

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

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

PART I - COST REPORT STATUS

Provider use only		1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 11/29/2015	Time: 21:12
		2. <input type="checkbox"/> Manually submitted cost report		
		3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report		
		4. <input type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status	6. Date Received: _____	10. NPR Date: _____	
	(1) As Submitted	7. Contractor No.: _____	11. Contractor's Vendor Code: _____	
	(2) Settled without audit	8. <input type="checkbox"/> Initial Report for this Provider CCN	12. <input type="checkbox"/> If line 5, column 1 is 4:	
	(3) Settled with audit	9. <input type="checkbox"/> Final Report for this Provider CCN	Enter number of times reopened = 0-9.	
	(4) Reopened			
	(5) Amended			

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by

ECR Encryption: 11/29/2015 21:12
.15QqlIBUvVW1wwlSjYz1Yv:7mYQO
UY52o0zi.c81PmVuibuTz7a88LYQMIs
FEo: 1pSMBn0Y7zVv

PI Encryption: 11/29/2015 21:12
rIGvp09ArGXPRYOBL2Af2lz061uIH0
SwAuS0g1q0QMto2FBxRnZAIPOtZpMU
L7dd06vmJh0i.XSC

(Signed) Mary Anduj
Officer or Administrator of Provider(s)
VP Finance / CFO
Title
11/30/15
Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII				TITLE XIX	
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		563,576	249,381	8,844		1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF		16,624	-12			3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		580,200	249,369	8,844		200

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 1500 SOUTH LAKE AVENUE	P.O. Box:		1
2	City: HOBART	State: IN	ZIP Code: 46342	County: LAKE

Hospital and Hospital-Based Component Identification:

Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
0	1	2	3	4	5	6	7	8	3	
3	Hospital	ST. MARY MEDICAL CENTER, INC.	15-0034	23844	1	07 / 01 / 1966	N	P	P	3
4	Subprovider - IPF									4
5	Subprovider - IRF	SMMC REHABILITATION UNIT	15-T034	23844	5	01 / 01 / 2001	N	P	P	5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTG									11
12	Hospital-Based HHA	SMMC HOME HEALTH AGENCY	15-7313	23844		02 / 08 / 1996	N	P	N	12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2014	To: 06 / 30 / 2015	20
21	Type of control (see instructions)	2		21

Inpatient PPS Information

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

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,888	1,465		133	1,857		24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	132	70			12		25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1						26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1						27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.							37
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				38

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

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

Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	N			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	Y			60
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

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

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

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

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

Inpatient Psychiatric Facility PPS

		1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.	N			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				71

Inpatient Rehabilitation Facility PPS

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

Long Term Care Hospital PPS

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

TEFRA Providers

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

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**WORKSHEET S-2
PART I**

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

Rural Providers

		1	2		
105	Does this hospital qualify as a critical access hospital (CAH)?	N		105	
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106	
107	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			107	
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108	
		Physical	Occupational	Speech	Respiratory
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.		N	N	N
110	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter 'Y' for yes or 'N' for no.			N	110

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	Y			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	1			118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.		N	N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.		Y		121

Transplant Center Information

125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	N			125
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.				134

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**WORKSHEET S-2
PART I**

All Providers

		1	2	
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	Y	15H054	140

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

141	Name: COMMUNITY FOUNDATION OF NW IN,	Contractor's Name: NGS	Contractor's Number: 00450	141
142	Street: STREET: STREET: 10010 DONALD	P.O. Box: 201		142
143	City: MUNSTER	State: IN	ZIP Code: 46321	143
144	Are provider based physicians' costs included in Worksheet A?	Y		144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y	N	145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y			167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)				168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transitional factor. (see instructions)	0.50			169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10 / 01 / 2013	09 / 30 / 2014		170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)		N		171

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

**General Instruction: Enter Y for all YES responses. Enter N for all NO responses.
Enter all dates in the mm/dd/yyyy format.**

COMPLETED BY ALL HOSPITALS

		Y/N	Date	
Provider Organization and Operation				
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1
		Y/N	Date	V/I
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N		2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3

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

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

		Y/N
Bad Debts		
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y
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
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/19/2015	Y	10/19/2015
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

**General Instruction: Enter Y for all YES responses. Enter N for all NO responses.
Enter all dates in the mm/dd/yyyy format.**

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

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

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

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

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

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

Cost Report Preparer Contact Information			
41	First name: JANE	Last name: BACHMANN	Title: CONSULTANT
42	Employer: BACHMANN ASSOCIATES		
43	Phone number: 3122852828	E-mail Address: JBOPIL@ATT.NET	

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				
						Title V	Title XVIII	Title XIX	Total All Patients	
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	163	59,495			24,960	3,237	46,993	1
2	HMO and other (see instructions)						7,296	3,324		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider						650	82		4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		163	59,495			24,960	3,237	46,993	7
8	Intensive Care Unit	31	12	4,380			2,015	342	3,766	8
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43						302	1,570	13
14	Total (see instructions)		175	63,875			26,975	3,881	52,329	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41	20	7,300			5,026	132	6,497	17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101					24,000		32,698	22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		195							27
28	Observation Bed Days								4,676	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							138	611	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					4,995	584	10,325	1
2	HMO and other (see instructions)					1,218	337		2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider						11		4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)		1,019.78			4,995	584	10,325	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF		30.93			508	12	654	17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		20.69						22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)		1,071.40						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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HOSPITAL WAGE INDEX INFORMATION

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

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassi- fication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
SALARIES							
1	Total salaries (see instructions)	200	62,387,373		62,387,373	2,314,694.00	26.95
2	Non-physician anesthetist Part A						
3	Non-physician anesthetest Part B						
4	Physician-Part A - Administrative						
4.01	Physician-Part A - Teaching						4.01
5	Physician-Part B						
6	Non-physician-Part B						
7	Interns & residents (in an approved program)	21					
7.01	Contracted interns & residents (in an approved program)						7.01
8	Home office personnel						
9	SNF	44					
10	Excluded area salaries (see instructions)		3,315,309	239,201	3,554,510	100,804.00	35.26
OTHER WAGES & RELATED COSTS							
11	Contract labor (see instructions)		2,345,427		2,345,427	33,954.00	69.08
12	Contract management and administrative services						
13	Contract labor: Physician-Part A - Administrative		697,637		697,637	4,314.00	161.71
14	Home office salaries & wage-related costs		10,088,055		10,088,055	256,305.00	39.36
15	Home office: Physician Part A - Administrative						
16	Home office & Contract Physicians Part A - Teaching						
WAGE-RELATED COSTS							
17	Wage-related costs (core)(see instructions)		16,155,732		16,155,732		
18	Wage-related costs (other)(see instructions)						
19	Excluded areas		761,018		761,018		
20	Non-physician anesthetist Part A						
21	Non-physician anesthetist Part B						
22	Physician Part A - Administrative						
22.01	Physician Part A - Teaching						22.01
23	Physician Part B						
24	Wage-related costs (RHC/FQHC)						
25	Interns & residents (in an approved program)						
OVERHEAD COSTS - DIRECT SALARIES							
26	Employee Benefits Department		917,224		917,224	26,188.00	35.02
27	Administrative & General		5,919,932	-210,714	5,709,218	287,269.00	19.87
28	Administrative & General under contract (see instructions)		1,606,051		1,606,051	11,679.00	137.52
29	Maintenance & Repairs		1,109,438		1,109,438	40,893.00	27.13
30	Operation of Plant		902,001		902,001	45,011.00	20.04
31	Laundry & Linen Service		79,545		79,545	5,892.00	13.50
32	Housekeeping		1,661,885		1,661,885	106,731.00	15.57
33	Housekeeping under contract (see instructions)						
34	Dietary		1,845,471	-1,094,129	751,342	38,496.00	19.52
35	Dietary under contract (see instructions)						
36	Cafeteria			1,094,129	1,094,129	66,198.00	16.53
37	Maintenance of Personnel						
38	Nursing Administration		2,190,626		2,190,626	61,510.00	35.61
39	Central Services and Supply		441,886		441,886	17,995.00	24.56
40	Pharmacy		2,274,398	-435,501	1,838,897	62,751.00	29.30
41	Medical Records & Medical Records Library		36,394		36,394	1,254.00	29.02
42	Social Service						
43	Other General Service						

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		63,993,424		63,993,424	2,326,373.00	27.51
2	Excluded area salaries (see instructions)		3,315,309	239,201	3,554,510	100,804.00	35.26
3	Subtotal salaries (line 1 minus line 2)		60,678,115	-239,201	60,438,914	2,225,569.00	27.16
4	Subtotal other wages & related costs (see instructions)		13,131,119		13,131,119	294,573.00	44.58
5	Subtotal wage-related costs (see instructions)		16,155,732		16,155,732		26.73%
6	Total (sum of lines 3 through 5)		89,964,966	-239,201	89,725,765	2,520,142.00	35.60
7	Total overhead cost (see instructions)		18,984,851	-646,215	18,338,636	771,867.00	23.76

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	381,461	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)	2,478,573	3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)	8,423,576	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	707,273	10
11	Life Insurance (If employee is owner or beneficiary)	52,840	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	257,911	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	217,952	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	3,484,252	17
18	Medicare Taxes - Employers Portion Only	786,188	18
19	Unemployment Insurance	73,260	19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	53,464	23
24	Total Wage Related cost (Sum of lines 1-23)	16,916,750	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	Supporting Exhibit for Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)

EXHIBIT 3

STEP 1: DETERMINE THE 3-YEAR AVERAGING PERIOD			
1	Wage Index Fiscal Year Ending Date		1
2	Provider's Cost Reporting Period Used for Wage Index Year on Line 1 (FYB in Col. 1, FYE in Col. 2)		2
3	Midpoint of Provider's Cost Reporting Period Shown on Line 2, Adjusted to First of Month		3
4	Date Beginning the 3-Year Averaging Period (subtract 18 months from midpoint shown on Line 3)		4
5	Date Ending the 3-Year Averaging Period (add 18 months to midpoint shown on Line 3)		5
STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)			
6	Effective Date of Pension Plan		6
7	First Day of the Provider Cost Reporting Period Containing the Pension Plan Effective Date		7
8	Starting Date of the Adjusted Averaging Period (date on Line 7, adjusted to first of month)		8

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

STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD			
9	Beginning Date of Averaging Period from Line 4 or Line 8, as Applicable		9
10	Ending Date of Averaging Period from Line 5		10
11	Enter Provider Contributions Made During Averaging Period on Lines 9 & 10	DEPOSIT DATE(S)	CONTRIB-UTION(S) 11
12	Total Calendar Months Included in Averaging Period (36 unless Step 2 completed)		12
13	Total Contributions Made During Averaging Period		13
14	Average Monthly Contribution (Line 13 divided by Line 12)		14
15	Number of MOonths 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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

	Component	Contract Labor 1	Benefit Cost 2	
	0			
1	Total facility contract labor and benefit cost	2,345,427		1
2	Hospital	2,345,427		2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 15-7313

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

County: LAKE

	Description	Title V 1	Title XVIII 2	Title XIX 3	Other 4	Total 5	
1	Home Health Aide Hours		3,426		780	4,206	1
2	Unduplicated Census Count (see instructions)		669.00		336.00	1,005.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	Enter the number of hours in your normal work week 40.00	Number of Employees (Full Time Equivalent)			
		Staff	Contract	Total	
		1	2	3	
3	Administrator and Assistant Administrator(s)				3
4	Director(s) and Assistant Director(s)		0.94		0.94
5	Other Administrative Personnel		10.67		10.67
6	Direct Nursing Service		6.42		6.42
7	Nursing Supervisor				7
8	Physical Therapy Service			3.97	3.97
9	Physical Therapy Supervisor				9
10	Occupational Therapy Service			0.94	0.94
11	Occupational Therapy Supervisor				11
12	Speech Pathology Service			0.33	0.33
13	Speech Pathology Supervisor				13
14	Medical Social Service		0.01		0.01
15	Medical Social Service Supervisor				15
16	Home Health Aide		3.64		3.64
17	Home Health Aide Supervisor				17
18	Other (specify)				18

HOME HEALTH AGENCY CBSA CODES

19	Enter the number of CBSAs where you provided services during the cost reporting period.	1	19
20	List those CBSA code(s) serviced during this cost reporting period (line 20 contains the first code).	23844	20

PPS ACTIVITY

		Full Episodes				Total (columns 1 through 4)	
		Without Outliers	With Outliers	LUPA Episodes	PEP only Episodes		
		1	2	3	4		
21	Skilled Nursing Visits	9,852	3,011	187	171	13,221	21
22	Skilled Nursing Visit Charges	1,580,259	482,598	29,994	27,378	2,120,229	22
23	Physical Therapy Visits	4,954	423	27	69	5,473	23
24	Physical Therapy Visit Charges	925,138	79,043	5,075	12,925	1,022,181	24
25	Occupational Therapy Visits	1,253	112	2	10	1,377	25
26	Occupational Therapy Visit Charges	233,745	20,996	374	1,886	257,001	26
27	Speech Pathology Visits	410	76	4		490	27
28	Speech Pathology Visit Charges	76,386	14,136	756		91,278	28
29	Medical Social Service Visits	10	1		2	13	29
30	Medical Social Service Visit Charges	2,110	211		422	2,743	30
31	Home Health Aide Visits	2,835	565	4	22	3,426	31
32	Home Health Aide Visit Charges	340,097	67,709	478	2,620	410,904	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	19,314	4,188	224	274	24,000	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	3,157,735	664,693	36,677	45,231	3,904,336	35
36	Total Number of Episodes (standard/non-outlier)	862		85	14	961	36
37	Total Number of Outlier Episodes		94		2	96	37
38	Total Non-Routine Medical Supply Charges	220,481	107,794	6,347	9,181	343,803	38

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	DESCRIPTION	Outpatient		Training		Home		
		Regular	High Flux	Hemo-dialysis	CAPD CCPD	Hemo-dialysis	CAPD CCPD	
		1	2	3	4	5	6	
1	Number of patients in program at end of cost reporting period							1
2	Number of times per week patient receives dialysis							2
3	Average patient dialysis time including setup							3
4	CAPD exchanges per day							4
5	Number of days in year dialysis furnished							5
6	Number of stations							6
7	Treatment capacity per day per station							7
8	Utilization (see instructions)							8
9	Average times dialyzers re-used							9
10	Percentage of patients re-using dialyzers							10

ESRD PPS

		1	2	
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter 'Y' for yes or 'N' for no. (see instructions)			10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter 'Y' for yes or 'N' for no. (see instructions for 'new' providers)			10.02
10.03	If you responded 'N' to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)		4	10.03

TRANSPLANT INFORMATION

11	Number of patients on transplant list			11
12	Number of patients transplanted during the cost reporting period			12

EPOETIN

13	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider			13
14	Epoetin amount from Worksheet A for home dialysis program			14
15	Number of EPO units furnished relating to the renal dialysis department			15
16	Number of EPO units furnished relating to the home dialysis department			16

ARANESP

17	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider			17
18	ARANESP amount from Worksheet A for home dialysis program			18
19	Number of ARANESP units furnished relating to the renal dialysis department			19
20	Number of ARANESP units furnished relating to the home dialysis department			20

PHYSICIAN PAYMENT METHOD (Enter 'X' for applicable method(s))

21	MCP	INITIAL METHOD	
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	Erythropoiesis-Stimulating Agents (ESA) Statistics:	ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
		1	2	3	4	5	
22	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						22

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)		0.247618	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		7,951,312	2
3	Did you receive DSH or supplemental payments from Medicaid?		N	3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?			4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid			5
6	Medicaid charges		80,397,304	6
7	Medicaid cost (line 1 times line 6)		19,907,820	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.		11,956,508	8

State Children's Health Insurance Program (SCHIP)(see instructions for each line)

9	Net revenue from stand-alone SCHIP			9
10	Stand-alone SCHIP charges			10
11	Stand-alone SCHIP cost (line 1 times line 10)			11
12	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9). If line 11 is less than line 9, then enter zero.			12

Other state or local government indigent care program (see instructions for each line)

13	Net revenue from state or local indigent care program (not included on lines 2, 5, or 9)		223	13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)		339	14
15	State or local indigent care program cost (line 1 times line 14)		84	15
16	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13). If line 15 is less than line 13, then enter zero.			16

Uncompensated care (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fund charity care		10,678	17
18	Government grants, appropriations of transfers for support of hospital operations			18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		11,956,508	19
		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)
		1	2	3
20	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	14,791,996		14,791,996
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,662,764		3,662,764
22	Partial payment by patients approved for charity care	67,406		67,406
23	Cost of charity care (line 21 minus line 22)	3,595,358		3,595,358

24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			24
25	If line 24 is yes, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)			25
26	Total bad debt expense for the entire hospital complex (see instructions)		9,716,483	26
27	Medicare bad debts for the entire hospital complex (see instructions)		1,011,527	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		8,704,956	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,155,504	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)		5,750,862	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		17,707,370	31

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt				6,645,201	6,645,201	-1,207,442	5,437,759	1
2	00200	Cap Rel Costs-Mvble Equip				6,542,030	6,542,030	2,785,332	9,327,362	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	76,575	54,290	130,865	16,375,489	16,506,354	-519	16,505,835	4
4.01	00401	MAINTENANCE OF PERSONNEL	840,649	367,146	1,207,795	-110,526	1,097,269	-2,483	1,094,786	4.01
5.01	00540	NON-PATIENT TELEPHONES						475,415	475,415	5.01
5.02	00560	PURCHASING, RECEIVING & STORES	369,668	252,671	622,339	-142,762	479,577		479,577	5.02
5.03	00570	PATIENT REGISTRATION	1,457,771	121,899	1,579,670	-52,063	1,527,607		1,527,607	5.03
5.04	00580	PATIENT ACCOUNTING		6,441	6,441	-6,441				5.04
5.05	00590	ADMINISTRATIVE & GENERAL	4,092,493	77,072,774	81,165,267	-28,592,076	52,573,191	-28,097,204	24,475,987	5.05
6	00600	Maintenance & Repairs	1,109,438	7,085,944	8,195,382	-172,269	8,023,113		8,023,113	6
7	00700	Operation of Plant	902,001	857,368	1,759,369	510,077	2,269,446		2,269,446	7
8	00800	Laundry & Linen Service	79,545	639,251	718,796	-3,575	715,221		715,221	8
9	00900	Housekeeping	1,661,885	618,552	2,280,437	-86,602	2,193,835		2,193,835	9
10	01000	Dietary	1,845,471	1,745,518	3,590,989	-2,199,845	1,391,144	-7,313	1,383,831	10
11	01100	Cafeteria				2,128,999	2,128,999	-759,605	1,369,394	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	2,190,626	1,349,623	3,540,249	-53,794	3,486,455	-20,188	3,466,267	13
14	01400	Central Services & Supply	441,886	205,428	647,314	-14,780	632,534		632,534	14
15	01500	Pharmacy	2,274,398	11,806,452	14,080,850	-11,303,864	2,776,986	-11,312	2,765,674	15
16	01600	Medical Records & Library	36,394	55,726	92,120	-1,207	90,913	2,066,098	2,157,011	16
17	01700	Social Service		141	141	-141				17
19	01900	Nonphysician Anesthetists								19
23	02300	PARAMED ED PRGM-(SPECIFY)				257,591	257,591		257,591	23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	16,137,122	2,913,430	19,050,552	-1,869,238	17,181,314	-30,277	17,151,037	30
31	03100	Intensive Care Unit	2,538,676	531,474	3,070,150	-164,507	2,905,643	-9,537	2,896,106	31
41	04100	Subprovider - IRF	1,709,779	898,572	2,608,351	-46,596	2,561,755		2,561,755	41
43	04300	Nursery				796,154	796,154		796,154	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	4,222,420	20,636,588	24,859,008	-14,767,771	10,091,237	-9,123	10,082,114	50
51	05100	Recovery Room	1,277,270	122,814	1,400,084	-34,926	1,365,158		1,365,158	51
52	05200	Delivery Room & Labor Room				907,179	907,179		907,179	52
53	05300	Anesthesiology		3,783,581	3,783,581	-72,450	3,711,131	-3,369,791	341,340	53
54	05400	Radiology-Diagnostic	3,067,021	1,015,860	4,082,881	-307,066	3,775,815	-12,111	3,763,704	54
54.01	03630	RADIOLOGY - ULTRASOUND	759,547	330,814	1,090,361	-65,339	1,025,022		1,025,022	54.01
56	05600	Radioisotope	388,793	427,001	815,794	-383,961	431,833		431,833	56
57	05700	CT Scan	729,438	284,733	1,014,171	-76,944	937,227		937,227	57
59	05900	Cardiac Catheterization	1,116,674	3,614,097	4,730,771	-2,843,833	1,886,938	-751	1,886,187	59
60	06000	Laboratory	3,497,004	3,720,004	7,217,008	-83,735	7,133,273	-99,887	7,033,386	60
62	06200	Whole Blood & Packed Red Blood Cells	182,795	1,355,165	1,537,960	-6,843	1,531,117		1,531,117	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	1,844,559	358,296	2,202,855	-105,726	2,097,129	-56,070	2,041,059	65
66	06600	Physical Therapy		1,938,573	1,938,573	-3,486	1,935,087	-5,079	1,930,008	66
67	06700	Occupational Therapy	192,023	965,212	1,157,235	-3,079	1,154,156		1,154,156	67
68	06800	Speech Pathology		311,592	311,592		311,592		311,592	68
70	07000	Electroencephalography	552,174	4,306,077	4,858,251	-4,302,875	555,376	-4,942	550,434	70
71	07100	Medical Supplies Charged to Patients				6,331,519	6,331,519		6,331,519	71
72	07200	Impl. Dev. Charged to Patients				17,014,361	17,014,361		17,014,361	72
73	07300	Drugs Charged to Patients				11,091,964	11,091,964		11,091,964	73
74	07400	Renal Dialysis		626,783	626,783		626,783		626,783	74
76.97	07697	CARDIAC REHABILITATION	591,892	75,120	667,012	-19,901	647,111	-55,434	591,677	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	1,486,951	635,451	2,122,402	-94,578	2,027,824	-236,244	1,791,580	90
91	09100	Emergency	3,108,905	932,850	4,041,755	-247,817	3,793,938	-132,207	3,661,731	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
101	10100	Home Health Agency	1,579,013	1,015,660	2,594,673	-92,531	2,502,142	-4,554	2,497,588	101
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	62,360,856	153,038,971	215,399,827	267,417	215,667,244	-28,805,228	186,862,016	118
		NONREIMBURSABLE COST CENTERS								
192	19200	Physicians' Private Offices	2,775	52,513	55,288	-20,353	34,935		34,935	192
194	07950	OTHER NON-REIMBURSABLE COST CENTERS	23,742	821,604	845,346	-247,064	598,282		598,282	194
194.01	07951	OTHER NONREIMBURSABLE								194.01
200		TOTAL (sum of lines 118-199)	62,387,373	153,913,088	216,300,461		216,300,461	-28,805,228	187,495,233	200

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	MEDICAL SUPPLY RECLASS	A	Medical Supplies Charged to P	71		5,778,189	1
2			Impl. Dev. Charged to Patient	72		17,014,361	2
3			Medical Supplies Charged to P	71		553,330	3
4							4
5							5
6							6
7							7
8							8
9							9
500	Total reclassifications					23,345,880	500
	Code Letter - A						
1	RECLASS DEPRECIATION EXPENSE	B	Cap Rel Costs-Bldg & Fixt	1		4,704,323	1
2			Cap Rel Costs-Mvble Equip	2		5,216,926	2
500	Total reclassifications					9,921,249	500
	Code Letter - B						
1	RECLASS MINOR SOCIAL SERVICE COSTS	C	ADMINISTRATIVE & GENERAL	5.05		141	1
2	RECLASS MINOR PFS COSTS	C	ADMINISTRATIVE & GENERAL	5.05		6,441	2
500	Total reclassifications					6,582	500
	Code Letter - C						
1	RECLASS LDRP COSTS	D	Nursery	43	591,931	204,223	1
2			Delivery Room & Labor Room	52	674,477	232,702	2
500	Total reclassifications				1,266,408	436,925	500
	Code Letter - D						
1	RECLASS EMS PARAMEDICAL ED COSTS	E	PARAMED ED PRGM-(SPECIFY)	23	210,714	34,717	1
2			PARAMED ED PRGM-(SPECIFY)	23	12,160		2
3							3
4							4
5							5
6							6
7							7
8							8
500	Total reclassifications				222,874	34,717	500
	Code Letter - E						
1	CAFETERIA EXPENSES RECLASS	F	Cafeteria	11	1,094,129	1,034,870	1
500	Total reclassifications				1,094,129	1,034,870	500
	Code Letter - F						
1	UNASSIGNED BENEFITS RECLASS	G	Employee Benefits Department	4		16,378,317	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
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34							34

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
500	Total reclassifications					16,378,317	500
	Code Letter - G						
1	UTILITIES EXPENSE RECLASS	H	Operation of Plant	7		804,184	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
500	Total reclassifications					804,184	500
	Code Letter - H						
1	INTEREST EXPENSE RECLASS	I	Cap Rel Costs-Bldg & Fixt	1		1,196,516	1
500	Total reclassifications					1,196,516	500
	Code Letter - I						
1	PHARMACY RECLASS EXPENSE	J	Drugs Charged to Patients	73		11,091,964	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
500	Total reclassifications					11,091,964	500
	Code Letter - J						
1	BUILDING RENT EXPENSE RECLASS	L	Cap Rel Costs-Bldg & Fixt	1		547,075	1
2							2
3							3
4							4
500	Total reclassifications					547,075	500
	Code Letter - L						
1	EQUIPMENT RENT EXPENSE RECLASS	M	Cap Rel Costs-Mvble Equip	2		1,325,104	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
500	Total reclassifications					1,325,104	500
	Code Letter - M						
1	RECLASS PROPERTY INSURANCE	O	Cap Rel Costs-Bldg & Fixt	1		197,287	1
500	Total reclassifications					197,287	500
	Code Letter - O						
1	RECLASS IV COSTS	P	Adults & Pediatrics	30	346,856	175,436	1
2			Intensive Care Unit	31	12,136	6,138	2
3			Operating Room	50	10,757	5,441	3
4			Clinic	90	25,981	13,141	4
5			Emergency	91	23,444	11,858	5
6			Subprovider - IRF	41	16,327	8,258	6
7							7
8	NOT DONE NOT DONE NOT DONE	P					8

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
500	Total reclassifications				435,501	220,272	500
	Code Letter - P						
	GRAND TOTAL (Increases)				3,018,912	66,540,942	

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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	MEDICAL SUPPLY RECLASS	A						
2			ADMINISTRATIVE & GENERAL	5.05		1,332,329	2	
3			Adults & Pediatrics	30		220,540	3	
4			Intensive Care Unit	31		117,427	4	
5			Subprovider - IRF	41		20,031	5	
6			Operating Room	50		14,430,232	6	
7			Cardiac Catheterization	59		2,743,624	7	
8			Electroencephalography	70		4,286,364	8	
9			Emergency	91		195,333	9	
500	Total reclassifications					23,345,880	500	
	Code letter - A							
1	RECLASS DEPRECIATION EXPENSE	B	ADMINISTRATIVE & GENERAL	5.05		9,921,249	9	
2							9	
500	Total reclassifications					9,921,249	500	
	Code letter - B							
1	RECLASS MINOR SOCIAL SERVICE COSTS	C	Social Service	17		141	1	
2	RECLASS MINOR PFS COSTS	C	PATIENT ACCOUNTING	5.04		6,441	2	
500	Total reclassifications					6,582	500	
	Code letter - C							
1	RECLASS LDRP COSTS	D	Adults & Pediatrics	30	591,931	204,223	1	
2			Adults & Pediatrics	30	674,477	232,702	2	
500	Total reclassifications				1,266,408	436,925	500	
	Code letter - D							
1	RECLASS EMS PARAMEDICAL ED COSTS	E	ADMINISTRATIVE & GENERAL	5.05	210,714	34,717	1	
2			Adults & Pediatrics	30	1,280		2	
3			Intensive Care Unit	31	960		3	
4			Operating Room	50	960		4	
5			Cardiac Catheterization	59	320		5	
6			Laboratory	60	640		6	
7			Respiratory Therapy	65	640		7	
8			Emergency	91	7,360		8	
500	Total reclassifications				222,874	34,717	500	
	Code letter - E							
1	CAFETERIA EXPENSES RECLASS	F	Dietary	10	1,094,129	1,034,870	1	
500	Total reclassifications				1,094,129	1,034,870	500	
	Code letter - F							
1	UNASSIGNED BENEFITS RECLASS	G	Employee Benefits Department	4		2,828	1	
2			MAINTENANCE OF PERSONNEL	4.01		109,377	2	
3			PURCHASING, RECEIVING & STORE	5.02		15,523	3	
4			PATIENT REGISTRATION	5.03		52,063	4	
5			ADMINISTRATIVE & GENERAL	5.05		14,643,667	5	
6			Maintenance & Repairs	6		34,406	6	
7			Operation of Plant	7		30,591	7	
8			Laundry & Linen Service	8		3,575	8	
9			Housekeeping	9		86,602	9	
10			Dietary	10		59,292	10	
11			Nursing Administration	13		53,794	11	
12			Central Services & Supply	14		14,780	12	
13			Pharmacy	15		56,713	13	
14			Medical Records & Library	16		1,207	14	
15			Adults & Pediatrics	30		466,377	15	
16			Intensive Care Unit	31		64,394	16	
17			Subprovider - IRF	41		51,048	17	
18			Operating Room	50		123,474	18	
19			Recovery Room	51		34,926	19	
20			Radiology-Diagnostic	54		101,405	20	
21			RADIOLOGY - ULTRASOUND	54.01		16,506	21	
22			Radioisotope	56		9,989	22	
23			CT Scan	57		18,286	23	
24			Cardiac Catheterization	59		19,704	24	
25			Laboratory	60		82,285	25	
26			Whole Blood & Packed Red Bloo	62		6,843	26	
27			Respiratory Therapy	65		41,159	27	
28			Occupational Therapy	67		2,453	28	
29			Electroencephalography	70		14,884	29	
30			CARDIAC REHABILITATION	76.97		15,554	30	
31			Clinic	90		32,166	31	
32			Emergency	91		80,314	32	
33			Home Health Agency	101		31,756	33	

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
34			OTHER NON-REIMBURSEABLE COST	194		376	34	
500	Total reclassifications					16,378,317	500	
	Code letter - G							
1	UTILITIES EXPENSE RECLASS	H	MAINTENANCE OF PERSONNEL	4.01		118	1	
2			Radiology-Diagnostic	54		1,486	2	
3			CARDIAC REHABILITATION	76.97		3,729	3	
4			Respiratory Therapy	65		10,368	4	
5			Home Health Agency	101		1,732	5	
6			OTHER NON-REIMBURSEABLE COST	194		174,712	6	
7			ADMINISTRATIVE & GENERAL	5.05		228,357	7	
8			Maintenance & Repairs	6		120,232	8	
9			Operation of Plant	7		263,450	9	
500	Total reclassifications					804,184	500	
	Code letter - H							
1	INTEREST EXPENSE RECLASS	I	ADMINISTRATIVE & GENERAL	5.05		1,196,516	11	
500	Total reclassifications					1,196,516	500	
	Code letter - I							
1	PHARMACY RECLASS EXPENSE	J	Pharmacy	15		10,568,003	1	
2			Operating Room	50		5,127	2	
3			Physicians' Private Offices	192		20,353	3	
4			Anesthesiology	53		72,450	4	
5			Radioisotope	56		366,506	5	
6			Radiology-Diagnostic	54		264	6	
7			Respiratory Therapy	65		53,559	7	
8			Laboratory	60		810	8	
9			Occupational Therapy	67		626	9	
10			CARDIAC REHABILITATION	76.97		223	10	
11			Maintenance & Repairs	6		4,043	11	
500	Total reclassifications					11,091,964	500	
	Code letter - J							
1	BUILDING RENT EXPENSE RECLASS	L					10	
2			OTHER NON-REIMBURSEABLE COST	194		71,773	2	
3			Home Health Agency	101		59,043	3	
4			ADMINISTRATIVE & GENERAL	5.05		416,259	4	
500	Total reclassifications					547,075	500	
	Code letter - L							
1	EQUIPMENT RENT EXPENSE RECLASS	M	MAINTENANCE OF PERSONNEL	4.01		1,031	10	
2			PURCHASING, RECEIVING & STORE	5.02		127,239	2	
3			ADMINISTRATIVE & GENERAL	5.05		417,563	3	
4			Maintenance & Repairs	6		13,588	4	
5			Operation of Plant	7		66	5	
6			Dietary	10		11,554	6	
7			Pharmacy	15		23,375	7	
8			Subprovider - IRF	41		102	8	
9			Operating Room	50		224,176	9	
10			Radiology-Diagnostic	54		203,911	10	
11			RADIOLOGY - ULTRASOUND	54.01		48,833	11	
12			Radioisotope	56		7,466	12	
13			CT Scan	57		58,658	13	
14			Cardiac Catheterization	59		80,185	14	
15			CARDIAC REHABILITATION	76.97		395	15	
16							16	
17			Physical Therapy	66		3,486	17	
18			Emergency	91		112	18	
19			Electroencephalography	70		1,627	19	
20			Clinic	90		101,534	20	
21			OTHER NON-REIMBURSEABLE COST	194		203	21	
500	Total reclassifications					1,325,104	500	
	Code letter - M							
1	RECLASS PROPERTY INSURANCE	O	ADMINISTRATIVE & GENERAL	5.05		197,287	12	
500	Total reclassifications					197,287	500	
	Code letter - O							
1	RECLASS IV COSTS	P	Pharmacy	15	435,501	220,272	1	
2							2	
3							3	
4							4	
5							5	
6							6	

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
7							7	
8	NOT DONE NOT DONE NOT DONE	P					8	
500	Total reclassifications				435,501	220,272	500	
	Code letter - P							
	GRAND TOTAL (Decreases)				3,018,912	66,540,942		

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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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RECONCILIATION OF CAPITAL COST CENTERS

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

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	2,632,911	2,948,488		2,948,488	49,521	5,531,878		1
2	Land Improvements	5,425,782	166,883		166,883		5,592,665		2
3	Buildings and Fixtures	95,100,410	-163,851		-163,851		94,936,559		3
4	Building Improvements	19,331,832	2,333,220		2,333,220	17,021	21,648,031		4
5	Fixed Equipment								5
6	Movable Equipment	95,972,769	6,381,841		6,381,841	309,529	102,045,081		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	218,463,704	11,666,581		11,666,581	376,071	229,754,214		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	218,463,704	11,666,581		11,666,581	376,071	229,754,214		10

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

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

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				Total (sum of cols. 5 through 7)	
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs			
*		1	2	3	4	5	6	7	8		
1	Cap Rel Costs-Bldg & Fi	127,709,133		127,709,133	0.555851					1	
2	Cap Rel Costs-Mvble Equip	102,045,081		102,045,081	0.444149					2	
3	Total (sum of lines 1-2)	229,754,214		229,754,214	1.000000					3	

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	4,693,397	547,075		197,287				5,437,759	1
2	Cap Rel Costs-Mvble Equip	8,002,258	1,325,104						9,327,362	2
3	Total (sum of lines 1-2)	12,695,655	1,872,179		197,287				14,765,121	3

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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref.	
				COST CENTER	LINE#			
								1
1	Investment income-buildings & fixtures (chapter 2)	B	-1,196,516	Cap Rel Costs-Bldg & Fixt	1		11	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2			2
3	Investment income-other (chapter 2)							3
4	Trade, quantity, and time discounts (chapter 8)	B	-376	ADMINISTRATIVE & GENERAL	5.05			4
5	Refunds and rebates of expenses (chapter 8)							5
6	Rental of provider space by suppliers (chapter 8)							6
7	Telephone services (pay stations excl) (chapter 21)	A	-12,034	Cap Rel Costs-Mvble Equip	2		9	7
8	Television and radio service (chapter 21)	A	-8,361	Cap Rel Costs-Mvble Equip	2		9	8
9	Parking lot (chapter 21)							9
10	Provider-based physician adjustment	Wkst A-8-2	-352,148					10
11	Sale of scrap, waste, etc. (chapter 23)							11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-737,218					12
13	Laundry and linen service							13
14	Cafeteria - employees and guests	B	-759,605	Cafeteria	11			14
15	Rental of quarters to employees & others							15
16	Sale of medical and surgical supplies to other than patients							16
17	Sale of drugs to other than patients							17
18	Sale of medical records and abstracts							18
19	Nursing school (tuition,fees,books,etc.)							19
20	Vending machines	B	-5,445	Dietary	10			20
21	Income from imposition of interest, finance or penalty charges (chapter 21)							21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments							22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65			23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66			24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114			25
26	Depreciation--buildings & fixtures	A	-170,055	Cap Rel Costs-Bldg & Fixt	1		9	26
27	Depreciation--movable equipment	A	-9,859	Cap Rel Costs-Mvble Equip	2		9	27
28	Non-physician anesthetist			Nonphysician Anesthetists	19			28
29	Physicians' assistant							29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67			30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68			31
32	CAH HIT Adj for Depreciation							32
33	OFFSET CRNA/ANESTHESIOLOGIST FEES	A	-3,369,791	Anesthesiology	53			33
33.01	AHA LIFE 1991 PHILLIPS EQ	A	5,750	Cap Rel Costs-Mvble Equip	2		9	33.01
33.07	1990 ASSETS-INSTALLMENTS	A	-1,397	Cap Rel Costs-Mvble Equip	2		9	33.07
34	PHOTOGRAPHIC FEES	B	-1,584	Radiology-Diagnostic	54			34
34.03	OFFSET OTHER OP REV	B	-132,033	Emergency	91			34.03
34.04	OFFSET LAMAZE CLASS REVENUE	B	-360	MAINTENANCE OF PERSONNEL	4.01			34.04
34.06	OFFSET OTHER REV	B	-930	ADMINISTRATIVE & GENERAL	5.05			34.06
35	ADVERTISING OFFSET	A	-583,956	ADMINISTRATIVE & GENERAL	5.05			35
36	OFFSET CLASS REVENUE	B	-1,868	Dietary	10			36
37	OTHER OP REV/EP	B	-2,502	Electroencephalography	70			37
38	OFFSET LAB INCOME	B	-95,949	Laboratory	60			38
39	OFFSET HHA PR COSTS	A	-4,554	Home Health Agency	101			39
40	OTHER INCOME OFFSET	B	-17,200	ADMINISTRATIVE & GENERAL	5.05			40
41	OTHER REVENUE	B	-20	Clinic	90			41
41.01	OFFSET PAIN CLINIC INCOME	B	-718	Clinic	90			41.01
41.03	OFFSET OTHER INCOME	B	-519	Employee Benefits Department	4			41.03
42	OFFSET REV COMMERCE BANK	B	-57,509	ADMINISTRATIVE & GENERAL	5.05			42
42.01	OFFSET PHO REVENUE	B	-20,750	ADMINISTRATIVE & GENERAL	5.05			42.01
42.03	OTHER INCOME	B	-573,633	ADMINISTRATIVE & GENERAL	5.05			42.03
43	OFFSET OTHER INCOME	B	-174	Emergency	91			43
43.03	OFFSET CONTRIBUTION EXPENSE	A	-74,206	ADMINISTRATIVE & GENERAL	5.05			43.03
44	PHONE OFFSET	A	-119,843	NON-PATIENT TELEPHONES	5.01			44
44.01	OFFSET VARIOUS TAXES	A	-367,730	ADMINISTRATIVE & GENERAL	5.05			44.01
45								45
45.08	OFFSET GOLF OUTING EXPENSES	A	-8,500	ADMINISTRATIVE & GENERAL	5.05			45.08
46	OTHER INCOME RESP THERAPY	B	-51,169	Respiratory Therapy	65			46
46.01	OFFSET CARDIAC INCOME	B	-55,434	CARDIAC REHABILITATION	76.97			46.01
46.02	OFFSET PHYSICIAN MALP COST	A	-11,412	ADMINISTRATIVE & GENERAL	5.05			46.02
47								47
47.01	BARIATRIC COSTS/DEPT 4266	A	-111,996	Clinic	90			47.01
47.02	OFFSET CONTRIBUTIONS NURSING ADM	A	-350	Nursing Administration	13			47.02
48	OTHER REVENUE	B	-354	Adults & Pediatrics	30			48
49	PROVIDER TAX	A	-11,456,649	ADMINISTRATIVE & GENERAL	5.05			49

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	
49.01	OFFSET PHYSICIAN CORP ALLOCATIONS	A	-8,436,271	ADMINISTRATIVE & GENERAL	5.05		49.01
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-28,805,228				50

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

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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

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

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	5.05	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE	15,889,257	22,258,193	-6,368,936		1
2	1	Cap Rel Costs-Bldg & Fixt	DEP INT	159,129		159,129	9	2
3	2	Cap Rel Costs-Mvble Equip	EQ DEPR	2,811,233		2,811,233	9	3
3.01	5.01	NON-PATIENT TELEPHONES	TELECOMMUNICATIONS	595,258		595,258		3.01
3.02	16	Medical Records & Library	MEDICAL RECORDS	2,066,098		2,066,098		3.02
4								4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			21,520,975	22,258,193	-737,218		5

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

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

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

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office			
				Name	Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
6	B	CFNI	100.00				6
7							7
8							8
9							9
10							10

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

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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	30	Adults & Pediatrics	53,920		53,920	211,500	236	23,997	1,200	1
2	31	Intensive Care Unit	20,417		20,417	211,500	107	10,880	544	2
3	54	Radiology-Diagnostic	23,599		23,599	271,900	100	13,072	654	3
4	59	Cardiac Catheterizat	1,463		1,463	211,500	7	712	36	4
5	15	Pharmacy	41,410		41,410	211,500	296	30,098	1,505	5
6	65	Respiratory Therapy	19,848		19,848	211,500	147	14,947	747	6
7	60	Laboratory	20,833		20,833	260,300	135	16,895	845	7
8	70	Electroencephalograp	13,625		13,625	211,500	110	11,185	559	8
9	90	Clinic	190,722		190,722	211,500	661	67,212	3,361	9
10	50	Operating Room	23,457		23,457	246,400	121	14,334	717	10
11	13	Nursing Administrati	72,510		72,510	211,500	518	52,672	2,634	11
12	5.05	ADMINISTRATIVE & GEN AGGREGATE	262,620	52,650	209,970	211,500	1,411	143,474	7,174	12
13	66	Physical Therapy	8,333		8,333	211,500	32	3,254	163	13
14	4.01	MAINTENANCE OF PERSO	3,750		3,750	211,500	16	1,627	81	14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	756,507	52,650	703,857		3,897	404,359	20,220	200

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	30	Adults & Pediatrics					23,997	29,923	29,923	1
2	31	Intensive Care Unit					10,880	9,537	9,537	2
3	54	Radiology-Diagnostic					13,072	10,527	10,527	3
4	59	Cardiac Catheterizat					712	751	751	4
5	15	Pharmacy					30,098	11,312	11,312	5
6	65	Respiratory Therapy					14,947	4,901	4,901	6
7	60	Laboratory					16,895	3,938	3,938	7
8	70	Electroencephalograp					11,185	2,440	2,440	8
9	90	Clinic					67,212	123,510	123,510	9
10	50	Operating Room					14,334	9,123	9,123	10
11	13	Nursing Administrati					52,672	19,838	19,838	11
12	5.05	ADMINISTRATIVE & GEN AGGREGATE					143,474	66,496	119,146	12
13	66	Physical Therapy					3,254	5,079	5,079	13
14	4.01	MAINTENANCE OF PERSO					1,627	2,123	2,123	14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					404,359	299,498	352,148	200

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	MAINTENANCE OF PERSONNEL	NONPATIENT TELEPHONES	
		0	1	2	4	4.01	5.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	5,437,759	5,437,759					1
2	Cap Rel Costs-Mvble Equip	9,327,362		9,327,362				2
4	Employee Benefits Department	16,505,835	3,296	5,653	16,514,784			4
4.01	MAINTENANCE OF PERSONNEL	1,094,786	23,973	41,120	222,805	1,382,684		4.01
5.01	NON-PATIENT TELEPHONES	475,415	22,670	38,886			536,971	5.01
5.02	PURCHASING, RECEIVING & STORES	479,577	51,575	88,467	97,976	12,657	3,528	5.02
5.03	PATIENT REGISTRATION	1,527,607	28,738	49,295	386,366	53,058	14,112	5.03
5.04	PATIENT ACCOUNTING							5.04
5.05	ADMINISTRATIVE & GENERAL	24,475,987	446,217	765,394	1,028,823	66,773	57,155	5.05
6	Maintenance & Repairs	8,023,113	12,905	22,136	294,044	22,245	7,056	6
7	Operation of Plant	2,269,446	644,368	1,105,281	239,065	29,155	19,052	7
8	Laundry & Linen Service	715,221	13,762	23,606	21,083	3,788		8
9	Housekeeping	2,193,835	45,206	77,542	440,464	65,898	2,117	9
10	Dietary	1,383,831	180,369	309,385	199,135	28,397	13,407	10
11	Cafeteria	1,369,394			289,987	41,341		11
12	Maintenance of Personnel							12
13	Nursing Administration	3,466,267	30,475	52,274	580,601	42,452	4,939	13
14	Central Services & Supply	632,534	1,859	3,190	117,117	12,043		14
15	Pharmacy	2,765,674	41,443	71,087	487,379	38,402	12,701	15
16	Medical Records & Library	2,157,011	40,452	69,387	9,646	784	26,108	16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)	257,591			59,070			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	17,151,037	967,660	1,659,823	4,032,904	354,739	103,018	30
31	Intensive Care Unit	2,896,106	74,134	127,161	675,810	47,990	16,935	31
41	Subprovider - IRF	2,561,755	122,146	209,517	457,485	40,401	9,879	41
43	Nursery	796,154	35,953	61,671	156,885	11,691		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	10,082,114	379,321	650,647	1,121,703	91,709	38,809	50
51	Recovery Room	1,365,158	45,540	78,115	338,526	23,316	3,528	51
52	Delivery Room & Labor Room	907,179	40,975	70,284	178,763	13,323		52
53	Anesthesiology	341,340						53
54	Radiology-Diagnostic	3,763,704	304,029	521,499	812,880	67,322	23,991	54
54.01	RADIOLOGY - ULTRASOUND	1,025,022	16,301	27,961	201,310	12,252	3,528	54.01
56	Radioisotope	431,833	39,773	68,222	103,045	5,395	11,290	56
57	CT Scan	937,227	32,769	56,208	193,330	14,342	8,467	57
59	Cardiac Catheterization	1,886,187	32,858	56,361	295,877	19,214	9,879	59
60	Laboratory	7,033,386	131,154	224,968	926,673	78,673	17,640	60
62	Whole Blood & Packed Red Blood Cells	1,531,117	9,932	17,036	48,448	4,088	4,234	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,041,059	32,758	56,189	488,710	38,324	4,939	65
66	Physical Therapy	1,930,008	151,463	259,804			28,930	66
67	Occupational Therapy	1,154,156	23,527	40,356	50,894	2,247	4,939	67
68	Speech Pathology	311,592					1,411	68
70	Electroencephalography	550,434	38,403	65,873	146,348	11,704	18,346	70
71	Medical Supplies Charged to Patients	6,331,519						71
72	Impl. Dev. Charged to Patients	17,014,361						72
73	Drugs Charged to Patients	11,091,964						73
74	Renal Dialysis	626,783						74
76.97	CARDIAC REHABILITATION	591,677	92,439	158,560	156,874	11,246		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,791,580	95,468	163,755	400,986	28,867	16,935	90
91	Emergency	3,661,731	166,361	285,359	828,244	61,274	14,112	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	2,497,588	23,383	40,108	418,500	27,025	17,640	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	186,862,016	4,443,655	7,622,180	16,507,756	1,382,135	518,625	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	34,935	493,250	846,069	735		13,407	192
194	OTHER NON-REIMBURSEABLE COST CENTERS	598,282	467,996	802,752	6,293	549	4,939	194
194.01	OTHER NONREIMBURSABLE		32,858	56,361				194.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	187,495,233	5,437,759	9,327,362	16,514,784	1,382,684	536,971	202

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PURCHASING RECEIVING & STORES 5.02	PATIENT REGISTRATN 5.03	SUBTOTAL (cols.0-4) 4A	ADMINI- STRATIVE & GENERAL 5.05	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	MAINTENANCE OF PERSONNEL							4.01
5.01	NON-PATIENT TELEPHONES							5.01
5.02	PURCHASING, RECEIVING & STORES	733,780						5.02
5.03	PATIENT REGISTRATION	13,136	2,072,312					5.03
5.04	PATIENT ACCOUNTING							5.04
5.05	ADMINISTRATIVE & GENERAL	41,206		26,881,555	26,881,555			5.05
6	Maintenance & Repairs	86,967		8,468,466	1,417,350	9,885,816		6
7	Operation of Plant	57,304		4,363,671	730,339	1,470,560	6,564,570	7
8	Laundry & Linen Service	11,241		788,701	132,003	31,408	21,490	8
9	Housekeeping	59,211		2,884,273	482,735	103,169	70,590	9
10	Dietary	65,804		2,180,328	364,917	411,633	281,645	10
11	Cafeteria			1,700,722	284,646			11
12	Maintenance of Personnel							12
13	Nursing Administration	2,051		4,179,059	699,441	69,550	47,587	13
14	Central Services & Supply	49,062		815,805	136,540	4,244	2,904	14
15	Pharmacy	4,637		3,421,323	572,620	94,580	64,713	15
16	Medical Records & Library	95		2,303,483	385,529	92,318	63,166	16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)			316,661	52,999			23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	41,497	173,102	24,483,780	4,097,769	2,208,365	1,510,997	30
31	Intensive Care Unit	2,551	19,995	3,860,682	646,155	169,186	115,760	31
41	Subprovider - IRF	4,726	16,914	3,422,823	572,871	278,759	190,731	41
43	Nursery		7,619	1,069,973	179,079	82,052	56,141	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	198,154	228,531	12,790,988	2,140,802	865,676	592,309	50
51	Recovery Room	1,259	21,840	1,877,282	314,197	103,931	71,111	51
52	Delivery Room & Labor Room		8,288	1,218,812	203,990	93,512	63,983	52
53	Anesthesiology	1,065	48,013	390,418	65,343			53
54	Radiology-Diagnostic	11,979	168,300	5,673,704	949,596	693,847	474,741	54
54.01	RADIOLOGY - ULTRASOUND	3,843	43,136	1,333,353	223,161	37,202	25,454	54.01
56	Radioisotope	2,781	24,107	686,446	114,889	90,768	62,105	56
57	CT Scan	1,309	154,037	1,397,689	233,928	74,785	51,169	57
59	Cardiac Catheterization	3,202	102,118	2,405,696	402,637	74,988	51,308	59
60	Laboratory	22,334	297,229	8,732,057	1,461,467	299,316	204,797	60
62	Whole Blood & Packed Red Blood Cells	1,268	15,029	1,631,152	273,003	22,667	15,509	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,379	54,940	2,719,298	455,123	74,759	51,151	65
66	Physical Therapy	3,561	38,374	2,412,140	403,715	345,666	236,510	66
67	Occupational Therapy	1,356	17,154	1,294,629	216,679	53,693	36,738	67
68	Speech Pathology	94	3,999	317,096	53,072			68
70	Electroencephalography	2,526	36,206	869,840	145,583	87,643	59,966	70
71	Medical Supplies Charged to Patients		57,816	6,389,335	1,069,370			71
72	Impl. Dev. Charged to Patients		109,479	17,123,840	2,865,983			72
73	Drugs Charged to Patients		221,164	11,313,128	1,893,456			73
74	Renal Dialysis		8,714	635,497	106,362			74
76.97	CARDIAC REHABILITATION	1,470	4,812	1,017,078	170,226	210,962	144,344	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	4,882	24,532	2,527,005	422,940	217,874	149,073	90
91	Emergency	7,764	154,591	5,179,436	866,872	379,666	259,773	91
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
101	Home Health Agency	4,246	12,273	3,040,763	508,926		36,512	101
SPECIAL PURPOSE COST CENTERS								
118	SUBTOTALS (sum of lines 1-117)	714,960	2,072,312	184,117,987	26,316,313	8,742,779	5,012,277	118
NONREIMBURSABLE COST CENTERS								
192	Physicians' Private Offices			1,388,396	232,373		770,209	192
194	OTHER NON-REIMBURSEABLE COST CENTERS	18,820		1,899,631	317,937	1,068,049	730,776	194
194.01	OTHER NONREIMBURSABLE			89,219	14,932	74,988	51,308	194.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	733,780	2,072,312	187,495,233	26,881,555	9,885,816	6,564,570	202

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
		8	9	10	11	13	14	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	MAINTENANCE OF PERSONNEL							4.01
5.01	NON-PATIENT TELEPHONES							5.01
5.02	PURCHASING, RECEIVING & STORES							5.02
5.03	PATIENT REGISTRATION							5.03
5.04	PATIENT ACCOUNTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service	973,602						8
9	Housekeeping	4,291	3,545,058					9
10	Dietary		154,260	3,392,783				10
11	Cafeteria				1,985,368			11
12	Maintenance of Personnel							12
13	Nursing Administration		26,064		81,641	5,103,342		13
14	Central Services & Supply		1,590		23,161		984,244	14
15	Pharmacy		35,444		73,854			15
16	Medical Records & Library		34,596		1,507			16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	406,911	827,593	2,789,680	682,221	2,760,991		30
31	Intensive Care Unit	15,650	63,403	152,021	92,292	373,551		31
41	Subprovider - IRF	65,390	104,466	331,554	77,697	314,396		41
43	Nursery	25,668	30,749		22,483	90,988		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	86,450	324,415		176,371	713,748		50
51	Recovery Room	30,607	38,948		44,840	181,511		51
52	Delivery Room & Labor Room	22,498	35,044		25,623	103,696		52
53	Anesthesiology							53
54	Radiology-Diagnostic	98,981	260,021		129,471			54
54.01	RADIOLOGY - ULTRASOUND	5,910	13,941		23,563			54.01
56	Radioisotope	8,954	34,016		10,375			56
57	CT Scan	11,344	28,026		27,582			57
59	Cardiac Catheterization	19,716	28,102		36,952			59
60	Laboratory	9,452	112,170		151,300			60
62	Whole Blood & Packed Red Blood Cells		8,494		7,863			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		28,016		73,703			65
66	Physical Therapy	24,993	129,539					66
67	Occupational Therapy	9,604	20,122		4,321			67
68	Speech Pathology	2,239						68
70	Electroencephalography	12,958	32,844		22,508			70
71	Medical Supplies Charged to Patients						266,931	71
72	Impl. Dev. Charged to Patients						717,313	72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION	2,449	79,059		21,629	87,552		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	7,562	81,649		55,516			90
91	Emergency	101,225	142,281	119,528	117,840	476,909		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		19,998					101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	972,852	2,694,850	3,392,783	1,984,313	5,103,342	984,244	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		421,852					192
194	OTHER NON-REIMBURSEABLE COST CENTERS	750	400,254		1,055			194
194.01	OTHER NONREIMBURSABLE		28,102					194.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	973,602	3,545,058	3,392,783	1,985,368	5,103,342	984,244	202

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		15	16	23	24	25	26	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	MAINTENANCE OF PERSONNEL							4.01
5.01	NON-PATIENT TELEPHONES							5.01
5.02	PURCHASING, RECEIVING & STORES							5.02
5.03	PATIENT REGISTRATION							5.03
5.04	PATIENT ACCOUNTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy	4,262,534						15
16	Medical Records & Library		2,880,599					16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)			369,660				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		240,618	38,912	40,047,837		40,047,837	30
31	Intensive Care Unit		27,793	29,184	5,545,677		5,545,677	31
41	Subprovider - IRF		23,512		5,382,199		5,382,199	41
43	Nursery		10,591		1,567,724		1,567,724	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		317,667	29,184	18,037,610		18,037,610	50
51	Recovery Room		30,358		2,692,785		2,692,785	51
52	Delivery Room & Labor Room		11,520		1,778,678		1,778,678	52
53	Anesthesiology		66,740		522,501		522,501	53
54	Radiology-Diagnostic		233,944		8,514,305		8,514,305	54
54.01	RADIOLOGY - ULTRASOUND		59,961		1,722,545		1,722,545	54.01
56	Radioisotope		33,510		1,041,063		1,041,063	56
57	CT Scan		214,118		2,038,641		2,038,641	57
59	Cardiac Catheterization		141,949	9,728	3,171,076		3,171,076	59
60	Laboratory		413,162	19,456	11,403,177		11,403,177	60
62	Whole Blood & Packed Red Blood Cells		20,891		1,979,579		1,979,579	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		76,368	19,456	3,497,874		3,497,874	65
66	Physical Therapy		53,341		3,605,904		3,605,904	66
67	Occupational Therapy		23,844		1,659,630		1,659,630	67
68	Speech Pathology		5,559		377,966		377,966	68
70	Electroencephalography		50,328		1,281,670		1,281,670	70
71	Medical Supplies Charged to Patients		80,367		7,806,003		7,806,003	71
72	Impl. Dev. Charged to Patients		152,181		20,859,317		20,859,317	72
73	Drugs Charged to Patients	4,262,534	307,426		17,776,544		17,776,544	73
74	Renal Dialysis		12,113		753,972		753,972	74
76.97	CARDIAC REHABILITATION		6,689		1,739,988		1,739,988	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		34,100		3,495,719		3,495,719	90
91	Emergency		214,888	223,740	8,082,158		8,082,158	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		17,061		3,623,260		3,623,260	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	4,262,534	2,880,599	369,660	180,005,402		180,005,402	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices				2,812,830		2,812,830	192
194	OTHER NON-REIMBURSEABLE COST CENTERS				4,418,452		4,418,452	194
194.01	OTHER NONREIMBURSABLE				258,549		258,549	194.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	4,262,534	2,880,599	369,660	187,495,233		187,495,233	202

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	MAINTENACE OF PERSONNEL 4.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		3,296	5,653	8,949	8,949		4
4.01	MAINTENANCE OF PERSONNEL		23,973	41,120	65,093	121	65,214	4.01
5.01	NON-PATIENT TELEPHONES		22,670	38,886	61,556			5.01
5.02	PURCHASING, RECEIVING & STORES		51,575	88,467	140,042	53	597	5.02
5.03	PATIENT REGISTRATION		28,738	49,295	78,033	210	2,502	5.03
5.04	PATIENT ACCOUNTING							5.04
5.05	ADMINISTRATIVE & GENERAL		446,217	765,394	1,211,611	559	3,149	5.05
6	Maintenance & Repairs		12,905	22,136	35,041	160	1,049	6
7	Operation of Plant		644,368	1,105,281	1,749,649	130	1,375	7
8	Laundry & Linen Service		13,762	23,606	37,368	11	179	8
9	Housekeeping		45,206	77,542	122,748	239	3,108	9
10	Dietary		180,369	309,385	489,754	108	1,339	10
11	Cafeteria					158	1,950	11
12	Maintenance of Personnel							12
13	Nursing Administration		30,475	52,274	82,749	315	2,002	13
14	Central Services & Supply		1,859	3,190	5,049	64	568	14
15	Pharmacy		41,443	71,087	112,530	265	1,811	15
16	Medical Records & Library		40,452	69,387	109,839	5	37	16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)					32		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		967,660	1,659,823	2,627,483	2,169	16,733	30
31	Intensive Care Unit		74,134	127,161	201,295	367	2,263	31
41	Subprovider - IRF		122,146	209,517	331,663	249	1,906	41
43	Nursery		35,953	61,671	97,624	85	551	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		379,321	650,647	1,029,968	609	4,325	50
51	Recovery Room		45,540	78,115	123,655	184	1,100	51
52	Delivery Room & Labor Room		40,975	70,284	111,259	97	628	52
53	Anesthesiology							53
54	Radiology-Diagnostic		304,029	521,499	825,528	442	3,175	54
54.01	RADIOLOGY - ULTRASOUND		16,301	27,961	44,262	109	578	54.01
56	Radioisotope		39,773	68,222	107,995	56	254	56
57	CT Scan		32,769	56,208	88,977	105	676	57
59	Cardiac Catheterization		32,858	56,361	89,219	161	906	59
60	Laboratory		131,154	224,968	356,122	503	3,711	60
62	Whole Blood & Packed Red Blood Cells		9,932	17,036	26,968	26	193	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		32,758	56,189	88,947	266	1,808	65
66	Physical Therapy		151,463	259,804	411,267			66
67	Occupational Therapy		23,527	40,356	63,883	28	106	67
68	Speech Pathology							68
70	Electroencephalography		38,403	65,873	104,276	80	552	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION		92,439	158,560	250,999	85	530	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		95,468	163,755	259,223	218	1,362	90
91	Emergency		166,361	285,359	451,720	450	2,890	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		23,383	40,108	63,491	227	1,275	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)		4,443,655	7,622,180	12,065,835	8,946	65,188	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		493,250	846,069	1,339,319			192
194	OTHER NON-REIMBURSEABLE COST CENTERS		467,996	802,752	1,270,748	3	26	194
194.01	OTHER NONREIMBURSABLE		32,858	56,361	89,219			194.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		5,437,759	9,327,362	14,765,121	8,949	65,214	202

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NONPATIENT TELEPHONES	PURCHASING RECEIVING & STORES	PATIENT REGISTRATN	ADMINI- STRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
		5.01	5.02	5.03	5.05	6	7	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	MAINTENANCE OF PERSONNEL							4.01
5.01	NON-PATIENT TELEPHONES	61,556						5.01
5.02	PURCHASING, RECEIVING & STORES	404	141,096					5.02
5.03	PATIENT REGISTRATION	1,618	2,526	84,889				5.03
5.04	PATIENT ACCOUNTING							5.04
5.05	ADMINISTRATIVE & GENERAL	6,552	7,923		1,229,794			5.05
6	Maintenance & Repairs	809	16,723		64,843	118,625		6
7	Operation of Plant	2,184	11,019		33,413	17,646	1,815,416	7
8	Laundry & Linen Service		2,161		6,039	377	5,943	8
9	Housekeeping	243	11,386		22,085	1,238	19,521	9
10	Dietary	1,537	12,653		16,695	4,939	77,888	10
11	Cafeteria				13,022			11
12	Maintenance of Personnel							12
13	Nursing Administration	566	394		31,999	835	13,160	13
14	Central Services & Supply		9,434		6,247	51	803	14
15	Pharmacy	1,456	892		26,197	1,135	17,896	15
16	Medical Records & Library	2,993	18		17,638	1,108	17,468	16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)				2,425			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	11,813	7,979	7,104	187,448	26,499	417,864	30
31	Intensive Care Unit	1,941	490	821	29,561	2,030	32,013	31
41	Subprovider - IRF	1,132	909	694	26,209	3,345	52,746	41
43	Nursery			313	8,193	985	15,526	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	4,449	38,101	9,379	97,941	10,388	163,802	50
51	Recovery Room	404	242	896	14,374	1,247	19,666	51
52	Delivery Room & Labor Room			340	9,332	1,122	17,694	52
53	Anesthesiology		205	1,970	2,989			53
54	Radiology-Diagnostic	2,750	2,303	6,907	43,444	8,326	131,288	54
54.01	RADIOLOGY - ULTRASOUND	404	739	1,770	10,209	446	7,039	54.01
56	Radioisotope	1,294	535	989	5,256	1,089	17,175	56
57	CT Scan	971	252	6,321	10,702	897	14,151	57
59	Cardiac Catheterization	1,132	616	4,191	18,420	900	14,189	59
60	Laboratory	2,022	4,295	12,041	66,861	3,592	56,636	60
62	Whole Blood & Packed Red Blood Cells	485	244	617	12,490	272	4,289	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	566	457	2,255	20,822	897	14,146	65
66	Physical Therapy	3,316	685	1,575	18,470	4,148	65,406	66
67	Occupational Therapy	566	261	704	9,913	644	10,160	67
68	Speech Pathology	162	18	164	2,428			68
70	Electroencephalography	2,103	486	1,486	6,660	1,052	16,584	70
71	Medical Supplies Charged to Patients			2,373	48,923			71
72	Impl. Dev. Charged to Patients			4,493	131,117			72
73	Drugs Charged to Patients			9,076	86,625			73
74	Renal Dialysis			358	4,866			74
76.97	CARDIAC REHABILITATION		283	197	7,788	2,531	39,918	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,941	939	1,007	19,349	2,614	41,226	90
91	Emergency	1,618	1,493	6,344	39,659	4,556	71,840	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	2,022	816	504	23,283		10,097	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	59,453	137,477	84,889	1,203,935	104,909	1,386,134	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	1,537			10,631		212,999	192
194	OTHER NON-REIMBURSEABLE COST CENTERS	566	3,619		14,545	12,816	202,094	194
194.01	OTHER NONREIMBURSABLE				683	900	14,189	194.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	61,556	141,096	84,889	1,229,794	118,625	1,815,416	202

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		8	9	10	11	13	14	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	MAINTENANCE OF PERSONNEL							4.01
5.01	NON-PATIENT TELEPHONES							5.01
5.02	PURCHASING, RECEIVING & STORES							5.02
5.03	PATIENT REGISTRATION							5.03
5.04	PATIENT ACCOUNTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service	52,078						8
9	Housekeeping	230	180,798					9
10	Dietary		7,867	612,780				10
11	Cafeteria				15,130			11
12	Maintenance of Personnel							12
13	Nursing Administration		1,329		622	133,971		13
14	Central Services & Supply		81		177		22,474	14
15	Pharmacy		1,808		563			15
16	Medical Records & Library		1,764		11			16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	21,766	42,209	503,852	5,198	72,481		30
31	Intensive Care Unit	837	3,234	27,457	703	9,806		31
41	Subprovider - IRF	3,498	5,328	59,883	592	8,253		41
43	Nursery	1,373	1,568		171	2,389		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	4,624	16,545		1,344	18,737		50
51	Recovery Room	1,637	1,986		342	4,765		51
52	Delivery Room & Labor Room	1,203	1,787		195	2,722		52
53	Anesthesiology							53
54	Radiology-Diagnostic	5,294	13,261		987			54
54.01	RADIOLOGY - ULTRASOUND	316	711		180			54.01
56	Radioisotope	479	1,735		79			56
57	CT Scan	607	1,429		210			57
59	Cardiac Catheterization	1,055	1,433		282			59
60	Laboratory	506	5,721		1,153			60
62	Whole Blood & Packed Red Blood Cells		433		60			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		1,429		562			65
66	Physical Therapy	1,337	6,607					66
67	Occupational Therapy	514	1,026		33			67
68	Speech Pathology	120						68
70	Electroencephalography	693	1,675		172			70
71	Medical Supplies Charged to Patients						6,097	71
72	Impl. Dev. Charged to Patients						16,377	72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION	131	4,032		165	2,298		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	404	4,164		423			90
91	Emergency	5,414	7,256	21,588	898	12,520		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		1,020					101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	52,038	137,438	612,780	15,122	133,971	22,474	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		21,514					192
194	OTHER NON-REIMBURSEABLE COST CENTERS	40	20,413		8			194
194.01	OTHER NONREIMBURSABLE		1,433					194.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	52,078	180,798	612,780	15,130	133,971	22,474	202

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		15	16	23	24	25	26	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	MAINTENANCE OF PERSONNEL							4.01
5.01	NON-PATIENT TELEPHONES							5.01
5.02	PURCHASING, RECEIVING & STORES							5.02
5.03	PATIENT REGISTRATION							5.03
5.04	PATIENT ACCOUNTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy	164,553						15
16	Medical Records & Library		150,881					16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)			2,457				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		12,629		3,963,227		3,963,227	30
31	Intensive Care Unit		1,459		314,277		314,277	31
41	Subprovider - IRF		1,234		497,641		497,641	41
43	Nursery		556		129,334		129,334	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		16,673		1,416,885		1,416,885	50
51	Recovery Room		1,593		172,091		172,091	51
52	Delivery Room & Labor Room		605		146,984		146,984	52
53	Anesthesiology		3,503		8,667		8,667	53
54	Radiology-Diagnostic		12,279		1,055,984		1,055,984	54
54.01	RADIOLOGY - ULTRASOUND		3,147		69,910		69,910	54.01
56	Radioisotope		1,759		138,695		138,695	56
57	CT Scan		11,238		136,536		136,536	57
59	Cardiac Catheterization		7,450		139,954		139,954	59
60	Laboratory		21,376		534,539		534,539	60
62	Whole Blood & Packed Red Blood Cells		1,096		47,173		47,173	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		4,008		136,163		136,163	65
66	Physical Therapy		2,800		515,611		515,611	66
67	Occupational Therapy		1,251		89,089		89,089	67
68	Speech Pathology		292		3,184		3,184	68
70	Electroencephalography		2,642		138,461		138,461	70
71	Medical Supplies Charged to Patients		4,218		61,611		61,611	71
72	Impl. Dev. Charged to Patients		7,987		159,974		159,974	72
73	Drugs Charged to Patients	164,553	16,135		276,389		276,389	73
74	Renal Dialysis		636		5,860		5,860	74
76.97	CARDIAC REHABILITATION		351		309,308		309,308	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		1,790		334,660		334,660	90
91	Emergency		11,279		639,525		639,525	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		895		103,630		103,630	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	164,553	150,881		11,545,362		11,545,362	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices				1,586,000		1,586,000	192
194	OTHER NON-REIMBURSEABLE COST CENTERS				1,524,878		1,524,878	194
194.01	OTHER NONREIMBURSABLE				106,424		106,424	194.01
200	Cross Foot Adjustments			2,457	2,457		2,457	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	164,553	150,881	2,457	14,765,121		14,765,121	202

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	MAINTENANCE OF PERSONNEL NUMBER OF FTES	NONPATIENT TELEPHONES NUMBER OF PHONES	PURCHASING RECEIVING & STORES SUPPLY EXPENSE	
		1	2	4	4.01	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	488,368						1
2	Cap Rel Costs-Mvble Equip		488,368					2
4	Employee Benefits Department	296	296	62,310,798				4
4.01	MAINTENANCE OF PERSONNEL	2,153	2,153	840,649	105,855			4.01
5.01	NON-PATIENT TELEPHONES	2,036	2,036			761		5.01
5.02	PURCHASING, RECEIVING & STORES	4,632	4,632	369,668	969		2,441,802	5.02
5.03	PATIENT REGISTRATION	2,581	2,581	1,457,771	4,062	20	43,712	5.03
5.04	PATIENT ACCOUNTING							5.04
5.05	ADMINISTRATIVE & GENERAL	40,075	40,075	3,881,779	5,112	81	137,121	5.05
6	Maintenance & Repairs	1,159	1,159	1,109,438	1,703	10	289,399	6
7	Operation of Plant	57,871	57,871	902,001	2,232	27	190,691	7
8	Laundry & Linen Service	1,236	1,236	79,545	290		37,405	8
9	Housekeeping	4,060	4,060	1,661,885	5,045	3	197,036	9
10	Dietary	16,199	16,199	751,342	2,174	19	218,976	10
11	Cafeteria			1,094,129	3,165			11
12	Maintenance of Personnel							12
13	Nursing Administration	2,737	2,737	2,190,626	3,250	7	6,824	13
14	Central Services & Supply	167	167	441,886	922		163,264	14
15	Pharmacy	3,722	3,722	1,838,897	2,940	18	15,432	15
16	Medical Records & Library	3,633	3,633	36,394	60	37	316	16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)			222,874				23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	86,906	86,906	15,216,290	27,158	146	138,088	30
31	Intensive Care Unit	6,658	6,658	2,549,852	3,674	24	8,488	31
41	Subprovider - IRF	10,970	10,970	1,726,106	3,093	14	15,726	41
43	Nursery	3,229	3,229	591,931	895			43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	34,067	34,067	4,232,217	7,021	55	659,409	50
51	Recovery Room	4,090	4,090	1,277,270	1,785	5	4,188	51
52	Delivery Room & Labor Room	3,680	3,680	674,477	1,020			52
53	Anesthesiology						3,545	53
54	Radiology-Diagnostic	27,305	27,305	3,067,021	5,154	34	39,862	54
54.01	RADIOLOGY - ULTRASOUND	1,464	1,464	759,547	938	5	12,787	54.01
56	Radioisotope	3,572	3,572	388,793	413	16	9,253	56
57	CT Scan	2,943	2,943	729,438	1,098	12	4,355	57
59	Cardiac Catheterization	2,951	2,951	1,116,354	1,471	14	10,655	59
60	Laboratory	11,779	11,779	3,496,364	6,023	25	74,320	60
62	Whole Blood & Packed Red Blood Cells	892	892	182,795	313	6	4,219	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,942	2,942	1,843,919	2,934	7	7,916	65
66	Physical Therapy	13,603	13,603			41	11,851	66
67	Occupational Therapy	2,113	2,113	192,023	172	7	4,514	67
68	Speech Pathology					2	313	68
70	Electroencephalography	3,449	3,449	552,174	896	26	8,406	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION	8,302	8,302	591,892	861		4,893	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	8,574	8,574	1,512,932	2,210	24	16,245	90
91	Emergency	14,941	14,941	3,124,989	4,691	20	25,837	91
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
101	Home Health Agency	2,100	2,100	1,579,013	2,069	25	14,130	101
SPECIAL PURPOSE COST CENTERS								
118	SUBTOTALS (sum of lines 1-117)	399,087	399,087	62,284,281	105,813	735	2,379,176	118
NONREIMBURSABLE COST CENTERS								
192	Physicians' Private Offices	44,299	44,299	2,775		19		192
194	OTHER NON-REIMBURSABLE COST CENTERS	42,031	42,031	23,742	42	7	62,626	194
194.01	OTHER NONREIMBURSABLE	2,951	2,951					194.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	5,437,759	9,327,362	16,514,784	1,382,684	536,971	733,780	202
203	Unit Cost Multiplier (Wkst. B, Part I)	11.134552	19.099044	0.265039	13.062057	705.612352	0.300508	203
204	Cost to be allocated (Per Wkst. B, Part II)			8,949	65,214	61,556	141,096	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.000144	0.616069	80.888305	0.057784	205

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PATIENT REGISTRATN GROSS REVENUE	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	
		5.03	5A.05	5.05	6	7	8	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	MAINTENANCE OF PERSONNEL							4.01
5.01	NON-PATIENT TELEPHONES							5.01
5.02	PURCHASING, RECEIVING & STORES							5.02
5.03	PATIENT REGISTRATION	726,947,953						5.03
5.04	PATIENT ACCOUNTING							5.04
5.05	ADMINISTRATIVE & GENERAL		-26,881,555	160,613,678				5.05
6	Maintenance & Repairs			8,468,466	389,037			6
7	Operation of Plant			4,363,671	57,871	377,565		7
8	Laundry & Linen Service			788,701	1,236	1,236	1,207,542	8
9	Housekeeping			2,884,273	4,060	4,060	5,322	9
10	Dietary			2,180,328	16,199	16,199		10
11	Cafeteria			1,700,722				11
12	Maintenance of Personnel							12
13	Nursing Administration			4,179,059	2,737	2,737		13
14	Central Services & Supply			815,805	167	167		14
15	Pharmacy			3,421,323	3,722	3,722		15
16	Medical Records & Library			2,303,483	3,633	3,633		16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)			316,661				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	60,716,105		24,483,780	86,906	86,906	504,685	30
31	Intensive Care Unit	7,013,180		3,860,682	6,658	6,658	19,410	31
41	Subprovider - IRF	5,932,806		3,422,823	10,970	10,970	81,102	41
43	Nursery	2,672,435		1,069,973	3,229	3,229	31,835	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	80,158,121		12,790,988	34,067	34,067	107,223	50
51	Recovery Room	7,660,347		1,877,282	4,090	4,090	37,961	51
52	Delivery Room & Labor Room	2,906,924		1,218,812	3,680	3,680	27,904	52
53	Anesthesiology	16,840,796		390,418				53
54	Radiology-Diagnostic	59,031,950		5,673,704	27,305	27,305	122,765	54
54.01	RADIOLOGY - ULTRASOUND	15,130,223		1,333,353	1,464	1,464	7,330	54.01
56	Radioisotope	8,455,712		686,446	3,572	3,572	11,105	56
57	CT Scan	54,029,182		1,397,689	2,943	2,943	14,070	57
59	Cardiac Catheterization	35,818,471		2,405,696	2,951	2,951	24,454	59
60	Laboratory	104,329,897		8,732,057	11,779	11,779	11,723	60
62	Whole Blood & Packed Red Blood Cells	5,271,634		1,631,152	892	892		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	19,270,318		2,719,298	2,942	2,942		65
66	Physical Therapy	13,459,667		2,412,140	13,603	13,603	30,998	66
67	Occupational Therapy	6,016,671		1,294,629	2,113	2,113	11,912	67
68	Speech Pathology	1,402,664		317,096			2,777	68
70	Electroencephalography	12,699,553		869,840	3,449	3,449	16,072	70
71	Medical Supplies Charged to Patients	20,279,359		6,389,335				71
72	Impl. Dev. Charged to Patients	38,400,337		17,123,840				72
73	Drugs Charged to Patients	77,574,130		11,313,128				73
74	Renal Dialysis	3,056,500		635,497				74
76.97	CARDIAC REHABILITATION	1,687,814		1,017,078	8,302	8,302	3,038	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	8,604,617		2,527,005	8,574	8,574	9,379	90
91	Emergency	54,223,594		5,179,436	14,941	14,941	125,547	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	4,304,946		3,040,763		2,100		101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	726,947,953	-26,881,555	157,236,432	344,055	288,284	1,206,612	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices			1,388,396		44,299		192
194	OTHER NON-REIMBURSABLE COST CENTERS			1,899,631	42,031	42,031	930	194
194.01	OTHER NONREIMBURSABLE			89,219	2,951	2,951		194.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	2,072,312		26,881,555	9,885,816	6,564,570	973,602	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.002851		0.167368	25.410992	17.386596	0.806268	203
204	Cost to be allocated (Per Wkst. B, Part II)	84,889		1,229,794	118,625	1,815,416	52,078	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000117		0.007657	0.304920	4.808221	0.043127	205

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA NUMBER OF FTES	NURSING ADMINISTRATION NURSING HOURS	CENTRAL SERVICES & SUPPLY SUPPLY EXPENSE	PHARMACY COSTED REQUIS.	
		9	10	11	13	14	15	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	MAINTENANCE OF PERSONNEL							4.01
5.01	NON-PATIENT TELEPHONES							5.01
5.02	PURCHASING, RECEIVING & STORES							5.02
5.03	PATIENT REGISTRATION							5.03
5.04	PATIENT ACCOUNTING							5.04
5.05	ADMINISTRATIVE & GENERAL							5.05
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	372,269						9
10	Dietary	16,199	246,635					10
11	Cafeteria			79,034				11
12	Maintenance of Personnel							12
13	Nursing Administration	2,737		3,250	1,044,137			13
14	Central Services & Supply	167		922		23,345,880		14
15	Pharmacy	3,722		2,940			10,000	15
16	Medical Records & Library	3,633		60				16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	86,906	202,793	27,158	564,895			30
31	Intensive Care Unit	6,658	11,051	3,674	76,428			31
41	Subprovider - IRF	10,970	24,102	3,093	64,325			41
43	Nursery	3,229		895	18,616			43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	34,067		7,021	146,032			50
51	Recovery Room	4,090		1,785	37,137			51
52	Delivery Room & Labor Room	3,680		1,020	21,216			52
53	Anesthesiology							53
54	Radiology-Diagnostic	27,305		5,154				54
54.01	RADIOLOGY - ULTRASOUND	1,464		938				54.01
56	Radioisotope	3,572		413				56
57	CT Scan	2,943		1,098				57
59	Cardiac Catheterization	2,951		1,471				59
60	Laboratory	11,779		6,023				60
62	Whole Blood & Packed Red Blood Cells	892		313				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,942		2,934				65
66	Physical Therapy	13,603						66
67	Occupational Therapy	2,113		172				67
68	Speech Pathology							68
70	Electroencephalography	3,449		896				70
71	Medical Supplies Charged to Patients					6,331,519		71
72	Impl. Dev. Charged to Patients					17,014,361		72
73	Drugs Charged to Patients						10,000	73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION	8,302		861	17,913			76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	8,574		2,210				90
91	Emergency	14,941	8,689	4,691	97,575			91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	2,100						101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	282,988	246,635	78,992	1,044,137	23,345,880	10,000	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	44,299						192
194	OTHER NON-REIMBURSABLE COST CENTERS	42,031		42				194
194.01	OTHER NONREIMBURSABLE	2,951						194.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,545,058	3,392,783	1,985,368	5,103,342	984,244	4,262,534	202
203	Unit Cost Multiplier (Wkst. B, Part I)	9.522840	13.756292	25.120429	4.887617	0.042159	426.253400	203
204	Cost to be allocated (Per Wkst. B, Part II)	180,798	612,780	15,130	133,971	22,474	164,553	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.485665	2.484562	0.191437	0.128308	0.000963	16.455300	205

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY GROSS REVENUE	PARAMED EDUCATION ASSIGNED TIME				
	16	23				

GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt					1
2	Cap Rel Costs-Mvble Equip					2
4	Employee Benefits Department					4
4.01	MAINTENANCE OF PERSONNEL					4.01
5.01	NON-PATIENT TELEPHONES					5.01
5.02	PURCHASING, RECEIVING & STORES					5.02
5.03	PATIENT REGISTRATION					5.03
5.04	PATIENT ACCOUNTING					5.04
5.05	ADMINISTRATIVE & GENERAL					5.05
6	Maintenance & Repairs					6
7	Operation of Plant					7
8	Laundry & Linen Service					8
9	Housekeeping					9
10	Dietary					10
11	Cafeteria					11
12	Maintenance of Personnel					12
13	Nursing Administration					13
14	Central Services & Supply					14
15	Pharmacy					15
16	Medical Records & Library	726,947,953				16
17	Social Service					17
19	Nonphysician Anesthetists					19
23	PARAMED ED PRGM-(SPECIFY)		4,560			23
INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	60,716,105	480			30
31	Intensive Care Unit	7,013,180	360			31
41	Subprovider - IRF	5,932,806				41
43	Nursery	2,672,435				43
ANCILLARY SERVICE COST CENTERS						
50	Operating Room	80,158,121	360			50
51	Recovery Room	7,660,347				51
52	Delivery Room & Labor Room	2,906,924				52
53	Anesthesiology	16,840,796				53
54	Radiology-Diagnostic	59,031,950				54
54.01	RADIOLOGY - ULTRASOUND	15,130,223				54.01
56	Radioisotope	8,455,712				56
57	CT Scan	54,029,182				57
59	Cardiac Catheterization	35,818,471	120			59
60	Laboratory	104,329,897	240			60
62	Whole Blood & Packed Red Blood Cells	5,271,634				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	19,270,318	240			65
66	Physical Therapy	13,459,667				66
67	Occupational Therapy	6,016,671				67
68	Speech Pathology	1,402,664				68
70	Electroencephalography	12,699,553				70
71	Medical Supplies Charged to Patients	20,279,359				71
72	Impl. Dev. Charged to Patients	38,400,337				72
73	Drugs Charged to Patients	77,574,130				73
74	Renal Dialysis	3,056,500				74
76.97	CARDIAC REHABILITATION	1,687,814				76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	Clinic	8,604,617				90
91	Emergency	54,223,594	2,760			91
92	Observation Beds (Non-Distinct Part)					92
OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency	4,304,946				101
SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	726,947,953	4,560			118
NONREIMBURSABLE COST CENTERS						
192	Physicians' Private Offices					192
OTHER NON-REIMBURSABLE COST CENTERS						
194.01	OTHER NONREIMBURSABLE					194.01
200	Cross foot adjustments					200
201	Negative cost centers					201
202	Cost to be allocated (Per Wkst. B, Part I)	2,880,599	369,660			202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.003963	81.065789			203
204	Cost to be allocated (Per Wkst. B, Part II)	150,881	2,457			204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000208	0.538816			205

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	COSTS			
				Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	40,047,837		40,047,837	29,923	40,077,760	30
31	Intensive Care Unit	5,545,677		5,545,677	9,537	5,555,214	31
41	Subprovider - IRF	5,382,199		5,382,199		5,382,199	41
43	Nursery	1,567,724		1,567,724		1,567,724	43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	18,037,610		18,037,610	9,123	18,046,733	50
51	Recovery Room	2,692,785		2,692,785		2,692,785	51
52	Delivery Room & Labor Room	1,778,678		1,778,678		1,778,678	52
53	Anesthesiology	522,501		522,501		522,501	53
54	Radiology-Diagnostic	8,514,305		8,514,305	10,527	8,524,832	54
54.01	RADIOLOGY - ULTRASOUND	1,722,545		1,722,545		1,722,545	54.01
56	Radioisotope	1,041,063		1,041,063		1,041,063	56
57	CT Scan	2,038,641		2,038,641		2,038,641	57
59	Cardiac Catheterization	3,171,076		3,171,076	751	3,171,827	59
60	Laboratory	11,403,177		11,403,177	3,938	11,407,115	60
62	Whole Blood & Packed Red Blood Cells	1,979,579		1,979,579		1,979,579	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	3,497,874		3,497,874	4,901	3,502,775	65
66	Physical Therapy	3,605,904		3,605,904	5,079	3,610,983	66
67	Occupational Therapy	1,659,630		1,659,630		1,659,630	67
68	Speech Pathology	377,966		377,966		377,966	68
70	Electroencephalography	1,281,670		1,281,670	2,440	1,284,110	70
71	Medical Supplies Charged to Patients	7,806,003		7,806,003		7,806,003	71
72	Impl. Dev. Charged to Patients	20,859,317		20,859,317		20,859,317	72
73	Drugs Charged to Patients	17,776,544		17,776,544		17,776,544	73
74	Renal Dialysis	753,972		753,972		753,972	74
76.97	CARDIAC REHABILITATION	1,739,988		1,739,988		1,739,988	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	3,495,719		3,495,719	123,510	3,619,229	90
91	Emergency	8,082,158		8,082,158		8,082,158	91
92	Observation Beds (Non-Distinct Part)	3,626,986		3,626,986		3,626,986	92
OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	3,623,260		3,623,260		3,623,260	101
200	Subtotal (sum of lines 30 thru 199)	183,632,388		183,632,388	199,729	183,832,117	200
201	Less Observation Beds	3,626,986		3,626,986		3,626,986	201
202	Total (line 200 minus line 201)	180,005,402		180,005,402		180,205,131	202

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics	50,217,347		50,217,347				30
31	Intensive Care Unit	7,013,180		7,013,180				31
41	Subprovider - IRF	5,932,806		5,932,806				41
43	Nursery	2,672,435		2,672,435				43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	31,318,624	48,839,497	80,158,121	0.225025	0.225025	0.225139	50
51	Recovery Room	3,613,618	4,046,729	7,660,347	0.351523	0.351523	0.351523	51
52	Delivery Room & Labor Room	2,202,144	704,780	2,906,924	0.611876	0.611876	0.611876	52
53	Anesthesiology	6,461,793	10,379,003	16,840,796	0.031026	0.031026	0.031026	53
54	Radiology-Diagnostic	12,680,573	46,351,377	59,031,950	0.144232	0.144232	0.144410	54
54.01	RADIOLOGY - ULTRASOUND	3,114,737	12,015,486	15,130,223	0.113848	0.113848	0.113848	54.01
56	Radioisotope	2,838,433	5,617,279	8,455,712	0.123119	0.123119	0.123119	56
57	CT Scan	18,127,001	35,902,181	54,029,182	0.037732	0.037732	0.037732	57
59	Cardiac Catheterization	16,197,895	19,620,576	35,818,471	0.088532	0.088532	0.088553	59
60	Laboratory	36,534,161	67,795,736	104,329,897	0.109299	0.109299	0.109337	60
62	Whole Blood & Packed Red Blood Cells	3,436,647	1,834,987	5,271,634	0.375515	0.375515	0.375515	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	17,853,151	1,417,167	19,270,318	0.181516	0.181516	0.181770	65
66	Physical Therapy	6,928,561	6,531,106	13,459,667	0.267904	0.267904	0.268282	66
67	Occupational Therapy	4,589,683	1,426,988	6,016,671	0.275839	0.275839	0.275839	67
68	Speech Pathology	1,128,996	273,668	1,402,664	0.269463	0.269463	0.269463	68
70	Electroencephalography	3,901,181	8,798,372	12,699,553	0.100922	0.100922	0.101115	70
71	Medical Supplies Charged to Patients	12,509,003	7,770,356	20,279,359	0.384924	0.384924	0.384924	71
72	Impl. Dev. Charged to Patients	29,109,114	9,291,223	38,400,337	0.543207	0.543207	0.543207	72
73	Drugs Charged to Patients	41,921,249	35,652,881	77,574,130	0.229156	0.229156	0.229156	73
74	Renal Dialysis	2,925,900	130,600	3,056,500	0.246678	0.246678	0.246678	74
76.97	CARDIAC REHABILITATION	432,404	1,255,410	1,687,814	1.030912	1.030912	1.030912	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	481,114	8,123,503	8,604,617	0.406261	0.406261	0.420615	90
91	Emergency	18,176,870	36,046,724	54,223,594	0.149052	0.149052	0.149052	91
92	Observation Beds (Non-Distinct Part)	2,218,258	8,280,500	10,498,758	0.345468	0.345468	0.345468	92
OTHER REIMBURSABLE COST CENTERS								
101	Home Health Agency		4,304,946	4,304,946				101
200	Subtotal (sum of lines 30 thru 199)	344,536,878	382,411,075	726,947,953				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	344,536,878	382,411,075	726,947,953				202

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
1	2	3	4	5	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	3,963,227		3,963,227	51,669	76.70	24,960	1,914,432	30
31	Intensive Care Unit	314,277		314,277	3,766	83.45	2,015	168,152	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	497,641		497,641	6,497	76.60	5,026	384,992	41
42	Subprovider I								42
43	Nursery	129,334		129,334	1,570	82.38			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	4,904,479		4,904,479	63,502		32,001	2,467,576	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 15-0034

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,416,885	80,158,121	0.017676	13,837,460	244,591	50
51	Recovery Room	172,091	7,660,347	0.022465	1,622,844	36,457	51
52	Delivery Room & Labor Room	146,984	2,906,924	0.050563	3,500	177	52
53	Anesthesiology	8,667	16,840,796	0.000515	2,806,179	1,445	53
54	Radiology-Diagnostic	1,055,984	59,031,950	0.017888	5,965,194	106,705	54
54.01	RADIOLOGY - ULTRASOUND	69,910	15,130,223	0.004621	1,563,954	7,227	54.01
56	Radioisotope	138,695	8,455,712	0.016403	1,431,088	23,474	56
57	CT Scan	136,536	54,029,182	0.002527	8,805,423	22,251	57
59	Cardiac Catheterization	139,954	35,818,471	0.003907	8,171,148	31,925	59
60	Laboratory	534,539	104,329,897	0.005124	18,337,496	93,961	60
62	Whole Blood & Packed Red Blood	47,173	5,271,634	0.008948	1,674,306	14,982	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	136,163	19,270,318	0.007066	9,657,442	68,239	65
66	Physical Therapy	515,611	13,459,667	0.038308	2,288,897	87,683	66
67	Occupational Therapy	89,089	6,016,671	0.014807	923,508	13,674	67
68	Speech Pathology	3,184	1,402,664	0.002270	355,774	808	68
70	Electroencephalography	138,461	12,699,553	0.010903	2,239,673	24,419	70
71	Medical Supplies Charged to Pat	61,611	20,279,359	0.003038	5,460,115	16,588	71
72	Impl. Dev. Charged to Patients	159,974	38,400,337	0.004166	13,651,543	56,872	72
73	Drugs Charged to Patients	276,389	77,574,130	0.003563	19,577,143	69,753	73
74	Renal Dialysis	5,860	3,056,500	0.001917	1,862,921	3,571	74
76.97	CARDIAC REHABILITATION	309,308	1,687,814	0.183260	238,029	43,621	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	334,660	8,604,617	0.038893	128,148	4,984	90
91	Emergency	639,525	54,223,594	0.011794	9,129,136	107,669	91
92	Observation Beds (Non-Distinct	358,665	10,498,758	0.034163	532,523	18,193	92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	6,895,918	656,807,239		130,263,444	1,099,269	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjust- ment Amount (see instruct- ions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		38,912			38,912	30
31	Intensive Care Unit		29,184			29,184	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 (lines 30-199)		68,096			68,096	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
		6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	51,669	0.75	24,960	18,720	30
31	Intensive Care Unit	3,766	7.75	2,015	15,616	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	6,497		5,026		41
42	Subprovider I					42
43	Nursery	1,570				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	63,502		32,001	34,336	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 15-0034

**WORKSHEET D
PART IV**

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

		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			29,184		29,184	29,184	50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIOLOGY - ULTRASOUND							54.01
56	Radioisotope							56
57	CT Scan							57
59	Cardiac Catheterization			9,728		9,728	9,728	59
60	Laboratory			19,456		19,456	19,456	60
62	Whole Blood & Packed Red Blood							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy			19,456		19,456	19,456	65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency			223,740		223,740	223,740	91
92	Observation Beds (Non-Distinct			3,522		3,522	3,522	92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			305,086		305,086	305,086	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 15-0034

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	80,158,121	0.000364	0.000364	13,837,460	5,037	15,244,144	5,549	50
51	Recovery Room	7,660,347			1,622,844		1,083,492		51
52	Delivery Room & Labor Room	2,906,924			3,500				52
53	Anesthesiology	16,840,796			2,806,179		3,379,198		53
54	Radiology-Diagnostic	59,031,950			5,965,194		13,599,126		54
54.01	RADIOLOGY - ULTRASOUND	15,130,223			1,563,954		2,608,598		54.01
56	Radioisotope	8,455,712			1,431,088		2,153,588		56
57	CT Scan	54,029,182			8,805,423		11,660,064		57
59	Cardiac Catheterization	35,818,471	0.000272	0.000272	8,171,148	2,223	8,577,377	2,333	59
60	Laboratory	104,329,897	0.000186	0.000186	18,337,496	3,411	8,434,653	1,569	60
62	Whole Blood & Packed Red Blood	5,271,634			1,674,306		343,885		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	19,270,318	0.001010	0.001010	9,657,442	9,754	485,258	490	65
66	Physical Therapy	13,459,667			2,288,897				66
67	Occupational Therapy	6,016,671			923,508		200		67
68	Speech Pathology	1,402,664			355,774				68
70	Electroencephalography	12,699,553			2,239,673		3,874,559		70
71	Medical Supplies Charged to Pat	20,279,359			5,460,115		3,319,226		71
72	Impl. Dev. Charged to Patients	38,400,337			13,651,543		4,873,940		72
73	Drugs Charged to Patients	77,574,130			19,577,143		16,297,564		73
74	Renal Dialysis	3,056,500			1,862,921		118,089		74
76.97	CARDIAC REHABILITATION	1,687,814			238,029		702,411		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	8,604,617			128,148		3,594,208		90
91	Emergency	54,223,594	0.004126	0.004126	9,129,136	37,667	6,994,688	28,860	91
92	Observation Beds (Non-Distinct	10,498,758	0.000335	0.000335	532,523	178	2,412,789	808	92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	656,807,239			130,263,444	58,270	109,757,057	39,609	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 15-0034

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	0.225025	15,244,144			3,430,314		50	
51	Recovery Room	0.351523	1,083,492			380,872		51	
52	Delivery Room & Labor Room	0.611876						52	
53	Anesthesiology	0.031026	3,379,198			104,843		53	
54	Radiology-Diagnostic	0.144232	13,599,126			1,961,429		54	
54.01	RADIOLOGY - ULTRASOUND	0.113848	2,608,598			296,984		54.01	
56	Radioisotope	0.123119	2,153,588			265,148		56	
57	CT Scan	0.037732	11,660,064			439,958		57	
59	Cardiac Catheterization	0.088532	8,577,377			759,372		59	
60	Laboratory	0.109299	8,434,653	660	14,190	921,899	72	1,551	
62	Whole Blood & Packed Red Blood	0.375515	343,885			129,134		62	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65	Respiratory Therapy	0.181516	485,258			88,082		65	
66	Physical Therapy	0.267904						66	
67	Occupational Therapy	0.275839	200			55		67	
68	Speech Pathology	0.269463						68	
70	Electroencephalography	0.100922	3,874,559			391,028		70	
71	Medical Supplies Charged to Pat	0.384924	3,319,226			1,277,650		71	
72	Impl. Dev. Charged to Patients	0.543207	4,873,940			2,647,558		72	
73	Drugs Charged to Patients	0.229156	16,297,564	117	110,764	3,734,685	27	25,382	
74	Renal Dialysis	0.246678	118,089			29,130		74	
76.97	CARDIAC REHABILITATION	1.030912	702,411			724,124		76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	0.406261	3,594,208			1,460,187		90	
91	Emergency	0.149052	6,994,688			1,042,572		91	
92	Observation Beds (Non-Distinct	0.345468	2,412,789			833,541		92	
OTHER REIMBURSABLE COST CENTERS									
200	Subtotal (see instructions)		109,757,057	777	124,954	20,918,565	99	26,933	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)		109,757,057	777	124,954	20,918,565	99	26,933	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 15-T034

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,416,885	80,158,121	0.017676	139,485	2,466	50
51	Recovery Room	172,091	7,660,347	0.022465	18,852	424	51
52	Delivery Room & Labor Room	146,984	2,906,924	0.050563			52
53	Anesthesiology	8,667	16,840,796	0.000515	24,350	13	53
54	Radiology-Diagnostic	1,055,984	59,031,950	0.017888	185,662	3,321	54
54.01	RADIOLOGY - ULTRASOUND	69,910	15,130,223	0.004621	14,665	68	54.01
56	Radioisotope	138,695	8,455,712	0.016403	24,672	405	56
57	CT Scan	136,536	54,029,182	0.002527	176,695	447	57
59	Cardiac Catheterization	139,954	35,818,471	0.003907	90,657	354	59
60	Laboratory	534,539	104,329,897	0.005124	886,766	4,544	60
62	Whole Blood & Packed Red Blood	47,173	5,271,634	0.008948	55,920	500	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	136,163	19,270,318	0.007066	395,108	2,792	65
66	Physical Therapy	515,611	13,459,667	0.038308	2,304,657	88,287	66
67	Occupational Therapy	89,089	6,016,671	0.014807	2,219,230	32,860	67
68	Speech Pathology	3,184	1,402,664	0.002270	327,927	744	68
70	Electroencephalography	138,461	12,699,553	0.010903	3,560	39	70
71	Medical Supplies Charged to Pat	61,611	20,279,359	0.003038	479,494	1,457	71
72	Impl. Dev. Charged to Patients	159,974	38,400,337	0.004166	6,708	28	72
73	Drugs Charged to Patients	276,389	77,574,130	0.003563	1,945,177	6,931	73
74	Renal Dialysis	5,860	3,056,500	0.001917	313,428	601	74
76.97	CARDIAC REHABILITATION	309,308	1,687,814	0.183260	53	10	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	334,660	8,604,617	0.038893			90
91	Emergency	639,525	54,223,594	0.011794			91
92	Observation Beds (Non-Distinct		10,498,758				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	6,537,253	656,807,239		9,613,066	146,291	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 15-T034

**WORKSHEET D
PART IV**

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

	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	1	2	3	4	5	6	
ANCILLARY SERVICE COST CENTERS							
50	Operating Room		29,184		29,184	29,184	50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	RADIOLOGY - ULTRASOUND						54.01
56	Radioisotope						56
57	CT Scan						57
59	Cardiac Catheterization		9,728		9,728	9,728	59
60	Laboratory		19,456		19,456	19,456	60
62	Whole Blood & Packed Red Blood						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		19,456		19,456	19,456	65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
70	Electroencephalography						70
71	Medical Supplies Charged to Pat						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic						90
91	Emergency		223,740		223,740	223,740	91
92	Observation Beds (Non-Distinct						92
OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)		301,564		301,564	301,564	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 15-T034

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	80,158,121	0.000364	0.000364	139,485	51			50
51	Recovery Room	7,660,347			18,852				51
52	Delivery Room & Labor Room	2,906,924							52
53	Anesthesiology	16,840,796			24,350				53
54	Radiology-Diagnostic	59,031,950			185,662				54
54.01	RADIOLOGY - ULTRASOUND	15,130,223			14,665				54.01
56	Radioisotope	8,455,712			24,672				56
57	CT Scan	54,029,182			176,695				57
59	Cardiac Catheterization	35,818,471	0.000272	0.000272	90,657	25			59
60	Laboratory	104,329,897	0.000186	0.000186	886,766	165			60
62	Whole Blood & Packed Red Blood	5,271,634			55,920				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	19,270,318	0.001010	0.001010	395,108	399			65
66	Physical Therapy	13,459,667			2,304,657				66
67	Occupational Therapy	6,016,671			2,219,230				67
68	Speech Pathology	1,402,664			327,927				68
70	Electroencephalography	12,699,553			3,560				70
71	Medical Supplies Charged to Pat	20,279,359			479,494		598		71
72	Impl. Dev. Charged to Patients	38,400,337			6,708				72
73	Drugs Charged to Patients	77,574,130			1,945,177		336		73
74	Renal Dialysis	3,056,500			313,428		10,800		74
76.97	CARDIAC REHABILITATION	1,687,814			53				76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	8,604,617							90
91	Emergency	54,223,594	0.004126	0.004126					91
92	Observation Beds (Non-Distinct	10,498,758							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	656,807,239			9,613,066	640	11,734		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 15-T034

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.225025							50
51	Recovery Room	0.351523							51
52	Delivery Room & Labor Room	0.611876							52
53	Anesthesiology	0.031026							53
54	Radiology-Diagnostic	0.144232							54
54.01	RADIOLOGY - ULTRASOUND	0.113848							54.01
56	Radioisotope	0.123119							56
57	CT Scan	0.037732							57
59	Cardiac Catheterization	0.088532							59
60	Laboratory	0.109299							60
62	Whole Blood & Packed Red Blood	0.375515							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.181516							65
66	Physical Therapy	0.267904							66
67	Occupational Therapy	0.275839							67
68	Speech Pathology	0.269463							68
70	Electroencephalography	0.100922							70
71	Medical Supplies Charged to Pat	0.384924	598			230			71
72	Impl. Dev. Charged to Patients	0.543207							72
73	Drugs Charged to Patients	0.229156	336		644	77		148	73
74	Renal Dialysis	0.246678	10,800			2,664			74
76.97	CARDIAC REHABILITATION	1.030912							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.406261							90
91	Emergency	0.149052							91
92	Observation Beds (Non-Distinct	0.345468							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		11,734		644	2,971		148	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		11,734		644	2,971		148	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

	Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)		
(A)	1	2	3	4	5	6	7		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	3,963,227		3,963,227	51,669	76.70	3,237	248,278	30
31	Intensive Care Unit	314,277		314,277	3,766	83.45	342	28,540	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	497,641		497,641	6,497	76.60	132	10,111	41
42	Subprovider I								42
43	Nursery	129,334		129,334	1,570	82.38	302	24,879	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	4,904,479		4,904,479	63,502		4,013	311,808	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 15-0034

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,416,885	80,158,121	0.017676	1,564,470	27,654	50
51	Recovery Room	172,091	7,660,347	0.022465	167,187	3,756	51
52	Delivery Room & Labor Room	146,984	2,906,924	0.050563	41,063	2,076	52
53	Anesthesiology	8,667	16,840,796	0.000515	283,668	146	53
54	Radiology-Diagnostic	1,055,984	59,031,950	0.017888	753,283	13,475	54
54.01	RADIOLOGY - ULTRASOUND	69,910	15,130,223	0.004621	176,471	815	54.01
56	Radioisotope	138,695	8,455,712	0.016403	140,397	2,303	56
57	CT Scan	136,536	54,029,182	0.002527	1,055,167	2,666	57
59	Cardiac Catheterization	139,954	35,818,471	0.003907	688,530	2,690	59
60	Laboratory	534,539	104,329,897	0.005124	2,713,364	13,903	60
62	Whole Blood & Packed Red Blood	47,173	5,271,634	0.008948	138,568	1,240	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	136,163	19,270,318	0.007066	890,065	6,289	65
66	Physical Therapy	515,611	13,459,667	0.038308	165,848	6,353	66
67	Occupational Therapy	89,089	6,016,671	0.014807	86,761	1,285	67
68	Speech Pathology	3,184	1,402,664	0.002270	52,302	119	68
70	Electroencephalography	138,461	12,699,553	0.010903	38,787	423	70
71	Medical Supplies Charged to Pat	61,611	20,279,359	0.003038	972,180	2,953	71
72	Impl. Dev. Charged to Patients	159,974	38,400,337	0.004166	352,443	1,468	72
73	Drugs Charged to Patients	276,389	77,574,130	0.003563	3,559,890	12,684	73
74	Renal Dialysis	5,860	3,056,500	0.001917	73,800	141	74
76.97	CARDIAC REHABILITATION	309,308	1,687,814	0.183260	25,970	4,759	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	334,660	8,604,617	0.038893			90
91	Emergency	639,525	54,223,594	0.011794	905,166	10,676	91
92	Observation Beds (Non-Distinct	358,665	10,498,758	0.034163	69,179	2,363	92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	6,895,918	656,807,239		14,914,559	120,237	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	1 Nursing School	2 Allied Health Cost	3 All Other Medical Education Cost	4 Swing-Bed Adjust- ment Amount (see instruct- ions)	5 Total Costs (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		38,912			38,912	30
31	Intensive Care Unit		29,184			29,184	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 (lines 30-199)		68,096			68,096	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	51,669	0.75	3,237	2,428	30
31	Intensive Care Unit	3,766	7.75	342	2,651	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	6,497		132		41
42	Subprovider I					42
43	Nursery	1,570		302		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	63,502		4,013	5,079	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 15-0034

**WORKSHEET D
PART IV**

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

		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			29,184		29,184	29,184	50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIOLOGY - ULTRASOUND							54.01
56	Radioisotope							56
57	CT Scan							57
59	Cardiac Catheterization			9,728		9,728	9,728	59
60	Laboratory			19,456		19,456	19,456	60
62	Whole Blood & Packed Red Blood							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy			19,456		19,456	19,456	65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency			223,740		223,740	223,740	91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			301,564		301,564	301,564	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 15-0034

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	80,158,121	0.000364	0.000364	1,564,470	569			50
51	Recovery Room	7,660,347			167,187				51
52	Delivery Room & Labor Room	2,906,924			41,063				52
53	Anesthesiology	16,840,796			283,668				53
54	Radiology-Diagnostic	59,031,950			753,283				54
54.01	RADIOLOGY - ULTRASOUND	15,130,223			176,471				54.01
56	Radioisotope	8,455,712			140,397				56
57	CT Scan	54,029,182			1,055,167				57
59	Cardiac Catheterization	35,818,471	0.000272	0.000272	688,530	187			59
60	Laboratory	104,329,897	0.000186	0.000186	2,713,364	505			60
62	Whole Blood & Packed Red Blood	5,271,634			138,568				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	19,270,318	0.001010	0.001010	890,065	899			65
66	Physical Therapy	13,459,667			165,848				66
67	Occupational Therapy	6,016,671			86,761				67
68	Speech Pathology	1,402,664			52,302				68
70	Electroencephalography	12,699,553			38,787				70
71	Medical Supplies Charged to Pat	20,279,359			972,180				71
72	Impl. Dev. Charged to Patients	38,400,337			352,443				72
73	Drugs Charged to Patients	77,574,130			3,559,890				73
74	Renal Dialysis	3,056,500			73,800				74
76.97	CARDIAC REHABILITATION	1,687,814			25,970				76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	8,604,617							90
91	Emergency	54,223,594	0.004126	0.004126	905,166	3,735			91
92	Observation Beds (Non-Distinct	10,498,758			69,179				92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	656,807,239			14,914,559	5,895			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 15-0034

WORKSHEET D
PART V

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.225025							50
51	Recovery Room	0.351523							51
52	Delivery Room & Labor Room	0.611876							52
53	Anesthesiology	0.031026							53
54	Radiology-Diagnostic	0.144232							54
54.01	RADIOLOGY - ULTRASOUND	0.113848							54.01
56	Radioisotope	0.123119							56
57	CT Scan	0.037732							57
59	Cardiac Catheterization	0.088532							59
60	Laboratory	0.109299							60
62	Whole Blood & Packed Red Blood	0.375515							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.181516							65
66	Physical Therapy	0.267904							66
67	Occupational Therapy	0.275839							67
68	Speech Pathology	0.269463							68
70	Electroencephalography	0.100922							70
71	Medical Supplies Charged to Pat	0.384924							71
72	Impl. Dev. Charged to Patients	0.543207							72
73	Drugs Charged to Patients	0.229156							73
74	Renal Dialysis	0.246678							74
76.97	CARDIAC REHABILITATION	1.030912							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.406261							90
91	Emergency	0.149052							91
92	Observation Beds (Non-Distinct	0.345468							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 15-T034

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,416,885	80,158,121	0.017676	9,191	162	50
51	Recovery Room	172,091	7,660,347	0.022465			51
52	Delivery Room & Labor Room	146,984	2,906,924	0.050563			52
53	Anesthesiology	8,667	16,840,796	0.000515			53
54	Radiology-Diagnostic	1,055,984	59,031,950	0.017888	802	14	54
54.01	RADIOLOGY - ULTRASOUND	69,910	15,130,223	0.004621	675	3	54.01
56	Radioisotope	138,695	8,455,712	0.016403			56
57	CT Scan	136,536	54,029,182	0.002527	6,188	16	57
59	Cardiac Catheterization	139,954	35,818,471	0.003907			59
60	Laboratory	534,539	104,329,897	0.005124	20,608	106	60
62	Whole Blood & Packed Red Blood	47,173	5,271,634	0.008948			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	136,163	19,270,318	0.007066	22,811	161	65
66	Physical Therapy	515,611	13,459,667	0.038308	64,569	2,474	66
67	Occupational Therapy	89,089	6,016,671	0.014807	65,127	964	67
68	Speech Pathology	3,184	1,402,664	0.002270	17,882	41	68
70	Electroencephalography	138,461	12,699,553	0.010903			70
71	Medical Supplies Charged to Pat	61,611	20,279,359	0.003038	15,776	48	71
72	Impl. Dev. Charged to Patients	159,974	38,400,337	0.004166			72
73	Drugs Charged to Patients	276,389	77,574,130	0.003563	69,286	247	73
74	Renal Dialysis	5,860	3,056,500	0.001917			74
76.97	CARDIAC REHABILITATION	309,308	1,687,814	0.183260			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	334,660	8,604,617	0.038893			90
91	Emergency	639,525	54,223,594	0.011794			91
92	Observation Beds (Non-Distinct		10,498,758				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	6,537,253	656,807,239		292,915	4,236	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 15-T034

**WORKSHEET D
PART IV**

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

		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			29,184		29,184	29,184	50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIOLOGY - ULTRASOUND							54.01
56	Radioisotope							56
57	CT Scan							57
59	Cardiac Catheterization			9,728		9,728	9,728	59
60	Laboratory			19,456		19,456	19,456	60
62	Whole Blood & Packed Red Blood							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy			19,456		19,456	19,456	65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency			223,740		223,740	223,740	91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			301,564		301,564	301,564	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 15-T034

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	80,158,121	0.000364	0.000364	9,191	3			50
51	Recovery Room	7,660,347							51
52	Delivery Room & Labor Room	2,906,924							52
53	Anesthesiology	16,840,796							53
54	Radiology-Diagnostic	59,031,950			802				54
54.01	RADIOLOGY - ULTRASOUND	15,130,223			675				54.01
56	Radioisotope	8,455,712							56
57	CT Scan	54,029,182			6,188				57
59	Cardiac Catheterization	35,818,471	0.000272	0.000272					59
60	Laboratory	104,329,897	0.000186	0.000186	20,608	4			60
62	Whole Blood & Packed Red Blood	5,271,634							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	19,270,318	0.001010	0.001010	22,811	23			65
66	Physical Therapy	13,459,667			64,569				66
67	Occupational Therapy	6,016,671			65,127				67
68	Speech Pathology	1,402,664			17,882				68
70	Electroencephalography	12,699,553							70
71	Medical Supplies Charged to Pat	20,279,359			15,776				71
72	Impl. Dev. Charged to Patients	38,400,337							72
73	Drugs Charged to Patients	77,574,130			69,286				73
74	Renal Dialysis	3,056,500							74
76.97	CARDIAC REHABILITATION	1,687,814							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	8,604,617							90
91	Emergency	54,223,594	0.004126	0.004126					91
92	Observation Beds (Non-Distinct	10,498,758							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	656,807,239			292,915	30			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 15-T034

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.225025							50
51	Recovery Room	0.351523							51
52	Delivery Room & Labor Room	0.611876							52
53	Anesthesiology	0.031026							53
54	Radiology-Diagnostic	0.144232							54
54.01	RADIOLOGY - ULTRASOUND	0.113848							54.01
56	Radioisotope	0.123119							56
57	CT Scan	0.037732							57
59	Cardiac Catheterization	0.088532							59
60	Laboratory	0.109299							60
62	Whole Blood & Packed Red Blood	0.375515							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.181516							65
66	Physical Therapy	0.267904							66
67	Occupational Therapy	0.275839							67
68	Speech Pathology	0.269463							68
70	Electroencephalography	0.100922							70
71	Medical Supplies Charged to Pat	0.384924							71
72	Impl. Dev. Charged to Patients	0.543207							72
73	Drugs Charged to Patients	0.229156							73
74	Renal Dialysis	0.246678							74
76.97	CARDIAC REHABILITATION	1.030912							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.406261							90
91	Emergency	0.149052							91
92	Observation Beds (Non-Distinct	0.345468							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-0034

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	51,669	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	51,669	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	46,993	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	24,960	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	40,077,760	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	40,077,760	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	40,077,760	37

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-0034

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
38	Adjusted general inpatient routine service cost per diem (see instructions)					775.66	38	
39	Program general inpatient routine service cost (line 9 x line 38)					19,360,474	39	
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40	
41	Total Program general inpatient routine service cost (line 39 + line 40)					19,360,474	41	
42	Nursery (Titles V and XIX only)						42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	5,555,214	3,766	1,475.10	2,015	2,972,327	43	
44	Coronary Care Unit						44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
47	Other Special Care (specify)						47	

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					27,933,882	48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					50,266,683	49	

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,116,920	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,157,539	51
52	Total Program excludable cost (sum of lines 50 and 51)					3,274,459	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					46,992,224	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-0034

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					4,676	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					775.66	88
89	Observation bed cost (line 87 x line 88) (see instructions)					3,626,986	89
		Cost	Routine Cost (from line 27)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	3,963,227	40,077,760	0.098888	3,626,986	358,665	90
91	Nursing School						91
92	Allied Health	38,912	40,077,760	0.000971	3,626,986	3,522	92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-T034

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	6,497	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,497	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	6,497	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	5,026	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	5,382,199	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	5,382,199	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	5,382,199	37

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-T034

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	Adjusted general inpatient routine service cost per diem (see instructions)	828.41	38
39	Program general inpatient routine service cost (line 9 x line 38)	4,163,589	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	4,163,589	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	2,305,279	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	6,468,868	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	384,992	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	146,931	51
52	Total Program excludable cost (sum of lines 50 and 51)	531,923	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	5,936,945	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-0034

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	51,669	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	51,669	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	46,993	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	3,237	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)	1,570	15
16	Nursery days (title V or XIX only)	302	16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	40,077,760	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	40,077,760	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	40,077,760	37

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-0034

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
38	Adjusted general inpatient routine service cost per diem (see instructions)					775.66	38	
39	Program general inpatient routine service cost (line 9 x line 38)					2,510,811	39	
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40	
41	Total Program general inpatient routine service cost (line 39 + line 40)					2,510,811	41	
42	Nursery (Titles V and XIX only)	1,567,724	1,570	998.55	302	301,562	42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	5,555,214	3,766	1,475.10	342	504,484	43	
44	Coronary Care Unit						44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
47	Other Special Care (specify)						47	

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,874,025	48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					6,190,882	49	

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					306,776	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					126,132	51
52	Total Program excludable cost (sum of lines 50 and 51)					432,908	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					5,757,974	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-0034

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					4,676	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 27)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-T034

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	6,497	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,497	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	6,497	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	132	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	5,382,199	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	5,382,199	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	5,382,199	37

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-T034

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	Adjusted general inpatient routine service cost per diem (see instructions)	828.41	38
39	Program general inpatient routine service cost (line 9 x line 38)	109,350	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	109,350	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	70,951	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	180,301	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	10,111	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	4,266	51
52	Total Program excludable cost (sum of lines 50 and 51)	14,377	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	165,924	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 15-0034

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		27,269,336		30
31	Intensive Care Unit		4,011,487		31
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.225139	13,837,460	3,115,352	50
51	Recovery Room	0.351523	1,622,844	570,467	51
52	Delivery Room & Labor Room	0.611876	3,500	2,142	52
53	Anesthesiology	0.031026	2,806,179	87,065	53
54	Radiology-Diagnostic	0.144410	5,965,194	861,434	54
54.01	RADIOLOGY - ULTRASOUND	0.113848	1,563,954	178,053	54.01
56	Radioisotope	0.123119	1,431,088	176,194	56
57	CT Scan	0.037732	8,805,423	332,246	57
59	Cardiac Catheterization	0.088553	8,171,148	723,580	59
60	Laboratory	0.109337	18,337,496	2,004,967	60
62	Whole Blood & Packed Red Blood Cells	0.375515	1,674,306	628,727	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.181770	9,657,442	1,755,433	65
66	Physical Therapy	0.268282	2,288,897	614,070	66
67	Occupational Therapy	0.275839	923,508	254,740	67
68	Speech Pathology	0.269463	355,774	95,868	68
70	Electroencephalography	0.101115	2,239,673	226,465	70
71	Medical Supplies Charged to Patients	0.384924	5,460,115	2,101,729	71
72	Impl. Dev. Charged to Patients	0.543207	13,651,543	7,415,614	72
73	Drugs Charged to Patients	0.229156	19,577,143	4,486,220	73
74	Renal Dialysis	0.246678	1,862,921	459,542	74
76.97	CARDIAC REHABILITATION	1.030912	238,029	245,387	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.420615	128,148	53,901	90
91	Emergency	0.149052	9,129,136	1,360,716	91
92	Observation Beds (Non-Distinct Part)	0.345468	532,523	183,970	92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		130,263,444	27,933,882	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		130,263,444		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 15-T034

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
41	Subprovider - IRF		3,749,056		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.225139	139,485	31,404	50
51	Recovery Room	0.351523	18,852	6,627	51
52	Delivery Room & Labor Room	0.611876			52
53	Anesthesiology	0.031026	24,350	755	53
54	Radiology-Diagnostic	0.144410	185,662	26,811	54
54.01	RADIOLOGY - ULTRASOUND	0.113848	14,665	1,670	54.01
56	Radioisotope	0.123119	24,672	3,038	56
57	CT Scan	0.037732	176,695	6,667	57
59	Cardiac Catheterization	0.088553	90,657	8,028	59
60	Laboratory	0.109337	886,766	96,956	60
62	Whole Blood & Packed Red Blood Cells	0.375515	55,920	20,999	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.181770	395,108	71,819	65
66	Physical Therapy	0.268282	2,304,657	618,298	66
67	Occupational Therapy	0.275839	2,219,230	612,150	67
68	Speech Pathology	0.269463	327,927	88,364	68
70	Electroencephalography	0.101115	3,560	360	70
71	Medical Supplies Charged to Patients	0.384924	479,494	184,569	71
72	Impl. Dev. Charged to Patients	0.543207	6,708	3,644	72
73	Drugs Charged to Patients	0.229156	1,945,177	445,749	73
74	Renal Dialysis	0.246678	313,428	77,316	74
76.97	CARDIAC REHABILITATION	1.030912	53	55	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.420615			90
91	Emergency	0.149052			91
92	Observation Beds (Non-Distinct Part)	0.345468			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		9,613,066	2,305,279	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		9,613,066		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 15-0034

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		3,740,469		30
31	Intensive Care Unit		583,633		31
41	Subprovider - IRF				41
43	Nursery		255,245		43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.225139	1,564,470	352,223	50
51	Recovery Room	0.351523	167,187	58,770	51
52	Delivery Room & Labor Room	0.611876	41,063	25,125	52
53	Anesthesiology	0.031026	283,668	8,801	53
54	Radiology-Diagnostic	0.144410	753,283	108,782	54
54.01	RADIOLOGY - ULTRASOUND	0.113848	176,471	20,091	54.01
56	Radioisotope	0.123119	140,397	17,286	56
57	CT Scan	0.037732	1,055,167	39,814	57
59	Cardiac Catheterization	0.088553	688,530	60,971	59
60	Laboratory	0.109337	2,713,364	296,671	60
62	Whole Blood & Packed Red Blood Cells	0.375515	138,568	52,034	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.181770	890,065	161,787	65
66	Physical Therapy	0.268282	165,848	44,494	66
67	Occupational Therapy	0.275839	86,761	23,932	67
68	Speech Pathology	0.269463	52,302	14,093	68
70	Electroencephalography	0.101115	38,787	3,922	70
71	Medical Supplies Charged to Patients	0.384924	972,180	374,215	71
72	Impl. Dev. Charged to Patients	0.543207	352,443	191,450	72
73	Drugs Charged to Patients	0.229156	3,559,890	815,770	73
74	Renal Dialysis	0.246678	73,800	18,205	74
76.97	CARDIAC REHABILITATION	1.030912	25,970	26,773	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.420615			90
91	Emergency	0.149052	905,166	134,917	91
92	Observation Beds (Non-Distinct Part)	0.345468	69,179	23,899	92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		14,914,559	2,874,025	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		14,914,559		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 15-T034

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
41	Subprovider - IRF		123,138		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.225139	9,191	2,069	50
51	Recovery Room	0.351523			51
52	Delivery Room & Labor Room	0.611876			52
53	Anesthesiology	0.031026			53
54	Radiology-Diagnostic	0.144410	802	116	54
54.01	RADIOLOGY - ULTRASOUND	0.113848	675	77	54.01
56	Radioisotope	0.123119			56
57	CT Scan	0.037732	6,188	233	57
59	Cardiac Catheterization	0.088553			59
60	Laboratory	0.109337	20,608	2,253	60
62	Whole Blood & Packed Red Blood Cells	0.375515			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.181770	22,811	4,146	65
66	Physical Therapy	0.268282	64,569	17,323	66
67	Occupational Therapy	0.275839	65,127	17,965	67
68	Speech Pathology	0.269463	17,882	4,819	68
70	Electroencephalography	0.101115			70
71	Medical Supplies Charged to Patients	0.384924	15,776	6,073	71
72	Impl. Dev. Charged to Patients	0.543207			72
73	Drugs Charged to Patients	0.229156	69,286	15,877	73
74	Renal Dialysis	0.246678			74
76.97	CARDIAC REHABILITATION	1.030912			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.420615			90
91	Emergency	0.149052			91
92	Observation Beds (Non-Distinct Part)	0.345468			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		292,915	70,951	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		292,915		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	10,000,386			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	33,533,836			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	489,436			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments				3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	162.19			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)				5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)				9
10	FTE count for allopathic and osteopathic programs in the current year from your records				10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)				12
13	Total allowable FTE count for the prior year				13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero				14
15	Sum of lines 12 through 14 divided by 3				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				18
19	Current year resident to bed ratio (line 18 divided by line 4)				19
20	Prior year resident to bed ratio (see instructions)				20
21	Enter the lesser of lines 19 or 20 (see instructions)				21
22	IME payment adjustment (see instructions)				22
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)				24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)				29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0443			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.1387			31
32	Sum of lines 30 and 31	0.1830			32
33	Allowable disproportionate share percentage (see instructions)	0.0465			33
34	Disproportionate share adjustment (see instructions)	506,086			34
			Prior to October 1	On or after October 1	
	Uncompensated Care Adjustment				
35	Total uncompensated care amount (see instructions)	9,046,380,143	7,647,644,885		35
35.01	Factor 3 (see instructions)	0.000201237	0.000218530		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,820,466	1,671,240		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	458,858	1,249,996		35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,708,854			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
47	Subtotal (see instructions)	46,238,598			47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)				48
49	Total payment for inpatient operating costs (see instructions)	46,238,598			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	3,655,007			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)				52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies				54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).	34,336			57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	58,270			58
59	Total (sum of amounts on lines 49 through 58)	49,986,211			59
60	Primary payer payments	41,146			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	49,945,065			61
62	Deductibles billed to program beneficiaries	4,178,432			62
63	Coinsurance billed to program beneficiaries	312,550			63
64	Allowable bad debts (see instructions)	715,805			64
65	Adjusted reimbursable bad debts (see instructions)	465,273			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	106,864			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	45,919,356			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (ADD BACK GME REIMBURSEMENT)				70
70.01	OTHER ADJ (NO DESC ENTERED)	6,872			70.01
70.02	OTHER ADJUSTMENTS PER PSR				70.02
70.93	HVBP payment adjustment amount (see instructions)	221,606			70.93
70.94	HRR adjustment amount (see instructions)	-531,711			70.94
71	Amount due provider (see instructions)	45,616,123			71
71.01	Sequestration adjustment (see instructions)	912,322			71.01
72	Interim payments	44,140,225			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	563,576			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	5,769,111			75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

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

HSP Bonus Payment Amount

Prior to 10/1 On or After 10/1

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

Prior to 10/1 On or After 10/1

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

HRR Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-0034

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	27,032			1
2	Medical and other services reimbursed under OPPS (see instructions)	20,878,956			2
3	PPS payments	21,780,113			3
4	Outlier payment (see instructions)	16,723			4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	39,609			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	27,032			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	125,731			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	125,731			14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)	125,731			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	98,699			19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)	27,032			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	21,836,445			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	4,390,823			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	17,472,654			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	17,472,654			30
31	Primary payer payments	11,153			31
32	Subtotal (line 30 minus line 31)	17,461,501			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)	825,337			34
35	Adjusted reimbursable bad debts (see instructions)	536,469			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	306,840			36
37	Subtotal (see instructions)	17,997,970			37
38	MSP-LCC reconciliation amount from PS&R	-119			38
39	Other adjustments (FDO LOSS)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	17,998,089			40
40.01	Sequestration adjustment (see instructions)	359,962			40.01
41	Interim payments	17,388,746			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	249,381			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter I, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-T034

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	148			1
2	Medical and other services reimbursed under OPPS (see instructions)	2,971			2
3	PPS payments	3,619			3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	148			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	644			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	644			14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)	644			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	496			19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)	148			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	3,619			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	707			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	3,060			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	3,060			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	3,060			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)	3,060			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments ()				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	3,060			40
40.01	Sequestration adjustment (see instructions)	61			40.01
41	Interim payments	3,011			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-12			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter I, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 15-0034

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
		1	2	3	4
1	Total interim payments paid to provider		43,893,458		17,068,127
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero		246,767		320,619
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			3.01
		.02			3.02
	Program	.03			3.03
	to	.04			3.04
	Provider	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
	Provider	.52			3.52
	to	.53			3.53
	Program	.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		44,140,225		17,388,746
TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01			6.01
		.02			6.02
7	Total Medicare program liability (see instructions)				7
8	Name of Contractor		Contractor Number	NPR Date (Month/Day/Year)	8

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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 15-T034

**WORKSHEET E-1
PART I**

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
		1	2	3	4
1	Total interim payments paid to provider		8,401,376		3,011
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			3.01
		.02			3.02
	Program	.03			3.03
	to	.04			3.04
	Provider	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
	Provider	.52			3.52
	to	.53			3.53
	Program	.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		8,401,376		3,011
TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01			6.01
		.02			6.02
7	Total Medicare program liability (see instructions)				7
8	Name of Contractor		Contractor Number	NPR Date (Month/Day/Year)	8

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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check applicable box: Hospital CAH

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	10,325	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	26,975	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	7,296	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	50,759	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	726,947,953	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	14,791,996	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)	1,321,610	8
9	Sequestration adjustment amount (see instructions)	26,432	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	1,295,178	10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

30	Initial/interim HIT payment(s)	1,286,334	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	8,844	32

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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-T034

**WORKSHEET E-3
PART III**

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

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	Net Federal PPS payment (see instructions)	8,511,469		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.029100		2
3	Inpatient Rehabilitation LIP payments (see instructions)	164,271		3
4	Outlier payments	56,417		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 displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2)			5.01
6	New teaching program adjustment (see instructions)			6
7	Current year unweighted FTE count of I&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 of a 'new teaching program' (see instructions)			8
9	Intern and resident count for IRF PPS medical education adjustment (see instructions)			9
10	Average daily census (see instructions)	17.800000		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	8,732,157		13
14	Nursing and allied health managed care payments (see instructions)			14
15	Organ acquisition DO NOT USE THIS LINE			15
16	Cost of physicians' services in a teaching hospital (see instructions)			16
17	Subtotal (see instructions)	8,732,157		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	8,732,157		19
20	Deductibles	61,592		20
21	Subtotal (line 19 minus line 20)	8,670,565		21
22	Coinsurance	91,194		22
23	Subtotal (line 21 minus line 22)	8,579,371		23
24	Allowable bad debts (exclude bad debts for professional services) (see instructions)	15,054		24
25	Adjusted reimbursable bad debts (see instructions)	9,785		25
26	Allowable bad debts for dual eligible beneficiaries (see instructions)	5,168		26
27	Subtotal (sum of lines 23 and 25)	8,589,156		27
28	Direct graduate medical education payments (from Wkst. E-4, line 49) (For free standing IRF only)			28
29	Other pass through costs (see instructions)	640		29
30	Outlier payments reconciliation			30
31	Other adjustments (specify) (see instructions)			31
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			31.50
32	Total amount payable to the provider (see instructions)	8,589,796		32
32.01	Sequestration adjustment (see instructions)	171,796		32.01
33	Interim payments	8,401,376		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 33 and 34)	16,624		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	1,527,451		36

TO BE COMPLETED BY CONTRACTOR

50	Original outlier amount from Wkst. E-3, Pt. 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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-T034

WORKSHEET E-3
PART VII

Check Title V Hospital NF PPS
 Applicable Title XIX Subprovider IRF ICF/IID TEFRA
 Boxes: SNF Other

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1			1
2			2
3			3
4			4
5			5
6			6
7			7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	122,940		8
9	292,915		9
10			10
11			11
12	415,855		12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16	415,855		16
17	415,855		17
18			18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26	30		26
27	30		27
28			28
29	30		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30			30
31	30		31
32			32
33			33
34			34
35			35
36	30		36
37	-30		37
38			38
39			39
40			40
41			41
42			42
43			43

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
Assets (Omit Cents)		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	4,519,730				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	29,835,297				4
5	Other receivables	499				5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory	6,114,609				7
8	Prepaid expenses	2,742,813				8
9	Other current assets					9
10	Due from other funds	869,874				10
11	Total current assets (sum of lines 1-10)	44,082,822				11
FIXED ASSETS						
12	Land					12
13	Land improvements					13
14	Accumulated depreciation					14
15	Buildings	136,880,464				15
16	Accumulated depreciation					16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Audomobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment					23
24	Accumulated depreciation					24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable					29
30	Total fixed assets (sum of lines 12-29)	136,880,464				30
OTHER ASSETS						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	4,068,158				34
35	Total other assets (sum of lines 31-34)	4,068,158				35
36	Total assets (sum of lines 11, 30 and 35)	185,031,444				36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	2,478,509				37
38	Salaries, wages and fees payable	6,592,949				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	296,700				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	9,456,590				44
45	Total current liabilities (sum of lines 37 thru 44)	18,824,748				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable	135,707				47
48	Unsecured loans					48
49	Other long term liabilities	15,948,512				49
50	Total long term liabilities (sum of lines 46 thru 49)	16,084,219				50
51	Total liabilities (sum of lines 45 and 50)	34,908,967				51
CAPITAL ACCOUNTS						
52	General fund balance	150,122,477				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	150,122,477				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	185,031,444				60

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	Fund balances at beginning of period		112,038,051			1
2	Net income (loss) (from Worksheet G-3, line 29)		23,568,837			2
3	Total (sum of line 1 and line 2)		135,606,888			3
4	Additions (credit adjustments) (specify)					4
5	TRANSFER OF FUNDS	14,445,000				5
6						6
7	RELEASE RESTRICTED ASSETS	70,589				7
8						8
9						9
10	Total additions (sum of lines 4-9)		14,515,589			10
11	Subtotal (line 3 plus line 10)		150,122,477			11
12	Deductions (debit adjustments) (specify)					12
13						13
14						14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)					18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		150,122,477			19

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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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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	58,086,039		58,086,039	1
2	Subprovider IPF				2
3	Subprovider IRF	6,047,317		6,047,317	3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	64,133,356		64,133,356	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	7,771,935		7,771,935	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 lines 11-15)	7,771,935		7,771,935	16
17	Total inpatient routine care services (sum of lines 10 and 16)	71,905,291		71,905,291	17
18	Ancillary services	253,500,776		253,500,776	18
19	Outpatient services	19,130,810	378,117,859	397,248,669	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		4,304,946	4,304,946	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	344,536,877	382,422,805	726,959,682	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		216,300,461	29
30	Add (specify)			30
31	BAD DEBTS			31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		216,300,461	43

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	726,959,682	1
2	Less contractual allowances and discounts on patients' accounts	493,152,413	2
3	Net patient revenues (line 1 minus line 2)	233,807,269	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	216,300,461	4
5	Net income from service to patients (line 3 minus line 4)	17,506,808	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments	625,851	7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts	57,885	10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	759,605	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines	5,445	21
22	Rental of hosptial space	1,601,071	22
23	Governmental appropriations	1,736,485	23
24	Other (OTHER OPERATING INCOME)	792,055	24
24.01	Other (CARDIO INCOME)	55,434	24.01
24.02	Other (RELEASED TEMP ASSETS)	82,646	24.02
24.03	Other (POB REVENUES)		24.03
24.04	Other (THERAPY INCOME)		24.04
24.05	Other (LAMAZE CLASSES)	143,004	24.05
24.06	Other (PHOTOGRAPHIC FEES)	2,302	24.06
24.07	Other (GAIN ON SALE OF ASSETS)	236,317	24.07
24.08	Other (ROUNDING)		24.08
25	Total other income (sum of lines 6-24)	6,098,100	25
26	Total (line 5 plus line 25)	23,604,908	26
27.01	Other expenses (BAD DEBT EXPENSE)	36,071	27.01
28	Total other expenses (sum of line 27 and subscripts)	36,071	28
29	Net income (or loss) for the period (line 26 minus line 28)	23,568,837	29

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 15-7313

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	616,287	31,756			88,391	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	868,895		63,896			6
7	Physical Therapy				495,005		7
8	Occupational Therapy				116,306		8
9	Speech Pathology				41,100		9
10	Medical Social Services	794					10
11	Home Health Aide	93,037		14,678			11
12	Supplies (see instructions)					164,528	12
13	Drugs						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	1,579,013	31,756	78,574	652,411	252,919	24

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 15-7313

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	736,434	-92,531	643,903	-4,554	639,349	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	932,791		932,791		932,791	6
7	Physical Therapy	495,005		495,005		495,005	7
8	Occupational Therapy	116,306		116,306		116,306	8
9	Speech Pathology	41,100		41,100		41,100	9
10	Medical Social Services	794		794		794	10
11	Home Health Aide	107,715		107,715		107,715	11
12	Supplies (see instructions)	164,528		164,528		164,528	12
13	Drugs						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	2,594,673	-92,531	2,502,142	-4,554	2,497,588	24

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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 15-7313

**WORKSHEET H-1
PART I**

		CAPITAL RELATED COSTS				
		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE	
		0	1	2	3	
GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General	639,349				5
HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	932,791				6
7	Physical Therapy	495,005				7
8	Occupational Therapy	116,306				8
9	Speech Pathology	41,100				9
10	Medical Social Services	794				10
11	Home Health Aide	107,715				11
12	Supplies (see instructions)	164,528				12
13	Drugs					13
14	DME					14
HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing					17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)	2,497,588				24

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 15-7313

**WORKSHEET H-1
PART I**

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General		639,349	639,349		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		932,791	318,881	1,251,672	6
7	Physical Therapy		495,005	169,220	664,225	7
8	Occupational Therapy		116,306	39,760	156,066	8
9	Speech Pathology		41,100	14,050	55,150	9
10	Medical Social Services		794	271	1,065	10
11	Home Health Aide		107,715	36,823	144,538	11
12	Supplies (see instructions)		164,528	60,344	224,872	12
13	Drugs					13
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing					17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)		2,497,588		2,497,588	24

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 15-7313

WORKSHEET H-1
PART II

		CAPITAL RELATED COSTS						
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
		1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS								
1	Capital Related-Bldgs. and Fixtures							1
2	Capital Related-Movable Equipment							2
3	Plant Operation & Maintenance							3
4	Transportation (see instructions)							4
5	Administrative and General					-639,349	1,870,230	5
HHA REIMBURSABLE SERVICES								
6	Skilled Nursing Care						932,791	6
7	Physical Therapy						495,005	7
8	Occupational Therapy						116,306	8
9	Speech Pathology						41,100	9
10	Medical Social Services						794	10
11	Home Health Aide						107,715	11
12	Supplies (see instructions)					11,991	176,519	12
13	Drugs							13
14	DME							14
HHA NONREIMBURSABLE SERVICES								
15	Home Dialysis Aide Services							15
16	Respiratory Therapy							16
17	Private Duty Nursing							17
18	Clinic							18
19	Health Promotion Activities							19
20	Day Care Program							20
21	Home Delivered Means Program							21
22	Homemaker Service							22
23	All Others							23
23.50	Telemedicine							23.50
24	Totals (sum of lines 1-23)					-627,358	1,870,230	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						639,349	25
26	Unit Cost Multiplier						0.341856	26

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 15-7313

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	MAINTENACE OF PERSONNEL	NONPATIENT TELEPHONES	
		0	1	2	4	4.01	5.01	
1	Administrative and General		23,383	40,108	418,500	27,025	17,640	1
2	Skilled Nursing Care	1,251,672						2
3	Physical Therapy	664,225						3
4	Occupational Therapy	156,066						4
5	Speech Pathology	55,150						5
6	Medical Social Services	1,065						6
7	Home Health Aide	144,538						7
8	Supplies	224,872						8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	2,497,588	23,383	40,108	418,500	27,025	17,640	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 15-7313

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	PURCHASING RECEIVING & STORES 5.02	PATIENT REGISTRATN 5.03	PATIENT ACCOUNTING 5.04	SUBTOTAL (cols.0-4) 4A	ADMINI- STRATIVE & GENERAL 5.05	MAIN- TENANCE & REPAIRS 6	
1	Administrative and General	4,246	12,273		543,175	90,910		1
2	Skilled Nursing Care				1,251,672	209,491		2
3	Physical Therapy				664,225	111,170		3
4	Occupational Therapy				156,066	26,120		4
5	Speech Pathology				55,150	9,230		5
6	Medical Social Services				1,065	178		6
7	Home Health Aide				144,538	24,191		7
8	Supplies				224,872	37,636		8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	4,246	12,273		3,040,763	508,926		20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 15-7313

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	
		7	8	9	10	11	12	
1	Administrative and General	36,512		19,998				1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	36,512		19,998				20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 15-7313

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	NONPHYSIC. ANESTHET. 19	
1	Administrative and General				17.061			1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)				17.061			20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 15-7313

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	PARAMED EDUCATION	SUBTOTAL (sum of col.4A-23)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (cols 23 +/- 24)	ALLOCATED HHA A&G (see PtII)	TOTAL HHA COSTS	
		23	24	25	26	27	28	
1	Administrative and General		707,656		707,656			1
2	Skilled Nursing Care		1,461,163		1,461,163	354,644	1,815,807	2
3	Physical Therapy		775,395		775,395	188,198	963,593	3
4	Occupational Therapy		182,186		182,186	44,219	226,405	4
5	Speech Pathology		64,380		64,380	15,626	80,006	5
6	Medical Social Services		1,243		1,243	302	1,545	6
7	Home Health Aide		168,729		168,729	40,953	209,682	7
8	Supplies		262,508		262,508	63,714	326,222	8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)		3,623,260		3,623,260	707,656	3,623,260	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.242713		21

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

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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 15-7313

**WORKSHEET H-2
PART II**

	HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	MAINTENACE OF PERSONNEL NUMBER OF FTES	NONPATIENT TELEPHONES NUMBER OF PHONES	PURCHASING RECEIVING & STORES SUPPLY EXPENSE	
		1	2	4	4.01	5.01	5.02	
1	Administrative and General	2,100	2,100	1,579,013	2,069	25	14,130	1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	2,100	2,100	1,579,013	2,069	25	14,130	20
21	Total cost to be allocated	23,383	40,108	418,500	27,025	17,640	4,246	21
22	Unit Cost Multiplier	11.134762		0.265039		705.600000		22
22	Unit Cost Multiplier		19.099048		13.061866		0.300495	22

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 15-7313

WORKSHEET H-2
PART II

	HHA COST CENTER	PATIENT REGISTRATN GROSS REVENUE	PATIENT ACCOUNTING GROSS REVENUE	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
		5.03	5.04	4A.05	5.05	6	7	
1	Administrative and General	4,304,946			543,175		2,100	1
2	Skilled Nursing Care				1,251,672			2
3	Physical Therapy				664,225			3
4	Occupational Therapy				156,066			4
5	Speech Pathology				55,150			5
6	Medical Social Services				1,065			6
7	Home Health Aide				144,538			7
8	Supplies				224,872			8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	4,304,946			3,040,763		2,100	20
21	Total cost to be allocated	12,273			508,926		36,512	21
22	Unit Cost Multiplier	0.002851						22
22	Unit Cost Multiplier				0.167368		17.386667	22

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 15-7313

**WORKSHEET H-2
PART II**

	HHA COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA NUMBER OF FTES	MAINTENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINISTRATION NURSING HOURS	
		8	9	10	11	12	13	
1	Administrative and General		2,100					1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)		2,100					20
21	Total cost to be allocated		19,998					21
22	Unit Cost Multiplier							22
22	Unit Cost Multiplier		9.522857					22

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 15-7313

**WORKSHEET H-2
PART II**

	HHA COST CENTER	CENTRAL SERVICES & SUPPLY SUPPLY EXPENSE	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME	
		14	15	16	17	19	23	
1	Administrative and General			4,304,946				1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)			4,304,946				20
21	Total cost to be allocated			17,061				21
22	Unit Cost Multiplier			0.003963				22
22	Unit Cost Multiplier							22

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 15-7313

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

Check applicable box: Title V Title XVIII Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation							
	Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA COSTS (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
		1	2	3	4	5	
1	Skilled Nursing Care	2	1,815,807		1,815,807	18,322	99.11
2	Physical Therapy	3	963,593		963,593	7,631	126.27
3	Occupational Therapy	4	226,405		226,405	1,846	122.65
4	Speech Pathology	5	80,006		80,006	681	117.48
5	Medical Social Services	6	1,545		1,545	12	128.75
6	Home Health Aide	7	209,682		209,682	4,206	49.85
7	Total (sum of lines 1-6)		3,297,038		3,297,038	32,698	

Limitation Cost Computation				Program Visits		
	Patient Services	CBSA No.	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1	2	3	4	
8	Skilled Nursing Care	23844		13,221		8
9	Physical Therapy	23844		5,473		9
10	Occupational Therapy	23844		1,377		10
11	Speech Pathology	23844		490		11
12	Medical Social Services	23844		13		12
13	Home Health Aide	23844		3,426		13
14	Total (sum of lines 8-13)			24,000		14

Supplies and Drugs Cost Computations							
	Other Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
		1	2	3	4	5	
15	Cost of Medical Supplies	8	326,222		326,222	389,528	0.837480
16	Cost of Drugs	9					

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

		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charges (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
		1	2	3	4		
1	Physical Therapy	66	0.267904			col. 2, line 2	1
2	Occupational Therapy	67	0.275839			col. 2, line 3	2
3	Speech Pathology	68	0.269463			col. 2, line 4	3
4	Medical Supplies Charged to Pat	71	0.384924			col. 2, line 15	4
5	Drugs Charged to Patients	73	0.229156			col. 2, line 16	5

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 15-7313

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

Check applicable box: Title V Title XVIII Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation		Program Visits			Cost of Services				
		Part B			Part B			Total	
	Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Program Cost (sum of cols 9-10)	
		6	7	8	9	10	11	12	
1	Skilled Nursing Care		13,221			1,310,333		1,310,333	1
2	Physical Therapy		5,473			691,076		691,076	2
3	Occupational Therapy		1,377			168,889		168,889	3
4	Speech Pathology		490			57,565		57,565	4
5	Medical Social Services		13			1,674		1,674	5
6	Home Health Aide		3,426			170,786		170,786	6
7	Total (sum of lines 1-6)		24,000			2,400,323		2,400,323	7

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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 15-7313

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

Check applicable box: Title V Title XVIII Title XIX

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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	Description	Part A Services	Part B Services	
		1	2	
10	Total reasonable cost (see instructions)			10
11	Total PPS Reimbursement - Full Episodes without Outliers		2,561,480	11
12	Total PPS Reimbursement - Full Episodes with Outliers		256,634	12
13	Total PPS Reimbursement - LUPA Episodes		31,118	13
14	Total PPS Reimbursement - PEP Episodes		20,287	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers		92,069	15
16	Total PPS Outlier Reimbursement - PSP Episodes		1,236	16
17	Total Other Payments			17
18	DME Payments			18
19	Oxygen Payments			19
20	Prosthetic and Orthotic Payments			20
21	Part B deductibles billed to Medicare patients (exclude coinsurance)			21
22	Subtotal (sum of lines 10 thru 20 minus line 21)		2,962,824	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		2,962,824	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		2,962,824	26
27	Reimbursable bad debts (from your records)			27
28	Reimbursable bad debts for dual eligible (see instructions)			28
29	Total costs - current cost reporting period (line 26 plus line 27)		2,962,824	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		2,962,824	31
31.01	Sequestration adjustment (see instructions)		59,256	31.01
32	Interim payments (see instructions)		2,903,568	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES HHA CCN: 15-7313

WORKSHEET H-5

	DESCRIPTION	Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1	2	3	4	
1	Total interim payments paid to provider				2,903,568	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero.					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	.01				3.01
		.02				3.02
	Program	.03				3.03
	To	.04				3.04
	Provider	.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
	Provider	.52				3.52
	To	.53				3.53
	Program	.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99				3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)				2,903,568	4
	TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	.01				5.01
		.02				5.02
	Program	.03				5.03
	To	.04				5.04
	Provider	.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	Provider	.52				5.52
	To	.53				5.53
	Program	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determine net settlement amount (balance due) based on the cost report (see instructions)	.01				6.01
		.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)					7
8	Name of Contractor	Contractor Number		NPR Date: Month, Day, Year		8

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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 15-0034

WORKSHEET L

Check Title V Hospital PPS
 Applicable Title XVIII, Part A SUB (Other) Cost Method
 Boxes: Title XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	Capital DRG other than outlier	3,480,489	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	42,956	2
2.01	Model 4 BPCI Capital DRG outlier payments		2.01
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	140.74	3
4	Number of interns & residents (see instructions)		4
5	Indirect medical education percentage (see instructions)		5
6	Indirect medical education adjustment (see instructions)		6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0443	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.1387	8
9	Sum of lines 7 and 8	0.1830	9
10	Allowable disproportionate share percentage (see instructions)	0.0378	10
11	Disproportionate share adjustment (see instructions)	131,562	11
12	Total prospective capital payments (see instructions)	3,655,007	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 15-0034

WORKSHEET L

Check Title V Hospital PPS
 Applicable Title XVIII, Part A SUB (Other) Cost Method
 Boxes: Title XIX

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier		1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments		2
2.01	Model 4 BPCI Capital DRG outlier payments		2.01
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)		3
4	Number of interns & residents (see instructions)		4
5	Indirect medical education percentage (see instructions)		5
6	Indirect medical education adjustment (see instructions)		6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)		7
8	Percentage of Medicaid patient days to total days (see instructions)		8
9	Sum of lines 7 and 8		9
10	Allowable disproportionate share percentage (see instructions)		10
11	Disproportionate share adjustment (see instructions)		11
12	Total prospective capital payments (see instructions)		12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/29/2015 Run Time: 21:12 Version: 2015.10 (11/29/2015)
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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
4.01	MAINTENANCE OF PERSONNEL						4.01
5.01	NON-PATIENT TELEPHONES						5.01
5.02	PURCHASING, RECEIVING & STORES						5.02
5.03	PATIENT REGISTRATION						5.03
5.04	PATIENT ACCOUNTING						5.04
5.05	ADMINISTRATIVE & GENERAL						5.05
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
41	Subprovider - IRF						41
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	RADIOLOGY - ULTRASOUND						54.01
56	Radioisotope						56
57	CT Scan						57
59	Cardiac Catheterization						59
60	Laboratory						60
62	Whole Blood & Packed Red Blood Cells						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
70	Electroencephalography						70
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency						101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						
192	Physicians' Private Offices						192
194	OTHER NON-REIMBURSEABLE COST CENTERS						194
194.01	OTHER NONREIMBURSABLE						194.01
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)						202