FAMILY PRACTICE DR POWELL CHEMOTHEROPY EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)	17,057 2,306,828	17,057 2,306,828	1,988 305,889		168,673 40,985,281	90.15 90.16 90.17 90.18 90.20 90.21 90.22 90.23 90.24 90.25 90.26 90.27 90.28 91
99.30	OTHER REIMBURSABLE COST CENTERS HOME PROGRAM DIALYSIS CORF OUTPATIENT PHYSICAL THERAPY OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						94 99.10 99.20 99.30 99.40
118	SUBTOTALS (SUM OF LINES 1-117)	31,795,844	19,942,339	13,672,456	100,000	440,513,483	118
194.02 194.04	NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN PHYSICIANS' PRIVATE OFFICES SENIOR SERVICES ADULT DAY CARE SPORTS MEDICINE REHAB CANCER CARE RESIDENTIAL PROPERTIES	77,052 2,688 54,186 139,739 258,159 399		18 812 6,020 348			190 192 194 194.01 194.02 194.04 194.05
194.07 194.08 194.09 194.11 194.13 194.14	BLUE MOUND ARTHUR CLINIC OCCUPATIONAL HEALTH 2981 NORTH MAIN MEDICAL OFFICE BUILDING 1750 MEDICAL ARTS MT. ZION CLINIC	359 240 3,419 628		24			194.07 194.08 194.09 194.11 194.13 194.14
194.16 194.17 194.18 194.19 194.23 194.24	CERRO GORDO LIFELINE COUNTY JAIL CONTRACT ST. JOHN'S HOME HEALTH ST. MARY'S SURGERY CENTER FIELDS WRIGHT MEDICAL PRACTICE	422 57,859					194.16 194.17 194.18 194.19 194.23 194.24
194.28 194.35 194.36 194.37 194.38	3915 N COWGILL LAUNDRY OUTSIDE SERVICES MEDICAL MANAGEMENT SYSTEM LAKE SHORE MEDICAL OFFICE BUILDING DAY CARE CENTER SCHOOL HEALTH SERVICES PRAIRIE CARDIOVASCULAR	3,669 334 162,073					194.25 194.35 194.36 194.37 194.38 194.40
194.41 194.42 194.43	G I SUITES RESPIRATORY CARE NURSING HOME VACANT SPACE PHYSICIAN POOL	160 11,356		31			194.41 194.42 194.43 194.44
194.48 194.49	MRI BUILDING FUND DEVELOPMENT CENTRAL ILLINOIS LUNG CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER	71 137,730					194.48 194.49 194.50 200 201
202 203 204 205	COST TO BE ALLOC PER B PT I UNIT COST MULT-WS B PT I COST TO BE ALLOC PER B PT II UNIT COST MULT-WS B PT II	1,943,141 0.059411 143,284 0.004381	937,057 0.046988 68,621 0.003441	787,288 0.057552 242,879 0.017755	3,015,400 30.154000 179,279 1.792790	3,794,835 0.008615 305,811 0.000694	202 203 204 205

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WORKSHEET B-1

COST ALLOCATION - STATISTICAL BASIS

I&R COST CENTER DESCRIPTION SALARY & FRINGES ASSIGNED

		ASSIGNED	
		TIME 21	
1 2 4	GENERAL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS DEPARTMENT		1 2 4
5 6 7	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT		5 6 7
8 9 10	LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY		8 9 10
11 12 13	CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION		11 12 13
14 15 16	CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY		14 15 16
17 19 20	SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS NURSING SCHOOL		17 19 20
21 22 23	I&R SERVICES-SALARY & FRINGES APPRVD I&R SERVICES-OTHER PRGM COSTS APPRVD PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS	100	21 22 23
30 31 40	ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER - IPF	100	30 31 40
41 43 44	SUBPROVIDER - IRF NURSERY SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS		41 43 44
50.02	OPERATING ROOM STONE CENTER ENDOSCOPY		50 50.01 50.02 51
	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN CENTER		52 53 53.01
54 56 57 58	RADIOLOGY-DIAGNOSTIC RADIOISOTOPE CT SCAN MRI		54 56 57 58
59 60 62	CARDIAC CATHETERIZATION LABORATORY WHOLE BLOOD & PACKED RED BLOOD CELLS		59 60 62
65 66	BLOOD CLOTTING FOR HEMOPHILIACS RESPIRATORY THERAPY PHYSICAL THERAPY		62.30 65 66
69 70 71 72	ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENTS		69 70 71 72
73 74 75	DRUGS CHARGED TO PATIENTS RENAL DIALYSIS ASC (NON-DISTINCT PART)		73 74 75
76 76.97 76.98	TREATMENT CENTER CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY		76 76.97 76.98
90	LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS CLINIC		76.99 90
90.02 90.03 90.04	PRENATAL CLINIC OUTPATIENT PSYCHIATRIC WOUND CLINIC NEUROSURGERY		90.01 90.02 90.03 90.04
90.06 90.07	DR JATOI UROLOGY PHYSICIAN DR. CHU SPORTS MEDICINE CLINIC		90.05 90.06 90.07 90.08
90.09 90.10	DR. SHANKER DR MIRMIRA DR TOKHI		90.08 90.09 90.10 90.11
90.12 90.13	CT\PET RADIATION ONCOLOGY SPORTS MED-REHAB		90.12 90.13 90.14

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WORKSHEET B-1

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION

SALARY & FRINGES
ASSIGNED
TIME
21

	TIME 21	
	21	
90.15 MACON COUNT MEDICAL ASSOCIATES		90.15
90.16 DR BRITT 90.17 ARTHUR FAMILY MEDICINE CENTER		90.16 90.17
90.17 ARTHUR FAMILI MEDICINE CENTER 90.18 DR BOCK		90.17
90.19 PEDIATRIC PROF SERVICES		90.19
90.20 DR ANDERSON		90.20
90.21 DR HABIB		90.21
90.22 DR HANNEKEN		90.22
90.23 DR MUNESSES 90.24 DR KOHLI		90.23 90.24
90.24 DR KOHLI 90.25 DR DUNCAN		90.24
90.26 MT ZION FAMILY PRACTICE		90.26
90.27 DR POWELL		90.27
90.28 CHEMOTHEROPY		90.28
91 EMERGENCY		91
92 OBSERVATION BEDS (NON-DISTINCT PART)		92
OTHER REIMBURSABLE COST CENTERS 94 HOME PROGRAM DIALYSIS		94
99.10 CORF		99.10
99.20 OUTPATIENT PHYSICAL THERAPY		99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY		99.30
99.40 OUTPATIENT SPEECH PATHOLOGY		99.40
SPECIAL PURPOSE COST CENTERS	100	110
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	100	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		190
192 PHYSICIANS' PRIVATE OFFICES		192
194 SENIOR SERVICES		194
194.01 ADULT DAY CARE		194.01
194.02 SPORTS MEDICINE REHAB		194.02
194.04 CANCER CARE		194.04
194.05 RESIDENTIAL PROPERTIES 194.07 BLUE MOUND		194.05 194.07
194.07 BLOE MOUND 194.08 ARTHUR CLINIC		194.07
194.09 OCCUPATIONAL HEALTH		194.09
194.11 2981 NORTH MAIN		194.11
194.13 MEDICAL OFFICE BUILDING 1750		194.13
194.14 MEDICAL ARTS		194.14
194.15 MT. ZION CLINIC 194.16 CERRO GORDO		194.15 194.16
194.17 LIFELINE		194.10
194.18 COUNTY JAIL CONTRACT		194.18
194.19 ST. JOHN'S HOME HEALTH		194.19
194.23 ST. MARY'S SURGERY CENTER		194.23
194.24 FIELDS WRIGHT MEDICAL PRACTICE		194.24
194.25 3915 N COWGILL 194.28 LAUNDRY OUTSIDE SERVICES		194.25 194.28
194.35 MEDICAL MANAGEMENT SYSTEM		194.35
194.36 LAKE SHORE MEDICAL OFFICE BUILDING		194.36
194.37 DAY CARE CENTER		194.37
194.38 SCHOOL HEALTH SERVICES		194.38
194.40 PRAIRIE CARDIOVASCULAR		194.40
194.41 G I SUITES 194.42 RESPIRATORY CARE NURSING HOME		194.41 194.42
194.43 VACANT SPACE		194.42
194.44 PHYSICIAN POOL		194.44
194.48 MRI BUILDING		194.48
194.49 FUND DEVELOPMENT		194.49
194.50 CENTRAL ILLINOIS LUNG		194.50
200 CROSS FOOT ADJUSTMENTS 201 NEGATIVE COST CENTER		200 201
202 COST TO BE ALLOC PER B PT I		201
203 UNIT COST MULT-WS B PT I		203
204 COST TO BE ALLOC PER B PT II		204
205 UNIT COST MULT-WS B PT II		205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C PART I

,	COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26)	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
2.0	INPATIENT ROUTINE SERV COST CENTERS	10 627 004		10 627 004		10 627 004	20
30 31	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	18,637,824 3,062,328		18,637,824 3,062,328	4,276	18,637,824 3,066,604	30 31
40	SUBPROVIDER - IPF	2,436,410		2,436,410	4,270	2,436,410	40
41	SUBPROVIDER - IRF	3,663,841		3,663,841		3,663,841	41
43	NURSERY	587,348		587,348		587,348	43
44	SKILLED NURSING FACILITY	1,231,456		1,231,456	1,555	1,233,011	44
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	5,498,236		5,498,236		5,498,236	50
	STONE CENTER ENDOSCOPY	571,457		571,457		571,457	50.01 50.02
50.02	RECOVERY ROOM	843,257		843,257		843,257	50.02
52	DELIVERY ROOM & LABOR ROOM	2,485,493		2,485,493		2,485,493	52
53	ANESTHESIOLOGY	1,671,975		1,671,975		1,671,975	53
	PAIN CENTER	875,986		875,986		875,986	53.01
54	RADIOLOGY-DIAGNOSTIC	4,327,489		4,327,489		4,327,489	54
56 57	RADIOISOTOPE CT SCAN	867,740		867,740		867,740	56 57
58	MRI	1,490,559 742,355		1,490,559 742,355		1,490,559 742,355	58
59	CARDIAC CATHETERIZATION	4,260,445		4,260,445		4,260,445	59
60	LABORATORY	9,196,673		9,196,673		9,196,673	60
62	WHOLE BLOOD & PACKED RED BL	643,789		643,789		643,789	62
	BLOOD CLOTTING FOR HEMOPHIL						62.30
65	RESPIRATORY THERAPY	1,647,249		1,647,249	12,202	1,659,451	65
66 69	PHYSICAL THERAPY ELECTROCARDIOLOGY	4,558,243 2,419,136		4,558,243 2,419,136	7,609	4,565,852	66 69
70	ELECTROCARDIOLOGI ELECTROENCEPHALOGRAPHY	678,125		678,125		2,419,136 678,125	70
71	MEDICAL SUPPLIES CHARGED TO	139,371		139,371		139,371	71
72	IMPL. DEV. CHARGED TO PATIE	9,126,027		9,126,027		9,126,027	72
73	DRUGS CHARGED TO PATIENTS	8,871,572		8,871,572		8,871,572	73
74	RENAL DIALYSIS	=04 000		=04 000			74
75	ASC (NON-DISTINCT PART)	531,302		531,302	22 000	531,302	75 76
76 76 97	TREATMENT CENTER CARDIAC REHABILITATION	232,018		232,018	23,906	255,924	76.97
	HYPERBARIC OXYGEN THERAPY						76.98
	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	252,547		252,547		252,547	90
	PRENATAL CLINIC	110,907		110,907		110,907	90.01
	OUTPATIENT PSYCHIATRIC WOUND CLINIC	317,922 595,410		317,922 595,410	1,711	317,922 597,121	90.02 90.03
	NEUROSURGERY	393,410		393,410	1,/11	397,121	90.03
	DR JATOI						90.05
	UROLOGY PHYSICIAN						90.06
	DR. CHU						90.07
	SPORTS MEDICINE CLINIC DR. SHANKER						90.08 90.09
	DR MIRMIRA						90.10
	DR TOKHI						90.11
	CT\PET	380,068		380,068		380,068	90.12
	RADIATION ONCOLOGY	996,853		996,853		996,853	90.13
	SPORTS MED-REHAB						90.14
	MACON COUNT MEDICAL ASSOCIA DR BRITT						90.15 90.16
	ARTHUR FAMILY MEDICINE CENT						90.17
	DR BOCK						90.18
	PEDIATRIC PROF SERVICES						90.19
	DR ANDERSON						90.20
	DR HABIB						90.21
	DR HANNEKEN						90.22 90.23
	DR MUNESSES DR KOHLI						90.23
	DR DUNCAN						90.25
	MT ZION FAMILY PRACTICE						90.26
	DR POWELL						90.27
	CHEMOTHEROPY	34,245		34,245		34,245	90.28
91	EMERGENCY	6,765,779		6,765,779		6,765,779	91
92	OBSERVATION BEDS (NON-DISTI OTHER REIMBURSABLE COST CENTERS	1,148,652		1,148,652		1,148,652	92
94							94
99.10							99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
	OUTPATIENT OCCUPATIONAL THE						99.30
	OUTPATIENT SPEECH PATHOLOGY	101 000 007		101 000 007	E1 0F0	101 051 246	99.40
200	SUBTOTAL (SEE INSTRUCTIONS)	101,900,087		101,900,087	51,259	101,951,346	200

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL PERIOD FROM 07/01/2012 TO 06/30/2013

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2013.11

 IN LIEU OF FORM CMS-2552-10 (08/2011)
 11/24/2013 20:25

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C PART I

	COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
201 202	LESS OBSERVATION BEDS TOTAL (SEE INSTRUCTIONS)	1,148,652 100,751,435		1,148,652 100,751,435		1,148,652 100,802,694	201 202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C PART I (CONT)

			CHAPCES		COST	TEFRA	PPS
	COST CENTER DESCRIPTION			TOTAL	OR OTHER	INPATIENT	INPATIENT
		INPATIENT 6	OUTPATIENT 7	(COLS. 6 + 7) 8	RATIO 9	RATIO 10	RATIO 11
		0	,	8	9	10	11
2.0	INPATIENT ROUTINE SERV COST CEN	ITERS		02 426 001			20
30 31	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	4.070.546		23,436,801 4,070,546			30 31
40	SUBPROVIDER - IPF	2,948,135		2,948,135			40
41	SUBPROVIDER - IRF	5,097,433		5,097,433			41
43	NURSERY	942,490		942,490			43
44	SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	1,081,980		1,081,980			44
50	OPERATING ROOM	12,123,965	12,169,222	24,293,187	0.226328	0.226328	
	STONE CENTER	200 010	1 505 045	1 010 055	0.005641	0.005641	50.01
50.02	ENDOSCOPY RECOVERY ROOM	322,010 1,205,390	1,597,945 2,607,495	1,919,955 3,812,885	0.297641 0.221160	0.297641 0.221160	0.297641 50.02 0.221160 51
52	DELIVERY ROOM & LABOR ROOM	2,867,722	743,057	3,610,779	0.688354	0.688354	0.688354 52
53	ANESTHESIOLOGY	3,685,681	2,374,067	6,059,748	0.275915	0.275915	0.275915 53
	PAIN CENTER	52,669	4,664,464	4,717,133	0.185703	0.185703	0.185703 53.01
54 56	RADIOLOGY-DIAGNOSTIC RADIOISOTOPE	5,770,409	15,492,481	21,262,890	0.203523	0.203523	0.203523 54 0.179137 56
50 57		584,074 13,191,490	4,259,928 27,545,463	4,844,002 40,736,953	0.179137 0.036590	0.179137 0.036590	0.179137 56
58	MRI	2,680,334	10,774,738	13,455,072	0.055173	0.055173	0.055173 58
59	CARDIAC CATHETERIZATION	16,751,679	18,422,939	35,174,618	0.121123	0.121123	0.121123 59
60	LABORATORY	28,230,836	31,139,686	59,370,522	0.154903	0.154903	0.154903 60
62 62 30	WHOLE BLOOD & PACKED RED BL BLOOD CLOTTING FOR HEMOPHIL	1,221,061	446,048	1,667,109	0.386171	0.386171	0.386171 62 62.30
65	RESPIRATORY THERAPY	8,822,914	1,459,477	10,282,391	0.160201	0.160201	0.161388 65
66	PHYSICAL THERAPY	13,243,836	1,459,477 8,079,456	21,323,292	0.213768	0.213768	0.214125 66
69	ELECTROCARDIOLOGY	6,628,598	16,944,837	23,573,435	0.102621	0.102621	0.102621 69
70 71	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO	367,722 683,318	4,280,940 31,596	4,648,662 714,914	0.145875	0.145875 0.194948	0.145875 70 0.194948 71
72	IMPL. DEV. CHARGED TO PATIE	12,496,973	7,674,326	20,171,299	0.194948 0.452426	0.452426	0.452426 72
73	DRUGS CHARGED TO PATIENTS	31,601,135	14,691,668	46,292,803	0.191640	0.191640	0.191640 73
74	RENAL DIALYSIS						74
75 76	ASC (NON-DISTINCT PART)			1,550,811	0.342596	0.342596	
	TREATMENT CENTER CARDIAC REHABILITATION	102,077	285,443	387,520	0.598725	0.598725	0.660415 76 76.97
	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
0.0	OUTPATIENT SERVICE COST CENTERS		F06 000	F06 700	0 470463	0 470463	0 470462 00
90 90 01	CLINIC PRENATAL CLINIC	439 416	526,290 123,933	526,729 124,349	0.479463 0.891901	0.479463 0.891901	0.479463 90 0.891901 90.01
	OUTPATIENT PSYCHIATRIC	416 13,473 331,432	607,309	620,782	0.512131	0.512131	0.512131 90.02
	WOUND CLINIC	331,432	900,680	1,232,112	0.483243	0.483243	0.484632 90.03
	NEUROSURGERY						90.04
	DR JATOI UROLOGY PHYSICIAN						90.05 90.06
	DR. CHU						90.07
	SPORTS MEDICINE CLINIC						90.08
	DR. SHANKER						90.09
	DR MIRMIRA DR TOKHI						90.10 90.11
	CT\PET	27,608	953,437	981,045	0.387411	0.387411	0.387411 90.12
	RADIATION ONCOLOGY	14,304	6,446,176	6,460,480	0.154300	0.154300	0.154300 90.13
	SPORTS MED-REHAB						90.14
	MACON COUNT MEDICAL ASSOCIA DR BRITT						90.15 90.16
	ARTHUR FAMILY MEDICINE CENT						90.17
	DR BOCK						90.18
	PEDIATRIC PROF SERVICES						90.19
	DR ANDERSON						90.20
	DR HABIB DR HANNEKEN						90.21 90.22
	DR MUNESSES						90.23
	DR KOHLI						90.24
	DR DUNCAN						90.25
	MT ZION FAMILY PRACTICE DR POWELL						90.26 90.27
	CHEMOTHEROPY	368	168,305	168,673	0.203026	0.203026	0.203026 90.28
91	EMERGENCY	10,641,410	30,343,871	40,985,281	0.165078	0.165078	0.165078 91
92	OBSERVATION BEDS (NON-DISTI	146,524	1,820,143	1,966,667	0.584060	0.584060	0.584060 92
94	OTHER REIMBURSABLE COST CENTERS HOME PROGRAM DIALYSIS	•					94
99.10							99.10
	OUTPATIENT PHYSICAL THERAPY						99.20
	OUTPATIENT OCCUPATIONAL THE						99.30
200	OUTPATIENT SPEECH PATHOLOGY SUBTOTAL (SEE INSTRUCTIONS)	211,411,270	229,102,213	440,513,483			99.40 200
200	SUBTOTION (DEED INDIROCTIONS)	211,111,210	227,102,213	110,313,403			200

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL PERIOD FROM 07/01/2012 TO 06/30/2013

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C PART I (CONT)

		CHARGES		COST	TEFRA	PPS	
	COST CENTER DESCRIPTION			TOTAL	OR OTHER	INPATIENT	INPATIENT
		INPATIENT	OUTPATIENT	(COLS. 6 + 7)	RATIO	RATIO	RATIO
		6	7	8	9	10	11
201	LESS OBSERVATION BEDS						201
202	TOTAL (SEE INSTRUCTIONS)	211,411,270	229,102,213	440,513,483			202

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL PERIOD FROM 07/01/2012 TO 06/30/2013

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2013.11

 IN LIEU OF FORM CMS-2552-10 (08/2011)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D PART I

CHECK

[] TITLE V
[XX] TITLE XVIII-PT A
[] TITLE XIX APPLICABLE BOXES

BOXES	[] TITLE XIX								
		CAP-REL		REDUCED					
		COST		CAP-REL		PER		INPAT PGM	
		(FROM WKST	SWING-BED	COST	TOTAL	DIEM	INPAT	CAP COST	
	COST CENTER DESCRIPTION	B, PT. II,	ADJUSTMENT	(COL.1 MINUS	PATIENT	(COL.3 ÷	PGM	(COL.5 x	
		COL. 26)		COL.2)	DAYS	COL.4)	DAYS	COL.6)	
		1	2	3	4	5	6	7	
	INPAT ROUTINE SERV COST CTRS								
30	ADULTS & PEDIATRICS	2,917,043		2,917,043	31,121	93.73	12,880	1,207,242	30
31	INTENSIVE CARE UNIT	276,003		276,003	2,547	108.36	1,635	177,169	31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF	300,141		300,141	4,088	73.42	3,533	259,393	40
41	SUBPROVIDER - IRF	445,559		445,559	4,470	99.68	3,581	356,954	41
42	SUBPROVIDER I								42
43	NURSERY	70,852		70,852	1,447	48.96			43
44	SKILLED NURSING FACILITY	204,944		204,944	3,192	64.21	3,137	201,427	44
45	NURSING FACILITY	•		·	·			•	45
200	TOTAL (LINES 30-199)	4,214,542		4,214,542	46,865		24,766	2,202,185	200

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D PART II

CHECK APPLICA BOXES	[] TITLE V ABLE [XX] TITLE XVII	[XX] [] []	HOSPITAL (14-0166) IPF IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA	
	COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)	
		1	2	3	4	5	
50 50 01	ANCILLARY SERVICE COST CENTERS OPERATING ROOM STONE CENTER	592,911	24,293,187	0.024406	7,103,355	173,364	50 50.01
50.02	ENDOSCOPY	93,940	1,919,955	0.048928	191,676	9,378	50.02
51 52	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	79,457 293,112	3,812,885 3,610,779	0.020839 0.081177	537,771 10,949	11,207 889	51 52
53	ANESTHESIOLOGY	72,636	6,059,748	0.011987	1,390,187	16,664	53
	PAIN CENTER	108,860	4,717,133	0.023078	35,033	808	53.01
54 56	RADIOLOGY-DIAGNOSTIC RADIOISOTOPE	467,265 47,424	21,262,890 4,844,002	0.021976 0.009790	3,235,578 363,453	71,105 3,558	54 56
57	CT SCAN	76,681	40,736,953	0.001882	7,340,916	13,816	57
58 59	MRI CARDIAC CATHETERIZATION	48,574	13,455,072	0.003610 0.007779	1,470,063	5,307 66,327	58 59
60	LABORATORY	273,610 1,121,227	35,174,618 59,370,522	0.007779	8,526,394 13,782,565	260,284	60
62	WHOLE BLOOD & PACKED RED BLOO	26,568	1,667,109	0.015937	607,978	9,689	62
62.30 65	BLOOD CLOTTING FOR HEMOPHILIA RESPIRATORY THERAPY	73,090	10,282,391	0.007108	5,367,040	38,149	62.30 65
66	PHYSICAL THERAPY	457,646	21,323,292	0.007108	2,401,846	51,548	66
69	ELECTROCARDIOLOGY	173,482	23,573,435	0.007359	3,500,639	25,761	69
70 71	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P	81,988 5,942	4,648,662 714,914	0.017637 0.008311	210,336 324,654	3,710 2,698	70 71
72	IMPL. DEV. CHARGED TO PATIENT	379,977	20,171,299	0.018838	7,272,049	136,991	72
73	DRUGS CHARGED TO PATIENTS	369,151	46,292,803	0.007974	14,989,836	119,529	73
74 75 76	RENAL DIALYSIS ASC (NON-DISTINCT PART) TREATMENT CENTER	17,057 38,147	1,550,811 387,520	0.010999 0.098439	15,679	1,543	74 75 76
76.98	CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY						76.97 76.98
76.99	LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS						76.99
90	CLINIC	8,194	526,729	0.015556			90
	PRENATAL CLINIC OUTPATIENT PSYCHIATRIC	3,635 90,245	124,349 620,782	0.029232 0.145373	1 9,201	1,338	90.01 90.02
	WOUND CLINIC	20,985	1,232,112	0.017032	172,784	2,943	90.03
	NEUROSURGERY						90.04
	DR JATOI UROLOGY PHYSICIAN						90.05 90.06
90.07	DR. CHU						90.07
	SPORTS MEDICINE CLINIC DR. SHANKER						90.08 90.09
	DR MIRMIRA						90.09
90.11	DR TOKHI						90.11
	CT\PET RADIATION ONCOLOGY	12,564 32,838	981,045 6,460,480	0.012807 0.005083	15,387 10,120	197 51	90.12 90.13
	SPORTS MED-REHAB	32,030	0,100,100	0.003003	10,120	31	90.14
	MACON COUNT MEDICAL ASSOCIATE						90.15
	DR BRITT ARTHUR FAMILY MEDICINE CENTER						90.16 90.17
90.18	DR BOCK						90.18
	PEDIATRIC PROF SERVICES						90.19
	DR ANDERSON DR HABIB						90.20 90.21
	DR HANNEKEN						90.22
	DR MUNESSES DR KOHLI						90.23 90.24
	DR DUNCAN						90.24
	MT ZION FAMILY PRACTICE						90.26
	DR POWELL CHEMOTHEROPY	1,193	168,673	0.007073			90.27 90.28
91	EMERGENCY	1,074,432	40,985,281	0.026215	5,499,006	144,156	91
92 94	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS HOME PROGRAM DIALYSIS	179,778	1,966,667	0.091413	74,632	6,822	92 94
200	TOTAL (SUM OF LINES 50-199)	6,322,609	402,936,098		84,459,128	1,177,832	200

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART III

CHECK APPLICABLE

[] TITLE V
[XX] TITLE XVIII-PT A
[] TITLE XIX BOXES

DOKED	COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4)	
30 31 32 33 34 35 40 41 42 43 44	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) SUBPROVIDER - IFF SUBPROVIDER - IRF SUBPROVIDER I NURSERY SKILLED NURSING FACILITY NURSING FACILITY	-	_		-		30 31 32 33 34 35 40 41 42 43 44
200	TOTAL (SUM OF LINES 30-199)						200

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL PERIOD FROM 07/01/2012 TO 06/30/2013

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART III

CHECK [] TITLE V
APPLICABLE [XX] TITLE XVIII-PT A
BOXES [] TITLE XIX

BOXES	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6)	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
	INPAT ROUTINE SERV COST CTRS					
30	ADULTS & PEDIATRICS	31,121		12,880		30
31	INTENSIVE CARE UNIT	2,547		1,635		31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF	4,088		3,533		40
41	SUBPROVIDER - IRF	4,470		3,581		41
42	SUBPROVIDER I					42
43	NURSERY	1,447				43
44	SKILLED NURSING FACILITY	3,192		3,137		44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	46,865		24,766		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

APPLICABLE	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[]	HOSPITAL (14-016 IPF IRF	6) [] SUB [] SNF [] NF	(OTHER)	Ţ] ICF/MR	[xx]	PPS TEFRA
со	ST CENTER DESCRIPTION	2	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4)	
50 OPERA 50.01 STONE 50.02 ENDOS 51 RECOV 52 DELIV 53 ANEST 53.01 PAIN 54 RADIO 56 RADIO 57 CT SC 58 MRI 59 CARDI 60 LABOR 62 WHOLE 62.30 BLOOD 65 RESPI 66 PHYSI 69 ELECT 70 ELECT 71 MEDIC 72 IMPL 73 DRUGS 74 RENAL 75 ASC (176.97 TRADI 76.97 TRADI 76.98 HYPER 76.99 LITHO	COPY ERY ROOM ERY ROOM & LABOR ROOM HESIOLOGY CENTER LOGY-DIAGNOSTIC ISOTOPE AN AC CATHETERIZATION ATTORY BLOOD & PACKED RED BL CLOTTING FOR HEMOPHIL RATORY THERAPY ROCARDIOLOGY ROENCEPHALOGRAPHY AL SUPPLIES CHARGED TO DEV. CHARGED TO PATIE CHARGED TO PATIENTS DIALYSIS NON-DISTINCT PART) MENT CENTER AC REHABILITATION BARIC OXYGEN THERAPY TRIPSY	.00 .IA P ENT							50 50.01 50.02 51 52 53 53.01 54 56 57 58 59 60 62 62.30 65 66 69 70 71 72 73 74 75 76.97 76.98 76.99
90 CLINI 90.01 PRENA 90.02 OUTPA 90.03 WOUNDA 90.04 NEURO 90.05 DR JA 90.06 UROLO 90.07 DR. C. 90.08 SPORT 90.09 DR. S. 90.10 DR MI 90.11 DR TO 90.12 CT\PE 90.13 RADIA 90.14 SPORT 90.15 MACON 90.16 DR BR 90.17 ARTHU 90.18 DR BO 90.17 ARTHU 90.18 DR BO 90.19 PEDIA 90.20 DR AN 90.21 DR HA 90.22 DR HA 90.22 DR HA 90.23 DR MU 90.24 DR KO 90.25 DR DU 90.26 MT ZI 90.27 DR PO 90.28 CHEMO 91 EMERG 92 OBSER	TAL CLINIC TIENT PSYCHIATRIC CLINIC SURGERY TOI GY PHYSICIAN HU S MEDICINE CLINIC HANKER RMIRA KHI T TION ONCOLOGY S MED-REHAB COUNT MEDICAL ASSOCIA ITT R FAMILY MEDICINE CENT CK TRIC PROF SERVICES DERSON BIB NNEKEN NNEKEN NESSES HLI NCAN ON FAMILY PRACTICE WELL THEROPY	TE TER							90 90.01 90.02 90.03 90.06 90.07 90.08 90.10 90.11 90.12 90.13 90.14 90.15 90.16 90.17 90.20 90.21 90.21 90.23 90.24 90.25 90.27 90.28 91
94 HOME	PROGRAM DIALYSIS (SUM OF LINES 50-199)								94 200

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

CHECK APPLICA BOXES	ABLE [XX] TITLE XVIII-PT A [XX] HOSPITAL] IPF] IRF	(14-0166) [[[] SUB (OTHE] SNF] NF	ER)	[]	ICF/MR	[XX] PPS [] TEFRA
	COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	ANCILLARY SERVICE COST CENTER							
50 50 01	OPERATING ROOM STONE CENTER	24,293,187			7,103,355		3,208,920	50 50.01
	ENDOSCOPY	1,919,955			191,676		630,999	50.02
51	RECOVERY ROOM	3,812,885			537,771		888,882	51
52 53	DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	3,610,779 6,059,748			10,949 1,390,187		38 877,146	52 53
	PAIN CENTER	4,717,133			35,033		2,437,801	53.01
54	RADIOLOGY-DIAGNOSTIC	21,262,890			3,235,578		4,584,348	54
56 57	RADIOISOTOPE CT SCAN	4,844,002 40,736,953			363,453 7,340,916		487,507 9,492,257	56 57
58	MRI	13,455,072			1,470,063		3,891,589	58
59	CARDIAC CATHETERIZATION	35,174,618			8,526,394		11,677,833	59
60 62	LABORATORY WHOLE BLOOD & PACKED RED BLO	59,370,522 1,667,109			13,782,565 607,978		387,182 56,562	60 62
	BLOOD CLOTTING FOR HEMOPHILI	1,007,109			007,976		50,502	62.30
65	RESPIRATORY THERAPY	10,282,391			5,367,040		545,849	65
66	PHYSICAL THERAPY	21,323,292			2,401,846 3,500,639		527,005	66
69 70	ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY	23,573,435 4,648,662			210,336		10,710,416 1,507,379	69 70
71	MEDICAL SUPPLIES CHARGED TO	714,914			124.054		10,190	71
72	IMPL. DEV. CHARGED TO PATIEN	20,171,299			7,272,049		4,692,162	72
73 74	DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	46,292,803			14,989,836		5,847,504	73 74
75	ASC (NON-DISTINCT PART)	1,550,811					1,203,083	75
76 76 07	TREATMENT CENTER	387,520			15,679		23,491	76
	CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY							76.97 76.98
	LITHOTRIPSY							76.99
90	OUTPATIENT SERVICE COST CENTER	RS 526,729						90
	PRENATAL CLINIC	124,349			1		18	90.01
90.02	OUTPATIENT PSYCHIATRIC	620,782			9,201		330,066	90.02
	WOUND CLINIC NEUROSURGERY	1,232,112			172,784		190,203	90.03 90.04
	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
	DR. CHU SPORTS MEDICINE CLINIC							90.07 90.08
	DR. SHANKER							90.09
90.10	DR MIRMIRA							90.10
	DR TOKHI CT\PET	981,045			15,387		510,468	90.11 90.12
	RADIATION ONCOLOGY	6,460,480			10,120		3,955,989	90.13
90.14	SPORTS MED-REHAB							90.14
	MACON COUNT MEDICAL ASSOCIAT DR BRITT							90.15 90.16
	ARTHUR FAMILY MEDICINE CENTE							90.17
	DR BOCK							90.18
	PEDIATRIC PROF SERVICES DR ANDERSON							90.19 90.20
	DR HABIB							90.21
	DR HANNEKEN							90.22
	DR MUNESSES DR KOHLI							90.23 90.24
90.25	DR DUNCAN							90.25
	MT ZION FAMILY PRACTICE							90.26
	DR POWELL CHEMOTHEROPY	168,673					34,292	90.27 90.28
91	EMERGENCY	40,985,281			5,499,006		5,786,028	91
92	OBSERVATION BEDS (NON-DISTIN	1,966,667			74,632		584,663	92
94	OTHER REIMBURSABLE COST CENTER HOME PROGRAM DIALYSIS	NO.						94
200	TOTAL (SUM OF LINES 50-199)	402,936,098			84,459,128		75,079,870	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D PART V

CHECK APPLIC BOXES	[] TITLE V - O/P ABLE [XX] TITLE XVIII-PT [] TITLE XIX - O/	'В []	IPF]	SUB (OTHER SNF NF	.)	[]	S/B-SNF S/B-NF ICF/MR	
	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED	COST REIMB. SERVICES SUBJECT TO	GES COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS	COST SERVICES	COST SVCES NOT SUBJECT TO	
50	ANCILLARY SERVICE COST CENTERS OPERATING ROOM	0.226328	3,208,920			726,268			50
	STONE CENTER ENDOSCOPY	0.297641	630,999			187,811			50.01 50.02
51	RECOVERY ROOM	0.221160	888,882			196,585			51 52
52 53	DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	0.688354 0.275915	38 877,146			26 242,018			52 53
	PAIN CENTER	0.185703				452,707			53.01 54
54 56	RADIOLOGY-DIAGNOSTIC RADIOISOTOPE	0.203523 0.179137	4,584,348 487,507			933,020 87,331			54 56
57	CT SCAN	0.036590	9,492,257			347,322			57
58 59	MRI CARDIAC CATHETERIZATION		3,891,589 11,677,833			214,711 1,414,454			58 59
60	LABORATORY	0.154903	387,182	877		59,976	136		60
62 62.30	WHOLE BLOOD & PACKED RED BLOOD BLOOD CLOTTING FOR HEMOPHILIACS	0.386171	56,562			21,843			62 62.30
65	RESPIRATORY THERAPY	0.160201	545,849	15,167		87,446	2,430		65
66 69	PHYSICAL THERAPY ELECTROCARDIOLOGY	0.213768 0.102621	527,005 10,710,416			112,657 1,099,114			66 69
70	ELECTROENCEPHALOGRAPHY	0.145875	1,507,379	1.45		219,889	22		70
71 72	MEDICAL SUPPLIES CHARGED TO PAT IMPL. DEV. CHARGED TO PATIENTS	0.194948 0.452426	10,190 4,692,162	145		1,987 2,122,856			71 72
73	DRUGS CHARGED TO PATIENTS	0.191640	5,847,504		63,942	1,120,616		12,254	
74 75	RENAL DIALYSIS ASC (NON-DISTINCT PART)	0.342596	1,203,083			412,171			74 75
76 76 07	TREATMENT CENTER	0.598725	23,491			14,065			76 76.97
	CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
90	OUTPATIENT SERVICE COST CENTERS CLINIC	0.479463							90
	PRENATAL CLINIC OUTPATIENT PSYCHIATRIC	0.891901	18			16 169,037			90.01 90.02
	WOUND CLINIC	0.512131 0.483243	330,066 190,203			91,914			90.02
	NEUROSURGERY DR JATOI								90.04 90.05
	UROLOGY PHYSICIAN								90.05
	DR. CHU SPORTS MEDICINE CLINIC								90.07 90.08
	DR. SHANKER								90.08
	DR MIRMIRA DR TOKHI								90.10 90.11
90.12	CT\PET		510,468			197,761			90.12
	RADIATION ONCOLOGY SPORTS MED-REHAB	0.154300	3,955,989			610,409			90.13 90.14
90.15	MACON COUNT MEDICAL ASSOCIATES								90.15
	DR BRITT ARTHUR FAMILY MEDICINE CENTER								90.16 90.17
90.18	DR BOCK								90.18
	PEDIATRIC PROF SERVICES DR ANDERSON								90.19 90.20
90.21	DR HABIB								90.21
	DR HANNEKEN DR MUNESSES								90.22 90.23
90.24	DR KOHLI								90.24
	DR DUNCAN MT ZION FAMILY PRACTICE								90.25 90.26
90.27	DR POWELL	0 000005	24.000						90.27
90.28 91	CHEMOTHEROPY EMERGENCY	0.203026 0.165078	34,292 5,786,028			6,962 955,146			90.28 91
92	OBSERVATION BEDS (NON-DISTINCT	0.584060	584,663			341,478			92
94	OTHER REIMBURSABLE COST CENTERS HOME PROGRAM DIALYSIS								94
200 201	SUBTOTAL (SEE INSTRUCTIONS) LESS PBP CLINIC LAB SERVICES		75,079,870	16,189	63,942	12,447,596	2,594	12,254	200 201
202	NET CHARGES (LINE 200 - LINE 201)	75,079,870	16,189	63,942	12,447,596	2,594	12,254	

VERSION: 2013.11 11/24/2013 20:25

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D PART II

COST CENTER DESCRIPTION COST TO CHANGES COL. 2) CHANGES	CHECK APPLICA BOXES	[] TITLE V ABLE [XX] TITLE XVII	[] [] [XX]	· · · · · · · · · · · · · · · · · · ·	[] SUB (OTHER)	[XX] PPS [] TEFRA	1
COST CANTER BESCRIFTION R.P. 11, CD. 261								
COST CENTER DESCRIPTION Col. 28						INPATIENT	CAPITAL	
ANCILLARY GREVICE COST CRITTERS 50 OPERATING FROM		COST CENTER DESCRIPTION						
AMCHILARY SHRVICE CORT CRITTERS OPERATING ROOM OPER								
SO			1	2	3	4	5	
SOLO STONE CENTER		ANCILLARY SERVICE COST CENTERS						
50.02 ENDOSCOPY			592,911	24,293,187	0.024406	10,985	268	
SECONEMY NOOM			93.940	1.919.955	0.048928	1.452	71	
Sale Amesthesicology								
1,000 PAIN CENTER 108,860 4,77;133 0.023078 1,865 43 53.01 ARIDICOLONY-DIAGNOSTIC 467,265 21,264,890 0.02196 121,449 2,669 54 ARIDICOLONY-DIAGNOSTIC 467,265 21,264,890 0.02196 121,449 2,669 54 ARIDICOLONY-DIAGNOSTIC 467,265 21,264,890 0.02076 121,449 2,669 54 ARIDICOLONY-DIAGNOSTIC 467,265 21,264,890 0.020779 12,773 213 56 CT CURN 76,681 40,735,252 0.02082 184,554 388 53.01 SP CARDIAL CANTETERIZATION 23,610 35,174,618 0.007779 13,773 13,743 60 CARDIAL CANTETERIZATION 23,610 35,174,618 0.007779 13,773 13,74 60 LABORATORY 1,121,227 59,370,522 0.01885 72,788 13,744 60 CARDIAL CANTETERIZATION 27,610 36,174,618 0.007779 1,1319 21 62 CARDIAL CANTETERIZATION 27,610 36,174,618 0.007779 1,1319 21 62 CARDIAL CANTETERIZATION 27,646 21,323,292 0.021462 477,773 10,254 66 ELECTROSONCEPHALOGRAPHY 457,646 21,323,292 0.021462 477,773 10,254 66 ELECTROSONCEPHALOGRAPHY 81,988 4,641,662 0.00739 50,489 372 69 ELECTROSONCEPHALOGRAPHY 81,988 4,641,662 0.007631 2,101 175 77 MEDICAL SUPPLIES CANDED TO PARTEERIS 375,971 20,27,299 0.01893 789 78 77 RENLA LIALYSIS 77 77 77 77 77 77 77						4.5.450	4.05	
54 RADIOLOGY-DIAGNOSTIC 467,265 21,262,890 0.021376 121,449 2.699 54 56 RADIOLOGY-DIAGNOSTIC 47,424 4,344,002 0.029790 21,793 213 56 57 CT SCAN 76,681 40,745,953 0.0018812 184,954 348 57 57 CT SCAN 76,681 40,745,953 0.0018812 184,954 348 57 58 RADIOLOGY-DIAGNOSTIC 1,121,227 59,370,522 0.0018812 184,954 348 57 68 LABORATORY THERER RIZATION 47,775 50,776 0.0018812 11,772 0.0056 0.0018812 11,772 0.0056 0.0018812 11,772 0.0056 0.0018812 11,772 0.0018812 0.001787 0.0018812 11,772 0.0018812 0.0018812 0.0017812 0.0018812 0.0017812 0.0018812								
Second Fractionary								
88 MRI 48,574 13,465,072 0.003610 13,732 5.0 5.8 59 CARDIAC CATHETERIZATION 273,610 35,174,618 0.007779 61 LARGRATORY 273,610 35,174,618 0.007779 62 LARGRATORY 273,610 35,174,618 0.007779 63 WHOLE BLOOD EMOURINE RED BLOOD 26,566 1,667,109 63 WHOLE BLOOD EMOURINE RED BLOOD 26,566 1,667,109 64 WHOLE BLOOD EMOURINE RED BLOOD 26,566 1,667,109 65 WHOLE BLOOD EMOURINE RED BLOOD 26,566 1,667,109 65 WHOLE BLOOD EMOURINE RED BLOOD 26,566 1,667,109 65 WHOLE BLOOD RED ROOD RED RED RED RED RED RED RED RED RED RE		RADIOISOTOPE	47,424			21,793	213	
SO CARDIAC CATHERERIZATION 273,610 35,174,618 0.007779 13,743 60								
60						13,732	50	
62. WHOLE RACOD & PACKED RED BLOO & 26,568 1,667,109 0.015937 1,319 21 62,206,200 62,300 62,300 62,000 62,300						727,738	13,743	
SESPIRATIORY THERAPY								62
66 PHYSICAL THERAPY 457,646 21,323,292 0.021462 477,773 10,254 66 8 ELECTROCARDIOLOGY 173,482 23,573,435 0.007359 50,489 372 69 70 ELECTROCARDIOLOGY 173,482 23,573,435 0.007359 50,489 372 69 71 MEDICAL SUPPLIES CHARGED TO P 5,942 714,914 0.008311 21,101 175 71 72 IMPIL. DEV. CHARGED TO PATIENTS 379,977 20,171,299 0.018838 72 73 DRUGS CHARGED TO PATIENTS 379,977 20,171,299 0.018838 73 74 RENAL DIALISIS 73,000 TATLET 73 75 PRIVAL DIALISIS 73,000 TATLET 74,000 73								
Sep								
TO ELECTROENCEPHALOGRAPHY								
1								
73						21,101	175	
74 RENAL DILAYSIS 75 ASC (NON-DISTINCT PART) 75 ASC (NON-DISTINCT PART) 76 TREATMENT CENTER 76 ASC (NON-DISTINCT PART) 77 ASS (NON-DISTINCT PART) 78 ASC (NON-DISTINCT PART) 78 ASC (NON-DISTINCT PART) 78 ASC (NON-DISTINCT PART) 78 ASC (NON-DISTINCT PART) 79 CAST (NON-DISTINCT PART) 78 ASC (NON-DISTINCT PART) 79 AS (NON-DIS			•			1 101 601	0 400	
75			369,151	46,292,803	0.00/9/4	1,181,691	9,423	
76.97 CARDIAC REHABILITATION 76.98 THERRYY 76.98 THERRYY 76.98 THEORY 76.99 LITHOTRIPSY 76.99 LITHOTRIPSY 76.99 UTPATTENT SERVICE COST CENTERS 76.99 UTPATTENT PSYCHIATRIC 90.245 620.782 0.015556 90.01 PRENATAL CLINIC 90.245 620.782 0.145373 90.02 90.02 90.03 WOUND CLINIC 90.05 120 90.02 90.03 WOUND CLINIC 90.05 120 90.05 90.05 UTPATTENT PSYCHIATRIC 90.245 1.232,112 0.017032 7.315 125 90.03 90.04 NEUROSURGERY 90.04 90.05 DE JANOI 90.05 90.05 90.05 UTPATTENT SERVICE CLINIC 90.05 90.05 UTPATTENT SERVICE CLINIC 90.05 90.05 UTPATTENT SERVICE CLINIC 90.05 90.05 90.05 90.05 UTPATTENT SERVICE CLINIC 90.05 90			17,057	1,550,811	0.010999			
76.98 HYPERBARIC OXYGEN THERAPY 76.99 OUTPATIENT SERVICE COST CENTERS 76.99 LITHOTRIDSY 0UTPATIENT SERVICE COST CENTERS 76.99 CUINTC 8.194 526.729 0.015556 90 CUINTC 8.194 526.729 0.015556 90 CUINTC 8.194 526.729 0.015556 90.01 90.01 PRENATAL CLINIC 90.285 620.782 0.145373 90.02 90.03 WOUND CLINIC 90.295 1.232,112 0.017032 7.315 125 90.03 90.04 NEUROSURGERY 90.05 DA JATO1 90.05 DA JATO1 90.05 DA JATO1 90.07 DA. CHU 90.07 DA. CHU 90.07 DA. CHU 90.09 DA. SHANKER 90.10 DA MERNIRA 90.11 DA TOKHI 90.12 CTYPET 12.564 981,045 0.012807 90.13 RADIATION ONCOLOGY 32,838 6,460,480 0.005083 90.14 SPORTS MEDI-REHAB 90.15 MACON COUNT MEDICAL ASSOCIATE 90.15 MACON COUNT MEDICAL ASSOCIATE 90.17 ARTHUR FAMILY MEDICINE CENTER 90.18 DO. TOKEN PRICE FROM PROMERN PROMER		TREATMENT CENTER				789	78	
THOTRIPSY								
OUTPATIENT SERVICE COST CENTERS 90 CLINIC 1								
90.01 PREMATAL CLINIC 3,635 124,349 0.02932 90.02 OUTPATIENT PSYCHARTIC 90,245 620,782 0.145373 90.03 90.03 WOUND CLINIC 20,985 1,232,112 0.017032 7,315 125 90.03 90.04 MEUROSURGERY 90.05 DR JATOT 90.06 URLOGY PHYSICIAN 90.06 90.06 URLOGY PHYSICIAN 90.07 PROBLEM 90.07 DR .CHU 90.06 90.07 DR .CHU 90.09 DR .SHANKER 90.09 DR .SHANKER 90.09 DR .SHANKER 90.09 DR .SHANKER 90.10 DR MIRMIRA 90.10 DR MIRMIRA 90.11 DR TOKHH 90.11 DR TOKHH 90.11 DR TOKHH 90.11 DR TOKHH 90.12 CTAPET 12,564 981,045 0.012807 90.12 PROBLEM 90.12 PROBLEM 90.13 RADIATION ONCOLOGY 32,838 6,460,480 0.005083 90.13 PROBLEM 90.14 SPORTS MED-REHAB 90.15 PROBLEM 90.15 PRO	70.55							,0.55
90.02 OUTPATIENT PSYCHIATRIC 90,245 620,782 0.145373 90.02 90.03 MOUND CLINITC 20,985 1,232,112 0.017032 7,315 125 90.03 90.04 NEUROSURGERY 90.05 90.05 DR JATO1 90.06 URCLOCY PHYSICIAN 90.05 90.07 DR. CHU 90.07 90.08 SPORTS MEDICINE CLINIC 90.07 90.09 DR. SHANKER 90.09 90.10 DR MIRMIRA 90.11 90.11 DR TOKHI 90.12 90.13 RADIATION ONCOLOGY 32,838 6,460,480 0.005083 90.04 90.14 SPORTS MEDICINE CRINE 90.13 90.18 SPORTS MEDICINE 90.11 90.11 RADIATION ONCOLOGY 32,838 6,460,480 0.005083 90.14 90.15 MACON COUNT MEDICAL ASSOCIATE 90.15 90.16 DR BRITT 90.16 90.17 ARTHUR FAMILY MEDICINE CENTER 90.15 90.19 PEDIATRIC PROF SERVICES 90.17 90.18 DR BOCK 90.10 90.20 DR ANDERSON 90.21 90.21 DR HABIB 90.22 90.23 DR HABIB 90.21 90.22 DR HABIB 90.22 90.23 DR HABIB 90.22 90.23 DR HABIES 90.24 90.25 DR MUNESSES 90.20 90.24 DR KOHLI 90.25 90.26 MT ZION FAMILY PRACTICE 90.27 90.28 CHEMOTHEROPY 1,193 168,673 0.007073 90.28 91 EMERGSNCY 1,074,432 40,985,281 0.026215 159,650 4,185 91								
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90.04 NEUROSURGERY 90.05 UROLOGY PHYSICIAN 90.05 UROLOGY PHYSICIAN 90.06 UROLOGY PHYSICIAN 90.07 DR. CHU 90.08 SPORTS MEDICINE CLINIC 90.09 DR. SHANKER 90.09 DR. SHANKER 90.10 DR MIRMIRA 90.11 DR TOKHI 90.12 CTYPET 12,564 981,045 0.012807 90.13 RADIATION ONCOLOGY 32,838 6,460,480 0.005083 90.14 SPORTS MED-REHAB 90.15 MACON COUNT MEDICAL ASSOCIATE 90.16 DR BRITT 90.17 ARTHUR FAMILY MEDICINE CENTER 90.18 DR BOCK 90.19 PEDIATRIC PROF SERVICES 90.19 PEDIATRIC PROF SERVICES 90.20 DR ANDERSON 90.20 DR ANDERSON 90.21 DR HABIB 90.22 DR HANNEKEN 90.23 DR HANNEKEN 90.24 DR KOHLI 90.25 DR DUNCAN 90.25 DR DUNCAN 90.26 MT ZION FAMILY PRACTICE 90.27 DR FOWELL 90.28 CHEMOTHERORY 1,193 168,673 0.007073 90.28 CHEMOTHERORY 1,074,432 40,985,281 0.026215 159,650 4,185 91 90.27 DR FOWELL 90.28 CHEMOTHERORY 1,074,432 40,985,281 0.026215 159,650 4,185 91 90.27 DR FEMBURSABLE COST CENTERS 90.28 CHEMOTHERORY 1,074,432 40,985,281 0.026215 159,650 4,185 91 90.28 OBSERVATION BEDS (NON-DISTINC TONES) 90.28 CHEMOTHERORY 1,074,432 40,985,281 0.026215 159,650 4,185 91						7 315	125	
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90.07 DR. CHU 90.08 SPORTS MEDICINE CLINIC 90.09 DR. SHANKER 90.09 DR. SHANKER 90.10 DR MIRMIKA 90.11 DR TOKHI 90.12 CTYPET 12,564 981,045 0.012807 90.13 RADIATION ONCOLOGY 32,838 6,460,480 0.005083 90.14 SPORTS MED-REHAB 90.15 MACON COUNT MEDICAL ASSOCIATE 90.16 DR BRITT 90.17 ARTHUR FAMILY MEDICINE CENTER 90.17 ARTHUR FAMILY MEDICINE CENTER 90.19 DEDIATRIC PROF SERVICES 90.19 DR ANDERSON 90.20 DR ANDERSON 90.21 DR HANIES 90.22 DR HANNEKEN 90.22 DR HANNEKEN 90.23 DR MURESSES 90.24 DR KOHLI 90.25 DR DUNCAN 90.25 DR DUNCAN 90.26 MT ZION FAMILY PRACTICE 90.27 DR POWEL 90.28 CHEMOTHEROFY 1,193 168,673 0.007073 90.28 CHEMOTHEROFY 1,74422 40,985,281 0.026215 159,650 4,185 91 92 OBSERVATION BEDS (NON-DISTINC 1,966,667 1,966,667 0THER REIMBURSABLE COST CENTERS 90 DESERVATION BEDS (NON-DISTINC 1,966,667 1,966,667 0THER REIMBURSABLE COST CENTERS 92 90 DESERVATION BEDS (NON-DISTINC 1,966,667 1,966,667 0THER REIMBURSABLE COST CENTERS 94								
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90.13 RADIATION ONCOLOGY 32,838 6,460,480 0.005083 90.13 90.14 SPORTS MED-REHAB 90.15 90.16 DR BRITT 90.16 90.17 ARTHUR FAMILY MEDICINE CENTER 90.16 90.19 PEDIATRIC PROF SERVICES 90.19 90.20 DR ANDERSON 90.20 90.21 DR HABIB 90.22 DR HANNEKEN 90.22 90.23 DR MUNESSES 90.23 DR MUNESSES 90.24 DR KOHLI 90.25 DR DUNCAN 90.25 DR DUNCAN 90.25 DR DUNCAN 90.25 DR DUNCAN 90.26 90.26 MT ZION FAMILY PRACTICE 90.26 90.27 DR POWELL 90.27 90.28 CHEMOTHEROPY 1,193 168,673 0.007073 90.26 91 EMERGENCY 1,074,432 40,985,281 0.026215 159,650 4,185 91 92 OBSERVATION BEDS (NON-DISTINC OFFICE) 1,966,667 1,966,667 94 HOME PROGRAM DIALYSIS 94			10 564	001 045	0.010007			
90.14 SPORTS MED-REHAB 90.15 MACON COUNT MEDICAL ASSOCIATE 90.16 DR BRITT 90.17 ARTHUR FAMILY MEDICINE CENTER 90.18 DR BOCK 90.19 PEDIATRIC PROF SERVICES 90.20 DR ANDERSON 90.21 DR HABIB 90.22 DR HANNEKEN 90.23 DR MUNESSES 90.24 DR KOHLI 90.25 DR DUNCAN 90.26 MT ZION FAMILY PRACTICE 90.27 DR POWELL 90.28 CHEMOTHEROPY 90.28 CHEMOTHEROPY 90.28 CHEMOTHEROPY 90.28 CHEMOTHEROPY 90.28 CHEMOTHEROPY 90.29 DR SERVICES 90.26 MT ZION FAMILY PRACTICE 90.27 DR POWELL 90.28 CHEMOTHEROPY 90.29 DR SERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS) 94 HOME PROGRAM DIALYSIS								
90.16 DR BRITT 90.17 ARTHUR FAMILY MEDICINE CENTER 90.18 DR BOCK 90.19 PEDIATRIC PROF SERVICES 90.20 DR ANDERSON 90.21 DR HABIB 90.22 DR HANNEKEN 90.23 DR MUNESSES 90.24 DR KOHLI 90.25 DR DUNCAN 90.25 DR DUNCAN 90.26 DR ZION FAMILY PRACTICE 90.27 DR POWELL 90.28 CHEMOTHEROPY 90.28 CHEMOTHEROPY 90.28 CHEMOTHEROPY 90.28 DSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS) 94 HOME PROGRAM DIALYSIS 90.16 ON 18 POLICY OF 190.16 90.17 DR POWER PROGRAM DIALYSIS 90.28 DATE OF THE PROGRAM DIALYSIS 90.29 DATE OF THE PROGRAM DIALYSIS			32,030	0,100,100	0.005005			
90.17 ARTHUR FAMILY MEDICINE CENTER 90.18 DR BOCK 90.19 PEDIATRIC PROF SERVICES 90.19 90.20 DR ANDERSON 90.21 DR HABIB 90.22 DR HANNEKEN 90.23 DR MUNESSES 90.24 DR KOHLI 90.25 DR DUNCAN 90.25 DR DUNCAN 90.26 MT ZION FAMILY PRACTICE 90.27 DR POWELL 90.28 CHEMOTHEROPY 1,193 168,673 0.007073 90.28 91 EMERGENCY 0 DESERVATION BEDS (NON-DISTINC OTHERS) 94 HOME PROGRAM DIALYSIS								
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90.19 PEDIATRIC PROF SERVICES 90.20 DR ANDERSON 90.21 DR HABIB 90.22 DR HANNEKEN 90.22 90.23 DR MUNESSES 90.24 DR KOHLI 90.25 DR DUNCAN 90.26 MT ZION FAMILY PRACTICE 90.27 DR POWELL 90.27 DR POWELL 90.28 CHEMOTHEROPY 1,193 168,673 0.007073 90.28 91 EMERGENCY 0BSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS) 94 HOME PROGRAM DIALYSIS								
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90.24 DR KOHLI 90.25 DR DUNCAN 90.26 MT ZION FAMILY PRACTICE 90.27 DR POWELL 90.28 CHEMOTHEROPY 1,193 168,673 0.007073 90.28 91 EMERGENCY 1,074,432 40,985,281 0.026215 159,650 4,185 91 92 OBSERVATION BEDS (NON-DISTINC 1,966,667 1,966,667 1,966,667 92 94 HOME PROGRAM DIALYSIS 94								
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90.27 DR POWELL 90.28 CHEMOTHEROPY 1,193 168,673 0.007073 90.28 91 EMERGENCY 1,074,432 40,985,281 0.026215 159,650 4,185 91 92 OBSERVATION BEDS (NON-DISTINC 1,966,667 1,966,667 0.007073 92 OTHER REIMBURSABLE COST CENTERS 94 HOME PROGRAM DIALYSIS 94								
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91 EMERGENCY 1,074,432 40,985,281 0.026215 159,650 4,185 91 92 OBSERVATION BEDS (NON-DISTINC 1,966,667 1,966,667 92 OTHER REIMBURSABLE COST CENTERS 94 HOME PROGRAM DIALYSIS 94			1,193	168,673	0.007073			
OTHER REIMBURSABLE COST CENTERS 94 HOME PROGRAM DIALYSIS 94					0.026215	159,650	4,185	
94 HOME PROGRAM DIALYSIS 94	92			1,966,667	1,966,667			92
	9.4							9.4
			6,142,831	402,936,098		3,153,523	44,147	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

CHECK APPLICABLE BOXES	[XX] TITLE XVIII-PT A	[] HOSPITAL [XX] IPF (14-S166) [] IRF	[] SUE [] SNF [] NF	G (OTHER)]] ICF/MR	[xx]	PPS TEFRA
C	OST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4)	
50 OPER 50.01 STON 50.02 ENDO. 51 RECO 52 DELT 53 ANES 53.01 PAIN 54 RADI. 56 RADI. 57 CT S 58 MRI 59 CARD 60 LABO. 62 WHOL 62.30 BLOO. 65 RESP 66 PHSC 70 ELEC 71 MEDI. 72 IMPL 73 DRUG 74 RENA 75 ASC 76 TREA 76.97 CARD 76.98 HYPE. 76.99 LITH	SCOPY VERY ROOM VERY ROOM VERY ROOM & LABOR ROOM IMESIOLOGY CENTER DLOGY-DIAGNOSTIC DISOTOPE CAN IAC CATHETERIZATION RATORY E BLOOD & PACKED RED BLO D CLOTTING FOR HEMOPHILI. IRATORY THERAPY ICAL THERAPY IRCOENCEPHALOGRAPHY CAL SUPPLIES CHARGED TO DEV. CHARGED TO PATIENTS L DIALYSIS (NON-DISTINCT PART) IMENT CENTER IAC REHABILITATION REBARIC OXYGEN THERAPY DTRIPSY	O A						50 50.01 50.02 51 52 53 53.01 54 56 57 58 59 60 62 62.30 65 66 69 70 71 72 73 74 75 76 76.97 76.98 76.99
90 CLIN 90.01 PREN. 90.02 OUTP. 90.03 WOUN. 90.04 NEUR. 90.05 DR J. 90.06 UROL. 90.07 DR. 90.08 SPOR. 90.10 DR M. 90.11 DR T. 90.12 CT\p. 90.13 RADI. 90.14 SPOR. 90.15 MACO. 90.15 MACO. 90.16 DR B. 90.17 ARTH 90.18 DR B. 90.17 ARTH 90.18 DR B. 90.19 PEDI. 90.20 DR A. 90.21 DR H. 90.22 DR H. 90.23 DR M. 90.24 DR K. 90.25 DR D. 90.26 MT Z. 90.27 DR P. 90.28 CHEMEN. 91 EMER.	ATAL CLINIC ATIENT PSYCHIATRIC D CLINIC DSURGERY ATOI DGY PHYSICIAN CHU SHANKER IRMIRA DKHI ET ATION ONCOLOGY IS MED-REHAB N COUNT MEDICAL ASSOCIAT RITT UR FAMILY MEDICINE CENTE DCK ATRIC PROF SERVICES NDERSON ABIB ANNEKEN UNESSES DHLI UND FAMILY PRACTICE DWELL	E R						90 90.01 90.02 90.03 90.06 90.07 90.08 90.10 90.11 90.12 90.13 90.14 90.15 90.16 90.17 90.18 90.20 90.21 90.21 90.23 90.24 90.25 90.25 90.27 90.28 91
94 HOME	PROGRAM DIALYSIS L (SUM OF LINES 50-199)							94 200

 PROVIDER CCN:
 14-0166
 ST. MARY'S HOSPITAL
 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION:
 2013.11

 PERIOD FROM
 07/01/2012
 TO 06/30/2013
 IN LIEU OF FORM CMS-2552-10 (08/2011)
 11/24/2013
 20:25

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

CHECK APPLIC BOXES	ABLE [XX] TITLE XVIII-PT A [X] HOSPITAL KX] IPF (14-S1] IRF	[] (66)] SUB (OTHE] SNF] NF	R)	[]	ICF/MR	[XX] PPS [] TEFRA
	COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
F.0	ANCILLARY SERVICE COST CENTERS				10 005			50
50 50.01	OPERATING ROOM STONE CENTER	24,293,187			10,985			50 50.01
50.02	ENDOSCOPY	1,919,955			1,452			50.02
51 52	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	3,812,885			56,518			51 52
52 53	ANESTHESIOLOGY	3,610,779 6,059,748			16,459			52
	PAIN CENTER	4,717,133			1,865			53.01
54 56	RADIOLOGY-DIAGNOSTIC	21,262,890			121,449			54 56
50 57	RADIOISOTOPE CT SCAN	4,844,002 40,736,953			21,793 184,954			57
58	MRI	13,455,072			13,732			58
59	CARDIAC CATHETERIZATION	35,174,618			707 720			59
60 62	LABORATORY WHOLE BLOOD & PACKED RED BLO	59,370,522 1,667,109			727,738 1,319			60 62
	BLOOD CLOTTING FOR HEMOPHILI				1,313			62.30
65	RESPIRATORY THERAPY	10,282,391			91,786			65
66 69	PHYSICAL THERAPY ELECTROCARDIOLOGY	21,323,292 23,573,435			477,773 50,489			66 69
70	ELECTROCARDIOLOGI	4,648,662			4,665			70
71	MEDICAL SUPPLIES CHARGED TO	714,914			21,101			71
72	IMPL. DEV. CHARGED TO PATIEN	20,171,299			1 101 601			72 73
73 74	DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	46,292,803			1,181,691			73
75	ASC (NON-DISTINCT PART)	1,550,811						75
76	TREATMENT CENTER	387,520			789			76
	CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY							76.97 76.98
	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTER							
90 90 01	CLINIC PRENATAL CLINIC	526,729 124,349						90 90.01
	OUTPATIENT PSYCHIATRIC	620,782						90.02
	WOUND CLINIC	1,232,112			7,315			90.03
	NEUROSURGERY DR JATOI							90.04 90.05
	UROLOGY PHYSICIAN							90.06
	DR. CHU							90.07
	SPORTS MEDICINE CLINIC							90.08
	DR. SHANKER DR MIRMIRA							90.09 90.10
	DR TOKHI							90.11
	CT\PET	981,045						90.12
	RADIATION ONCOLOGY SPORTS MED-REHAB	6,460,480						90.13 90.14
	MACON COUNT MEDICAL ASSOCIAT							90.15
	DR BRITT							90.16
	ARTHUR FAMILY MEDICINE CENTE DR BOCK							90.17 90.18
	PEDIATRIC PROF SERVICES							90.19
	DR ANDERSON							90.20
	DR HANNEKEN							90.21 90.22
	DR HANNEKEN DR MUNESSES							90.22
90.24	DR KOHLI							90.24
	DR DUNCAN							90.25
	MT ZION FAMILY PRACTICE DR POWELL							90.26 90.27
	CHEMOTHEROPY	168,673						90.28
91	EMERGENCY	40,985,281			159,650			91
92	OBSERVATION BEDS (NON-DISTIN OTHER REIMBURSABLE COST CENTER	1,966,667 RS						92
94	HOME PROGRAM DIALYSIS							94
200	TOTAL (SUM OF LINES 50-199)	402,936,098			3,153,523			200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D PART V

CHECK APPLIC BOXES	[] ABLE [XX]	TITLE V - TITLE XVI TITLE XIX	O/P II-PT : - O/P	[] B [XX] []	HOSPITAL IPF (14-S16 IRF	6) [] SUB (OTHER)] SNF] NF		[]	S/B-SNF S/B-NF ICF/MR	
	COST CENTER DESCR	IPTION		PT I, COL. 9	PPS REIMBURSED	COST REIMB. SERVICES SUBJECT TO DED & COINS	GES COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
50.02 51 52 53 53.01 54 56 57 58 59 60 62 62.30 65 66 69 70 71 72 73 74 75 76 76.97	ANCILLARY SERVICO OPERATING ROOM STONE CENTER ENDOSCOPY RECOVERY ROOM DELIVERY ROOM & ANESTHESIOLOGY PAIN CENTER RADIOLOGY-DIAGNO RADIOISOTOPE CT SCAN MRI CARDIAC CATHETER LABORATORY WHOLE BLOOD & PA BLOOD CLOTTING F RESPIRATORY THER PHYSICAL THERAPY ELECTROCARDIOLOG ELECTROCARDIOLOG ELECTROCARDIOLOG ELECTROCARDIOLOG ELECTROCARDIOLOG ENDEL SUPPLIES IMPL. DEV. CHARGE DRUGS CHARGED TO RENAL DIALYSIS ASC (NON-DISTING TREATMENT CENTER CARDIAC REHABILI HYPERBARIC OXYGE	LABOR ROOM STIC LIZATION CKED RED BLOOR HEMOPHIL APY YEY GRAPHY SCHARGED TO SED TO PATIES PATIENTS TT PART) TATION	00D								50 50.01 50.02 51 52 53 53.01 54 56 57 58 59 60 62 62.30 65 66 69 70 71 72 73 74 75 76.97 76.98
76.99 90 90.01 90.02 90.03 90.04 90.05 90.06 90.07 90.08 90.10 90.11 90.12 90.13 90.14 90.15 90.16 90.17 90.18 90.20 90.21 90.22 90.23 90.24 90.25 90.26	LITHOTRIPSY OUTPATIENT SERVI CLINIC PRENATAL CLINIC OUTPATIENT PSYCH	CE COST CENTER CONTROL CENTER	TES ER	0.479463 0.891901 0.512131 0.483243 0.387411 0.154300							76.98 76.99 90 90.01 90.02 90.03 90.04 90.05 90.06 90.07 90.11 90.12 90.13 90.14 90.15 90.16 90.17 90.18 90.20 90.21 90.20 90.21 90.22 90.23 90.24 90.25 90.27 90.28 91
94 200 201 202	OTHER REIMBURSAE HOME PROGRAM DIA SUBTOTAL (SEE IN LESS PBP CLINIC NET CHARGES (LIN	LE COST CEN' LYSIS (STRUCTIONS) LAB SERVICE	TERS S	3.304000							94 200 201 202

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D PART II

CHECK APPLIC BOXES	[] TITLE V ABLE [XX] TITLE XVII	[] II-PT A [] [XX]	HOSPITAL IPF IRF (14-T166)	[] SUB ((OTHER)	[XX] PPS [] TEFR <i>I</i>	1
		CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO			
		(FROM WKST	(FROM WKST	CHARGES	INPATIENT	CAPITAL	
	COST CENTER DESCRIPTION	B, PT. II,	C, PT. I,	(COL.1 ÷	PROGRAM	(COL.3 x	
		COL. 26) 1	COL. 8) 2	COL.2)	CHARGES 4	COL.4)	
		1	Z	3	4	5	
50	ANCILLARY SERVICE COST CENTERS OPERATING ROOM STONE CENTER	592,911	24,293,187	0.024406	145,226	3,544	50 50.01
	ENDOSCOPY	93,940	1,919,955	0.048928	1,452	71	50.01
51	RECOVERY ROOM	79,457	3,812,885	0.020839	9,491	198	51
52	DELIVERY ROOM & LABOR ROOM	293,112	3,610,779	0.081177	0.057	107	52 53
53 53.01	ANESTHESIOLOGY PAIN CENTER	72,636 108,860	6,059,748 4,717,133	0.011987 0.023078	8,957	107	53.01
54	RADIOLOGY-DIAGNOSTIC	467,265	21,262,890	0.021976	3,235	71	54
56	RADIOISOTOPE	47,424	4,844,002	0.009790	30,664	300	56
57	CT SCAN	76,681	40,736,953	0.001882	198,144	373	57
58 59	MRI CARDIAC CATHETERIZATION	48,574 273,610	13,455,072 35,174,618	0.003610 0.007779	57,344 10,500	207 82	58 59
60	LABORATORY	1,121,227	59,370,522	0.007775	680,590	12,853	60
62	WHOLE BLOOD & PACKED RED BLOO	26,568	1,667,109	0.015937	5,480	87	62
	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	73,090	10,282,391	0.007108	449,844	3,197	65
66 69	PHYSICAL THERAPY ELECTROCARDIOLOGY	457,646 173,482	21,323,292 23,573,435	0.021462 0.007359	6,288,397 60,791	134,962 447	66 69
70	ELECTROENCEPHALOGRAPHY	81,988	4,648,662	0.007535	32,927	581	70
71	MEDICAL SUPPLIES CHARGED TO P	5,942	714,914	0.008311	59,136	491	71
72	IMPL. DEV. CHARGED TO PATIENT	379,977	20,171,299	0.018838	13,156	248	72
73 74	DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	369,151	46,292,803	0.007974	1,368,794	10,915	73 74
75	ASC (NON-DISTINCT PART)	17,057	1,550,811	0.010999			75
76 76 97	TREATMENT CENTER CARDIAC REHABILITATION	38,147	387,520	0.098439			76 76.97
	HYPERBARIC OXYGEN THERAPY						76.98
	LITHOTRIPSY						76.99
90	OUTPATIENT SERVICE COST CENTERS CLINIC	8,194	526,729	0.015556			90
	PRENATAL CLINIC	3,635	124,349	0.029232			90.01
90.02	OUTPATIENT PSYCHIATRIC	90,245	620,782	0.145373			90.02
	WOUND CLINIC	20,985	1,232,112	0.017032	5,895	100	90.03
	NEUROSURGERY DR JATOI						90.04 90.05
	UROLOGY PHYSICIAN						90.06
	DR. CHU						90.07
	SPORTS MEDICINE CLINIC						90.08
	DR. SHANKER DR MIRMIRA						90.09 90.10
	DR TOKHI						90.10
	CT\PET	12,564	981,045	0.012807			90.12
	RADIATION ONCOLOGY	32,838	6,460,480	0.005083	787	4	90.13
	SPORTS MED-REHAB						90.14
	MACON COUNT MEDICAL ASSOCIATE DR BRITT						90.15 90.16
	ARTHUR FAMILY MEDICINE CENTER						90.17
	DR BOCK						90.18
	PEDIATRIC PROF SERVICES						90.19
	DR ANDERSON DR HABIB						90.20 90.21
	DR HANNEKEN						90.22
90.23	DR MUNESSES						90.23
	DR KOHLI						90.24
	DR DUNCAN MT ZION FAMILY PRACTICE						90.25 90.26
	DR POWELL						90.27
	CHEMOTHEROPY	1,193	168,673	0.007073			90.28
91	EMERGENCY	1,074,432	40,985,281	0.026215	40,603	1,064	91
92	OBSERVATION BEDS (NON-DISTING		1,966,667	1,966,667			92
94	OTHER REIMBURSABLE COST CENTERS HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	6,142,831	402,936,098		9,471,413	169,902	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

							PAR	T. TA
CHECK APPLIC BOXES	[] TITLE V [ABLE [XX] TITLE XVIII-PT A [[] TITLE XIX [XX] IPF	[] SU [] SN [] NF]] ICF/MR	[XX]	PPS TEFRA
	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4)	
50.02 51 52 53.01 54 56 57 58 59 60 62.30 65 66 70 71 72 73 74 75 76.97 76.98	ANCILLARY SERVICE COST CENTERS OPERATING ROOM STONE CENTER ENDOSCOPY RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN CENTER RADIOLOGY-DIAGNOSTIC RADIOISOTOPE CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY WHOLE BLOOD & PACKED RED BLOO BLOOD CLOTTING FOR HEMOPHILIA RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P IMPL. DEV. CHARGED TO PATIENT DRUGS CHARGED TO PATIENTS RENAL DIALYSIS ASC (NON-DISTINCT PART) TREATMENT CENTER CARPIAC REHABILITATION HYPERBARIC OXYGEN THERAPY LITHOTRIPSY							50 50.01 50.02 51 52 53 53.01 54 56 57 58 59 60 62 62.30 65 66 69 70 71 72 73 74 75 76.97 76.98 76.99
90.02 90.03 90.04 90.05 90.06 90.07 90.11 90.12 90.13 90.14 90.15 90.16 90.17 90.22 90.23 90.24 90.25 90.26	CUIPATIENT SERVICE COST CENTERS CLINIC PRENATAL CLINIC OUTPATIENT PSYCHIATRIC WOUND CLINIC NEUROSURGERY DR JATOI UROLOGY PHYSICIAN DR. CHU SPORTS MEDICINE CLINIC DR. SHANKER DR MIRMIRA DR TOKHI CT\PET RADIATION ONCOLOGY SPORTS MED-REHAB MACON COUNT MEDICAL ASSOCIATE DR BRITT ARTHUR FAMILY MEDICINE CENTER DR BOCK PEDIATRIC PROF SERVICES DR ANDERSON DR HABIB DR HANNEKEN DR MUNESSES DR KOHLI DR DUNCAN MT ZION FAMILY PRACTICE DR POWELL CHEMOTHEROPY EMERGENCY OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							90 90.01 90.02 90.03 90.06 90.07 90.08 90.10 90.11 90.12 90.13 90.14 90.15 90.16 90.17 90.18 90.20 90.21 90.21 90.22 90.23 90.24 90.25 90.26 90.27 90.28 91
94 200	HOME PROGRAM DIALYSIS TOTAL (SUM OF LINES 50-199)							94 200

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

CHECK APPLIC BOXES	ABLE [XX] TITLE XVIII-PT A [HOSPITAL IPF IRF (14-T1	[[[] SUB (OTHE] SNF] NF	ER)	[] 1	ICF/MR	[XX] PPS [] TEFRA
	COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
50	ANCILLARY SERVICE COST CENTERS OPERATING ROOM	S 24,293,187			145,226			50
	STONE CENTER				143,220			50.01
50.02 51	ENDOSCOPY	1,919,955 3,812,885			1,452 9,491			50.02 51
52	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	3,612,883			9,491			52
53	ANESTHESIOLOGY	6,059,748			8,957			53
53.01 54	PAIN CENTER RADIOLOGY-DIAGNOSTIC	4,717,133 21,262,890			3,235			53.01 54
56	RADIOISOTOPE	4,844,002			30,664			56
57 58	CT SCAN	40,736,953			198,144			57 58
58 59	MRI CARDIAC CATHETERIZATION	13,455,072 35,174,618			57,344 10,500			58 59
60	LABORATORY	59,370,522			680,590			60
62 30	WHOLE BLOOD & PACKED RED BLO BLOOD CLOTTING FOR HEMOPHILI	1,667,109			5,480			62 62.30
65	RESPIRATORY THERAPY	10,282,391			449,844			65
66	PHYSICAL THERAPY	21,323,292			6,288,397			66
69 70	ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY	23,573,435 4,648,662			60,791 32,927			69 70
71	MEDICAL SUPPLIES CHARGED TO	714,914			59,136			71
72 73	IMPL. DEV. CHARGED TO PATIEN	20,171,299 46,292,803			13,156			72 73
73 74	DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	40,292,803			1,368,794			73 74
75	ASC (NON-DISTINCT PART)	1,550,811						75
76 76 97	TREATMENT CENTER CARDIAC REHABILITATION	387,520						76 76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY	D.G.						76.99
90	OUTPATIENT SERVICE COST CENTER	526,729						90
	PRENATAL CLINIC	124,349						90.01
	OUTPATIENT PSYCHIATRIC WOUND CLINIC	620,782 1,232,112			5,895			90.02 90.03
	NEUROSURGERY	1,232,112			3,033			90.04
	DR JATOI							90.05 90.06
	UROLOGY PHYSICIAN DR. CHU							90.08
	SPORTS MEDICINE CLINIC							90.08
	DR. SHANKER DR MIRMIRA							90.09 90.10
	DR TOKHI							90.11
	CT\PET RADIATION ONCOLOGY	981,045 6,460,480			787			90.12 90.13
	SPORTS MED-REHAB	6,460,480			787			90.13
	MACON COUNT MEDICAL ASSOCIAT							90.15
	DR BRITT ARTHUR FAMILY MEDICINE CENTE							90.16 90.17
90.18	DR BOCK							90.18
	PEDIATRIC PROF SERVICES							90.19 90.20
	DR ANDERSON DR HABIB							90.21
	DR HANNEKEN							90.22
	DR MUNESSES DR KOHLI							90.23 90.24
90.25	DR DUNCAN							90.25
	MT ZION FAMILY PRACTICE DR POWELL							90.26 90.27
	CHEMOTHEROPY	168,673						90.27
91	EMERGENCY	40,985,281			40,603			91
92	OBSERVATION BEDS (NON-DISTIN OTHER REIMBURSABLE COST CENTER	1,966,667 RS						92
94	HOME PROGRAM DIALYSIS							94
200	TOTAL (SUM OF LINES 50-199)	402,936,098			9,471,413			200

 PROVIDER CCN:
 14-0166
 ST. MARY'S HOSPITAL
 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION:
 2013.11

 PERIOD FROM
 07/01/2012
 TO 06/30/2013
 IN LIEU OF FORM CMS-2552-10 (08/2011)
 11/24/2013
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D PART V

CHECK APPLIC BOXES	[] TITLE V - O/P ABLE [XX] TITLE XVIII-PT [] TITLE XIX - O/	'В []		[] SUB (OTHER)] SNF] NF		[]	S/B-SNF S/B-NF ICF/MR	RT V
201120	, 1 11122 1111 0/	_ []			TFC				
	COST CENTER DESCRIPTION		PPS REIMBURSED	COST REIMB. SERVICES SUBJECT TO	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS	COST SERVICES	COST SVCES NOT SUBJECT TO	
50.02 51 52 53 53.01 54 56 57 58 59 60 62 62.30 65 66 70 71 72 73 74 75 76	ANCILLARY SERVICE COST CENTERS OPERATING ROOM STONE CENTER ENDOSCOPY RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN CENTER RADIOLOGY-DIAGNOSTIC RESPIRATORY WHOLE BLOOD & PACKED RED BLOOD BLOOD CLOTTING FOR HEMOPHILIACS RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY THERAPY MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS RENAL DIALYSIS ASC (NON-DISTINCT PART) TREATMENT CENTER CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY	0.226328 0.297641 0.221160 0.688354 0.275915 0.185703 0.203523 0.179137 0.036590 0.055173 0.121123 0.154903 0.386171 0.160201 0.213768 0.102621 0.145875 0.194948 0.452426 0.191640 0.342596 0.598725							50 50.01 50.02 51 52 53 53.01 54 56 57 58 59 60 62 62.30 65 66 69 70 71 72 73 74 75 76 76.98
90 90.01 90.02 90.03 90.04 90.05 90.07 90.19 90.10 90.11 90.12 90.15 90.16 90.17 90.18 90.20 90.20 90.20 90.20 90.21	LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS CLINIC PRENATAL CLINIC OUTPATIENT PSYCHIATRIC WOUND CLINIC NEUROSURGERY DR JATOI UROLOGY PHYSICIAN DR. CHU SPORTS MEDICINE CLINIC DR. SHANKER DR MIRMIRA DR TOKHI CT\PET RADIATION ONCOLOGY SPORTS MED-REHAB MACON COUNT MEDICAL ASSOCIATES DR BRITT ARTHUR FAMILY MEDICINE CENTER DR BOCK PEDIATRIC PROF SERVICES DR ANDERSON DR HABIB DR HANNEKEN DR MUNESSES DR KOHLI DR DUNCAN MT ZION FAMILY PRACTICE DR POWELL CHEMOTHEROPY EMERGENCY OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	0.479463 0.891901 0.512131 0.483243 0.387411 0.154300 0.203026 0.165078 0.584060							76.99 90.01 90.02 90.03 90.06 90.07 90.08 90.10 90.11 90.12 90.13 90.14 90.15 90.16 90.20 90.21 90.20 90.21 90.22 90.23 90.24 90.25 90.25 90.27 90.28 91
94 200 201 202	HOME PROGRAM DIALYSIS SUBTOTAL (SEE INSTRUCTIONS) LESS PBP CLINIC LAB SERVICES NET CHARGES (LINE 200 - LINE 201)							94 200 201 202

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

							r Ail	.1 1 V
CHECK APPLIC BOXES	[] TITLE V [] ABLE [XX] TITLE XVIII-PT A [] [] TITLE XIX []	IPF		3 (OTHER) 5 (14-5551)]] ICF/MR	[XX]	PPS TEFRA
	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4)	
50.02 51 52 53 53.01 54 56 57 58 59 60 62 62.30 65 66 69 70 71 72 73 74 75 76.97 76.98	ANCILLARY SERVICE COST CENTERS OPERATING ROOM STONE CENTER ENDOSCOPY RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN CENTER RADIOLOGY-DIAGNOSTIC RADIOISOTOPE CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY WHOLE BLOOD & PACKED RED BLOO BLOOD CLOTTING FOR HEMOPHILIA RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P IMPL. DEV. CHARGED TO PATIENT DRUGS CHARGED TO PATIENTS RENAL DIALYSIS ASC (NON-DISTINCT PART) TREATMENT CENTER CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY LITHOTRIPSY							50 50.01 50.02 51 52 53 53.01 54 56 57 58 59 60 62 62.30 65 66 69 70 71 72 73 74 75 76.97 76.98 76.99
90.02 90.03 90.04 90.05 90.06 90.07 90.11 90.12 90.13 90.14 90.15 90.16 90.17 90.22 90.23 90.24 90.25 90.26	OUTPATIENT SERVICE COST CENTERS CLINIC PRENATAL CLINIC OUTPATIENT PSYCHIATRIC WOUND CLINIC NEUROSURGERY DR JATOI UROLOGY PHYSICIAN DR. CHU SPORTS MEDICINE CLINIC DR. SHANKER DR MIRMIRA DR TOKHI CT\PET RADIATION ONCOLOGY SPORTS MED-REHAB MACON COUNT MEDICAL ASSOCIATE DR BRITT ARTHUR FAMILY MEDICINE CENTER DR BOCK PEDIATRIC PROF SERVICES DR ANDERSON DR HABIB DR HANNEKEN DR MUNESSES DR KOHLI DR DUNCAN MT ZION FAMILY PRACTICE DR POWELL CHEMOTHEROPY EMERGENCY OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							90 90.01 90.02 90.03 90.06 90.07 90.08 90.10 90.11 90.12 90.13 90.15 90.16 90.17 90.15 90.20 90.21 90.22 90.23 90.24 90.25 90.27 90.28 91
94 200	HOME PROGRAM DIALYSIS TOTAL (SUM OF LINES 50-199)							94 200

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

CHECK APPLIC BOXES			[] SUB (OTHER) [XX] SNF (14-5551) [] NF	[] ICF/MR	[XX] PPS [] TEFRA
	COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF O/P RATIO COST TO OF COST TO CHARGES CHARGES INPAT (COL. 5 ÷ (COL. 6 ÷ PGM COL. 7) COL. 7) CHARGES 8 9 10	INPAT PGM PASS-THRU COSTS (COL. 8 x O/P PGM COL. 10) CHARGES 11 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
50.02 51 52 53	ANESTHESIOLOGY PAIN CENTER RADIOLOGY-DIAGNOSTIC RADIOISOTOPE	24,293,187 1,919,955 3,812,885 3,610,779 6,059,748 4,717,133 21,262,890 4,844,002	4,629 8,756 117,686 6,735		50 50.01 50.02 51 52 53 53.01 54 56
58 59 60 62	CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY WHOLE BLOOD & PACKED RED BLO BLOOD CLOTTING FOR HEMOPHILI RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO IMPL. DEV. CHARGED TO PATIEN	40,736,953 13,455,072 35,174,618 59,370,522 1,667,109 10,282,391 21,323,292 23,573,435 4,648,662 714,914 20,171,299	3,392 547,713 7,900 278,216 1,546,443 18,523 7,847 41,093		58 59 60 62 62.30 65 66 69 70 71 72
73 74 75 76 76.97 76.98	DRUGS CHARGED TO PATIENTS RENAL DIALYSIS ASC (NON-DISTINCT PART) TREATMENT CENTER CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY LITHOTRIPSY OUTPATIENT SERVICE COST CENTER: CLINIC	46,292,803 1,550,811 387,520	1,768,854		73 74 75 76 76.97 76.98 76.99
90.02 90.03 90.04 90.05 90.06 90.07 90.08 90.09 90.10	PRENATAL CLINIC OUTPATIENT PSYCHIATRIC WOUND CLINIC NEUROSURGERY DR JATOI UROLOGY PHYSICIAN DR. CHU SPORTS MEDICINE CLINIC DR. SHANKER DR MIRMIRA DR TOKHI	124,349 620,782 1,232,112	5.064		90.01 90.02 90.03 90.04 90.05 90.06 90.07 90.08 90.09 90.10
90.13 90.14 90.15 90.16 90.17 90.18 90.29 90.21 90.22 90.23 90.24 90.25 90.26	CT\PET RADIATION ONCOLOGY SPORTS MED-REHAB MACON COUNT MEDICAL ASSOCIAT DR BRITT ARTHUR FAMILY MEDICINE CENTE DR BOCK PEDIATRIC PROF SERVICES DR ANDERSON DR HABIB DR HANNEKEN DR MUNESSES DR KOHLI DR DUNCAN MT ZION FAMILY PRACTICE DR POWELL CHEMOTHEROPY EMERGENCY OBSERVATION BEDS (NON-DISTIN OTHER REIMBURSABLE COST CENTERS	981,045 6,460,480 168,673 40,985,281 1,966,667	5,264		90.12 90.13 90.14 90.15 90.16 90.17 90.18 90.19 90.20 90.21 90.22 90.23 90.24 90.25 90.26 90.27 90.28 91
94 200	HOME PROGRAM DIALYSIS TOTAL (SUM OF LINES 50-199)	402,936,098	4,363,051		94 200

 PROVIDER CCN:
 14-0166
 ST. MARY'S HOSPITAL
 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION:
 2013.11

 PERIOD FROM
 07/01/2012
 TO 06/30/2013
 IN LIEU OF FORM CMS-2552-10 (08/2011)
 11/24/2013
 20:25

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D PART V

CHECK APPLIC BOXES	[] TITLE V - O/P ABLE [XX] TITLE XVIII-PT [] TITLE XIX - O/	В []			SUB (OTHER SNF (14-55 NF		[]	S/B-SNF S/B-NF ICF/MR	RT V
	COST CENTER DESCRIPTION		PPS REIMBURSED	PROGRAM CHARG COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO	PPS	COST SERVICES	COST SVCES NOT SUBJECT TO	
50.02 51 52 53 53.01 54 56 57 58 59 60 62 62.30 65 70 71 72 73 74 75 76	ANCILLARY SERVICE COST CENTERS OPERATING ROOM STONE CENTER ENDOSCOPY RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN CENTER RADIOLOGY-DIAGNOSTIC RADIOISOTOPE CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY WHOLE BLOOD & PACKED RED BLOOD BLOOD CLOTTING FOR HEMOPHILIACS RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY TIMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS RENAL DIALYSIS ASC (NON-DISTINCT PART) TREATMENT CENTER CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY LITHOTRIPSY	0.226328 0.297641 0.221160 0.688354 0.275915 0.185703 0.203523 0.179137 0.036590 0.055173 0.121123 0.154903 0.386171 0.160201 0.213768 0.102621 0.145875 0.194948 0.452426 0.191640 0.342596 0.598725							50 50.01 50.02 51 52 53 53.01 54 56 57 58 59 60 62 62.30 65 66 69 70 71 72 73 74 75 76 76.97 76.98 76.99
90.02 90.03 90.04 90.05 90.06 90.07 90.10 90.11 90.12 90.13 90.16 90.17 90.18 90.20 90.20 90.20 90.20 90.23	OUTPATIENT SERVICE COST CENTERS CLINIC PRENATAL CLINIC OUTPATIENT PSYCHIATRIC WOUND CLINIC NEUROSURGERY DR JATOI UROLOGY PHYSICIAN DR. CHU SPORTS MEDICINE CLINIC DR. SHANKER DR MIRMIRA DR TOKHI CT\PET RADIATION ONCOLOGY SPORTS MED-REHAB MACON COUNT MEDICAL ASSOCIATES DR BRITT ARTHUR FAMILY MEDICINE CENTER DR BOCK PEDIATRIC PROF SERVICES DR ANDERSON DR HABIB DR HANNEKEN DR MUNESSES DR KOHLI DR DUNCAN MT ZION FAMILY PRACTICE DR POWELL CHEMOTHEROPY EMERGENCY OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	0.479463 0.891901 0.512131 0.483243 0.387411 0.154300 0.203026 0.165078 0.584060							90 90.01 90.02 90.03 90.06 90.07 90.08 90.10 90.11 90.12 90.15 90.16 90.17 90.18 90.19 90.20 90.21 90.22 90.23 90.24 90.22 90.23 90.24 90.25 90.27 90.28 91
94 200 201 202	HOME PROGRAM DIALYSIS SUBTOTAL (SEE INSTRUCTIONS) LESS PBP CLINIC LAB SERVICES NET CHARGES (LINE 200 - LINE 201)							94 200 201 202

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PART I

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS WORKSHEET D

CHECK [] TITLE V
APPLICABLE [] TITLE XVIII-PT A
BOXES [XX] TITLE XIX

DOMES	[AA] IIILE AIA							
		CAP-REL COST	REDUCED CAP-REL		PER		INPAT PGM	
		(FROM WKST SWING	-BED COST	TOTAL	DIEM	INPAT	CAP COST	
	COST CENTER DESCRIPTION	B, PT. II, ADJUST	MENT (COL.1 MINUS	PATIENT	(COL.3 ÷	PGM	(COL.5 x	
		COL. 26)	COL.2)	DAYS	COL.4)	DAYS	COL.6)	
		1 2	· ·	4	5	6	7	
	INPAT ROUTINE SERV COST CTRS							
30	ADULTS & PEDIATRICS	2,917,043	2,917,043	31,121	93.73	8,247	772,991	30
31	INTENSIVE CARE UNIT	276,003	276,003	2,547	108.36	299	32,400	31
32	CORONARY CARE UNIT							32
33	BURN INTENSIVE CARE UNIT							33
34	SURGICAL INTENSIVE CARE UNIT							34
35	OTHER SPECIAL CARE (SPECIFY)							35
40	SUBPROVIDER - IPF	300,141	300,141	4,088	73.42	12	881	40
41	SUBPROVIDER - IRF	445,559	445,559	4,470	99.68	227	22,627	41
42	SUBPROVIDER I							42
43	NURSERY	70,852	70,852	1,447	48.96	856	41,910	43
44	SKILLED NURSING FACILITY	204,944	204,944	3,192	64.21			44
45	NURSING FACILITY							45
200	TOTAL (LINES 30-199)	4,214,542	4,214,542	46,865		9,641	870,809	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D PART II

CHECK APPLIC BOXES	ABLE []	TITLE V TITLE XVI TITLE XIX	II-PT A []) [] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER	
	COST CENTER DESCR.	IPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4)	
	ANCILLARY SERVICE CO	ST CENTERS						
50	OPERATING ROOM		592,911	24,293,187	0.024406			50
	STONE CENTER ENDOSCOPY		93,940	1 010 055	0.048928			50.01 50.02
51	RECOVERY ROOM		79,457	1,919,955 3,812,885	0.020839			50.02
52	DELIVERY ROOM & LABO	R ROOM	293,112	3,610,779	0.081177			52
53	ANESTHESIOLOGY		72,636	6,059,748	0.011987			53
53.01 54	PAIN CENTER RADIOLOGY-DIAGNOSTIC		108,860 467,265	4,717,133 21,262,890	0.023078 0.021976			53.01 54
56	RADIOLOGI-DIAGNOSTIC RADIOISOTOPE		47.424	4,844,002	0.021976			56
57	CT SCAN		76,681 48,574	40,736,953	0.001882			57
58	MRI		48,574	13,455,072	0.003610			58
59	CARDIAC CATHETERIZAT	ION	273,610	35,174,618	0.007779			59 60
60 62	LABORATORY WHOLE BLOOD & PACKED	RED BLOO	1,121,227 26,568	59,370,522 1,667,109	0.018885 0.015937			62
	BLOOD CLOTTING FOR H		20,300	1,007,109	0.013337			62.30
65	RESPIRATORY THERAPY		73,090	10,282,391	0.007108			65
66	PHYSICAL THERAPY		457,646	21,323,292	0.021462			66
69 70	ELECTROCARDIOLOGY ELECTROENCEPHALOGRAP	1137	173,482 81,988	23,573,435 4,648,662	0.007359 0.017637			69 70
71	MEDICAL SUPPLIES CHA	RGED TO P	5.942	714,914	0.017637			70
72	IMPL. DEV. CHARGED TO	O PATIENT	173,482 81,988 5,942 379,977 369,151	20,171,299	0.018838			72
73	DRUGS CHARGED TO PAT	IENTS	369,151	46,292,803	0.007974			73
74 75	RENAL DIALYSIS	חת /	17 057	1 EEO 011	0.010999			74 75
76	ASC (NON-DISTINCT PAI TREATMENT CENTER	KI)	17,057 38,147	387,520	0.010999			76
	CARDIAC REHABILITATION	ON	,	,				76.97
	HYPERBARIC OXYGEN TH	ERAPY						76.98
76.99	LITHOTRIPSY	OOM CENTERO						76.99
90	OUTPATIENT SERVICE CO	OSI CENTERS	8,194	526.729	0.015556			90
	PRENATAL CLINIC		3,635	526,729 124,349 620,782	0.029232			90.01
	OUTPATIENT PSYCHIATR	IC	90,245 20,985	620,782	0.145373			90.02
	WOUND CLINIC		20,985	1,232,112	0.017032			90.03
	NEUROSURGERY DR JATOI							90.04 90.05
	UROLOGY PHYSICIAN							90.06
	DR. CHU							90.07
	SPORTS MEDICINE CLIN	IC						90.08
	DR. SHANKER DR MIRMIRA							90.09 90.10
	DR TOKHI							90.11
	CT\PET		12,564	981,045	0.012807			90.12
	RADIATION ONCOLOGY		32,838	6,460,480	0.005083			90.13
	SPORTS MED-REHAB MACON COUNT MEDICAL	λ C C ∩ C T λ T E						90.14 90.15
	DR BRITT	ADDOCIATE						90.16
90.17	ARTHUR FAMILY MEDICI	NE CENTER						90.17
	DR BOCK							90.18
	PEDIATRIC PROF SERVIOR ANDERSON	CES						90.19 90.20
	DR HABIB							90.20
	DR HANNEKEN							90.22
	DR MUNESSES							90.23
	DR KOHLI DR DUNCAN							90.24 90.25
	MT ZION FAMILY PRACT	ICE						90.25
	DR POWELL							90.27
	CHEMOTHEROPY		1,193	168,673	0.007073			90.28
91 92	EMERGENCY OBSERVATION BEDS (NO	N-DISTING	1,074,432 179,778	40,985,281 1,966,667	0.026215 0.091413			91 92
24	OTHER REIMBURSABLE C			1,700,007	0.071713			22
94	HOME PROGRAM DIALYSI	S						94
200	TOTAL (SUM OF LINES	50-199)	6,322,609	402,936,098				200

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART III

CHECK [] TITLE V
APPLICABLE [] TITLE XVIII-PT A
BOXES [XX] TITLE XIX

BOXES	[XX] TITLE XI	X.					
	COST CENTER DESCRIPTION	NURSING SCHOOL	ALLIED HEALTH COST	ALL OTHER MEDICAL EDUCATION COST	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.)	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4)	
		1	2	3	4	5	
	INPAT ROUTINE SERV COST CTRS						
3.0	ADULTS & PEDIATRICS						30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	OTHER SPECIAL CARE (SPECIFY)						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (SUM OF LINES 30-199)						200

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

46,865

WORKSHEET D PART III

200

CHECK

200

[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX APPLICABLE BOXES

TOTAL (SUM OF LINES 30-199)

INPAT PGM PASS THRU INPATIENT TOTAL PER DIEM COSTS COL.5 ÷ PROGRAM COST CENTER DESCRIPTION PATIENT (COL.7 x DAYS DAYS COL.8) 6 8 9 INPAT ROUTINE SERV COST CTRS 30 31,121 8,247 30 ADULTS & PEDIATRICS 31 INTENSIVE CARE UNIT 2,547 299 31 32 33 34 35 40 41 32 CORONARY CARE UNIT 33 34 35 BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) 40 41 SUBPROVIDER - IPF SUBPROVIDER - IRF 4,088 12 227 4,470 42 42 SUBPROVIDER I 43 NURSERY 1,447 856 44 SKILLED NURSING FACILITY 3,192 44 45 NURSING FACILITY 45

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IN LIEU OF FORM CMS-2552-10 (08/2011)

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	APPORTIONMENT OF INPATIENT AN	CILLARY SERVICE	OTHER PASS THE	ROUGH COSTS				HEET D T IV
CHECK APPLIC BOXES			166) [] SU [] SN [] NE]] ICF/MR	[xx]	PPS TEFRA OTHER
	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4)	
50.02 51 52 53 53.01 54 56 57 58 59 60 62 62.30 65 66 70 71 72 73 74 75 76 76.97 76.98	ANCILLARY SERVICE COST CENTERS OPERATING ROOM STONE CENTER ENDOSCOPY RECOVERY ROOM DELIVERY ROOM & LABOR ROOM AMESTHESIOLOGY PAIN CENTER RADIOLOGY-DIAGNOSTIC RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY TOPHILLOGY ELECTROCARDIOLOGY TOPHILLOGY TOPHILLOGY TOPHILLOGY TOPHILLOGY TREATMENT CENTER CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY LITHOTRIPSY							50 50.01 50.02 51 52 53 53.01 54 56 57 58 59 60 62 62.30 65 66 69 70 71 72 73 74 75 76 76.97 76.98 76.99
90.02 90.03 90.04 90.05 90.06 90.07 90.11 90.12 90.13 90.14 90.15 90.16 90.17 90.22 90.23 90.24 90.25 90.25 90.25 90.26	OUTPATIENT SERVICE COST CENTERS CLINIC PRENATAL CLINIC OUTPATIENT PSYCHIATRIC WOUND CLINIC NEUROSURGERY DR JATOI UROLOGY PHYSICIAN DR. CHU SPORTS MEDICINE CLINIC DR. SHANKER DR MIRMIRA DR TOKHI CT\PET RADIATION ONCOLOGY SPORTS MED-REHAB MACON COUNT MEDICAL ASSOCIATE DR BRITT ARTHUR FAMILY MEDICINE CENTER DR BOCK PEDIATRIC PROF SERVICES DR ANDERSON DR HABIB DR HANNEKEN DR MUNESSES DR KOHLI DR DUNCAN MT ZION FAMILY PRACTICE DR POWELL CHEMOTHEROPY EMERGENCY OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							90 90.01 90.02 90.03 90.06 90.07 90.08 90.10 90.11 90.12 90.15 90.16 90.17 90.18 90.19 90.20 90.21 90.21 90.21 90.22 90.23 90.24 90.25 90.27 90.28 91
94 200	HOME PROGRAM DIALYSIS TOTAL (SUM OF LINES 50-199)							94 200

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IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

							PART IV
CHECK [] TITLE V [X APPLICABLE [] TITLE XVIII-PT A [BOXES [XX] TITLE XIX [] IPF	(14-0166) [[[] SUB (OTHE)] SNF] NF	R)	[] :	ICF/MR	[] PPS [] TEFRA [XX] OTHER
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM 50.01 STONE CENTER	24,293,187						50 50.01
50.02 ENDOSCOPY	1,919,955						50.02
51 RECOVERY ROOM	3,812,885						51
52 DELIVERY ROOM & LABOR ROOM 53 ANESTHESIOLOGY	3,610,779 6,059,748						52 53
53.01 PAIN CENTER	4,717,133						53.01
54 RADIOLOGY-DIAGNOSTIC	21,262,890						54
56 RADIOISOTOPE	4,844,002						56
57 CT SCAN	40,736,953						57
58 MRI 59 CARDIAC CATHETERIZATION	13,455,072 35,174,618						58 59
60 LABORATORY	59,370,522						60
62 WHOLE BLOOD & PACKED RED BLO	1,667,109						62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY 66 PHYSICAL THERAPY	10,282,391 21,323,292						65 66
69 ELECTROCARDIOLOGY	23,573,435						69
70 ELECTROENCEPHALOGRAPHY	4,648,662						70
71 MEDICAL SUPPLIES CHARGED TO	714,914						71
72 IMPL. DEV. CHARGED TO PATIEN 73 DRUGS CHARGED TO PATIENTS	20,171,299						72 73
73 DRUGS CHARGED TO PATIENTS 74 RENAL DIALYSIS	46,292,803						73
75 ASC (NON-DISTINCT PART)	1,550,811						75
76 TREATMENT CENTER	387,520						76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY 76.99 LITHOTRIPSY							76.98 76.99
OUTPATIENT SERVICE COST CENTER	S						70.99
90 CLINIC	526,729						90
90.01 PRENATAL CLINIC	124,349						90.01
90.02 OUTPATIENT PSYCHIATRIC	620,782						90.02
90.03 WOUND CLINIC 90.04 NEUROSURGERY	1,232,112						90.03 90.04
90.05 DR JATOI							90.05
90.06 UROLOGY PHYSICIAN							90.06
90.07 DR. CHU							90.07
90.08 SPORTS MEDICINE CLINIC 90.09 DR. SHANKER							90.08 90.09
90.10 DR MIRMIRA							90.09
90.11 DR TOKHI							90.11
90.12 CT\PET	981,045						90.12
90.13 RADIATION ONCOLOGY	6,460,480						90.13
90.14 SPORTS MED-REHAB 90.15 MACON COUNT MEDICAL ASSOCIAT							90.14 90.15
90.16 DR BRITT							90.16
90.17 ARTHUR FAMILY MEDICINE CENTE							90.17
90.18 DR BOCK							90.18
90.19 PEDIATRIC PROF SERVICES 90.20 DR ANDERSON							90.19 90.20
90.21 DR HABIB							90.20
90.22 DR HANNEKEN							90.22
90.23 DR MUNESSES							90.23
90.24 DR KOHLI 90.25 DR DUNCAN							90.24 90.25
90.25 DR DUNCAN 90.26 MT ZION FAMILY PRACTICE							90.25
90.27 DR POWELL							90.27
90.28 CHEMOTHEROPY	168,673						90.28
91 EMERGENCY	40,985,281						91
92 OBSERVATION BEDS (NON-DISTIN OTHER REIMBURSABLE COST CENTER	1,966,667						92
94 HOME PROGRAM DIALYSIS	-						94
200 TOTAL (SUM OF LINES 50-199)	402,936,098						200

 PROVIDER CCN:
 14-0166
 ST. MARY'S HOSPITAL
 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION:
 2013.11

 PERIOD FROM
 07/01/2012
 TO 06/30/2013
 IN LIEU OF FORM CMS-2552-10 (08/2011)
 11/24/2013
 20:25

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D PART V

								PAF	RT V
CHECK	[] TITLE V - O/P)		S/B-SNF	
APPLIC BOXES	ABLE [] TITLE XVIII-PT [XX] TITLE XIX - O/] SNF] NF			S/B-NF ICF/MR	
201120	(1111) 111111 11111 0,		1111		, 111		. ,	101 / 111	
		COST TO		PROGRAM CHAR	GES		PROGRAM COST	COST	
		CHARGE RATIO		SERVICES	COST REIMB. SVCES NOT		SERVICES	SVCES NOT	
	COST CENTER DESCRIPTION	FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO	
					DED & COINS		DED & COINS		
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.226328							50
	STONE CENTER ENDOSCOPY	0.297641							50.01 50.02
51	RECOVERY ROOM	0.221160							51
52	DELIVERY ROOM & LABOR ROOM	0.688354							52
53 53 01	ANESTHESIOLOGY PAIN CENTER	0.275915 0.185703							53 53.01
54	RADIOLOGY-DIAGNOSTIC	0.203523							53.01
56	RADIOISOTOPE	0.179137							56
57	CT SCAN	0.036590							57
58 59	MRI CARDIAC CATHETERIZATION	0.055173 0.121123							58 59
60	LABORATORY	0.154903							60
62	WHOLE BLOOD & PACKED RED BLOOD	0.386171							62
62.30 65	BLOOD CLOTTING FOR HEMOPHILIACS RESPIRATORY THERAPY	0.160201							62.30 65
66	PHYSICAL THERAPY	0.160201							66
69	ELECTROCARDIOLOGY	0.102621							69
70	ELECTROENCEPHALOGRAPHY	0.145875							70
71 72	MEDICAL SUPPLIES CHARGED TO PAT IMPL. DEV. CHARGED TO PATIENTS	0.194948 0.452426							71 72
73	DRUGS CHARGED TO PATIENTS	0.191640							73
74	RENAL DIALYSIS								74
75 76	ASC (NON-DISTINCT PART) TREATMENT CENTER	0.342596 0.598725							75 76
	CARDIAC REHABILITATION	0.396723							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
90	OUTPATIENT SERVICE COST CENTERS CLINIC	0.479463							90
	PRENATAL CLINIC	0.891901							90.01
	OUTPATIENT PSYCHIATRIC	0.512131							90.02
	WOUND CLINIC NEUROSURGERY	0.483243							90.03 90.04
	DR JATOI								90.05
	UROLOGY PHYSICIAN								90.06
	DR. CHU SPORTS MEDICINE CLINIC								90.07 90.08
	DR. SHANKER								90.09
	DR MIRMIRA								90.10
	DR TOKHI	0 207411							90.11
	CT\PET RADIATION ONCOLOGY	0.387411 0.154300							90.12 90.13
	SPORTS MED-REHAB								90.14
	MACON COUNT MEDICAL ASSOCIATES								90.15
	DR BRITT ARTHUR FAMILY MEDICINE CENTER								90.16 90.17
	DR BOCK								90.18
	PEDIATRIC PROF SERVICES								90.19
	DR ANDERSON DR HABIB								90.20 90.21
	DR HANNEKEN								90.22
	DR MUNESSES								90.23
	DR KOHLI DR DUNCAN								90.24 90.25
	MT ZION FAMILY PRACTICE								90.26
	DR POWELL	2 25							90.27
90.28 91	CHEMOTHEROPY EMERGENCY	0.203026 0.165078							90.28 91
92	OBSERVATION BEDS (NON-DISTINCT	0.584060							92
	OTHER REIMBURSABLE COST CENTERS								
94 200	HOME PROGRAM DIALYSIS								94 200
200	SUBTOTAL (SEE INSTRUCTIONS) LESS PBP CLINIC LAB SERVICES								200
202	NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011) PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL PERIOD FROM 07/01/2012 TO 06/30/2013 VERSION: 2013.11 11/24/2013 20:25 WORKSHEET D-1 PART I

00.11.0 1.11.1 1.11.1 1.11.1 0.	
CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0166) [] SUB (OTHER) [] ICF/MR APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF BOXES [] TITLE XIX-INPT [] IRF [] NF	[XX] PPS [] TEFRA [] OTHER
PART I - ALL PROVIDER COMPONENTS	
INPATIENT DAYS 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN) 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS) 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	31,121 1 31,121 2 3 29,203 4 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) 7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING	6 7
PERIOD 8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING	8
PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) 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)	12,880 9 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 TITLE XIX ONLY)	15
16 TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE 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 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS) 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)	20 18,637,824 21 22
(LINE 5 X LINE 17) 23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 X LINE 18)	23
(LINE 0 X LINE 10) 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	18,637,824 27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28) 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3) 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4) 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS) 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31) 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) 37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	28 29 30 31 32 33 34 35 36 18,637,824 37
(LINE 27 - LINE 36)	

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL PERIOD FROM 07/01/2012 TO 06/30/2013
 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2013.11

 IN LIEU OF FORM CMS-2552-10 (08/2011)
 11/24/2013 20:25

					,	, ,		
COMPI	TATION OF INPATIENT OPERATING COST					WORKSHE: PART		
CHECI APPL: BOXE	CABLE [XX] TITLE XVIII-PT A [] IPF	66) [] SUB	(OTHER)			[] (TEFRA	
PART	II - HOSPITAL AND SUBPROVIDERS ONLY							
38 39 40 41	PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUG ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LIN MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	DIEM (SEE INST E 9 x LINE 38) THE PROGRAM (L	RUCTIONS)	35)		598.88 7,713,574 7,713,574	39 40	
42	NURSERY (TITLES V AND XIX ONLY)	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 : COL. 4)	x	
42	NORSERI (IIILES V AND AIA ONLI)						42	
43 44 45 46 47 48 49	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)		2,547	1,204.01	1,635	1,968,556 15,711,192 25,393,322	44 45 46 47 48	
50 51	PASS-THROUGH COST ADJUSTMENTS PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT AND IV)					1,384,411 1,177,832		
52 53								
54 55 56 57 58 59	TARGET AMOUNT PER DISCHARGE TARGET AMOUNT (LINE 54 x LINE 55) DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT BONUS PAYMENT (SEE INSTRUCTIONS)							
60 61	BY THE MARKET BASKET LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEA: IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 5 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED CO. OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	9 OR 60 ENTER T	HE LESSER OF 5	0% OF THE AMOU	NT BY WHICH),	60 61	
62 63	RELIEF PAYMENT (SEE INSTRUCTIONS) ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SE	E INSTRUCTIONS)					62 63	
64	PROGRAM INPATIENT ROUTINE SWING BED COST MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THRO (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	UGH DECEMBER 31	OF THE COST R	EPORTING PERIO	D		64	
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTE: (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	R DECEMBER 31 O	F THE COST REP	ORTING PERIOD			65	
66 67	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COST. TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						66 67	
68	(LINE 12 x LINE 19) TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 13 x LINE 20)	AFTER DECEMBER	31 OF THE COS	T REPORTING PE	RIOD		68	
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE	COSTS (LINE 67	+ LINE 68)				69	
PART	IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COS	т						
87 88 89	88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2)							
	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST		ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)			
90 91 92 93	CAPITAL-RELATED COST NURSING SCHOOL COST ALLIED HEALTH COST ALL OTHER MEDICAL EDUCATION	1 2,917,043	2 18,637,824	3 0.156512	4 1,148,652	5 179,778	90 91 92 93	

COMPUTATION OF INPATIENT OPERATING COST

PART I

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL PERIOD FROM 07/01/2012 TO 06/30/2013 KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011) VERSION: 2013.11 11/24/2013 20:25 WORKSHEET D-1

COMPUTATION OF INPATIENT OPERATING COST	PARII
CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S166) [] SNF BOXES [] TITLE XIX-INPT [] IRF [] NF	[XX] PPS [] TEFRA [] OTHER
PART I - ALL PROVIDER COMPONENTS	
INPATIENT DAYS 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN) 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS) 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 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) 7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING	4,088 1 4,088 2 3 4,088 4 5
PERIOD 8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	8 3.533 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)	
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) 14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	13 14
15 TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 16 TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	15 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 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS) 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)	20 2,436,410 21 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) 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	26 2,436,410 27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28) 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3) 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4) 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS) 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31) 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) 37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	28 29 30 31 32 33 34 35 36 2,436,410 37
(DIME 2) DIME 30)	

WORKSHEET D-1

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011) PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL PERIOD FROM 07/01/2012 TO 06/30/2013 VERSION: 2013.11 11/24/2013 20:25

COMPUTATION OF INPATIENT OPERATING COST	WORKSHEET D-I PART II
CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S166) BOXES [] TITLE XIX-INPT [] IRF	[XX] PPS [] TEFRA [] OTHER
PART II - HOSPITAL AND SUBPROVIDERS ONLY	
PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	595.99 38 2,105,633 39 40 2,105,633 41 553,662 48 2,659,295 49
PASS-THROUGH COST ADJUSTMENTS 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	259,393 50 44,147 51 303,540 52
TARGET AMOUNT AND LIMIT COMPUTATION 54 PROGRAM DISCHARGES 55 TARGET AMOUNT PER DISCHARGE 56 TARGET AMOUNT (LINE 54 x LINE 55) 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 58 BONUS PAYMENT (SEE INSTRUCTIONS) 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 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 61 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), 63 OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	60 61
62 RELIEF PAYMENT (SEE INSTRUCTIONS) 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	62 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) 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	66 67
(LINE 12 x LINE 19) 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	68
(LINE 13 x LINE 20) 60 TOTAL TITLE V. OD VIV CHINC-DED ME INDATTENT DOLUTING COCTS (LINE 67 + LINE 68)	60

TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1

PART I

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011) PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL PERIOD FROM 07/01/2012 TO 06/30/2013 VERSION: 2013.11 11/24/2013 20:25

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF BOXES [] TITLE XIX-INPT [XX] IRF (14-T166) [] NF	[XX] PPS [] TEFRA [] OTHER
PART I - ALL PROVIDER COMPONENTS	
INPATIENT DAYS 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN) 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS) 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	4,470 1 4,470 2 3 4,470 4 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 (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) 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)	3,581 9 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 TITLE XIX ONLY) 16 TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	15 16
TO TITLE V OK AIR MORDERT DATE (TITLE V OK TITLE AIR OWEL)	10
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 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS) 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	20 3,663,841 21 22
(LINE 5 x LINE 17) 23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	23
(LINE 6 x LINE 18) 24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	24
(LINE 7 x LINE 19) 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	25
(LINE 8 x LINE 20) 26 TOTAL SWING-BED COST (SEE INSTRUCTIONS)	26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,663,841 27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28) 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3) 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4) 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS) 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31) 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) 37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	28 29 30 31 32 33 34 35 36 3,663,841
(LINE 27 - LINE 36)	

(LINE 13 x LINE 20)

WORKSHEET D-1

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IN LIEU OF FORM CMS-2552-10 (08/2011)

COMPUTATION OF INPATIENT OPERATING COST	WORKSHEET D-1 PART II
CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) APPLICABLE [XX] TITLE XVIII-PT A [] IPF BOXES [] TITLE XIX-INPT [XX] IRF (14-T166)	[XX] PPS [] TEFRA [] OTHER
PART II - HOSPITAL AND SUBPROVIDERS ONLY	
PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) 49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	819.65 38 2,935,167 39 40 2,935,167 41 1,882,869 48 4,818,036 49
PASS-THROUGH COST ADJUSTMENTS 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND II 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 52 TOTAL PROGRAM EXCLUDABLE COST 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	169,902 51 526,856 52
TARGET AMOUNT AND LIMIT COMPUTATION 54 PROGRAM DISCHARGES 55 TARGET AMOUNT PER DISCHARGE 56 TARGET AMOUNT (LINE 54 x LINE 55) 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	54 55 56 57
58 BONUS PAYMENT (SEE INSTRUCTIONS) 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED	58 59
BY THE MARKET BASKET 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 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 WHI OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LIN OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	
62 RELIEF PAYMENT (SEE INSTRUCTIONS) 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	62 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) 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	66 67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	68

TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)

COMPUTATION OF INPATIENT OPERATING COST

(LINE 8 x LINE 20)

26 TOTAL SWING-BED COST (SEE INSTRUCTIONS)

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST

29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)

28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)

30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)

31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)

KPMG LLP COMPU-MAX MICRO SYSTEM

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WORKSHEET D-1

1,233,011 27

1,233,011 37

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29

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PART I

COMPUTATION OF INPATIENT OPERATING COST	PARII
CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5551) BOXES [] TITLE XIX-INPT [] IRF [] NF	[XX] PPS [] TEFRA [] OTHER
PART I - ALL PROVIDER COMPONENTS	
INPATIENT DAYS 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN) 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS) 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3.192 1
I INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,192 2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,192 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 (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	
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	11
31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH	12
DECEMBER 31 OF THE COST REPORTING PERIOD	
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 TITLE XIX ONLY)	15
16 TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	16
SWING-BED ADJUSTMENT	1.77
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)	1,233,011 21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	22
(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	24
(LINE 7 x LINE 19) 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	25
TO SMING-DED COST WEETICWORF TO NE-TIRE SERVICES WEIFU DECEMBER 31 OF THE COST VEROLITUR REVIOUR	45

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1 PARTS III & IV

BOXES	ICABLE [XX] TITLE XVIII-PT A [] IPF S [] TITLE XIX-INPT [] IRF	[] [xx]	NF	[]	ICF/MR	[xx]	PPS TEFRA OTHER
PART	III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/	MR ON	LY				
70 71 72 73 74 75 76 77 78 79	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR R ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71) MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROG TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (L CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2) PROGRAM CAPITAL-RELATED COSTS (LINE 9 x LINE 76) INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77) AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FRO TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE	RAM (ERAM (E	E 70 ÷ LINE 2) LINE 14 x LINE 35) 2 + LINE 73) OSTS (FROM WKST B, PA	ART II, COL. 2	6, LINE 45)	1,233,011 386.28 1,211,760	71 72 73 74 75 76 77 78 79
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION						81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 x LINE						82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCT	IONS)				1,211,760	
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)					843,868	
85	UTILIZATION REVIEWPHYSICIAN COMPENSATION (SEE INSTRUCT						85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83	THRO	UGH 85)			2,055,628	86

COMPUTATION OF INPATIENT OPERATING COST

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011) VERSION: 2013.11 11/24/2013 20:25

WORKSHEET D-1

PART I

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CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0166) [] SUB (OTHER) [] ICF/MR APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF BOXES [XX] TITLE XIX-INPT [] IRF [] NF	[] PPS [] TEFRA [XX] OTHER
PART I - ALL PROVIDER COMPONENTS	
INPATIENT DAYS 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN) 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS) 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	31,121 1 31,121 2 3 29,203 4 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) 7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING	6 7
PERIOD 8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING	8
PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) 10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH	8,247 9 10
DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) 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) 15 TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 16 TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	14 1,447 15 856 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 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS) 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)	20 18,637,824 21 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) 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	26 18,637,824 27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28) 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3) 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4) 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS) 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 × LINE 31) 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) 37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	28 29 30 31 32 33 34 35 36 18,637,824 37
(LINE 27 - LINE 36)	

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 11/24/2013 20:25

COMPUTATION OF INPATIENT OPERATING COST							WORKSHE PART	
CHECK APPL1		166) [] S	JB (OTHER)				[] [] [XX]	PPS TEFRA
PART	II - HOSPITAL AND SUBPROVIDERS ONLY							
38 39 40 41	39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 4						4,938,963	39 40 41
		TOTAL INPATIENT COST 1	TOTAL INPATIE DAYS 2	ENT	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 COL. 4)	x
42	NURSERY (TITLES V AND XIX ONLY)	587,348	1,4	47	405.91	4 856	347,459	
43 44 45 46 47 48	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3,			47	1,202.33	299	359,497	43 44 45 46 47 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	, COL. 3, HIN	2007				5,645,919	
50 51	PASS-THROUGH COST ADJUSTMENTS PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT AND IV)						847,301	50 51
52 53	TOTAL PROGRAM EXCLUDABLE COST TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CA EDUCATION COSTS (LINE 49 MINUS LINE 52)	APITAL RELATE	O, NONPHYSIC	LIAN AN	ESTHETIST AND	MEDICAL	847,301	52 53
54 55 56 57 58 59	TARGET AMOUNT PER DISCHARGE TARGET AMOUNT (LINE 54 x LINE 55) TO DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT BONUS PAYMENT (SEE INSTRUCTIONS)							54 55 56 57 58 59
61	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEA IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 5 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED CO OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) RELIEF PAYMENT (SEE INSTRUCTIONS)	59 OR 60 ENTE	R THE LESSER	OF 50	% OF THE AMOUN			61
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SE	EE INSTRUCTIO	NS)					63
64	PROGRAM INPATIENT ROUTINE SWING BED COST MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THRO	OUGH DECEMBER	31 OF THE C	OST RE	PORTING PERIOD			64
65	(SEE INSTRUCTIONS) (TITLE XVIII ONLY) MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTE (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	ER DECEMBER 3	1 OF THE COS	T REPO	RTING PERIOD			65
66 67	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COST							66 67
68	(LINE 12 x LINE 19) TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	S AFTER DECEM	BER 31 OF TH	E COST	REPORTING PER	IOD		68
69	(LINE 13 x LINE 20) TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE	E COSTS (LINE	67 + LINE 6	(8)				69
PART	IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COS	ST						
87 88 89	TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LOBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)		Ξ 2)				1,918	87 88 89
	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	COST		ST)M 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR	:
90 91 92 93	CAPITAL-RELATED COST NURSING SCHOOL COST ALLIED HEALTH COST ALL OTHER MEDICAL EDUCATION	1	2		3	4	5	90 91 92 93

 PROVIDER CCN:
 14-0166
 ST. MARY'S HOSPITAL
 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION:
 2013.11

 PERIOD FROM
 07/01/2012
 TO 06/30/2013
 IN LIEU OF FORM CMS-2552-10 (08/2011)
 11/24/2013
 20:25
 INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL APPLICABLE [XX] TITLE XVIII-PT A [] IPF BOXES [] TITLE XIX [] IRF	(14-0166) [] S	SNF	[] S/B SNF [] S/B NF [] ICF/MR	[XX] PPS [] TEFRA [] OTHER
COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1		INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
	1	Z	3	
INPATIENT ROUTINE SERVICE COST CENTERS 30 ADULTS & PEDIATRICS		9,720,963		30
31 INTENSIVE CARE UNIT		2,565,419		31
40 SUBPROVIDER - IPF 41 SUBPROVIDER - IRF				40 41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM 50.01 STONE CENTER	0.226328	7,103,355	1,607,688	50 50.01
50.02 ENDOSCOPY	0.297641	191,676	57,051	50.02
51 RECOVERY ROOM	0.221160	537,771	118,933	51 52
52 DELIVERY ROOM & LABOR ROOM 53 ANESTHESIOLOGY	0.688354 0.275915	10,949 1,390,187	7,537 383,573	52
53.01 PAIN CENTER	0.185703	35,033	6,506	53.01
54 RADIOLOGY-DIAGNOSTIC 56 RADIOISOTOPE	0.203523 0.179137	3,235,578 363,453	658,515 65,108	54 56
57 CT SCAN	0.036590	7,340,916	268,604	57
58 MRI	0.055173	1,470,063	81,108	58
59 CARDIAC CATHETERIZATION 60 LABORATORY	0.121123 0.154903	8,526,394 13,782,565	81,108 1,032,742 2,134,961 234,783	59 60
62 WHOLE BLOOD & PACKED RED BLOOD	0.386171	607,978	234,783	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS 65 RESPIRATORY THERAPY	0 161200		866,176	62.30 65
66 PHYSICAL THERAPY	0.161388 0.214125 0.102621	5,367,040 2,401,846	514,295	66
69 ELECTROCARDIOLOGY	0.102621	3,500,639	359,239	69
70 ELECTROENCEPHALOGRAPHY 71 MEDICAL SUPPLIES CHARGED TO PAT	0.145875	210,336 324,654	30,683 63,291	70 71
72 IMPL. DEV. CHARGED TO PATIENTS	0.452426	7,272,049 14,989,836	3,291 3,290,064 2,872,652	72
73 DRUGS CHARGED TO PATIENTS 74 RENAL DIALYSIS	0.145875 0.194948 0.452426 0.191640	14,989,836	2,872,652	73 74
74 RENAL DIALYSIS 75 ASC (NON-DISTINCT PART)	0.342596			75
76 TREATMENT CENTER	0.660415	15,679	10,355	76
76.97 CARDIAC REHABILITATION 76.98 HYPERBARIC OXYGEN THERAPY				76.97 76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS 90 CLINIC	0.479463			90
90.01 PRENATAL CLINIC	0.891901	1	1	90.01
90.02 OUTPATIENT PSYCHIATRIC	0.512131	9,201		90.02
90.03 WOUND CLINIC 90.04 NEUROSURGERY	0.484632	172,784	83,737	90.03 90.04
90.05 DR JATOI				90.05
90.06 UROLOGY PHYSICIAN 90.07 DR. CHU				90.06 90.07
90.08 SPORTS MEDICINE CLINIC				90.08
90.09 DR. SHANKER				90.09
90.10 DR MIRMIRA 90.11 DR TOKHI				90.10 90.11
90.12 CT\PET	0.387411	15,387	5,961	90.12
90.13 RADIATION ONCOLOGY 90.14 SPORTS MED-REHAB	0.154300	10,120	1,562	90.13 90.14
90.15 MACON COUNT MEDICAL ASSOCIATES				90.15
90.16 DR BRITT 90.17 ARTHUR FAMILY MEDICINE CENTER				90.16 90.17
90.18 DR BOCK				90.18
90.19 PEDIATRIC PROF SERVICES 90.20 DR ANDERSON				90.19
90.21 DR HABIB				90.20 90.21
90.22 DR HANNEKEN				90.22
90.23 DR MUNESSES 90.24 DR KOHLI				90.23 90.24
90.25 DR DUNCAN				90.25
90.26 MT ZION FAMILY PRACTICE				90.26
90.27 DR POWELL 90.28 CHEMOTHEROPY	0.203026			90.27 90.28
91 EMERGENCY	0.165078	5,499,006	907,765	91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	0.584060	74,632	43,590	92
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98) 201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES		84,459,128	15,711,192	200 201
202 NET CHARGES (LINE 200 MINUS LINE 201)		84,459,128		202

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2013.11 11/24/2013 20:25 INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-3

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] S/B SNF	[XX] PPS
APPLICABLE BOXES	[XX] TITLE XVIII-PT A	[XX] IPF (14-S166)	[] SNF [] NF	[] S/B NF [] ICF/MR	[] TEFRA [] OTHER
DOALS	[] IIIIPE VIV	[] IKI	[] NF	[] ICF/MR	[] OIRER

	COST CENTER DESCRIPTION		INPATIENT PROGRAM CHARGES		
			2		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30 31	ADULTS & PEDIATRICS INTENSIVE CARE UNIT				30 31
40	SUBPROVIDER - IPF		2,552,596		40
41	SUBPROVIDER - IRF		, ,		41
F.0	ANCILLARY SERVICE COST CENTERS	0.006300	10.005	0.406	5.0
50 50 01	OPERATING ROOM STONE CENTER	0.226328		2,486	50 50.01
	ENDOSCOPY	0.297641 0.221160	1,452 56,518	432	50.02
				12,500	51
52	DELIVERY ROOM & LABOR ROOM	0.688354	16 450	4,541	52 53
	ANESTHESIOLOGY PAIN CENTER	0.2/5915	16,459 1,865 121,449 21,793 184,954 13,732 727,738 1,319	4,541 346	53.01
54	RADIOLOGY-DIAGNOSTIC	0.203523	121,449	24,718	54
56	RADIOISOTOPE	0.179137	21,793	24,718 3,904	56
	CT SCAN	0.036590	184,954 13,732	6,767	57 58
58 59	MRI CARDIAC CATHETERIZATION	0.055173	13,/32	758	58 59
60	CARDIAC CATHETERIZATION LABORATORY	0.154903	727,738	112,729	60
	WHOLE BLOOD & PACKED RED BLOOD	0.386171	1,319	509	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	0 161300	01 706	14 012	62.30 65
65 66	PHYSICAL THERAPY	0.161388	91,786 477.773	102.303	66
69	ELECTROCARDIOLOGY	0.102621	50,489	5,181	69
70	ELECTROENCEPHALOGRAPHY	0.145875	4,665	681	70
71 72	WHOLE BLOOD & PACKED RED BLOOD BLOOD CLOTTING FOR HEMOPHILIACS RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	0.194948	21,101	4,114	71 72
73	DRUGS CHARGED TO PATIENTS	0.452426	1.181.691	226.459	72
74	RENAL DIALYSIS	0.131010	1/101/071	220 / 103	74
75	ASC (NON-DISTINCT PART)	0.342596			75
	TREATMENT CENTER	0.660415	789	521	76 76.97
	CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY				76.97
	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
	CLINIC PRENATAL CLINIC	0.479463 0.891901			90 90.01
	OUTPATIENT PSYCHIATRIC	0.512131			90.02
90.03	WOUND CLINIC	0.484632	7,315	3,545	90.03
	NEUROSURGERY				90.04
	DR JATOI UROLOGY PHYSICIAN				90.05 90.06
	DR. CHU				90.07
	SPORTS MEDICINE CLINIC				90.08
	DR. SHANKER				90.09
	DR MIRMIRA DR TOKHI				90.10 90.11
	CT\PET	0.387411			90.12
	RADIATION ONCOLOGY	0.154300			90.13
	SPORTS MED-REHAB MACON COUNT MEDICAL ASSOCIATES				90.14 90.15
	DR BRITT				90.16
90.17	ARTHUR FAMILY MEDICINE CENTER				90.17
	DR BOCK				90.18
	PEDIATRIC PROF SERVICES DR ANDERSON				90.19 90.20
	DR HABIB				90.21
	DR HANNEKEN				90.22
	DR MUNESSES				90.23
	DR KOHLI DR DUNCAN				90.24 90.25
	MT ZION FAMILY PRACTICE				90.26
90.27	DR POWELL				90.27
	CHEMOTHEROPY	0.203026	150 650	26 255	90.28
91 92	EMERGENCY OBSERVATION BEDS (NON-DISTINCT	0.165078 0.584060	159,650	26,355	91 92
,	OTHER REIMBURSABLE COST CENTERS	3.301000			22
94	HOME PROGRAM DIALYSIS				94
200 201	TOTAL (SUM OF LINES 50-94 AND 96-98) LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES		3,153,523	553,662	200 201
201	NET CHARGES (LINE 200 MINUS LINE 201)		3,153,523		201
	,		•		

[] TITLE V

CHECK

90.28 CHEMOTHEROPY

EMERGENCY

OBSERVATION BEDS (NON-DISTINCT

OTHER REIMBURSABLE COST CENTERS

TOTAL (SUM OF LINES 50-94 AND 96-98) LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES

NET CHARGES (LINE 200 MINUS LINE 201)

HOME PROGRAM DIALYSIS

91

92

94

200

201

202

KPMG LLP COMPU-MAX MICRO SYSTEM

[] S/B SNF

[XX] PPS

90.28

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94

200

201

202

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL PERIOD FROM 07/01/2012 TO 06/30/2013 VERSION: 2013.11 IN LIEU OF FORM CMS-2552-10 (08/2011) 11/24/2013 20:25 INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-3

[] SUB (OTHER)

[] HOSPITAL

	אידוח חד מחמיד	INPATIENT	INPATIENT	
COST CENTER DESCRIPTION	TO CHARGES	PROGRAM CHARGES 2	$(COL.1 \times COL.2)$	
INPATIENT ROUTINE SERVICE COST CENTERS ADULTS & PEDIATRICS				2
ADULTS & PEDIATRICS INTENSIVE CARE UNIT				3
SUBPROVIDER - IPF				4
SUBPROVIDER - IRF		4,114,656		4
ANCILLARY SERVICE COST CENTERS				
OPERATING ROOM	0.226328	145,226	32,869	5
.01 STONE CENTER	0 207641	1 450	432	5
.01 STONE CENTER .02 ENDOSCOPY RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY .01 PAIN CENTER RADIOLOGY-DIAGNOSTIC RADIOISOTOPE CT SCAN MRI CARDIAC CATHETERIZATION LABORATORY WHOLE BLOOD & PACKED RED BLOOD .30 BLOOD CLOTTING FOR HEMOPHILIACS	0.29/641	1,452	432 2,099	5 5
DELIVERY ROOM & LABOR ROOM	0.688354	7,171	2,000	5
ANESTHESIOLOGY	0.275915	8,957	2,471	5
.01 PAIN CENTER	0.185703			5
RADIOLOGY-DIAGNOSTIC	0.203523	3,235	658	5
RADIOISOTOPE	0.179137	30,664	5,493	5
CT SCAN	0.036590	3,235 30,664 198,144 57,344 10,500 680,590 5,480	7,250	5 5
MRI CARDIAC CATHETERIZATION	0.0551/3	5/,344	3,104 1,272	5
LABORATORY	0.154903	680.590	105.425	6
WHOLE BLOOD & PACKED RED BLOOD	0.386171	5,480	2,116	6
.30 BLOOD CLOTTING FOR HEMOPHILIACS				6
RESPIRATORY THERAPY	0.161388	449,844	72,599	6
AND BLOOD CLOTTING FOR HEMOPHILIACS RESPIRATORY THERAPY PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	0.214125	6,288,397	1,346,503	6
ELECTROCARDIOLOGY	0.102621	60,791	6,238	6 7
ELECTROENCEPHALOGRAPHY	0.1458/5	32,927 50 136	4,803 11 520	7
IMPL DEV CHARGED TO PATIENTS	0.194948	13.156	5.952	7
DRUGS CHARGED TO PATIENTS	0.191640	1,368,794	262,316	7
RENAL DIALYSIS ASC (NON-DISTINCT PART) TREATMENT CENTER				7
ASC (NON-DISTINCT PART)	0.342596			7
TREATMENT CENTER	0.660415			7
.97 CARDIAC REHABILITATION .98 HYPERBARIC OXYGEN THERAPY				7
.99 LITHOTRIPSY				7
OUTPATIENT SERVICE COST CENTERS				,
CLINIC	0.479463			9
.01 PRENATAL CLINIC	0.891901			9
.02 OUTPATIENT PSYCHIATRIC	0.512131			9
.03 WOUND CLINIC	0.484632	5,895	2,857	9
.04 NEUROSURGERY .05 DR JATOI				9
.06 UROLOGY PHYSICIAN				9
.07 DR. CHU				9
.08 SPORTS MEDICINE CLINIC				9
.09 DR. SHANKER				9
.10 DR MIRMIRA				9
.11 DR TOKHI	0 207411			9
12 CT\PET 13 RADIATION ONCOLOGY	0.387411 0.154300	787	121	9
.13 RADIATION UNCOLUGY .14 SPORTS MED-REHAB	0.134300	101	121	9
.15 MACON COUNT MEDICAL ASSOCIATES				9
16 DR BRITT				9
17 ARTHUR FAMILY MEDICINE CENTER				9
.18 DR BOCK				9
.19 PEDIATRIC PROF SERVICES				9
.20 DR ANDERSON .21 DR HABIB				9
.22 DR HANNEKEN				9
23 DR MUNESSES				9
24 DR KOHLI				9
.25 DR DUNCAN				9
.26 MT ZION FAMILY PRACTICE				9
.27 DR POWELL 28 CHEMOTHERODY	0.203026			9

0.203026

0.165078

0.584060

40,603

9,471,413

9,471,413

6,703

1,882,869

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL KPMG LLP COMPU-MAX MICRO SYSTEM VERSION: 2013.11 PERIOD FROM 07/01/2012 TO 06/30/2013 IN LIEU OF FORM CMS-2552-10 (08/2011) 11/24/2013 20:25 INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL APPLICABLE [XX] TITLE XVIII-PT A [] IPF BOXES [] TITLE XIX [] IRF	[] 2 [XX] 2 [] 1	SUB (OTHER) SNF (14-5551) NF	[] S/B SNF [] S/B NF [] ICF/MR	[XX] PPS [] TEFRA [] OTHER
COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1		$(COL.1 \times COL.2)$	
INPATIENT ROUTINE SERVICE COST CENTERS 30 ADULTS & PEDIATRICS 31 INTENSIVE CARE UNIT 40 SUBPROVIDER - IPF 41 SUBPROVIDER - IRF				30 31 40 41
ANCILLARY SERVICE COST CENTERS	0.226328	4,629	1,048	50
50.01 STONE CENTER		4,629	1,048	50.01
50.02 ENDOSCOPY 51 RECOVERY ROOM	0.297641 0.221160			50.02 51
52 DELIVERY ROOM & LABOR ROOM	0.688354			52
53 ANESTHESIOLOGY 53.01 PAIN CENTER	0.275915 0.185703	8,756	2,416	53 53.01
54 RADIOLOGY-DIAGNOSTIC	0.203523	117,686	23,952	54
56 RADIOISOTOPE 57 CT SCAN	0.179137 0.036590	6,735 3,392	1,206 124	56 57
57 CI SCAN 58 MRI	0.055173	3,392	124	58
59 CARDIAC CATHETERIZATION 60 LABORATORY	0.121123	E 4 7 7 1 2	04.040	59 60
62 WHOLE BLOOD & PACKED RED BLOOD	0.154903 0.386171	547,713 7,900	84,842 3,051	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS		000 016	44.550	62.30
65 RESPIRATORY THERAPY 66 PHYSICAL THERAPY	0.160201 0.213768	278,216 1,546,443	44,570 330,580	65 66
69 FI.FCTPOCAPDIOLOGY	0.102621	18,523	1,901	69
70 ELECTROENCEPHALOGRAPHY 71 MEDICAL SUPPLIES CHARGED TO PAT	0.145875 0.194948	7,847 41,093	1,145 8,011	70 71
72 IMPL. DEV. CHARGED TO PATIENTS	0 452426	,		72
73 DRUGS CHARGED TO PATIENTS 74 RENAL DIALYSIS	0.191640	1,768,854	338,983	73 74
75 ASC (NON-DISTINCT PART)	0.342596			75
76 TREATMENT CENTER 76.97 CARDIAC REHABILITATION	0.598725			76 76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS				76.99
90 CLINIC	0.479463			90
90.01 PRENATAL CLINIC 90.02 OUTPATIENT PSYCHIATRIC	0.891901 0.512131			90.01 90.02
90.03 WOUND CLINIC	0.483243			90.03
90.04 NEUROSURGERY 90.05 DR JATOI				90.04 90.05
90.06 UROLOGY PHYSICIAN				90.06
90.07 DR. CHU 90.08 SPORTS MEDICINE CLINIC				90.07 90.08
90.09 DR. SHANKER				90.09
90.10 DR MIRMIRA 90.11 DR TOKHI				90.10 90.11
90.12 CT\PET	0.387411	5,264	2,039	90.12
90.13 RADIATION ONCOLOGY 90.14 SPORTS MED-REHAB	0.154300			90.13 90.14
90.15 MACON COUNT MEDICAL ASSOCIATES				90.15
90.16 DR BRITT 90.17 ARTHUR FAMILY MEDICINE CENTER				90.16 90.17
90.18 DR BOCK				90.18
90.19 PEDIATRIC PROF SERVICES 90.20 DR ANDERSON				90.19 90.20
90.21 DR HABIB				90.21
90.22 DR HANNEKEN 90.23 DR MUNESSES				90.22 90.23
90.24 DR KOHLI				90.24
90.25 DR DUNCAN 90.26 MT ZION FAMILY PRACTICE				90.25 90.26
90.27 DR POWELL				90.27
90.28 CHEMOTHEROPY 91 EMERGENCY	0.203026 0.165078			90.28 91
92 OBSERVATION BEDS (NON-DISTINCT	0.584060			92
OTHER REIMBURSABLE COST CENTERS 94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		4,363,051	843,868	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES 202 NET CHARGES (LINE 200 MINUS LINE 201)		4,363,051		201 202
202 Mai Chillodo (Bina 200 Minos Bine 201)		1,303,031		202

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2013.11 11/24/2013 20:25 INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-3

	INFAILENT ANCIDDART COST AFFORTIONMEN.			WORKSHEET D-3
CHECK	[] TITLE V [XX] HOSPITA ABLE [] TITLE XVIII-PT A [] IPF [XX] TITLE XIX [] IRF	AL (14-0166) [] SUB (OTHER)	[] S/B SNF	[] PPS
APPLIC	ABLE [] TITLE XVIII-PT A [] IPF	[] SNF	[] S/B NF	[] TEFRA
BOXES	[XX] TITLE XIX [] IRF	[] NF	[] ICF/MR	[XX] OTHER
			INPATIENT	
		RATIO OF COST INPATIENT		
	COST CENTER DESCRIPTION	TO CHARGES PROGRAM CHARGES		
		1 2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30	ADULTS & PEDIATRICS			30
31	INTENSIVE CARE UNIT			31
40	SUBPROVIDER - IPF			40
41 43	SUBPROVIDER - IRF NURSERY			41 43
43	ANCILLARY SERVICE COST CENTERS			4.5
50	OPERATING ROOM	0.226328		50
	STONE CENTER			50.01
50.02	ENDOSCOPY	0.297641		50.02
51	RECOVERY ROOM	0.221160		51
52 53	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	0.688354 0.275915		52 53
53.01	PAIN CENTER	0.185703		53.01
54	RADIOLOGY-DIAGNOSTIC	0.203523		54
56	RADIOISOTOPE	0.179137		56
57	CT SCAN	0.036590		57
58	MRI	0.055173		58
59	CARDIAC CATHETERIZATION	0.121123		59
60 62	LABORATORY WHOLE BLOOD & PACKED RED BLOOD	0.154903 0.386171		60 62
	BLOOD CLOTTING FOR HEMOPHILIACS	0.380171		62.30
65	RESPIRATORY THERAPY	0.160201		65
66	PHYSICAL THERAPY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY	0.213768		66
69	ELECTROCARDIOLOGY	0.102621		69
70	ELECTROENCEPHALOGRAPHY	0.145875		70
71 72	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	0.213768 0.102621 0.145875 0.194948 0.452426		71 72
73	DRUGS CHARGED TO PATIENTS	0.191640		73
74	RENAL DIALYSIS	0.151010		74
75	ASC (NON-DISTINCT PART)	0.342596		75
76	TREATMENT CENTER	0.598725		76
	CARDIAC REHABILITATION			76.97
	HYPERBARIC OXYGEN THERAPY LITHOTRIPSY			76.98 76.99
10.99	OUTPATIENT SERVICE COST CENTERS			70.99
90	CLINIC	0.479463		90
90.01	PRENATAL CLINIC	0.891901		90.01
	OUTPATIENT PSYCHIATRIC	0.512131		90.02
	WOUND CLINIC	0.483243		90.03
	NEUROSURGERY DR JATOI			90.04 90.05
	UROLOGY PHYSICIAN			90.06
	DR. CHU			90.07
90.08	SPORTS MEDICINE CLINIC			90.08
	DR. SHANKER			90.09
	DR MIRMIRA			90.10
	DR TOKHI CT\PET	0.387411		90.11 90.12
	RADIATION ONCOLOGY	0.154300		90.13
90.14	SPORTS MED-REHAB			90.14
	MACON COUNT MEDICAL ASSOCIATES			90.15
	DR BRITT			90.16
	ARTHUR FAMILY MEDICINE CENTER			90.17
	DR BOCK PEDIATRIC PROF SERVICES			90.18 90.19
	DR ANDERSON			90.19
	DR HABIB			90.21
	DR HANNEKEN			90.22
	DR MUNESSES			90.23
	DR KOHLI DR DUNCAN			90.24
	MT ZION FAMILY PRACTICE			90.25 90.26
	DR POWELL			90.27
	CHEMOTHEROPY	0.203026		90.28
91	EMERGENCY	0.165078		91
92	OBSERVATION BEDS (NON-DISTINCT	0.584060		92
94	OTHER REIMBURSABLE COST CENTERS HOME PROGRAM DIALYSIS			94
200	TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES	5		201

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2013.11 11/24/2013 20:25

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0166) [] SUB (OTHER)
APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF
BOXES [XX] TITLE XIX [] IRF [] NF [] S/B SNF [] S/B NF [] ICF/MR [] PPS [] TEFRA [XX] OTHER

INPATIENT

RATIO OF COST INPATIENT PROGRAM COSTS
TO CHARGES PROGRAM CHARGES (COL.1 x COL.2)
1 2 3 COST CENTER DESCRIPTION

202 NET CHARGES (LINE 200 MINUS LINE 201) 202

PART A

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL PERIOD FROM 07/01/2012 TO 06/30/2013
 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2013.11

 IN LIEU OF FORM CMS-2552-10 (08/2011)
 11/24/2013 20:25
 CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E

CHECK	[XX]	HOSPITAL	(14-0166)

APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	22,746,376		1
2	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	75,808		2
2.01	OUTLIER RECONCILIATION AMOUNT			2.01
3		1,150,756		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE	190.75		4
	INSTRUCTIONS)			
	INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING	4.38		5
	PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)			
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN			6
	ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)			
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105	3.20		7
	(f)(1)iv)(B)(1)			
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105			7.01
	(f)(1)iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.			
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC			8
	PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2)			
	AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER,			
	PAGE 50069, AUGUST 1, 2002.			
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503			8.01
	OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.			
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED			8.02
_	TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)			_
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02)	1.18		9
	(SEE INSTRUCTIONS)			
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR	1.05	-	10
	RECORDS			
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS			11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	1.05		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	1.09		1.3
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER	1.18	:	14
	SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO			
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	1.11		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 CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4) PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS) ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS) IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	1.11		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.005819		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.006490		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.005819		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	75,921	· · · · · · · · · · · · · · · · · · ·	22
0.0	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			0.0
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER		•	23
0.4	42 SEC. 412.105(f)(1)(iv)(C)	-0.13		24
24 25	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS) IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR	-0.13		24 25
25			•	25
26	LINE 24 (SEE INSTRUCTIONS) RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)			26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)			20 27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)			28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	75,921		20 29
	DISPROPORTIONATE SHARE ADJUSTMENT	13,921	•	43
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE	0 0506		30
30	TNGMDIGHT ONG \	0.0350	•	50
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS) SUM OF LINES 30 AND 31 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.3135		31
32	FERCENTAGE OF MEDICALD FAILENT DATA TO TOTAL (SEE INSTRUCTIONS)	0.3133		32
33	SUPPLY OF THESE OF AND ST	0.2000		33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	4,549,275		34
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	4,545,275	•	54
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR			40
10	MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)			10
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGS 652, 682, 683, 684 AND 685			41
	(SEE INSTRUCTIONS)			
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			43
	(SEE INSTRUCTIONS)			
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED			44
	BY 7 DAYS)			-
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)			45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)			46
47	SUBTOTAL (SEE INSTRUCTIONS)	27,447,380		47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL	,11.,500		48
	HOSPITALS ONLY (SEE INSTRUCTIONS)			
49		27,447,380		49
50		1,953,134		50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE	, ,		51
-	INSTRUCTIONS)			
	·			

PART A

VERSION: 2013.11 11/24/2013 20:25 KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011) CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E

CHECK	[XX]	HOSPITAL	(14-0166)

APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	·	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69) COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20) ROUTINE SERVICE OTHER PASS THROUGH COSTS ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200) TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58) PRIMARY PAYER PAYMENTS TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60) DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES COINSURANCE BILLED TO PROGRAM BENEFICIARIES ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS) ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63) CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5. PART II. COL. 3. LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D. PART IV. COL. 11. LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	29.436.658	59
60	PRIMARY PAYER PAYMENTS	20.451	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM RENEFICIARIES (LINE 59 MINUS LINE 60)	29.416.207	61
62	DEDICTIBLES BILLED TO PROGRAM BENEFICIARIES	2.669.910	62
63	COINSIRANCE BILLED TO PROGRAM BENEFICIARIES	72.468	63
64	ALLOWARIE BAD DERTS (SEE INSTRUCTIONS)	880.984	64
65	ADJUSTED REIMBURSABLE BAD DERTS (SEE INSTRUCTIONS)	616.689	65
66	ALLOWARDE BAD DERTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	708.101	66
67	SURPOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	27 290 518	67
68	CREDIT'S RECEIVED FROM MANIFACTIBERS FOR REPLACED DEVICES ADDITORIE TO MS-DRG	27,250,510	68
00	(SEE INSTRUCTIONS)		00
70	OUTLIER PAYMENTS RECONCILIATION OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) HOSP PAYMENT ADJUSTMENT (SEE INSTRUCTIONS) HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (SEE INSTRUCTIONS) AMOUNT DUE PROVIDER (SEE INSTRUCTIONS) SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) INTERIM PAYMENTS TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY) BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73) PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB.		70
70.93	HVRP PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	4.724	70.93
70.92	HOSDITAL PRADMISSIONS PEDICTION ADJUSTMENT (SEE INSTRUCTIONS)	-17 448	70.94
71	AMOUNT DIE PROVIDER (SEE INSTRUCTIONS)	27 277 794	71
71 01	SECULESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	136 389	71.01
72	INTERIM DAYMENTS	27 081 574	72
73	TENTRATIVE SETTILEMENT (FOR CONTRACTOR ISE ONLY)	27,001,371	73
74	PALANCE DIE DOUTDEP/DDOCEM (LINE 71 MINIC LINES 71 01 72 AND 73)	59 831	74
75	PROTESTED AMOINTS (NONALLOWARLE COST REPORT TITEMS) IN ACCORDANCE WITH CMS DIR	468 575	75
7.5	15-2. SECTION 115.2	100,373	, 3
	15 2, Bellon 115.2		
	TO BE COMPLETED BY CONTRACTOR		
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART 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

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL PERIOD FROM 07/01/2012 TO 06/30/2013
 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2013.11

 IN LIEU OF FORM CMS-2552-10 (08/2011)
 11/24/2013 20:25
 CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E

								PAI	RT B
CHECK	C APPLICABLE BOX:	[XX] HOSPITAL (14-0166) [] SUB (OTHER)	[] I	PF]] IRF		
		[] SUB (OTHER)	[] S	NF				
	DADE D. MEDICAL AND O	MILED HEALTH CERLITAGE							
	PART B - MEDICAL AND O								
1	MEDICAL AND OTHER SERV	VICES (SEE INSTRUCTIONS) VICES REIMBURSED UNDER OPPS (SE					14 848		1
2	MEDICAL AND OTHER SER	VICES (SEE INSTRUCTIONS)	F INCTRICT	TOMS)		12 447 596		2
3	PPS PAYMENTS	VICED REINDORGED ONDER OITS (GE	L INDIROCI	10110	,		13.497.387		3
4	OUTLIER PAYMENT (SEE	INSTRUCTIONS)					48,485		4
5		ECIFIC PAYMENT TO COST RATIO (S	EE INSTRUC	TION	S)		,		5
6	LINE 2 TIMES LINE 5				•				6
7	SUM OF LINE 3 PLUS LI	NE 4 DIVIDED BY LINE 6							7
8		PAYMENT (SEE INSTRUCTIONS)							8
9	ANCILLARY SERVICE OTH	ER PASS THROUGH COSTS FROM WKST	D, PART I	V, C	OL. 13, L1	INE 200			9
10	ORGAN ACQUISITION								10
11		NES 1 AND 10) (SEE INSTRUCTIONS)				14,848		11
	COMPUTATION OF LESSER (OF COST OR CHARGES							
	REASONABLE CHARGES								
12	ANCILLARY SERVICE CHAI	RGES	60 6		4.)		80,131		12
13 14		RGES (FROM WKST D-4, PART III,					00 121		13 14
14	CUSTOMARY CHARGES	GES (SUM OF LINES 12 AND 13)					80,131		14
15		ALLY COLLECTED FROM PATIENTS LI	מ פרש שומע	лумг	איי דיסס פדו	DITTORC			15
13	ON A CHARGE BASIS	ALLI COLLECTED FROM PATTENTS LI	ADLE FOR P	AIME	NI FOR SER	KVICES			13
16		VE BEEN REALIZED FROM PATIENTS	T.TARI.E FOR	DΔV	MENT FOR S	SERVICES			16
10		SUCH PAYMENT BEEN MADE IN ACCO							10
17		INE 16 (NOT TO EXCEED 1.000000)			0110 11011	10(0)	1.000000		17
18	TOTAL CUSTOMARY CHARG	ES (SEE INSTRUCTIONS)					80,131		18
19	EXCESS OF CUSTOMARY C	HARGES OVER REASONABLE COST (CO	MPLETE ONL	Y IF	LINE 18 E	EXCEEDS	65,283		19
	LINE 11 (SEE INSTRUCT:								
20	EXCESS OF REASONABLE (COST OVER CUSTOMARY CHARGES (CO	MPLETE ONL	Y IF	LINE 11 E	EXCEEDS			20
	LINE 18 (SEE INSTRUCT:								
21		RGES (LINE 11 MINUS LINE 20) (F	OR CAH, SE	E IN	STRUCTIONS	S)	14,848		21
22	INTERNS AND RESIDENTS	(SEE INSTRUCTIONS)							22
23	COST OF TEACHING PHYS	ICIANS (SEE INSTR., 42 CFR 415. MENT (SUM OF LINES 3, 4, 8 AND	160 AND CM	S PU	B. 15-1 §2	2148)			23
24	TOTAL PROSPECTIVE PAY	MENT (SUM OF LINES 3, 4, 8 AND	9)				13,545,872		24
0.5	COMPUTATION OF REIMBUR						2 115		0.5
25	DEDUCTIBLES AND COINS	URANCE (SEE INSTRUCTIONS) URANCE RELATING TO AMOUNT ON LI	NT 04 / CDD	T.1.T.C	mpiiamiona)	`	3,115		25 26
26 27		ND 24 - THE SUM OF LINES 25 AND							27
21									21
28	DIDECT CDADIATE MEDICI	IONS) AL EDUCATION PAYMENTS (FROM WKS DUCATION COSTS (FROM WKST E-4, S 27 THROUGH 29) S US LINE 31) XCLUDE BAD DEBTS FOR PROFESSION	T E_/ I TN	r 5∩	١		12 957		28
29	ESRD DIRECT MEDICAL EL	AL EDUCATION FAIMENTS (FROM WKS DUCATION COSTS (FROM WKST E-4	I.TNE 36)	E 30	,		12,037		29
30	SUBTOTAL (SUM OF LINES	S 27 THROUGH 29)	DINE SO,				10.668.663		30
31	PRIMARY PAYER PAYMENTS	S 27 Imtocom 237					20.144		31
32	SUBTOTAL (LINE 30 MIN	US LINE 31)					10,648,519		32
	ALLOWABLE BAD DEBTS (EX	XCLUDE BAD DEBTS FOR PROFESSION	AL SERVICE	S)			.,,.		
33	COMPOSITE RATE ESRD (1	ACHOUS SAD DEBIS FOR PROFESSION FROM WKST I-5, LINE 11) SEE INSTRUCTIONS) BAD DEBTS (SEE INSTRUCTIONS) OR DUAL ELIGIBLE BENEFICIARIES TIONS) ' T4 - 10/25/13 JF							33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)					724,499		34
35	ADJUSTED REIMBURSABLE	BAD DEBTS (SEE INSTRUCTIONS)					507,149		35
36	ALLOWABLE BAD DEBTS FO	OR DUAL ELIGIBLE BENEFICIARIES	(SEE INSTR	UCTI	ONS)		578,233		36
37	SUBTOTAL (SEE INSTRUCT	TIONS) ' T4 - 10/25/13 JF					11,155,668		37
38	MSP-LCC RECONCILIATION	N AMOUNT FROM PS&R							38
39		ECIFY) (SEE INSTRUCTIONS)							39
40	SUBTOTAL (SEE INSTRUCT	The state of the s					11,155,668		40
		ENT (SEE INSTRUCTIONS)					55,778		40.01
		/ FOR GOMERA GEOR HOE ONLY					11,064,086		41
42		(FOR CONTRACTOR USE ONLY) PROGRAM (SEE INSTRUCTIONS)					35,804		42
43 44		PROGRAM (SEE INSTRUCTIONS) NALLOWABLE COST REPORT ITEMS) I	и ассороан	CE M	דידע מאכ DI	TTD	35,804		43 44
77	15-II, SECTION 115.2	NATIONALIE COST KEFOKT ITEMS) I	IN ACCONDAIN	CE W	TIII CMO PC	UD.			17
	15 11, DECITOR 115.2								
	TO BE COMPLETED BY CONT	TRACTOR							
90	ORIGINAL OUTLIER AMOU								90
91		N ADJUSTMENT AMOUNT (SEE INSTRU	CTIONS)						91
92		ULATE THE TIME VALUE OF MONEY	•						92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)							93
94	TOTAL (SUM OF LINES 9	1 AND 93)							94

CALCULATION OF REIMBURSEMENT SETTLEMENT	WORKSHEET E PART B
CHECK APPLICABLE BOX: [] HOSPITAL [XX] IPF (14-S166) [] IRF [] SUB (OTHER) [] SNF	
PART B - MEDICAL AND OTHER HEALTH SERVICES	
1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) 2 MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS) 3 PPS PAYMENTS 4 OUTLIER PAYMENT (SEE INSTRUCTIONS)	1 2 3 4
5 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS) 6 LINE 2 TIMES LINE 5 7 SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6	5 6 7
8 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS) 9 ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200 10 ORGAN ACQUISITION	8 9 10
11 TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS) COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES	11
12 ANCILLARY SERVICE CHARGES 13 ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)	12 13
14 TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13) CUSTOMARY CHARGES 15 CONTROL OF THE CONTROL	14
15 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS 16 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES	15 16
ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e) 17 RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000) 1.000000	17
18 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) 19 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS)	18 19
20 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS)	20
LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS) INTERNS AND RESIDENTS (SEE INSTRUCTIONS) COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148) TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	21 22 23 24
COMPUTATION OF REIMBURSEMENT SETTLEMENT DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS) DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS) SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	25 26 27
AND 25) (SEE INSTRUCTIONS) 28 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50) 29 ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36) 30 SUBTOTAL (SUM OF LINES 27 THROUGH 29) 31 PRIMARY PAYMENTS 32 SUBTOTAL (LINE 30 MINUS LINE 31)	28 29 30 31 32
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) 33 COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11) 34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS) 35 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 36 ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) 37 SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF 38 MSP-LCC RECONCILIATION AMOUNT FROM PS&R 39 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) 40 SUBTOTAL (SEE INSTRUCTIONS) 40.01 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) 41 INTERIM PAYMENTS 42 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY) 43 BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS) 44 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	33 34 35 36 37 38 39 40 40.01 41 42 43

TO BE COMPLETED BY CONTRACTOR

ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)
THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
TIME VALUE OF MONEY (SEE INSTRUCTIONS)
TOTAL (SUM OF LINES 91 AND 93)

PERIOD FROM 07/01/2012 TO 06/30/2013 IN LIEU OF FORM CMS-2552-10 (08/2011) 11/24/2013 20:25

CALCULATION OF RETMRIRSEMENT SETTLEMENT WORKSHEET E

CALC	ULATION OF REIMBURSEMENT SETTLEMENT		WORKSHEET E PART B
CHEC	K APPLICABLE BOX: [] HOSPITAL [] IPF [X [] SUB (OTHER) [] SNF	[X] IRF (14-T166)	PARI D
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS) PPS PAYMENTS		2
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6 7	LINE 2 TIMES LINE 5 SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		6 7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10 11	ORGAN ACQUISITION TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		10 11
	COMPUTATION OF LESSER OF COST OR CHARGES		11
1.0	REASONABLE CHARGES		1.0
12 13	ANCILLARY SERVICE CHARGES ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		12 13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		4.5
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		16
	ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		4.5
17 18	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000) TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1.000000	17 18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS		19
0.0	LINE 11 (SEE INSTRUCTIONS)		0.0
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS)		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23 24	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148) TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		23 24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25 26
26 27	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS) SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22		26 27
	AND 23} (SEE INSTRUCTIONS)		
28 29	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50) ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		28 29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31) ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		32
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35 36	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		35 36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39 40	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) SUBTOTAL (SEE INSTRUCTIONS)		39 40
	1 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		40.01
41	INTERIM PAYMENTS		41
42 43	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY) BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)		42 43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB.		44
	15-II, SECTION 115.2		
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91 92	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS) THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		91 92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

IN LIEU OF FORM CMS-2552-10 (08/2011) 11/24/2013 20:25

CALCULATION OF REIMBURSEMENT SETTLEMENT	WORKSHEET E PART B
CHECK APPLICABLE BOX: [] HOSPITAL [] IPF [] IRF [] SUB (OTHER) [XX] SNF (14-5551)	PARI B
PART B - MEDICAL AND OTHER HEALTH SERVICES	
1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1
2 MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS)	2
3 PPS PAYMENTS	3
4 OUTLIER PAYMENT (SEE INSTRUCTIONS)	4
5 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	5
6 LINE 2 TIMES LINE 5	6
7 SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6	7
8 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	8
9 ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200	9
10 ORGAN ACQUISITION	10
11 TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS) COMPUTATION OF LESSER OF COST OR CHARGES	11
REASONABLE CHARGES 12 ANCILLARY SERVICE CHARGES	12
12 ANCIDIARI SERVICE CHARGES 13 ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)	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	15
ON A CHARGE BASIS	
16 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES	16
ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
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	19
LINE 11 (SEE INSTRUCTIONS)	20
20 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS)	20
21 LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)	21
21 LESSER OF COST OR CHARGES (LINE IT MINOS LINE 20) (FOR CAR, SEE INSTRUCTIONS) 22 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	22
23 COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)	23
24 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	24
COMPUTATION OF REIMBURSEMENT SETTLEMENT	
25 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	25
26 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	26
27 SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22	27
AND 23} (SEE INSTRUCTIONS)	
28 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)	28
29 ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)	29
30 SUBTOTAL (SUM OF LINES 27 THROUGH 29)	30
31 PRIMARY PAYER PAYMENTS	31
32 SUBTOTAL (LINE 30 MINUS LINE 31)	32
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
33 COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)	33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 26 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	35

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40.01

ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)

PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF MSP-LCC RECONCILIATION AMOUNT FROM PS&R

OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)

TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY) BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)

THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY

ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)

40.01 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)

TIME VALUE OF MONEY (SEE INSTRUCTIONS)
TOTAL (SUM OF LINES 91 AND 93)

SUBTOTAL (SEE INSTRUCTIONS)

TO BE COMPLETED BY CONTRACTOR

INTERIM PAYMENTS

37

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

						PA	RT I
CHECK [XX] HOSPITAL (14-0166) [] APPLICABLE [] IPF [] BOX: [] IRF []		F	INPAT PAF	TIENT RT A	PAR	т в	
DESCRIPTION		-	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER 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'				26,565,249 NONE		11,019,842 NONE	1 2
OR ENTER A ZERO. 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.		.01 .02 .03 .04 .05 .06 .07	02/14/2013 05/09/2013	435,841 80,484	02/14/2013	44,244	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09
	PROVIDER TO PROGRAM	.53		NONE		NONE	3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM		.99		516,325		44,244	
OF LINES 3.50-3.98) 4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)				27,081,574		11,064,086	4
	TO BE COM	PLETE	D BY CONTRACTOR	2			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	TO PROVIDER	.02 .03 .04					5.01 5.02 5.03 5.04 5.05
	PROVIDER TO PROGRAM	.51					5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM		.56 .57 .58 .59					5.56 5.57 5.58 5.59 5.99
OF LINES 5.50-5.98) 6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO PROVIDER PROVIDER	.01					6.01
		.02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.							7
8 NAME OF CONTRACTOR:				CONTRACTOR NUM	MBER: NPR	DATE:	8

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2013.11 11/24/2013 20:25

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

CHECK APPLICABLE	[XX]	HOSPITAL IPF (14-S166)	[]			INPA: PAI			PART B	I	PART I
BOX:	[]	IRF	l J	SWING BED SN	IF	MM/DD/YYYY	AMOUNT	MM/DD	/YYYY	AMOUNT	
DESCRIPTI(ON					1	2	3		4	
2 INTERIM PA EITHER SUI INTERMEDIA	AYMENTS BMITTED ARY FOR RTING P	YMENTS PAID TO PROVIDE PAYABLE ON INDIVIDUAL OR TO BE SUBMITTED TO SERVICES RENDERED IN ERIOD. IF NONE, WRITE	BILLS THE THE				2,433,76 NONE	6		NONE	1 2
3 LIST SEPAN ADJUSTMENT REVISION (REPORTING	RATELY T AMOUN OF THE PERIOD	EACH RETROACTIVE LUMP T BASED ON SUBSEQUENT INTERIM RATE FOR THE C . ALSO SHOW DATE OF EA , WRITE 'NONE' OR ENTE	OST CH	TO	.04 .05 .06 .07 .08		NONE			NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09
		LINES 3.01-3.49 MINUS	SUM		.53		NONE			NONE	3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
AND 3.99)	ERIM PA	98) YMENTS (SUM OF LINES 1 FER TO WKST E OR E-3, PROPRIATE)					2,433,76	6			4
				TO BE COM	IPLETED	BY CONTRACTOR	?				
PAYMENT A	FTER DE AYMENT.	EACH TENTATIVE SETTLEM SK REVIEW. ALSO SHOW D IF NONE, WRITE 'NONE'	ATE	PROGRAM TO PROVIDER	.02						5.01 5.02 5.03 5.04 5.05 5.06 5.07
				PROVIDER TO PROGRAM	.08 .09 .50						5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57
OF LINES S	5.50-5.	LINES 5.01-5.49 MINUS 98) TTLEMENT AMOUNT	SUM	PROGRAM	.99						5.99
		SED ON THE COST REPORT		TO PROVIDER PROVIDER TO	.01						6.01
7 TOTAL MED	ICARE P	ROGRAM LIABILITY (SEE	INSTR.	PROGRAM							7
8 NAME OF CO	ONTRACT	OR:					CONTRACTOR I	NUMBER:	NPR DATE:		8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

CHECK APPLICABLE	[]	HOSPITAL IPF	[]	SUB (OTHER) SNF		INPAT AA		Pi	ART B	11.	
BOX:	[XX]	IRF (14-T166)	L J	SWING BED SN	IF.	MM/DD/YYYY					
DESCRIPTION DESCRIPTION	ON					1	2	3	4	1	
2 INTERIM PA EITHER SUR INTERMEDIA	AYMENTS BMITTEI ARY FOR RTING R	AYMENTS PAID TO PROVIDE S PAYABLE ON INDIVIDUAL O OR TO BE SUBMITTED TO R SERVICES RENDERED IN PERIOD. IF NONE, WRITE	L BILLS THE THE				4,422,064 NONE		ī	IONE	1 2
3 LIST SEPAN ADJUSTMENT REVISION (REPORTING	RATELY C AMOUN OF THE PERIOR	EACH RETROACTIVE LUMP NT BASED ON SUBSEQUENT INTERIM RATE FOR THE (D. ALSO SHOW DATE OF E E, WRITE 'NONE' OR ENTI	COST	PROGRAM TO	.04 .05 .06 .07 .08		NONE			IONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09
SUBTOTAL	(SUM OF	F LINES 3.01-3.49 MINUS	S SUM		.53		NONE		ľ	IONE	3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
AND 3.99)	ERIM PA (TRANS	.98) AYMENTS (SUM OF LINES : SFER TO WKST E OR E-3, PPROPRIATE)					4,422,064				4
				TO BE COM	IPLETED	BY CONTRACTOR	8				
PAYMENT A	TER DE	EACH TENTATIVE SETTLEN ESK REVIEW. ALSO SHOW I . IF NONE, WRITE 'NONE	DATE	PROGRAM TO PROVIDER	.02						5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08
				PROVIDER TO PROGRAM	.51						5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59
OF LINES S	5.50-5.	F LINES 5.01-5.49 MINUS .98) ETTLEMENT AMOUNT	SUM	PROGRAM	.99						5.99
		ASED ON THE COST REPOR	Г	TO PROVIDER PROVIDER	.01						6.01
7 TOTAL MED	ICARE I	PROGRAM LIABILITY (SEE	INSTR.	PROGRAM							7
8 NAME OF CO	ONTRACT	ror:					CONTRACTOR NU	MBER: NP	R DATE:		8

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2013.11 11/24/2013 20:25

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

CHECK APPLICABLE BOX:	BLE [] IPF [XX]		[XX]	SUB (OTHER) SNF (14-5551 SWING BED SN	.) PA		ATIENT ART A		PART B		PARI I	
	-	1	IRF	L J	SMING PED SI	ır	MM/DD/YYYY	AMOUNT	MM	/DD/YYYY 3	AMOUNT	
DESCRIPTI	ON						1	2		3	4	
2 INTERIM P. EITHER SUI INTERMEDI.	AYME BMIT ARY I RTIN	NTS FED FOR FOR	YMENTS PAID TO PROVIDE PAYABLE ON INDIVIDUAL OR TO BE SUBMITTED TO SERVICES RENDERED IN ERIOD. IF NONE, WRITE	BILLS THE THE				874,2 NON			NONE	1 2 2
3 LIST SEPA ADJUSTMEN' REVISION REPORTING	RATE: T AM(OF T) PER:	LY I OUN' HE I	EACH RETROACTIVE LUMP I BASED ON SUBSEQUENT INTERIM RATE FOR THE C . ALSO SHOW DATE OF EA , WRITE 'NONE' OR ENTE	OST CH	PROGRAM TO	.04 .05 .06 .07 .08		NON			NONE	3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09
SUBTOTAL	(SUM	OF	LINES 3.01-3.49 MINUS	S SUM	PROGRAM	.53		NON	Е		NONE	3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
AND 3.99)	ERIM (TR	PA' ANS	98) YMENTS (SUM OF LINES 1 FER TO WKST E OR E-3, PROPRIATE)					874,2	46			4
					TO BE COM	IPLETED	BY CONTRACTOR	8				
PAYMENT A	FTER AYMEI	DE	EACH TENTATIVE SETTLEM SK REVIEW. ALSO SHOW D IF NONE, WRITE 'NONE'	ATE	PROGRAM TO PROVIDER	.02 .03 .04 .05 .06 .07						5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08
					PROGRAM	.51						5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57
OF LINES	5.50	-5.	LINES 5.01-5.49 MINUS 98) TTLEMENT AMOUNT	SUM	PROGRAM	.99						5.99
			SED ON THE COST REPORT	?		.01						6.01
7 TOTAL MED	ICAR	E Pl	ROGRAM LIABILITY (SEE	INSTR.	PROGRAM							7
8 NAME OF C	ONTR	ACT(OR:					CONTRACTOR	NUMBER:	NPR DAT	re:	8

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL PERIOD FROM 07/01/2012 TO 06/30/2013

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2013.11

 IN LIEU OF FORM CMS-2552-10 (08/2011)
 11/24/2013 20:25

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1 PART II

CHECK [XX] HOSPITAL (14-0166) [] CAH APPLICABLE BOX

	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	7,428	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	14,515	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	646	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	31,750	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	440,513,483	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	14,535,224	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM		7
	WORKSHEET S-2, PART I, LINE 168		
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	1,607,714	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	32,154	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)	1,575,560	10
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	1,700,693	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	-125,133	32

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

PART II

VERSION: 2013.11 11/24/2013 20:25 CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E-3

CHECK [] HOSPITAL APPLICABLE BOX: [XX] IPF (14-S166)

DNPT TT _	CAT.CIII.ATTON	OF	MEDICARE	REIMBURSEMENT	CETTI EMENT	LIMDED	TDF	DDG

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS	2,560,681	1
2	NET IPF PPS OUTLIER PAYMENT (EACHOURING OUTLIER, ECT, AND MEDICAL EDUCATION PARMENTS)	37,307	
	NET IPF PPS ECT PAYMENT	8,923	
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004		4
-	(SEE INSTRUCTIONS)		-
4 01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM		4.01
1.01	OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)		1.01
	(F)(1) OR (2) (SEE INSTRUCTIONS)		
5	NEW MEAGUING DOODAM AD THOMBNE / CEE INCEDITIONS \		5
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS) CURRENT YEAR UNWEIGHTED FTE COUNT OF 1&R EXCLUDING FTES IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		6
-	PROGRAM' (SEE INSTRUCTIONS)		-
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	11.200000	9
10	TEACHING ADJUSTMENT FACTOR {((1 + (LINE 8/LINE 9)) RAISED TO THE POWER OF .5150 -1}		10
11	TEACHING ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	2,606,911	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	, , .	13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	PROGRAM' (SEE INSTRUCTIONS) INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) TEACHING ADJUSTMENT FACTOR {((1 + (LINE 8/LINE 9)) RAISED TO THE POWER OF .5150 -1} TEACHING ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10) ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11) NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS) ORGAN ACQUISITION COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS) SUBTOTAL (SEE INSTRUCTIONS) PRIMARY PAYER PAYMENTS SUBTOTAL (LINE 16 LESS LINE 17) DEDUCTIBLES SUBTOTAL (LINE 18 MINUS LINE 19) COINSURANCE SUBTOTAL (LINE 20 MINUS LINE 21) ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS) ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) SUBTOTAL (SUM OF LINES 22 AND 24) DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IPF ONLY)	2,606,911	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	2,606,911	18
19	DEDUCTIBLES	160,024	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	2,446,887	20
21	COINSURANCE		21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	2,446,887	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	2,446,887	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
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS) SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	2,446,887	
	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	12,234	
32	INTERIM PAYMENTS	2,433,766	
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)	887	
35	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33) PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35
	TO BE COMPLETED BY CONTRACTOR		
F.0	ODICINAL CURRENT THOU WONG THOU SOURCE IN A DATE OF COMPANY OF COM		F.0
	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2013.11 11/24/2013 20:25 CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E-3 PART III

CHECK		[]	HOSPITAL
APPLICABLE	BOX:	[XX]	IRF (14-T166)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	4,123,729	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.039900	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	167,836	3
4	OUTLIER PAYMENTS	110,457	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		5
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE		5.01
	DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY		
_	CAP ADJUSTMENT UNDER \$412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)		,
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF 1&R EXCLUDING FTES IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD		8
	OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	12.246575	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 9/LINE 10)) RAISED TO THE POWER		11
	OF .6876 -1}		
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	· · · · · · · · · · · · · · · · · · ·	4,402,022	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)	4 400 000	16
17	SUBTOTAL (SEE INSTRUCTIONS)	4,402,022	17
18 19	PRIMARY PAYER PAYMENTS	4 400 000	18 19
20	SUBTOTAL LINE 17b LESS LINE 18) DEDUCTIBLES	4,402,022 56,048	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	4,345,974	21
22	COINSURANCE	3,228	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	4,342,746	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	1,312,710	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	4,342,746	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING		28
	IRF ONLY)		
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32		4,342,746	32
	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	21,714	32.01
33 34	INTERIM PAYMENTS	4,422,064	33 34
35	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY) BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS LINES 32.01, 33 AND 34)	-101,032	35
36	DALIANCE DUE PROVIDER/PROGRAM (BINE 32 MINUS BINES 32.01, 33 AND 34) PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2,	-101,032	36
30	SECTION 115.2		30
	TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

PART VI

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011) PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL PERIOD FROM 07/01/2012 TO 06/30/2013 VERSION: 2013.11 11/24/2013 20:25 CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E-3

PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES

	PROSPECTIVE PAYMENT AMOUNT		
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	917,062	1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS		2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		3
4	SUBTOTAL (SUM OF LINES 1-3)	917,062	4
	COMPUTATION OF NET COST OF COVERED SERVICES		
5	MEDICAL AND OTHER SERVICES		5
6	DEDUCTIBLES		6
7	COINSURANCE	42,816	7
8	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		9
10	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		10
11	UTILIZATION REVIEW		11
12	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	874,246	12
13	INPATIENT PRIMARY PAYER PAYMENTS		13
14	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		14
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	874,246	15
15.0	1 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	4,371	15.01
16	INTERIM PAYMENTS	874,246	16
17	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		17
18	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS 15.01, 16 AND 17)	-4,371	18
19	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		19

 KPMG LLP COMPU-MAX MICRO SYSTEM
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 IN LIEU OF FORM CMS-2552-10 (08/2011)
 11/24/2013 20:25

PART VII

CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E-3

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0166)	[]	SNF	[]	PPS
APPLICABLE	[XX]	TITLE XIX	[]	IPF	[]	NF	[]	TEFRA
BOXES:			[]	IRF	[]	ICF/MR	[XX]	OTHER
			[]	SUB (OTHER)					

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

	PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V	OK IIILE AIA SERV	ICES
		TITLE V OR	OUTPATIENT TITLE V OR TITLE XIX
1	COMPUTATION OF NET COST OF COVERED SERVICES INPATIENT HOSPITAL SNF/NF SERVICES	5,645,919	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	E 64E 010	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	5,645,919	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6 7	OUTPATIENT PRIMARY PAYER PAYMENTS	F C4F 010	6 7
/	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	5,645,919	/
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES		8
9	RUUIINE SERVICE CHARGES ANCILLARY SERVICE CHARGES		9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11	ORGAN ACQUISITION CHARGES, NET OF REVENUE INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12	INCENTIVE FROM TARGET AMOUNT COMPUTATION TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)		12
12	CUSTOMARY CHARGES (SOW OF BINES O' II)		12
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		1.3
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1.000000	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4		17
	(SEE INSTRUCTIONS)		
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS)	5,645,919	18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)		21
	PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS		22
23	OUTLIER PAYMENTS		23
24	PROGRAM CAPITAL PAYMENTS		24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)		27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29	SUM OF LINES 27 AND 21		29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)		30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)		31
32	DEDUCTIBLES		32
33	COINSURANCE		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	UTILIZATION REVIEW		35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)		36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38	SUBTOTAL (LINE 36 ± LINE 37)		38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)		39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)		40 41
41	INTERIM PAYMENTS		41
42 43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41) PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2,		42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43
	DECITOR 113.2		

[] TITLE V

CHECK

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2013.11

 IN LIEU OF FORM CMS-2552-10 (08/2011)
 11/24/2013 20:25
 DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS WORKSHEET E-4

APPLI		[XX]		E XVIII												
BOX:		[]	TITL	E XIX												
	COMPUTATION O	F TOTA	AL DIR	ECT GME	AMOUNT	י										
	UNWEIGHTED RI	ESIDEN	IT FTE	COUNT F			AND OS	reopathic	PROGRAMS F	OR COST REPOR	RTING PERI	IODS I	ENDING	ON	6.19	1
2	UNWEIGHTED F	TE RES	SIDENT	CAP ADD)(1) (SEE INS	STRUCTIONS	S)				2
3	AMOUNT OF REI									ED 8/112 70/m	\	יו מיייטווי	TTOME	EOD.	4.17	3 3.01
3.01	COST REPORTII						JUJ IN 1	ACCONDAINC	E WIIH 42 C	rk 9415.79(m)). (SEE II)U/11 C/V	LIONS	POR		3.01
4	ADJUSTMENT (OSTEOPATHI	C PROGRAMS DU	JE TO A ME	EDICA	RE GME			4
4 01	AFFILIATION A ACA SECTION								TRUCTIONS F	OR COST REPOR	RTING PERI	TODS 9	TRADDI	TNG		4.01
1.01	7/1/2011	JJ0J I	IVOICEZI	DB 10 111	ID DIKE	ici onii i	. 11 0111	(DDD IND	, indeficing i	on cobi neroi	CIINO IIIC	LODD .	, II (II II DDL	11110		1.01
4.02	2 ACA SECTION STRADDLING 7			. OF ADDI	ITIONAL	JDIRECT	GME FT	E CAP SLO	TS (SEE INS	TRUCTIONS FOR	R COST REE	PORTI	IG PERI	ODS		4.02
5	FTE ADJUSTED			1 PLUS I	LINE 2	MINUS L:	INE 3 AI	ND 3.01 P	LUS OR MINU	S LINE 4 PLUS	S LINE 4.0	01 ANI	4.02	PLUS	2.02	5
_	APPLICABLE SI					ODAMUTA	7.7TD 0.00			OD		20M 17	2110		1 05	_
6	UNWEIGHTED RI				OR ALL	OPATHIC	AND OS	LEOPATHIC	PROGRAMS F	OR THE CURREN	NT YEAR FI	ROM YO	JUR		1.05	6
7	ENTER THE LE				LINE 6										1.05	
											PRIMARY	CARE	TO	HER	TOTAL 3	
8	WEIGHTED FTE	COUNT	' FOR	PHYSICIA	ANS IN	AN ALLO	PATHIC A	AND OSTEO	PATHIC PROG	RAM FOR				2	1.05	8
	THE CURRENT	YEAR														
9	IF LINE 6 IS LINE 8 TIMES	LESS	THAN :	LINE 5 E	ENTER T	HE AMOUN	NT FROM THE AMO	LINE 8,	OTHERWISE M	ULTIPLY	1.0	J5			1.05	9
10	WEIGHTED DEN															10
11 12	TOTAL WEIGHT				INTEL EOE	. מת שוויים מ	TOD GOG	ד הפטטטשד	NC VEND /CE	IP.	1.0					11 12
12	INSTRUCTIONS		TDENT	FIE COU	INI FOR	. Int PK	IOR COS.	I KEPOKII	.NG ILAK (SE	E.	1.(J9				12
13	TOTAL WEIGHT			FTE COU	JNT FOR	THE PE	NULTIMA	TE COST R	REPORTING YE	AR	1.1	18				13
14	(SEE INSTRUCT			NT (SUM	OF LIN	JES 11-1:	3 DIVIDI	ED BY 3)			1.1	1.1				14
15	ADJUSTMENT F	OR RES	SIDENT	'S IN INI	TIAL Y	ZEARS OF	NEW PRO	OGRAMS								15
16 17	ADJUSTMENT FO					' PROGRAM	M OR HOS	SPITAL CL	OSURE		1.1	1 1				16 17
18	PER RESIDENT			E FIE CO	JUNI						79,585.8	30	79,585	.80		18
19	APPROVED AMOU										88,34	40			88,340	
20	ADDITIONAL UI						THIC DI	RECT GME	FTE RESIDEN	T CAP						20
21	GME FTE UNWE	IGHTED	RESI	DENT COU	JNT OVE	ER CAP (S										21
22 23	ALLOWABLE ADD															22 23
23	INSTRUCTIONS		ADU U	SIMENI N	NATIONA	L AVERAC	JE PEK I	KESIDENI	AMOUNI (SEE							23
24	MULTIPLY LIN					. 10	0.43								00.240	24
25	TOTAL DIRECT COMPUTATION OF					; 19 AND	24)				INPATI	TENT	MANA	GED	88,340	25
											יםגם	ר ז	CA	יסס		
26 27	INPATIENT DAT		VG (G	FF TMSTE	NOTE TO	16)					21,62	29 าย	40	308		26 27
28	RATIO OF INPA						AYS				0.53659	93	0.021	.063		28
29	PROGRAM DIRE				TEG 505	MEDICAL					47,40	03	Ι,	00T		29
30 31	REDUCTION FOR				VIS FOR	MEDICAL	RE MANA	JED CARE						263	49,001	30 31
	DIRECT MEDICAL							TE - TITL	E XVIII ONL	Y						
32	(NURSING SCHOOR RENAL DIALYS:						,	WKST B	DAPT T GIIM	OF						32
32	COLS. 20 AND					.ON CODIA	J (FROM	WINDI D,	PART I, DOM	OI.						52
33	RENAL DIALYS			DIALYSI	IS TOTA	L CHARGE	ES (WKS	Г С, PART	I, COL. 8,	SUM						33
34	OF LINES 74 A			EDUCATI	ON COS	STS TO TO	OTAL CH	ARGES (LI	NE 32 ÷ LIN	E 33)						34
35	MEDICARE OUT	PATIEN	IT ESR	D CHARGE	ES (SEE	E INSTRUC	CTIONS)									35
36	MEDICARE OUT: APPORTIONMENT							OSTS (LIN	IE 34 x LINE	35)						36
	PART A REASON			n Kerioon	WIDDE C	.001 01 0	SILE									
37	REASONABLE CO					NDM TTT	GOT 1	T TNE 60							34,999,475	37 38
38 39	COST OF TEAC							•								39
40	PRIMARY PAYE	R PAYM	MENTS	(SEE INS	STRUCTI	ONS)									20,451	
41	TOTAL PART A PART B REASON			COST (S	SUM OF	LINES 3	7-39 MII	NUS LINE	40)						34,979,024	41
42	REASONABLE CO	OST (S	SEE IN												12,462,444	
43	PRIMARY PAYE						TNT: 42	١							20,144	
44 45	TOTAL PART B							J							12,442,300 47,421,324	
46	RATIO OF PAR	T A RE	ASONA	BLE COST	г то то	TAL REAS	SONABLE								0.737622	46
47	RATIO OF PAR' ALLOCATION OF									E 45)					0.262378	47
48	TOTAL PROGRAI					THE THE	LAN FAINT	TI THIND FA							49,001	48
49	PART A MEDICA		E PAY	MENT (LI	INE 46	x LINE	48) (TI	TLE XVIII	ONLY) (SEE						36,144	49
50	INSTRUCTIONS PART B MEDICA	-	IE PAY	MENT (LI	INE 47	x LINE	48) (TI	TLE XVIII	ONLY) (SEE						12,857	50
	INSTRUCTIONS															

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

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011) PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL PERIOD FROM 07/01/2012 TO 06/30/2013 VERSION: 2013.11 11/24/2013 20:25

WORKSHEET E-4

D11121	22 0.120.112 1.2210.12 2200.110.1 (0.12) 4 20.02 001111120.1 2210.1 1.2210.12 2200.110.1 00010			MOTULE I
CHECK	C [] TITLE V			
	([] TITLE V ICABLE [] TITLE XVIII [XX] TITLE XIX			
BOX:	[XX] TITLE XIX			
	COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPO	RTING PERIODS E	NDING ON	1
	OR BEFORE DECEMBER 31, 1996			
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE IN	STRUCTIONS)		2
3 01	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA L DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m) (SEE INSTRIC	TIONS FOR	3 3.01
3.01	COST REPORTING PERIODS STRADDLING 7/1/2011)	/. (BEE INDIROC	TIONS FOR	3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DI	UE TO A MEDICAR	E GME	4
4 01	AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))	DELLIG DEDICOS G	mp a pp a taig	4 01
4.01	L ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORT NO. 1/2011	RTING PERIODS S	TRADDLING	4.01
4.02	2 ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FO	R COST REPORTIN	G PERIODS	4.02
	STRADDLING 7/1/2011			
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS	S LINE 4.01 AND	4.02 PLUS	5
6	APPLICABLE SUBSCRIPTS) UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURREL	NT VEAR FROM VO	TTR	6
Ü	RECORDS (SEE INSTRUCTIONS)	WI IMME INON 10	OIC .	Ŭ
7	ENTER THE LESSER OF LINE 5 OR LINE 6			7
		PRIMARY CARE 1	OTHER	TOTAL
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR	1	2	3 8
O	THE CURRENT YEAR			O
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY			9
	LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6			
10 11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR TOTAL WEIGHTED FTE COUNT			10 11
12	TOTAL WEIGHTED FIE COUNT TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE			12
	INSTRUCTIONS)			
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR			13
14	(SEE INSTRUCTIONS) ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT			17
18 19	PER RESIDENT AMOUNT APPROVED AMOUNT FOR RESIDENT COSTS			18 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP			20
	SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22 23	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS) ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE			22 23
23	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		
26	INPATIENT DAYS			26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	8,785 40,308		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.217947	0.026372	28
29 30	PROGRAM DIRECT GME AMOUNT REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			29 30
31	NET PROGRAM DIRECT GME AMOUNT			31
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY			
2.0	(NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			20
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM			33
	OF LINES 74 AND 94)			
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35 36	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS) MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			35 36
50	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME			30
	PART A REASONABLE COST			
37	REASONABLE COST (SEE INSTRUCTIONS)			37
38 39	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69) COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			38 39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
42	PART B REASONABLE COST PERSONABLE COST (SEE INSTRUCTIONS)			42
42	REASONABLE COST (SEE INSTRUCTIONS) PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			42
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) ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			47
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE			49
50	INSTRUCTIONS) PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE			50
50	INSTRUCTIONS)			50

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BALANCE SHEET WORKSHEET G

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
1 2 3	CURRENT ASSETS CASH ON HAND AND IN BANKS TEMPORARY INVESTMENTS NOTES RECEIVABLE	4,394,513				1 2 3
4 5 6	ACCOUNTS RECEIVABLE OTHER RECEIVABLES ALLOWANCE FOR UNCOLLECTIBLE	20,577,657 1,300,891				4 5
7	NOTES & ACCOUNTS RECEIVABLE	2 126 FE0				6
7 8	INVENTORY PREPAID EXPENSES	3,136,558 711,566				7 8
9	OTHER CURRENT ASSETS	3,949,213				9
10 11	DUE FROM OTHER FUNDS TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	34,070,398				10 11
	FIXED ASSETS					
12 13	LAND LAND IMPROVEMENTS	3,295,160 5,780,176				12 13
14	ACCUMULATED DEPRECIATION	-3,374,093				14
15	BUILDINGS	89,829,360				15
16 17 18	ACCUMULATED DEPRECIATION LEASEHOLD IMPROVEMENTS ACCUMULATED AMORTIZATION	-31,986,490				16 17 18
19	FIXED EQUIPMENT	36,308,900				19
20 21 22	ACCUMULATED DEPRECIATION AUTOMOBILES AND TRUCKS ACCUMULATED DEPRECIATION	-22,781,588				20 21 22
23	MAJOR MOVABLE EQUIPMENT	66,378,014				23
24	ACCUMULATED DEPRECIATION	-60,370,861				24
25 26	MINOR EQUIPMENT DEPRECIABLE ACCUMULATED DEPRECIATION					25 26
27	HIT DESIGNATED ASSETS	11,830,249				27
28	ACCUMULATED DEPRECIATION					28
29 30	MINOR EQUIPMENT-NONDEPRECIABLE TOTAL FIXED ASSETS (SUM OF LINES 12-29)	94,908,827				29 30
31 32	OTHER ASSETS INVESTMENTS DEPOSITS ON LEASES	10,536,380				31 32
33	DUE FROM OWNERS/OFFICERS	0.050.444				33
34 35	OTHER ASSETS TOTAL OTHER ASSETS (SUM OF LINES 31-34)	3,853,141 14,389,521				34 35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	143,368,746				36
	LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT LIABILITIES					
37 38	ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE	6,647,458 5,007,448				37 38
39	PAYROLL TAXES PAYABLE	3,007,110				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	9,253,012				40
41	DEFERRED INCOME					
42						41
42 43	ACCELERATED PAYMENTS DUE TO OTHER FUNDS					
43 44	ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES	6,749,016				41 42 43 44
43	ACCELERATED PAYMENTS DUE TO OTHER FUNDS					41 42 43
43 44	ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)					41 42 43 44
43 44 45	ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) LONG-TERM LIABILITIES	27,656,934				41 42 43 44 45
43 44	ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)					41 42 43 44
43 44 45 46 47 48	ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS	27,656,934 32,293,077				41 42 43 44 45 46 47 48
43 44 45 46 47 48 49	ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS OTHER LONG TERM LIABILITIES	27,656,934 32,293,077 21,363,174				41 42 43 44 45 46 47 48 49
43 44 45 46 47 48	ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS	27,656,934 32,293,077				41 42 43 44 45 46 47 48
43 44 45 46 47 48 49	ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) LONG-TERM LIABILITIES MORTGAGE PAYABLE UNSECURED LOANS OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49) TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	27,656,934 32,293,077 21,363,174 53,656,251				41 42 43 44 45 46 47 48 49
43 44 45 46 47 48 49 50	ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49) TOTAL LIABILITIES (SUM OF LINES 45 AND 50) CAPITAL ACCOUNTS	27,656,934 32,293,077 21,363,174 53,656,251 81,313,185				41 42 43 44 45 46 47 48 49 50 51
43 44 45 46 47 48 49 50	ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) LONG-TERM LIABILITIES MORTGAGE PAYABLE UNSECURED LOANS OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49) TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	27,656,934 32,293,077 21,363,174 53,656,251				41 42 43 44 45 46 47 48 49 50
43 44 45 46 47 48 49 50 51 52 53 54	ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49) TOTAL LIABILITIES (SUM OF LINES 45 AND 50) CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED	27,656,934 32,293,077 21,363,174 53,656,251 81,313,185				41 42 43 44 45 46 47 48 49 50 51 52 53 54
43 44 45 46 47 48 49 50 51 52 53 54 55	ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49) TOTAL LIABILITIES (SUM OF LINES 45 AND 50) CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED	27,656,934 32,293,077 21,363,174 53,656,251 81,313,185				41 42 43 44 45 46 47 48 49 50 51 52 53 55
43 44 45 46 47 48 49 50 51 52 53 54 55 56	ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49) TOTAL LIABILITIES (SUM OF LINES 45 AND 50) CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED GOVERNING BODY CREATED - ENDOWMENT FUND BAL	27,656,934 32,293,077 21,363,174 53,656,251 81,313,185				41 42 43 44 45 46 47 48 49 50 51 52 53 55 56
43 44 45 46 47 48 49 50 51 52 53 54 55	ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49) TOTAL LIABILITIES (SUM OF LINES 45 AND 50) CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED	27,656,934 32,293,077 21,363,174 53,656,251 81,313,185				41 42 43 44 45 46 47 48 49 50 51 52 53 55
43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58	ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49) TOTAL LIABILITIES (SUM OF LINES 45 AND 50) CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED GOVERNING BODY CREATED - ENDOWMENT FUND BAL PLANT FUND BALANCE - INVESTED IN PLANT PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION	27,656,934 32,293,077 21,363,174 53,656,251 81,313,185 62,055,561				41 42 43 44 45 46 47 48 49 50 51 52 53 55 56 57 58
43 44 45 46 47 48 49 50 51 52 53 54 55 56 57	ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49) TOTAL LIABILITIES (SUM OF LINES 45 AND 50) CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED GOVERNING BODY CREATED - ENDOWMENT FUND BAL PLANT FUND BALANCE - INVESTED IN PLANT PLANT FUND BALANCE - RESERVE FOR PLANT	27,656,934 32,293,077 21,363,174 53,656,251 81,313,185 62,055,561				41 42 43 44 45 46 47 48 49 50 51 52 53 55 56 57
43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58	ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49) TOTAL LIABILITIES (SUM OF LINES 45 AND 50) CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED GOVERNING BODY CREATED - ENDOWMENT FUND BAL PLANT FUND BALANCE - INVESTED IN PLANT PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION	27,656,934 32,293,077 21,363,174 53,656,251 81,313,185 62,055,561				41 42 43 44 45 46 47 48 49 50 51 52 53 55 56 57 58

MINUS LINE 18)

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011) PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL PERIOD FROM 07/01/2012 TO 06/30/2013 VERSION: 2013.11 11/24/2013 20:25 STATEMENT OF CHANGES IN FUND BALANCES WORKSHEET G-1

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1 2	3 4	5 6	7 8
1 FUND BALANCES AT BEGINNING OF PERIOD	51,340,000			1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)	4,065,561			2
3 TOTAL (SUM OF LINE 1 AND LINE 2) 4 ADDITIONS (CREDIT ADJUST- MENTS)	55,405,561			3 4
5 PENSION RELATED CHANGES	10,720,000			5
6 INVESTMENT INCOME REST ASSETS	307,000			6
7 CONTRIBUTIONS	552,000			/
8				8
10 TOTAL ADDITIONS (SUM OF LINES 4-9)	11,579,000			10
11 SUBTOTAL (LINE 3 PLUS LINE 10) 12 DEDUCTIONS (DEBIT ADJUST- MENTS)	66,984,561			11 12
13				13
14 CUM EFFECT CHANGE ACCTG PRINCIPLE				14
15 EXPENSES FOUNDATION				15
16 TRANSFER TO AFFILIATESS	4,929,000			16
17 NET ASSETS RELEASED FROM RESTR.				17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)	4,929,000			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11	62,055,561			19

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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	23,912,470		23,912,470	1
2	SUBPROVIDER IPF	2,948,135		2,948,135	2
3	SUBPROVIDER IRF	4,082,196		4,082,196	3
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY	1,081,980		1,081,980	7
8	NURSING FACILITY	1,001,300		1,001,500	8
9	OTHER LONG TERM CARE				9
10	TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	32,024,781		32,024,781	10
10	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES	32,024,701		32,024,761	10
11	INTENSIVE CARE TIPE INPATIENT HOSPITAL SERVICES INTENSIVE CARE UNIT	4,082,196		4 002 106	1.1
11		4,082,196		4,082,196	11
12	CORONARY CARE UNIT				12
13	BURN INTENSIVE CARE UNIT				13
14	SURGICAL INTENSIVE CARE UNIT				14
15	OTHER SPECIAL CARE (SPECIFY)				15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF	4,082,196		4,082,196	16
	LINES 11-15)				
17	TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	36,106,977		36,106,977	17
18	ANCILLARY SERVICES	181,674,835	242,721,750	424,396,585	18
19	OUTPATIENT SERVICES				19
20	RHC				20
21	FOHC				21
22	HOME HEALTH AGENCY				22
23	AMBULANCE				23
25	ASC				25
26	HOSPICE				26
27	OTHER (SPECIFY)				27
28	TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3	217 701 012	242 721 750	460 503 563	28
20	TO WKST G-3, LINE 1)	217,701,012	242,721,750	400,503,502	20
	10 WASI G-3, LINE 1)				
	PART II - OPERATING	FYDFNSFS			
	That II of Balling	1		2	
29	OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)	_		133,041,906	29
30	A-8 ADJUSTMENT TO CONFORM TO			133,011,300	30
31	AUDITOR'S F/S PRESENTATION				31
32	AUDITOR 5 F/5 PRESENTATION				32
33	BAD DEBTS	12,745	201		33
34	BAD DEBIS	12,745	,291		34
					35
35	/ / 00 05 1			40 545 004	
36	TOTAL ADDITIONS (SUM OF LINES 30-35)			12,745,291	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			145,787,197	43
	MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)				

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL PERIOD FROM 07/01/2012 TO 06/30/2013
 KPMG LLP COMPU-MAX MICRO SYSTEM
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 IN LIEU OF FORM CMS-2552-10 (08/2011)
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	DESCRIPTION		
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	460,503,562	1 2
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	320,619,688 139,883,874	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	145,787,197	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-5,903,323	5
	10012 11011 22112 10 1112212 (2212 0 11210 2212 1)	3,303,323	3
	OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	410	6
7	INCOME FROM INVESTMENTS	252,560	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9 10	REVENUE FROM TELEVISION AND RADIO SERVICE	1 042	9 10
11	PURCHASE DISCOUNTS REBATES AND REFUNDS OF EXPENSES	1,843	11
12	REPAIRS AND REFUNDS OF EAFENSES PARKING LOT RECEIPTS		12
13	FARTING OF RECEIVE AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING OUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	7,634	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	9,349	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	8,755	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	199,845	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	1,855	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (NET ASSETS RELEASED FOR OPERATIONS)	3 545 005	24
	OTHER (INVESTMENT INCOME HSHS RELATED PART) OTHER (LOSS ON RETIEMENT OF DEBT)	3,545,005 -368,210	24.01 24.02
	OTHER (LOSS ON RETLEMENT OF DEBT) OTHER (EHR REVENUE)	3,468,277	24.02
	OTHER (OTHER RENTAL REVENUE)	1,973,021	24.03
	OTHER (RADIOLOGY REVENUE)	19,709	24.05
	OTHER (FIELDS WRIGHT)	100,539	24.06
	OTHER (ADULT DAY CARE REVENUE)	327,073	24.07
	OTHER (SENIOR CENTER REVENUE)	106,378	24.08
24.09	OTHER (SCHOOL HEALTH SERVICES REVENUE)	223,972	24.09
24.10	OTHER (ER WORKSHOP)	12,750	24.10
24.11	OTHER (CATHY LAB OTHER REVENUE)	6,771	24.11
24.12	OTHER (DIETARY INSTRUCTION)	14,033	24.12
	OTHER (LOSS LON SALE OF ASSETS)	-152,684	24.13
	OTHER (PRACTICE MANAGEMENT)	132,700	24.14
	OTHER (LAUNDRY REVENUE)	7,724	24.15
	OTHER (PHYSICIAN PRACTICE REVENUE)	26,389	24.16
	OTHER (MISCELLANEOUS REVENUE)	43,186	24.17
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	9,968,884	25
26 27	TOTAL (LINE 5 PLUS LINE 25)	4,065,561	26
27	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		27 28
28 29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	4,065,561	28 29
49	MET INCOME (ON EGGS) FOR THE PERIOD (LINE 20 MINOS LINE 20)	4,003,301	43

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COMPONENT NO: -

WORKSHEET I-1

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

		TOTAL COSTS 1	BASIS 2	STATISTICS	FTES PER 2080 HOURS 4	
1	REGISTERED NURSES		HOURS OF SERVICE			1
2	LICENSED PRACTICAL NURSES		HOURS OF SERVICE			2
3	NURSES AIDES		HOURS OF SERVICE			3
4	TECHNICIANS		HOURS OF SERVICE			4
5	SOCIAL WORKERS		HOURS OF SERVICE			5
6	DIETICIANS		HOURS OF SERVICE			6
7	PHYSICIANS		ACCUMULATED COST			7
8	NON-PATIENT CARE SALARY		ACCUMULATED COST			8
9	SUBTOTAL (SUM OF LINES 1-8)					9
10	EMPLOYEE BENEFITS		SALARY			10
11	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11
12	CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			12
13 14	MACHINES COSTS & REPAIRS SUPPLIES		PERCENTAGE OF TIME			13 14
15	DRUGS		REQUISITIONS REQUISITIONS			15
16	OTHER		ACCUMULATED COST			16
17	SUBTOTAL (SUM OF LINES 9-16)		ACCOMOLATED COST			17
18	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SOUARE FEET			18
19	CAPITAL RELATED COSTS BEDGS. & FIXTORES CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			19
20	EMPLOYEE BENEFITS DEPARTMENT		SALARY			20
21	ADMINISTRATIVE AND GENERAL		ACCUMULATED COST			21
22	MAINT./REPAIRS-OPERATION-HOUSEKEEPING		SOUARE FEET			22
23	MEDICAL EDUCATION PROGRAM COSTS		~ ~			23
24	CENTRAL SERVICES & SUPPLIES		REQUISITIONS			24
25	PHARMACY		REQUISITIONS			25
26	OTHER ALLOCATED COSTS		ACCUMULATED COST			26
27	SUBTOTAL (SUM OF LINES 17-26)					27
28	LABORATORY		CHARGES			28
29	RESPIRATORY THERAPY		CHARGES			29
30	TREATMENT CENTER		CHARGES			30
	CARDIAC REHABILITATION		CHARGES			30.97
	HYPERBARIC OXYGEN THERAPY		CHARGES			30.98
	LITHOTRIPSY		CHARGES			30.99
31	TOTAL COSTS (SUM OF LINES 27-30)					31

 PROVIDER CCN: 14-0166
 ST. MARY'S HOSPITAL
 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2013.11

 PERIOD FROM 07/01/2012
 TO 06/30/2013
 IN LIEU OF FORM CMS-2552-10 (08/2011)
 11/24/2013 20:25
 COMPONENT NO: -ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES WORKSHEET I-2

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

		CAPITAL AND BUILDING	RELATED COSTS EQUIPMENT	DIRECT PATIENT RNs	CARE SALARY OTHER	EMPLOYEE BENEFITS DEPARTMENT	DRUGS
		1	2	3	4	5	6
1	TOTAL RENAL DEPT COSTS MAINTENANCE						1
2	HEMODIALYSIS						2
3	INTERMITTENT PERITONEAL TRAINING						3
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD						6
7	CCPD						7
	HOME						
8	HEMODIALYSIS						8
9	INTERMITTENT PERITONEAL						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS						12
13	METHOD II HOME PATIENT						13
14	EPO (INCL IN RENAL DEPT)						14
15	ARANESP (INCL IN RENAL DEPT)						15
16	OTHER						16
17	TOTAL (SUM OF LINES 2-16)						17
18	MEDICAL EDUC PGM COSTS						18
19	TOTAL RENAL COSTS (LINES 17+18)						19

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL PERIOD FROM 07/01/2012 TO 06/30/2013

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2013.11 11/24/2013 20:25

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: -

WORKSHEET I-2 (CONTINUED)

								(,
CHE	CK APPLICABLE BOX:	[XX] R	ENAL DIALYS	IS DEPARTMENT	[] н	OME PROGRAM DIA	ALYSIS	
			MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS.1-8)	OVERHEAD 10	TOTAL (COL.9 + COL.10) 11	
1	TOTAL RENAL DEPT COSTS MAINTENANCE							1
2	HEMODIALYSIS INTERMITTENT PERITONEAL							2
_	TRAINING							-
4 5	HEMODIALYSIS INTERMITTENT PERITONEAL							4 5
6 7	CAPD CCPD							6 7
0	HOME							
8 9	HEMODIALYSIS INTERMITTENT PERITONEAL							8 9
10	CAPD							10
11	CCPD							11
	OTHER BILLABLE SERVICES							
12	INPATIENT DIALYSIS							12
13 14	METHOD II HOME PATIENT EPO (INCL IN RENAL DEPT)							13 14
15	ARANESP (INCL IN RENAL DEPT	7)						15
16	OTHER	. ,						16
17	TOTAL (SUM OF LINES 2-16)							17
18	MEDICAL EDUC PGM COSTS							18
19	TOTAL RENAL COSTS (LINES 17+	-18)						19

STATISTICAL BASIS

(LINE 1 ÷ LINE 17)

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -

COMPONENT NO: -

WORKSHEET I-3

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011) PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL PERIOD FROM 07/01/2012 TO 06/30/2013 VERSION: 2013.11 11/24/2013 20:25

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	CAPITAL AND H	RELATED COSTS			EMPLOYEE	
	BUILDING	EQUIPMENT	DIRECT PATIEN	IT CARE SALARY	BENEFITS	
			RNs	OTHER	DEPARTMENT	
	FEET)	TIME)	(HOURS)	(HOURS)	(SALARY)	
	1	2	3	4	5	
TOTAL RENAL DEPT COSTS						1
MAINTENANCE						
HEMODIALYSIS						2
INTERMITTENT PERITONEAL						3
TRAINING						
HEMODIALYSIS						4
INTERMITTENT PERITONEAL						5
CAPD						6
CCPD						7
HOME						
HEMODIALYSIS						8
INTERMITTENT PERITONEAL						9
CAPD						10
CCPD						11
OTHER BILLABLE SERVICES						
INPT DIAL TRTMNTS						
METHOD II HOME PATIENT						13
EPO						14
ARANESP						15
						16
TOTAL STATISTICAL BASIS						17
						18
	MAINTENANCE HEMODIALYSIS INTERMITTENT PERITONEAL TRAINING HEMODIALYSIS INTERMITTENT PERITONEAL CAPD CCPD HOME HEMODIALYSIS INTERMITTENT PERITONEAL CAPD CCPD OTHER BILLABLE SERVICES INPT DIAL TRIMNTS METHOD II HOME PATIENT EPO ARANESP OTHER	BUILDING (SQUARE FEET) 1 TOTAL RENAL DEPT COSTS MAINTENANCE HEMODIALYSIS INTERMITTENT PERITONEAL TRAINING HEMODIALYSIS INTERMITTENT PERITONEAL CAPD CCPD HOME HEMODIALYSIS INTERMITTENT PERITONEAL CAPD CCPD HOME HEMODIALYSIS INTERMITTENT PERITONEAL CAPD CCPD OTHER BILLABLE SERVICES INPT DIAL TRIMNTS METHOD II HOME PATIENT EPO ARANESP OTHER TOTAL STATISTICAL BASIS UNIT COST MULTIPLIER	(SQUARE (% OF FEET) TIME) 1 2 TOTAL RENAL DEPT COSTS MAINTENANCE HEMODIALYSIS INTERMITTENT PERITONEAL TRAINING HEMODIALYSIS INTERMITTENT PERITONEAL CAPD CCPD HOME HEMODIALYSIS INTERMITTENT PERITONEAL CAPD CCPD OTHER BILLABLE SERVICES INPT DIAL TRIMNTS METHOD II HOME PATIENT EPO ARANESP OTHER TOTAL STATISTICAL BASIS UNIT COST MULTIPLIER	BUILDING (SQUARE (% OF RNS (HOURS)) 1 2 3 TOTAL RENAL DEPT COSTS MAINTENANCE HEMODIALYSIS INTERNITTENT PERITONEAL TRAINING HEMODIALYSIS INTERNITTENT PERITONEAL CAPD CCPD HOME HEMODIALYSIS INTERMITTENT PERITONEAL CAPD CCPD OTHER BILLABLE SERVICES INPT DIAL TRIMNTS METHOD II HOME PATIENT EPO ARANESP OTHER TOTAL STATISTICAL BASIS UNIT COST MULTIPLIER	BUILDING (SQUARE (% OF RNS OTHER RNS OTHER FEET) TIME) (HOURS) (HOURS) 1 2 3 4 TOTAL RENAL DEPT COSTS MAINTENANCE HEMODIALYSIS INTERMITTENT PERITONEAL TRAINING HEMODIALYSIS INTERMITTENT PERITONEAL CAPD CCPD HOME HEMODIALYSIS INTERMITTENT PERITONEAL CAPD CCPD OTHER BILLABLE SERVICES INPT DIAL TRIMNTS METHOD II HOME PATIENT EPO ARANESP OTHER TOTAL STATISTICAL BASIS UNIT COST MULTIPLIER	BUILDING (SQUARE (\$ OF RNS OTHER DEPARTMENT FEET) TIME) (HOURS) (HOURS) (SALARY) TOTAL RENAL DEPT COSTS MAINTENANCE HEMODIALYSIS INTERMITTENT PERITONEAL TRAINING HEMODIALYSIS INTERMITTENT PERITONEAL CAPD CCPD HOME HEMODIALYSIS INTERMITTENT PERITONEAL CAPD CCPD OTHER BILLABLE SERVICES INFT RINETNAME METHOD II HOME PATIENT EPO OTHER OTHER DEPT COSTS MAINTEND PRITONEAL CAPD CCPD OTHER BILLABLE SERVICES INFT DIAL TRIMNTS METHOD II HOME PATIENT EPO OTHER

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL PERIOD FROM 07/01/2012 TO 06/30/2013

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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

COMPONENT NO: -

WORKSHEET I-3 (CONTINUED)

CHECK APPLICABLE BOX:	[XX] RENAL DIALYSIS DEPARTMENT	[] HOME PROGRAM DIALYSIS
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CIII	CK AFFBICADDE DOX:	[AX] KENAL DIALIS	IS DEFAILTMENT		HOME PROGRAM DI	ALIDID	
		DRUGS (REQUIST.) 6	MEDICAL SUPPLIES (REQUIST.)	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUBTOTAL 9	OVERHEAD (ACCUM. COST) 10	
1	TOTAL RENAL DEPT COSTS MAINTENANCE						1
2	HEMODIALYSIS						2
3	INTERMITTENT PERITONEAL TRAINING						3
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD						6
7	CCPD						7
	HOME						
8	HEMODIALYSIS						8
9	INTERMITTENT PERITONEAL						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	INPT DIAL TRTMNTS						
13	METHOD II HOME PATIENT						13
14	EPO						14
15 16	ARANESP OTHER						15 16
17	TOTAL STATISTICAL BASIS						17
18	UNIT COST MULTIPLIER						18
10	(LINE 1 ÷ LINE 17)						10

 PROVIDER CCN: 14-0166
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 VERSION: 2013.11

 PERIOD FROM 07/01/2012
 TO 06/30/2013
 IN LIEU OF FORM CMS-2552-10 (08/2011)
 11/24/2013 20:25

COMPONENT NO: -COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS WORKSHEET I-4

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

10

NUMBER
OF TOTAL
TREATMENTS
1

1 MAINTENANCE - HEMODIALYSIS			1
2 MAINTENANCE - PERITONEAL DIALYSIS			2
3 TRAINING - HEMODIALYSIS			3
4 TRAINING - PERITONEAL DIALYSIS			4
5 TRAINING - CAPD			5
6 TRAINING - CCPD			6
7 HOME PROGRAM - HEMODIALYSIS			7
8 HOME PROGRAM - PERITONEAL DIALYSIS			8
	PATIENT WEEKS	PATIENT WEEKS PATIENT WEEKS PATIENT WEEKS	
9 HOME PROGRAM - CAPD			9

9 HOME PROGRAM - CAPD 10 HOME PROGRAM - CCPD

11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 6) 12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3)) 11 12 PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL PERIOD FROM 07/01/2012 TO 06/30/2013

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2013.11

 IN LIEU OF FORM CMS-2552-10 (08/2011)
 11/24/2013 20:25

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: -

WORKSHEET I-4 (CONTINUED)

CHECK APPLICABLE BOX:	[XX] RENAL DIALYSIS DEPARTMENT	[] HOME PROGRAM DIALYSIS

			AVERAGE	AVERAGE	AVERAGE
			PAYMENT	PAYMENT	PAYMENT
TOTAL	TOTAL	TOTAL	RATE	RATE	RATE
PROGRAM	PROGRAM	PROGRAM	(COL. 6 ÷	(COL. 6.01 ÷	(COL. 6.02 ÷
PAYMENT	PAYMENT	PAYMENT	COL. 4)	COL. 4.01)	COL. 4.02)
6	6.01	6.02	7	7.01	7.02

	6	6.01	6.02	7	7.01	7.02	
1 MAINTENANCE - HEMODIALYSIS 2 MAINTENANCE - PERITONEAL DIALYSIS 3 TRAINING - HEMODIALYSIS 4 TRAINING - PERITONEAL DIALYSIS 5 TRAINING - CAPD 6 TRAINING - CCPD 7 HOME PROGRAM - HEMODIALYSIS 8 HOME PROGRAM - PERITONEAL DIALYSIS 9 HOME PROGRAM - CAPD 10 HOME PROGRAM - CCPD							1 2 3 4 5 6 7 8 9
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 6) 12 TOTAL TREATMENTS (SUM OF LINES 1-8							11 12
PLUS (SUM OF LINES 9 AND 10 TIMES 3))							

PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL KPMG LLP COMPU-MAX MICRO SYSTEM VERSION: 2013.11 PERIOD FROM 07/01/2012 TO 06/30/2013 IN LIEU OF FORM CMS-2552-10 (08/2011) 11/24/2013 20:25

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B COMPONENT NO: - WORKSHEET I-5

DESCRIPTION

1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)			1
		_	_	
2	TOTAL PAYMENT DUE (FROM I-4, COL. 6, LINE 11)(SEE INSTRUCTIONS)	1	2	2
2 01	TOTAL PAYMENT DUE (FROM 1-4, COL. 6, LINE 11)(SEE INSTRUCTIONS)			2.01
	TOTAL PAYMENT DUE (FROM I-4, COL. 6.02, LINE 11)(SEE INSTRUCTIONS)			2.01
	TOTAL PAYMENT DUE (SEEINSTRUCTIONS)			2.02
	OUTLIER PAYMENTS			2.03
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3
3.01	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.01
	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.02
	TOTAL DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.03
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4
4.01	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.01
4.02	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.02
4.03	TOTAL COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.03
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES			5
5.01	TRANSITION PERIOD 1 (75-25%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT			5.01
	RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2011 BUT BEFORE 1/1/2012			
5.02	TRANSITION PERIOD 2 (50-50%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT			5.02
	RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2012 BUT BEFORE 1/1/2013			
5.03	TRANSITION PERIOD 3 (25-75%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT			5.03
	RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2013 BUT BEFORE 1/1/2014			
5.04	100% PPS BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR			5.04
	SERVICES RENDERED ON OR AFTER 1/1/2014			- 0-
	TOTAL BAD DEBTS (SUM OF LINE 5 THROUGH LINE 5.04)			5.05
6	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			6
8	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS			8
0	PROGRAM PAYMENT (SEE INSTRUCTIONS)			9
10	PROGRAM FAIMENI (SEE INSTRUCTIONS) UNDECOVERED FROM MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			10
11	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) (TRANSFER TO WEST E, PART B, LINE 33)			11
	REPROCESSED BAD DEDIG (DEE INCIRCUTIONS) (INAMOFER TO MICH E, FART D, EINE 33)			11
PART	II - CALCULATION OF FACILITY SPECIFIC COMPOSITE RATE PERCENTAGE			
12	TOTAL ALLOWABLE EXPENSES (SEE INSTRUCTIONS)			12
13	TOTAL COMPOSITE COSTS (FROM WKST I-4, COL. 2, LINE 11)			13
14	FACILITY SPECIFIC COMPOSITE COST PERCENTAGE (LINE 13 DIVIDED BY LINE 12)			14

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

 PROVIDER CCN:
 14-0166
 ST. MARY'S HOSPITAL
 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION:
 2013.11

 PERIOD FROM
 07/01/2012
 TO 06/30/2013
 IN LIEU OF FORM CMS-2552-10 (08/2011)
 11/24/2013
 20:25

CHECK APPLI BOXES	CABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD		
	PART I - FULLY PROSPECTIVE METHOD		
1 2 3 4 5 6 7	CAPITAL FEDERAL AMOUNT CAPITAL DRG OTHER THAN OUTLIER CAPITAL DRG OUTLIER PAYMENTS TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS) NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS) INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS) INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5) PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30)	1,793,729 12,140 87.93 1.11 0.0036 6,457 0.0596	2
8 9 10 11 12	(SEE INSTRUCTIONS) PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS) SUM OF LINES 7 AND 8 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS) DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1) TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	0.3135 0.3731 0.0785 140,808 1,953,134	8 9 10 11 12
1 2	PART II - PAYMENT UNDER REASONABLE COST PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)		1 2
3 4 5	PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS) TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2) CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS) TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)		3 4 5
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1 2 3 4 5 6 7 8 9 10	PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS) PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS) NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2) APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS) CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4) PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS) ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6) CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7) CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE) CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9) CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD		1 2 3 4 5 6 7 8 9 10
12 13 14	(FROM PRIOR YEAR WKST L, PART III, LINE 14) NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11) CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE) CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IE LINE 13 IS NEGRETARE EXPERT FUEL AMOUNT ON THIS LINE)		12 13 14
15 16 17	(IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE) CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS) CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS) CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)		15 16 17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1 PART I

	COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL (COLS.0-4)	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
50.02 51 52 53 53.01 54 56 57 58 59 60 62	GENERAL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS DEPARTMENT ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS NURSING SCHOOL I&R SERVICES-SALARY & FRINGES I&R SERVICES-OTHER PRGM COSTS PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENT ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IPF SUBPROVIDER - IRF NURSERY SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS OPERATING ROOM STONE CENTER ENDOSCOPY RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY PAIN CENTER RADIOLOGY-DIAGNOSTIC RATIONTOCONTOCONTOCONTOCONTOCONTOCONTOCONT			21			1 2 4 5 6 7 8 9 10 11 12 13 14 15 16 17 19 20 21 22 23 30 31 40 41 43 44 50 50.01 50.02 51 52 53 53.01 54 56 66 66 69 70 71 72 73 74 75 76 76 76 77 77 78 78 78 78 78 78 78 78 78 78 78
76.97 76.98	CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS						76.97 76.98 76.99
90.02 90.03 90.04 90.05 90.06 90.07 90.08 90.09 90.11 90.11 90.12 90.13	CCLINIC PRENATAL CLINIC OUTPATIENT PSYCHIATRIC WOUND CLINIC NEUROSURGERY DR JATOI UROLOGY PHYSICIAN DR. CHU SPORTS MEDICINE CLINIC DR. SHANKER DR MIRMIRA DR TOKHI CT\PET RADIATION ONCOLOGY SPORTS MED-REHAB MACON COUNT MEDICAL ASSOCIATES						90 90.01 90.02 90.03 90.04 90.05 90.06 90.07 90.10 90.11 90.12 90.13 90.14

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1 PART I

COST CENTER	DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL (COLS.0-4)	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26		
90.16 DR BRITT 90.17 ARTHUR FAMILY 90.18 DR BOCK 90.19 PEDIATRIC PRO 90.20 DR ANDERSON 90.21 DR HABIB 90.22 DR HANNEKEN 90.23 DR MUNESSES 90.24 DR KOHLI 90.25 DR DUNCAN 90.26 MT ZION FAMIL 90.27 DR POWELL 90.28 CHEMOTHEROPY 91 EMERGENCY 92 OBSERVATION B	F SERVICES							90.16 90.17 90.18 90.19 90.20 90.21 90.22 90.23 90.24 90.25 90.26 90.27 90.28 91
94 HOME PROGRAM 99.10 CORF 99.20 OUTPATIENT PH 99.30 OUTPATIENT OC 99.40 OUTPATIENT SP	YSICAL THERAPY CUPATIONAL THERAP EECH PATHOLOGY							94 99.10 99.20 99.30 99.40
118 SUBTOTALS (SU	SE COST CENTERS 4 OF LINES 1-117) LE COST CENTERS						1	118
<pre>190 GIFT, FLOWER,</pre>	COFFEE SHOP & CA RIVATE OFFICES ES INE REHAB ROPERTIES HEALTH IN E BUILDING 1750 IC CONTRACT HE HEALTH REGERY CENTER MEDICAL PRACTICE LOE SERVICES EMENT SYSTEM DICAL OFFICE BUIL ER SERVICES DVASCULAR ARE NURSING HOME LOE ENT DIS LUNG JUSTMENTS CENTER LINE 118 AND							190 192 194 194.01 194.02 194.04 194.05 194.08 194.09 194.11 194.13 194.16 194.16 194.17 194.23 194.24 194.25 194.35 194.36 194.37 194.38 194.40 194.41 194.42 194.42 194.42 194.42 194.43
203 TOTAL STATIST 204 UNIT COST MUL 204 UNIT COST MUL	ICAL BASIS FIPLIER						2	203 204 204

**** REPORT 97 **** UTILIZATION STATISTICS ****

HOSPITAL

COST CENTERS	TITLE X PART A 1	VIII PART B 2	TITL INPATIENT 3	E XIX OUTPATIENT 4	TIT INPATIENT 5	LE V OUTPATIENT 6	TOTAL TE PARTY UT 7	IIRD CIL
UTILIZATION PERCENTAGES BASED ON DAYS 30 ADULTS & PEDIATRICS 31 INTENSIVE CARE UNIT								
30 ADULTS & PEDIATRICS	41.39		26.50				67.89	30
31 INTENSIVE CARE UNIT	64.19		11.74				75.93	31
43 NURSERY			59.16				59.16	43
UTILIZATION PERCENTAGES BASED ON CHARG	GES							
UTILIZATION PERCENTAGES BASED ON CHARCE 50 OPERATING ROOM 50.02 ENDOSCOPY 51 RECOVERY ROOM 52 DELIVERY ROOM & LABOR ROOM 53 ANESTHESIOLOGY 53.01 PAIN CENTER 54 RADIOLOGY-DIAGNOSTIC 56 RADIOISOTOPE 57 CT SCAN 58 MRI 59 CARDIAC CATHETERIZATION 60 LABORATORY	29.24	13.21					42.45	50
50.02 ENDOSCOPY	9.98	32.87					42.85	50.02
51 RECOVERY ROOM	14.10	23.31					37.41	51
52 DELIVERY ROOM & LABOR ROOM	0.30						0.30	52
53 ANESTHESIOLOGY	22.94	14.47					37.41	53
53.01 PAIN CENTER	0.74	51.68					52.42	53.01
54 RADIOLOGY-DIAGNOSTIC	15.22	21.56					36.78	54
56 RADIOISOTOPE	7.50	10.06					17.56	56
57 CT SCAN	18.02	23.30					41.32	57
58 MRI	10.93	28.92					39.85	58
59 CARDIAC CATHETERIZATION	24.24	33.20					57.44	59
60 LABORATORY	23.21	0.65					23.86	60
62 WHOLE BLOOD & PACKED RED BLOOD	36.47	3.39					39.86	62
62 WHOLE BLOOD & PACKED RED BLOOD 65 RESPIRATORY THERAPY	52.20	5.46					57.66	65
66 PHYSICAL THERAPY	11.26	2.47					13.73	66
66 PHYSICAL THERAPY 69 ELECTROCARDIOLOGY 70 ELECTROENCEPHALOGRAPHY 71 MEDICAL SUPPLIES CHARGED TO PAT	14.85	45.43					60.28	69
70 ELECTROENCEPHALOGRAPHY	4.52	32.43					36.95	70
71 MEDICAL SUPPLIES CHARGED TO PAT	г 45.41	1.45					46.86	71
		23.26					59.31	72
73 DRUGS CHARGED TO PATIENTS	32.38	12.77					45.15	73
75 ASC (NON-DISTINCT PART)		77.58					77.58	75
76 TREATMENT CENTER	4.05	6.06					10.11	76
90.01 PRENATAL CLINIC		0.01					0.01	90.01
90.02 OUTPATIENT PSYCHIATRIC	1.48	53.17					54.65	90.02
90.03 WOUND CLINIC	14.02	15.44					29.46	90.03
90.12 CT\PET	1.57	52.03					53.60	90.12
90.13 RADIATION ONCOLOGY	0.16	61.23					61.39	90.13
90.28 CHEMOTHEROPY		20.33					20.33	90.28
91 EMERGENCY	13.42	14.12					27.54	91
72 IMPL. DEV. CHARGED TO PATIENTS 73 DRUGS CHARGED TO PATIENTS 75 ASC (NON-DISTINCT PART) 76 TREATMENT CENTER 90.01 PRENATAL CLINIC 90.02 OUTPATIENT PSYCHIATRIC 90.03 WOUND CLINIC 90.12 CT\PET 90.13 RADIATION ONCOLOGY 90.28 CHEMOTHEROPY 91 EMERGENCY 92 OBSERVATION BEDS (NON-DISTINCT	3.79	29.73					33.52	92
200 TOTAL CHARGES	20.96	18.65					39.61	200

**** REPORT 97 **** UTILIZATION STATISTICS ****

SUBPROVIDER-IPF

	COST CENTERS	TITLE PART A 1	XVIII PART B 2	 E XIX OUTPATIENT 4	TIT INPATIENT 5	TLE V OUTPATIENT 6	TOTAL TH PARTY UT 7	
	ZATION PERCENTAGES BASED ON DAYS							
40	SUBPROVIDER - IPF	86.42					86.42	40
UTILI	ZATION PERCENTAGES BASED ON CHARG	ES						
50	OPERATING ROOM	0.05					0.05	50
50.0	2 ENDOSCOPY	0.08					0.08	50.02
51	RECOVERY ROOM	1.48					1.48	51
53	ANESTHESIOLOGY	0.27					0.27	53
53.0	1 PAIN CENTER	0.04					0.04	53.01
54	RADIOLOGY-DIAGNOSTIC	0.57					0.57	54
56	RADIOISOTOPE	0.45					0.45	56
57	CT SCAN	0.45					0.45	57
58	MRI	0.10					0.10	58
60	LABORATORY	1.23					1.23	60
62	WHOLE BLOOD & PACKED RED BLOOD	0.08					0.08	62
65	RESPIRATORY THERAPY	0.89					0.89	65
66	PHYSICAL THERAPY	2.24					2.24	66
69	ELECTROCARDIOLOGY	0.21					0.21	69
70	ELECTROENCEPHALOGRAPHY	0.10					0.10	70
71	MEDICAL SUPPLIES CHARGED TO PAT						2.95	71
73	DRUGS CHARGED TO PATIENTS	2.55					2.55	73
76	TREATMENT CENTER	0.20					0.20	76
	3 WOUND CLINIC	0.59					0.59	90.03
91	EMERGENCY	0.39					0.39	91
200	TOTAL CHARGES	0.78					0.78	200

**** REPORT 97 **** UTILIZATION STATISTICS **** SUBPROVIDER-IRF

	COST CENTERS	TITLE PART A 1	XVIII PART B 2	 E XIX OUTPATIENT 4	TIT INPATIENT 5	CLE V OUTPATIENT 6	TOTAL TH PARTY UT 7	
	ATION PERCENTAGES BASED ON DAYS							
41	SUBPROVIDER - IRF	80.11					80.11	41
UTILIZ	ATION PERCENTAGES BASED ON CHARG	ES						
50	OPERATING ROOM	0.60					0.60	50
50.02	ENDOSCOPY	0.08					0.08	50.02
51	RECOVERY ROOM	0.25					0.25	51
53	ANESTHESIOLOGY	0.15					0.15	53
54	RADIOLOGY-DIAGNOSTIC	0.02					0.02	54
56	RADIOISOTOPE	0.63					0.63	56
57	CT SCAN	0.49					0.49	57
58	MRI	0.43					0.43	58
59	CARDIAC CATHETERIZATION	0.03					0.03	59
60	LABORATORY	1.15					1.15	60
62	WHOLE BLOOD & PACKED RED BLOOD	0.33					0.33	62
65	RESPIRATORY THERAPY	4.37					4.37	65
66	PHYSICAL THERAPY	29.49					29.49	66
69	ELECTROCARDIOLOGY	0.26					0.26	69
70	ELECTROENCEPHALOGRAPHY	0.71					0.71	70
71	MEDICAL SUPPLIES CHARGED TO PAT	8.27					8.27	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.07					0.07	72
73	DRUGS CHARGED TO PATIENTS	2.96					2.96	73
90.03	WOUND CLINIC	0.48					0.48	90.03
90.13	RADIATION ONCOLOGY						0.01	90.13
91	EMERGENCY	0.10					0.10	91
200 T	OTAL CHARGES	2.35					2.35	200

**** REPORT 97 **** UTILIZATION STATISTICS ****

SNF / NF

	COST CENTERS	TITLE XV PART A 1	VIII PART B 2	TITI INPATIENT 3	E XIX OUTPATIENT 4	TIT INPATIENT 5	LE V OUTPATIENT 6	TOTAL TH PARTY UT 7	
UTIL	IZATION PERCENTAGES BASED ON DAYS								
44	SKILLED NURSING FACILITY	98.28						98.28	44
UTIL	IZATION PERCENTAGES BASED ON CHARG	ES							
50	OPERATING ROOM	0.02						0.02	50
53	ANESTHESIOLOGY	0.14						0.14	53
54	RADIOLOGY-DIAGNOSTIC	0.55						0.55	54
56	RADIOISOTOPE	0.14						0.14	56
57	CT SCAN	0.01						0.01	57
60	LABORATORY	0.92						0.92	60
62	WHOLE BLOOD & PACKED RED BLOOD	0.47						0.47	62
65	RESPIRATORY THERAPY	2.71						2.71	65
66	PHYSICAL THERAPY	7.25						7.25	66
69	ELECTROCARDIOLOGY	0.08						0.08	69
70	ELECTROENCEPHALOGRAPHY	0.17						0.17	70
71	MEDICAL SUPPLIES CHARGED TO PAT	5.75						5.75	71
73	DRUGS CHARGED TO PATIENTS	3.82						3.82	73
90.	12 CT\PET	0.54						0.54	90.12
200	TOTAL CHARGES	1.08						1.08	200

	COST CENTER	DIRECT AMOUNT	COSTS %	ALLOCATED AMOUNT	OVERHEAD -	TOTAL AMOUNT	COSTS %	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	4,911,658	4.25	-4,911,658	-8.83			1
2	CAP REL COSTS-MVBLE EQUIP	4,645,696		-4,645,696	-8.35			2
3	OTHER CAP REL COSTS							3
4	EMPLOYEE BENEFITS DEPARTMENT			-11,759,053	-21.15			4
5	ADMINISTRATIVE & GENERAL	22,771,833	19.71	-22,771,833	-40.95			5 6
6 7	MAINTENANCE & REPAIRS	118,020	0.10	-118,020 -3,217,028	-0.21 -5.79			7
8	IATINDRY & LINEN SERVICE	3,217,028 596,229	0.52	-596,229	-1.07			8
9	MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY	1,378,012		-1,378,012	-2.48			9
10	DIETARY	1,378,012 364,717 1 138 267	0.32		-0.66			10
11	CAFETERIA	1,138,267	0.99	-1,138,267	-2.05			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	522,804 200,274	0.45	-522,804				13
14 15	CENTRAL SERVICES & SUPPLY	200,274 1,717,124 2,264,159	0.17		-0.36			14
16	PHARMACY MEDICAL RECORDS & LIBRARY	2 264 159	1.49	-1,717,124 -2,264,159	-3.09 -4.07			15 16
17	SOCIAL SERVICE	2,204,133	1.50	2,204,133	4.07			17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES A							21
22	I&R SERVICES-OTHER PRGM COSTS A							22
23	PARAMED ED PRGM-(SPECIFY)							23
2.0	INPATIENT ROUTINE SERV COST CENT	ERS	6 20	11 061 200	20 25	10 627 004	16 12	2.0
30 31	ADULTS & PEDIATRICS INTENSIVE CARE UNIT SUBPROVIDER - IPF SUBPROVIDER - IRF NURSERY SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	1 522 001	6.39	11,261,380 1,529,347	20.25	18,637,824	16.13 2.65	30 31
40	CIRDDONIDED - IDE	1,332,901	0.96	1,324,614	2.75	3,062,328 2,436,410	2.03	40
41	SUBPROVIDER - IRF	1.839.462	1.59	1,824,379	3.28	3,663,841	3.17	41
43	NURSERY	281,273	0.24	306,075	2.38 3.28 0.55 1.39	587,348	0.51	43
44	SKILLED NURSING FACILITY	461,318	0.40	770,138	1.39	1,231,456	1.07	44
	INCIDENTED BERVIOL CODI CENTERO							
50	OPERATING ROOM	2,965,082	2.57	2,533,154	4.56	5,498,236	4.76	50
	STONE CENTER ENDOSCOPY RECOVERY ROOM							50.01
50.02 51	ENDOSCOPY DEGOVERY DOOM	249,433 408,212	0.22	322,024	0.58 0.78	571,457	0.49	50.02 51
52	DELIVERY ROOM & LABOR ROOM	1 174 771	0.35 1.02				0.73 2.15	52
	ANESTHESIOLOGY	1,174,771 501,925 402,005 2,115,904 549,532 748,437	0.43	1,170,050	2.36 2.10 0.85	1,671,975	1.45	53
53.01	ANESTHESIOLOGY PAIN CENTER	501,925 402,005	0.35	473,981	0.85	875,986	0.76	53.01
54	RADIOLOGY-DIAGNOSTIC RADIOISOTOPE	2,115,904	1.83	2,211,585	3.98	4,327,489	3.75	54
56	RADIOISOTOPE	549,532	0.48	318,208	3.98 0.57 1.33	867,740	0.75	56
57	CT SCAN	748,437	0.65	742,122	1.33	1,490,559		57
58	MRI	380,101	0.33	362,254	0.65	742,355	0.64	58
59	CARDIAC CATHETERIZATION	2,451,132	2.12	1,809,313	3.25	4,260,445 9,196,673	3.69	59
60 62	LABORATORY WHOLE BLOOD & PACKED RED BLOOD	4,085,572	4.06 0.40	186,404	0.34	643,789		60 62
	BLOOD CLOTTING FOR HEMOPHILIACS	437,303	0.40	100,404	0.34	043,709	0.50	62.30
65	RESPIRATORY THERAPY	921,885	0.80	725,364	1.30	1,647,249	1.43	65
66	PHYSICAL THERAPY	921,885 2,197,365 1,312,665 308,254 99,146	1.90	725,364 2,360,878	4.25	4,558,243	3.95	66
69	ELECTROCARDIOLOGY	1,312,665	1.14		1.99	2,419,136 678,125 139,371	2.09	69
70	ELECTROENCEPHALOGRAPHY	308,254	0.27	369,871	0.67	678,125	0.59	70
71	MEDICAL SUPPLIES CHARGED TO PAT	99,146	0.09	40,225	0.07	139,371	0.12	71
72 73	IMPL. DEV. CHARGED TO PATTENTS	6,662,923	5.//		4.43		7.90	72 73
73	DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	4,243,535	3.67	4,628,037	8.32	8,871,572	7.68	73 74
75	ASC (NON-DISTINCT PART)	308,716	0.27	222,586	0.40	531,302	0.46	75
76	TREATMENT CENTER	95,094	0.08	136,924	0.25	232,018	0.20	76
76.97	CARDIAC REHABILITATION							76.97
	HYPERBARIC OXYGEN THERAPY							76.98
	LITHOTRIPSY							76.99
90	CLINIC	154,870	0.13	97,677	0.18	252,547	0.22	90
	PRENATAL CLINIC OUTPATIENT PSYCHIATRIC	64,014 81,930	0.06 0.07	46,893 235,992	0.08 0.42	110,907 317,922	0.10 0.28	90.01 90.02
	WOUND CLINIC	365,002	0.32	230,408	0.41	595,410	0.52	90.02
	NEUROSURGERY	303,002	0.52	250,100	0.11	333,110	0.52	90.04
	DR JATOI							90.05
90.06	UROLOGY PHYSICIAN							90.06
	DR. CHU							90.07
	SPORTS MEDICINE CLINIC							90.08
	DR. SHANKER							90.09
	DR MIRMIRA							90.10
	DR TOKHI CT\PET	279,366	0.24	100,702	0.18	380,068	0.33	90.11 90.12
	RADIATION ONCOLOGY	633,802	0.24		0.18	996,853	0.33	90.12
	SPORTS MED-REHAB	055,002	0.55	303,031	0.03	,,0,000	0.00	90.14
	MACON COUNT MEDICAL ASSOCIATES							90.15
	DR BRITT							90.16
90.17	ARTHUR FAMILY MEDICINE CENTER							90.17

COST CENTER	DIRECT AMOUNT	COSTS	ALLOCATED AMOUNT	OVERHEAD	TOTAL AMOUNT	COSTS	
90.18 DR BOCK 90.19 PEDIATRIC PROF SERVICES 90.20 DR ANDERSON 90.21 DR HABIB 90.22 DR HANNEKEN 90.23 DR MUNESSES 90.24 DR KOHLI 90.25 DR DUNCAN 90.26 MT ZION FAMILY PRACTICE 90.27 DR POWELL 90.28 CHEMOTHEROPY 91 EMERGENCY	19,199 2,746,840	0.02 2.38	15,046 4,018,939	0.03 7.23	34,245 6,765,779	0.03 5.86	90.18 90.19 90.20 90.21 90.22 90.23 90.24 90.25 90.26 90.27 90.28
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTER: 94 HOME PROGRAM DIALYSIS							92 94
OUTPATIENT SERVICE COST CENTER: 99.10 CORF 99.20 OUTPATIENT PHYSICAL THERAPY 99.30 OUTPATIENT OCCUPATIONAL THERAP' 99.40 OUTPATIENT SPECH PATHOLOGY SPECIAL PURPOSE COST CENTERS NONREIMBURSABLE COST CENTERS							99.10 99.20 99.30 99.40
190 GIFT, FLOWER, COFFEE SHOP & CA	N 242,792	0.21	126,838	0.23	369,630	0.32	190
192 PHYSICIANS' PRIVATE OFFICES	7,395,965	6.40	2,116,681	3.81	9,512,646	8.23	192
194 SENIOR SERVICES	161,375	0.14	68,988	0.12	230,363	0.20	194
194.01 ADULT DAY CARE	221,763	0.19	122,352	0.22	344,115	0.30	194.01
194.02 SPORTS MEDICINE REHAB	276,649	0.24	188,239	0.34	464,888	0.40	194.02
194.04 CANCER CARE	43,980	0.04	12,768	0.02	56,748	0.05	194.04
194.05 RESIDENTIAL PROPERTIES							194.05
194.07 BLUE MOUND	4,830		1,532		6,362	0.01	194.07
194.08 ARTHUR CLINIC	40,481	0.04	11,579	0.02	52,060	0.05	194.08
194.09 OCCUPATIONAL HEALTH							194.09
194.11 2981 NORTH MAIN	4,374		1,353		5,727		194.11
194.13 MEDICAL OFFICE BUILDING 1750	203,085	0.18	59,532	0.11	262,617	0.23	194.13
194.14 MEDICAL ARTS							194.14
194.15 MT. ZION CLINIC	20,624	0.02	6,164	0.01	26,788	0.02	194.15
194.16 CERRO GORDO	23,167	0.02	6,805	0.01	29,972	0.03	194.16
194.17 LIFELINE							194.17
194.18 COUNTY JAIL CONTRACT			0.41 510	0 40	0.41 510	0 01	194.18
194.19 ST. JOHN'S HOME HEALTH			241,719	0.43	241,719	0.21	194.19
194.23 ST. MARY'S SURGERY CENTER	64 540	0 06	42 020	0.00	107 200	0.09	194.23 194.24
194.24 FIELDS WRIGHT MEDICAL PRACTICE 194.25 3915 N COWGILL	64,549 323,704	0.06 0.28	42,839 92,748	0.08	107,388 416,452	0.09	194.24
194.28 LAUNDRY OUTSIDE SERVICES	323,704 19	0.28	92,748 5	0.17	24	0.30	194.25
194.28 LAUNDRI GUISIDE SERVICES 194.35 MEDICAL MANAGEMENT SYSTEM	138		39		177		194.26
194.36 LAKE SHORE MEDICAL OFFICE BUILD		0.34	114,029	0.21	507,272	0.44	194.35
194.37 DAY CARE CENTER	6,128	0.34	1,894	0.21	8,022	0.44	194.30
194.38 SCHOOL HEALTH SERVICES	166,818	0.14	115,997	0.21	282,815	0.24	194.37
194.40 PRAIRIE CARDIOVASCULAR	100,010	0.14	256,437	0.46	256,437	0.24	194.40
194.41 G I SUITES	798		298	0.40	1,096	0.22	194.41
194.42 RESPIRATORY CARE NURSING HOME	750		200		1,000		194.42
194.43 VACANT SPACE			1,186,991	2.13	1,186,991	1.03	194.43
194.44 PHYSICIAN POOL	110,980	0.10	36,530	0.07	147,510	0.13	194.44
194.48 MRI BUILDING	4,564	0.10	1,335	0.0.	5,899	0.01	194.48
194.49 FUND DEVELOPMENT	16,832	0.01	110,508	0.20	127,340	0.11	194.49
194.50 CENTRAL ILLINOIS LUNG	.,		116,610	0.21	116,610	0.10	194.50
200 CROSS FOOT ADJUSTMENTS						- · · · ·	200
201 NEGATIVE COST CENTER							201
202 TOTAL	115,519,103	100.00		1	15,519,103	100.00	202

PROVIDER NO. 14-0166 ST. MARY'S HOSPITAL KPMG LLP COMPU-MAX MICRO SYSTEM VERSION: 2013.11 PERIOD FROM 07/01/2012 TO 06/30/2013 11/24/2013

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

CO	ST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
50	ANCILLARY SERVICE COST CENTERS OPERATING ROOM	592,911	24,293,187	0.024406	7,103,355	173,364	50
	STONE CENTER	3,2,311	21,200,107	0.021100	7,103,333	175,501	50.01
	ENDOSCOPY	93,940	1,919,955	0.048928	191,676	9,378	50.02
51	RECOVERY ROOM	79,457	3,812,885	0.020839	537,771	11,207	51
52	DELIVERY ROOM & LABOR ROOM	293,112	3,610,779	0.081177	10,949	889	52
53	ANESTHESIOLOGY PAIN CENTER	72,636	6,059,748	0.011987 0.023078	1,390,187 35,033	16,664 808	53 53.01
54	RADIOLOGY-DIAGNOSTIC	108,860 467,265	4,717,133 21,262,890	0.023076	3,235,578	71,105	54
56	RADIOISOTOPE	47,424	4,844,002	0.009790	363,453	3,558	56
57	CT SCAN	76,681	40,736,953	0.001882	7,340,916	13,816	57
58	MRI	48,574	13,455,072	0.003610	1,470,063	5,307	58
59	CARDIAC CATHETERIZATION	273,610	35,174,618	0.007779	8,526,394	66,327	59
60 62	LABORATORY WHOLE BLOOD & PACKED RED BLOOD	1,121,227 26,568	59,370,522 1,667,109	0.018885 0.015937	13,782,565 607,978	260,284 9,689	60 62
	BLOOD CLOTTING FOR HEMOPHILIACS	20,300	1,007,109	0.015937	007,976	9,009	62.30
65	RESPIRATORY THERAPY	73,090	10,282,391	0.007108	5,367,040	38,149	65
66	PHYSICAL THERAPY	457,646	21,323,292	0.021462	2,401,846	51,548	66
69	ELECTROCARDIOLOGY	173,482	23,573,435	0.007359	3,500,639	25,761	69
70	ELECTROENCEPHALOGRAPHY	81,988	4,648,662	0.017637	210,336	3,710	70
71 72	MEDICAL SUPPLIES CHARGED TO PAT IMPL. DEV. CHARGED TO PATIENTS	5,942 379,977	714,914 20,171,299	0.008311 0.018838	324,654 7,272,049	2,698 136,991	71 72
73	DRUGS CHARGED TO PATIENTS	369,151	46,292,803	0.007974	14,989,836	119,529	73
74	RENAL DIALYSIS	,	,,	******		,	74
75	ASC (NON-DISTINCT PART)	17,057	1,550,811	0.010999			75
76	TREATMENT CENTER	38,147	387,520	0.098439	15,679	1,543	76
	CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY						76.97 76.98
	LITHOTRIPSY						76.99
70.55	OUTPATIENT SERVICE COST CENTERS						70.55
90	CLINIC	8,194	526,729	0.015556			90
	PRENATAL CLINIC	3,635	124,349	0.029232	1		90.01
	OUTPATIENT PSYCHIATRIC	90,245	620,782	0.145373	9,201	1,338	90.02
	WOUND CLINIC NEUROSURGERY	20,985	1,232,112	0.017032	172,784	2,943	90.03 90.04
	DR JATOI						90.05
	UROLOGY PHYSICIAN						90.06
	DR. CHU						90.07
	SPORTS MEDICINE CLINIC						90.08
	DR. SHANKER DR MIRMIRA						90.09 90.10
	DR TOKHI						90.11
	CT\PET	12,564	981,045	0.012807	15,387	197	90.12
	RADIATION ONCOLOGY	32,838	6,460,480	0.005083	10,120	51	90.13
	SPORTS MED-REHAB						90.14
	MACON COUNT MEDICAL ASSOCIATES DR BRITT						90.15 90.16
	ARTHUR FAMILY MEDICINE CENTER						90.10
	DR BOCK						90.18
90.19	PEDIATRIC PROF SERVICES						90.19
	DR ANDERSON						90.20
	DR HABIB DR HANNEKEN						90.21 90.22
	DR MUNESSES						90.22
	DR KOHLI						90.24
	DR DUNCAN						90.25
	MT ZION FAMILY PRACTICE						90.26
	DR POWELL CHEMOTHEROPY	1 102	160 672	0 007072			90.27 90.28
90.28	EMERGENCY	1,193 1,074,432	168,673 40,985,281	0.007073 0.026215	5,499,006	144,156	90.28
92	OBSERVATION BEDS (NON-DISTINCT	179,778	1,966,667	0.091413	74,632	6,822	92
	OTHER REIMBURSABLE COST CENTERS		•				
94	HOME PROGRAM DIALYSIS	6 000 605	400 005 000		04 450 505	1 1== 00-	94
200	TOTAL	6,322,609	402,936,098		84,459,128	1,177,832	∠00

PROVIDER NO. 14-0166 ST. MARY'S HOSPITAL KPMG LLP COMPU-MAX MICRO SYSTEM VERSION: 2013.11 PERIOD FROM 07/01/2012 TO 06/30/2013 11/24/2013

	APPORTIONMENT	OF	INPATIENT	MEDICARE	ROUTINE	SERVICE	PPS	CAPITAL	COSTS	
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C	CAPITAL SWING-BED CAPITAL TOTAL COST CENTER DESCRIPTION RELATED ADJUSTMENT RELATED PATIENT PER COSTS AMOUNT COST DAYS DIEM 1 2 3 4 5							MEDICARE INPATIENT PPS CAPITAL COSTS 7
	INPATIENT ROUTINE SERVICE COST CEN	TERS						
30	ADULTS & PEDIATRICS	2,917,043		2,917,043	31,121	93.73	12,880	1,207,242 30
31						1,635	177,169 31	
200	TOTAL 3,193,046 3,193,046 33,668						14,515	1,384,411 200
	MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1,384,411 1,177,832
	TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							2,562,243
	MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)							3,361
	MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)							14,515
	PER DISCHARGE CAPITAL COSTS							762.35
	PER DIEM CAPITAL COSTS							176.52

0.165

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1.	TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	22,831,079
2.	HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	96,745,510
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.236
	COST TO CHARGE RATIO FOR REHAB SUBPROVIDER	
1.	TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	4,818,036
2.	TOTAL MEDICARE CHARGES (WKST D-3 LINE 41 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2)	13,586,069
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.355
	COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER	
1.	TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 40 + WKST D PART IV COL 11 LINE 200))	2,659,295
2.	TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	5,706,119
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.466
	II. COST TO CHARGE RATIO FOR CAPITAL	
1.	TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	2,562,243
2.	RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.026
	III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES	
1.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	12,334,939
2.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	74,552,865

3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)

WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3 Part IV, Line 4)

KPMG LLP COMPU-MAX MICRO SYSTEMVERSION: 2013.11SUPPORTING EXHIBIT FOR FORM CMS-2552-1011/24/2013 20:25 PROVIDER CCN: 14-0166 ST. MARY'S HOSPITAL PERIOD FROM 07/01/2012 TO 06/30/2013

EXHIBIT 3

	STEP 1: Determine the 3-Year Averaging Period	
1	Wage index fiscal year ending date	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1. FYE in Col 2)	2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	5
	STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)	
6	Effective date of pension plan	6
7	First day of the provider cost reporting period containing the pension plan effective date	/
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)	8
	If this date occurs after the period shown on line 2, stop here and see instructions.	
	STEP 3: Average Pension Contributions During the Averaging Period	
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	9
10	Ending date of averaging period from Line 5	10
11 11.0	Enter provider contributions made during averaging period on Lines 9 & 10	11 11.01
12	Total calendar months included in averaging period (36 unless Step 2 completed)	12
13 14	Total contributions made during averaging period Average monthly contribution (Line 13 divided by Line 12)	13 14
15	Number of months in provider cost reporting period on Line 2	15
16	Average pension contributions (Line 14 times Line 15)	16
	STEP 4: Total Pension Cost for Wage Index	
17	Annual prefunding installment (SEE INSTRUCTIONS)	17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)	18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	19