

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

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

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report 4. <input type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.	Date: 11/29/2016 Time: 21:31
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN
		10. NPR Date: _____ 11. Contractor's Vendor Code: _____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. MARY MEDICAL CENTER, INC. (15-0034) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 07/01/2015 and ending 06/30/2016, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

ECR Encryption: 11/29/2016 21:31
e9sDGrp8yU7OmToc:0HLVABZFqYj0
5pe440e1sf28QoRvtEc6BqXWklnORm
cp1q1c4cHv0HIsXI

PI Encryption: 11/29/2016 21:31
udtVgX.2ySp0mjm3GamVpFy0pFFB0
pMKeG0lquUqB2eqKRW:lIOdrM6ebwZ
Mj3U0ujXXv0pfeDn

(Signed) Mary Andrey
Officer or Administrator of Provider(s)
VP Finance / CFO
Title
11/30/16
Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		156,310	-4,010			1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF		41,862				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		198,172	-4,010			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	2

Hospital and Hospital-Based Component Identification:

Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
0	1	2	3	4	5	6	7	8	3	
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 OLTIC									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 / 2015	To: 06 / 30 / 2016	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.	1,085	3,528		175	3,548		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.		135			119		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
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPSS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N						37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				38

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

		1	2		
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	N	N	39	
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40	
Prospective Payment System (PPS)-Capital		V	XVIII	XIX	
		I	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N	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	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	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	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. 15-1, 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
122	Does the cost report contain state health or similar taxes? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

Transplant Center Information

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

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**WORKSHEET S-2
PART I**

All Providers

		1	2	
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	Y	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.	N		167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)			168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)			168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)			169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)		N	171

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

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

		Y/N	Type	Date
Financial Data and Reports				
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	Y	A	4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	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	11/03/2016	Y	11/03/2016
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

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

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

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

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

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

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips			Total All Patients	
						Title V	Title XVIII	Title XIX		
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	169	61,854			24,815	780	46,458	1
2	HMO and other (see instructions)						6,081	7,035		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider						493	254		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)		169	61,854			24,815	780	46,458	7
8	Intensive Care Unit	31	20	7,320			2,361	124	5,448	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						181	1,725	13
14	Total (see instructions)		189	69,174			27,176	1,085	53,631	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41	20	7,320			4,965		6,647	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					24,924		33,382	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)		209							27
28	Observation Bed Days								3,950	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							216	251	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					5,186	222	10,732	1
2	HMO and other (see instructions)					1,095	1,726		2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider						25		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)		1,083.62			5,186	222	10,732	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF		30.64			482		632	17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		22.79						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)		1,137.05						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3 PARTS II-III

Part II - Wage Data

	Wkst A Line No.	Amount Reported	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	67,332,441	67,332,441	2,314,694.00	29.09	1
2	Non-physician anesthetist Part A						2
3	Non-physician anesthetest Part B						3
4	Physician-Part A - Administrative						4
4.01	Physician-Part A - Teaching						4.01
5	Physician-Part B						5
6	Non-physician-Part B						6
7	Interns & residents (in an approved program)	21					7
7.01	Contracted interns & residents (in an approved program)						7.01
8	Home office personnel						8
9	SNF	44					9
10	Excluded area salaries (see instructions)	3,466,469	249,065	3,715,534	100,804.00	36.86	10
OTHER WAGES & RELATED COSTS							
11	Contract labor (see instructions)	2,345,427		2,345,427	33,954.00	69.08	11
12	Contract management and administrative services						12
13	Contract labor: Physician-Part A - Administrative	554,496		554,496	3,707.00	149.58	13
14	Home office salaries & wage-related costs	10,088,055		10,088,055	256,305.00	39.36	14
15	Home office: Physician Part A - Administrative						15
16	Home office & Contract Physicians Part A - Teaching						16
WAGE-RELATED COSTS							
17	Wage-related costs (core)(see instructions)	16,155,732		16,155,732			17
18	Wage-related costs (other)(see instructions)						18
19	Excluded areas	761,018		761,018			19
20	Non-physician anesthetist Part A						20
21	Non-physician anesthetist Part B						21
22	Physician Part A - Administrative						22
22.01	Physician Part A - Teaching						22.01
23	Physician Part B						23
24	Wage-related costs (RHC/FQHC)						24
25	Interns & residents (in an approved program)						25
OVERHEAD COSTS - DIRECT SALARIES							
26	Employee Benefits Department	963,188		963,188	26,188.00	36.78	26
27	Administrative & General	6,032,777	-218,407	5,814,370	287,269.00	20.24	27
28	Administrative & General under contract (see instructions)	2,064,977		2,064,977	14,525.00	142.17	28
29	Maintenance & Repairs	1,441,274		1,441,274	40,893.00	35.25	29
30	Operation of Plant	973,426		973,426	45,011.00	21.63	30
31	Laundry & Linen Service	82,331		82,331	5,892.00	13.97	31
32	Housekeeping	1,755,658		1,755,658	106,731.00	16.45	32
33	Housekeeping under contract (see instructions)						33
34	Dietary	1,878,347	-1,112,380	765,967	38,496.00	19.90	34
35	Dietary under contract (see instructions)						35
36	Cafeteria		1,112,380	1,112,380	66,198.00	16.80	36
37	Maintenance of Personnel						37
38	Nursing Administration	2,506,575		2,506,575	61,510.00	40.75	38
39	Central Services and Supply	506,367		506,367	17,995.00	28.14	39
40	Pharmacy	2,511,796	-423,939	2,087,857	62,751.00	33.27	40
41	Medical Records & Medical Records Library	37,616		37,616	1,254.00	30.00	41
42	Social Service	4,400	-4,400				42
43	Other General Service						43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)	69,397,418		69,397,418	2,329,219.00	29.79	1
2	Excluded area salaries (see instructions)	3,466,469	249,065	3,715,534	100,804.00	36.86	2
3	Subtotal salaries (line 1 minus line 2)	65,930,949	-249,065	65,681,884	2,228,415.00	29.47	3
4	Subtotal other wages & related costs (see instructions)	12,987,978		12,987,978	293,966.00	44.18	4
5	Subtotal wage-related costs (see instructions)	16,155,732		16,155,732		24.60%	5
6	Total (sum of lines 3 through 5)	95,074,659	-249,065	94,825,594	2,522,381.00	37.59	6
7	Total overhead cost (see instructions)	20,758,732	-646,746	20,111,986	774,713.00	25.96	7

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	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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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

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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		3,867		839	4,706	1
2	Unduplicated Census Count (see instructions)		693.00		377.00	1,070.00	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)		0.96		0.96
5	Other Administrative Personnel		11.38		11.38
6	Direct Nursing Service		6.99		6.99
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		0.03		0.03
15	Medical Social Service Supervisor				15
16	Home Health Aide		4.85		4.85
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.	3	19
20	List those CBSA code(s) serviced during this cost reporting period (line 20 contains the first code).	23844	20
20.01		33140	20.01
20.02		99915	20.02

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	9,645	3,456	193	112	13,406	21
22	Skilled Nursing Visit Charges	1,575,219	563,808	31,557	18,282	2,188,866	22
23	Physical Therapy Visits	5,053	617	26	50	5,746	23
24	Physical Therapy Visit Charges	964,065	117,533	4,974	9,490	1,096,062	24
25	Occupational Therapy Visits	1,198	149	4	12	1,363	25
26	Occupational Therapy Visit Charges	228,254	28,409	772	2,272	259,707	26
27	Speech Pathology Visits	366	129	4		499	27
28	Speech Pathology Visit Charges	69,174	24,381	756		94,311	28
29	Medical Social Service Visits	36	5		2	43	29
30	Medical Social Service Visit Charges	7,796	75		430	8,301	30
31	Home Health Aide Visits	2,908	906	4	49	3,867	31
32	Home Health Aide Visit Charges	354,446	110,478	492	5,987	471,403	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	19,206	5,262	231	225	24,924	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	3,198,954	844,684	38,551	36,461	4,118,650	35
36	Total Number of Episodes (standard/non-outlier)	903		91	17	1,011	36
37	Total Number of Outlier Episodes		206			206	37
38	Total Non-Routine Medical Supply Charges	215,903	88,760	7,198	4,277	316,138	38

KPMG LLP Compu-Max 2552-10

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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)		0.244790	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		12,756,996	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		106,763,393	6
7	Medicaid cost (line 1 times line 6)		26,134,611	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.		13,377,615	8

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

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

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

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

Uncompensated care (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundng charity care		1,120	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)		13,377,615	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	1,459,334		1,459,334
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	357,230		357,230
22	Partial payment by patients approved for charity care	46,403		46,403
23	Cost of charity care (line 21 minus line 22)	310,827		310,827

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)		5,591,644	26
27	Medicare bad debts for the entire hospital complex (see instructions)		918,655	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		4,672,989	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,143,901	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)		1,454,728	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		14,832,343	31

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt				8,158,387	8,158,387	-1,182,252	6,976,135	1
2	00200	Cap Rel Costs-Mvble Equip				8,581,532	8,581,532	2,116,550	10,698,082	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	76,962	81,717	158,679	11,482,582	11,641,261	-100	11,641,161	4
4.01	00401	MAINTENANCE OF PERSONNEL	886,226	661,072	1,547,298	-291,333	1,255,965	-2,021	1,253,944	4.01
5.01	00540	NON-PATIENT TELEPHONES						567,912	567,912	5.01
5.02	00560	PURCHASING, RECEIVING & STORES	354,218	379,968	734,186	135,222	869,408		869,408	5.02
5.03	00570	PATIENT REGISTRATION	1,609,473	662,032	2,271,505	-461,893	1,809,612		1,809,612	5.03
5.04	00580	PATIENT ACCOUNTING		-365	-365	365				5.04
5.05	00590	ADMINISTRATIVE & GENERAL	4,069,086	58,377,685	62,446,771	-8,435,424	54,011,347	-29,727,885	24,283,462	5.05
6	00600	Maintenance & Repairs	1,441,274	8,232,471	9,673,745	-2,676,631	6,997,114		6,997,114	6
7	00700	Operation of Plant	973,426	1,493,237	2,466,663	233,346	2,700,009		2,700,009	7
8	00800	Laundry & Linen Service	82,331	667,496	749,827	-20,130	729,697		729,697	8
9	00900	Housekeeping	1,755,658	1,415,625	3,171,283	-670,437	2,500,846	-120	2,500,726	9
10	01000	Dietary	1,878,347	2,239,952	4,118,299	-2,969,766	1,148,533	-3,623	1,144,910	10
11	01100	Cafeteria				2,438,906	2,438,906	-825,049	1,613,857	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	2,506,575	2,313,135	4,819,710	-435,769	4,383,941	-20,481	4,363,460	13
14	01400	Central Services & Supply	506,367	436,032	942,399	-437,446	504,953		504,953	14
15	01500	Pharmacy	2,511,796	12,551,371	15,063,167	-11,928,576	3,134,591	-6,009	3,128,582	15
16	01600	Medical Records & Library	37,616	83,263	120,879	-10,714	110,165	2,864,452	2,974,617	16
17	01700	Social Service	4,400	2,871	7,271	-7,271				17
19	01900	Nonphysician Anesthetists								19
23	02300	PARAMED ED PRGM-(SPECIFY)				279,622	279,622		279,622	23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	16,843,390	7,106,267	23,949,657	-5,576,353	18,373,304		18,373,304	30
31	03100	Intensive Care Unit	3,745,389	2,007,223	5,752,612	-1,113,795	4,638,817	-6,902	4,631,915	31
41	04100	Subprovider - IRF	1,746,599	1,369,222	3,115,821	-400,774	2,715,047		2,715,047	41
43	04300	Nursery				1,163,003	1,163,003		1,163,003	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	4,558,105	31,672,979	36,231,084	-24,264,135	11,966,949	-8,938	11,958,011	50
51	05100	Recovery Room	1,443,274	515,142	1,958,416	-301,302	1,657,114		1,657,114	51
52	05200	Delivery Room & Labor Room				1,172,621	1,172,621		1,172,621	52
53	05300	Anesthesiology		3,612,093	3,612,093	-115,422	3,496,671	-3,369,791	126,880	53
54	05400	Radiology-Diagnostic	3,264,006	4,095,629	7,359,635	-1,859,201	5,500,434	-12,230	5,488,204	54
54.01	03630	RADIOLOGY - ULTRASOUND	782,331	551,030	1,333,361	-183,279	1,150,082		1,150,082	54.01
56	05600	Radioisotope	403,542	644,147	1,047,689	-425,647	622,042		622,042	56
57	05700	CT Scan	819,794	748,776	1,568,570	-87,508	1,481,062		1,481,062	57
59	05900	Cardiac Catheterization	1,223,626	3,858,412	5,082,038	-3,422,493	1,659,545	-2,892	1,656,653	59
60	06000	Laboratory	3,547,810	4,804,260	8,352,070	-737,832	7,614,238	-110,421	7,503,817	60
62	06200	Whole Blood & Packed Red Blood Cells	182,387	1,117,467	1,299,854	-56,102	1,243,752		1,243,752	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	1,965,420	872,512	2,837,932	-501,148	2,336,784	-57,409	2,279,375	65
66	06600	Physical Therapy		2,396,185	2,396,185	-13,308	2,382,877	-10,159	2,372,718	66
67	06700	Occupational Therapy	193,188	925,292	1,118,480	-16,705	1,101,775		1,101,775	67
68	06800	Speech Pathology		386,893	386,893	-823	386,070		386,070	68
70	07000	Electroencephalography	563,575	4,663,479	5,227,054	-4,711,234	515,820	-6,182	509,638	70
71	07100	Medical Supplies Charged to Patients				9,983,872	9,983,872		9,983,872	71
72	07200	Impl. Dev. Charged to Patients				20,100,887	20,100,887		20,100,887	72
73	07300	Drugs Charged to Patients				11,034,851	11,034,851		11,034,851	73
74	07400	Renal Dialysis		635,009	635,009		635,009		635,009	74
76.97	07697	CARDIAC REHABILITATION	600,743	269,965	870,708	-150,839	719,869	-58,918	660,951	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	1,832,664	1,339,021	3,171,685	-434,422	2,737,263	-266,997	2,470,266	90
91	09100	Emergency	3,202,973	2,125,378	5,328,351	-1,142,973	4,185,378	-70,874	4,114,504	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
101	10100	Home Health Agency	1,653,095	1,429,658	3,082,753	-329,581	2,753,172	-7,220	2,745,952	101
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	67,265,666	166,743,601	234,009,267	574,930	234,584,197	-30,207,559	204,376,638	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen								190
192	19200	Physicians' Private Offices	12,720	56,006	68,726	-21,322	47,404		47,404	192
194	07950	OTHER NON-REIMBURSEABLE COST CENTERS	54,055	1,065,114	1,119,169	-553,608	565,561		565,561	194
194.01	07951	OTHER NONREIMBURSABLE								194.01
200		TOTAL (sum of lines 118-199)	67,332,441	167,864,721	235,197,162		235,197,162	-30,207,559	204,989,603	200

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	MEDICAL SUPPLY RECLASS	A	Medical Supplies Charged to P	71		9,437,606	1
2			Impl. Dev. Charged to Patient	72		20,100,887	2
3			Medical Supplies Charged to P	71		546,266	3
4							4
5							5
6							6
7							7
8							8
9							9
500	Total reclassifications					30,084,759	500
	Code Letter - A						
1	RECLASS DEPRECIATION EXPENSE	B	Cap Rel Costs-Bldg & Fixt	1		6,250,930	1
2			Cap Rel Costs-Mvble Equip	2		7,102,748	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
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
500	Total reclassifications					13,353,678	500
	Code Letter - B						
1	RECLASS MINOR PFS COSTS	C	PATIENT ACCOUNTING	5.04		365	1
2	RECLASS MINOR SOCIAL SERVICE COSTS	C	ADMINISTRATIVE & GENERAL	5.05	4,400	2,871	2
500	Total reclassifications				4,400	3,236	500
	Code Letter - C						
1	RECLASS LDRP COSTS	D	Nursery	43	721,705	441,298	1
2			Delivery Room & Labor Room	52	727,673	444,948	2
500	Total reclassifications				1,449,378	886,246	500
	Code Letter - D						
1	RECLASS EMS PARAMEDICAL ED COSTS	E	PARAMED ED PRGM-(SPECIFY)	23	222,807	44,335	1
2			PARAMED ED PRGM-(SPECIFY)	23	12,480		2
3							3
4							4
5							5
6							6
7							7
8							8
500	Total reclassifications				235,287	44,335	500
	Code Letter - E						
1	CAFETERIA EXPENSES RECLASS	F	Cafeteria	11	1,112,380	1,326,526	1
500	Total reclassifications				1,112,380	1,326,526	500
	Code Letter - F						
1	BENEFITS RECLASS	G	Employee Benefits Department	4		11,504,524	1

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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
2			ADMINISTRATIVE & GENERAL	5.05		1,084,299	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
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
500	Total reclassifications Code Letter - G					12,588,823	500
1	UTILITIES EXPENSE RECLASS	H	Operation of Plant	7		993,623	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
500	Total reclassifications Code Letter - H					993,623	500
1	INTEREST EXPENSE RECLASS	I	Cap Rel Costs-Bldg & Fixt	1		1,288,465	1
500	Total reclassifications Code Letter - I					1,288,465	500
1	PHARMACY RECLASS EXPENSE	J	Drugs Charged to Patients	73		11,034,851	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
500	Total reclassifications Code Letter - J					11,034,851	500
1	RECLASS SERVICE CONTRACTS	K	PATIENT REGISTRATION	5.03		240	1
2			ADMINISTRATIVE & GENERAL	5.05		8,516	2
3			ADMINISTRATIVE & GENERAL	5.05		10,043	3
4			Operation of Plant	7		945	4
5			Laundry & Linen Service	8		67	5
6			Housekeeping	9		816	6
7			Operating Room	50		232,213	7

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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	
8			Anesthesiology	53		13,909	8
9			Radiology-Diagnostic	54		704,069	9
10			Radioisotope	56		46,627	10
11			CT Scan	57		331,192	11
12			Cardiac Catheterization	59		181,574	12
13			Laboratory	60		59,874	13
14			Whole Blood & Packed Red Bloo	62		204	14
15			Clinic	90		154	15
500	Total reclassifications					1,590,443	500
	Code Letter - K						
1	BUILDING RENT EXPENSE RECLASS	L	Cap Rel Costs-Bldg & Fixt	1		420,694	1
2							2
3							3
4							4
500	Total reclassifications					420,694	500
	Code Letter - L						
1	EQUIPMENT RENT EXPENSE RECLASS	M	Cap Rel Costs-Mvble Equip	2		1,478,784	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					1,478,784	500
	Code Letter - M						
1	RECLASS REPAIRS AND MAINTENANCE COS	N	Operation of Plant	7		6,900	1
2			PURCHASING, RECEIVING & STORE	5.02		135,222	2
3			Adults & Pediatrics	30		3,679	3
4			Intensive Care Unit	31		6,799	4
5			Operating Room	50		171,162	5
6			Anesthesiology	53		1,500	6
7			Radiology-Diagnostic	54		200,519	7
8			RADIOLOGY - ULTRASOUND	54.01		51,212	8
9			Cardiac Catheterization	59		7,600	9
10			Laboratory	60		6,192	10
11			Respiratory Therapy	65		1,900	11
12			Electroencephalography	70		20,099	12
13			CARDIAC REHABILITATION	76.97		510	13
14			Clinic	90		605	14
15			Emergency	91		1,788	15
16			OTHER NON-REIMBURSEABLE COST	194		1,771	16
17			Maintenance & Repairs	6		613	17
500	Total reclassifications					618,071	500
	Code Letter - N						
1	RECLASS PROPERTY INSURANCE	O	Cap Rel Costs-Bldg & Fixt	1		198,298	1
500	Total reclassifications					198,298	500
	Code Letter - O						
1	RECLASS IV COSTS	P	Adults & Pediatrics	30	304,685	267,111	1
2			Intensive Care Unit	31	28,828	25,273	2
3			Operating Room	50	12,464	10,927	3
4			Clinic	90	30,057	26,351	4
5			Emergency	91	27,386	24,009	5
6			Subprovider - IRF	41	13,778	12,079	6
7			Radiology-Diagnostic	54	6,741	5,909	7
8	NOT DONE NOT DONE NOT DONE	P					8
500	Total reclassifications				423,939	371,659	500
	Code Letter - P						

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
GRAND TOTAL (Increases)				3,225,384	76,282,491	

(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

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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			Adults & Pediatrics	30		22,670	2	
3			Adults & Pediatrics	30		228,595	3	
4			Intensive Care Unit	31		112,643	4	
5			Subprovider - IRF	41		29,354	5	
6			Operating Room	50		21,810,590	6	
7			Electroencephalography	70		4,534,137	7	
8			Emergency	91		153,004	8	
9			Cardiac Catheterization	59		3,193,766	9	
500	Total reclassifications					30,084,759	500	
	Code letter - A							
1	RECLASS DEPRECIATION EXPENSE	B	MAINTENANCE OF PERSONNEL	4.01		5,975	9	
2			PATIENT REGISTRATION	5.03		55,184	9	
3			ADMINISTRATIVE & GENERAL	5.05		6,718,906	3	
4			Maintenance & Repairs	6		183,883	4	
5			Operation of Plant	7		184,252	5	
6			Laundry & Linen Service	8		4,104	6	
7			Housekeeping	9		5,248	7	
8			Dietary	10		17,420	8	
9			Nursing Administration	13		1,130	9	
10			Central Services & Supply	14		71,927	10	
11			Pharmacy	15		176,603	11	
12			Medical Records & Library	16		1,729	12	
13			Adults & Pediatrics	30		333,910	13	
14			Intensive Care Unit	31		474,886	14	
15			Subprovider - IRF	41		34,449	15	
16			Operating Room	50		1,556,885	16	
17			Recovery Room	51		20,033	17	
18			Anesthesiology	53		40,384	18	
19			Radiology-Diagnostic	54		1,787,106	19	
20			RADIOLOGY - ULTRASOUND	54.01		78,158	20	
21			Radioisotope	56		46,184	21	
22			CT Scan	57		234,294	22	
23			Cardiac Catheterization	59		171,451	23	
24			Laboratory	60		149,677	24	
25			Whole Blood & Packed Red Bloo	62		11,926	25	
26			Respiratory Therapy	65		57,270	26	
27			Physical Therapy	66		11,639	27	
28			Occupational Therapy	67		1,487	28	
29			Speech Pathology	68		823	29	
30			Electroencephalography	70		82,340	30	
31			CARDIAC REHABILITATION	76.97		25,049	31	
32			Clinic	90		72,467	32	
33			Emergency	91		453,997	33	
34			Home Health Agency	101		20,088	34	
35			OTHER NON-REIMBURSEABLE COST	194		262,814	35	
500	Total reclassifications					13,353,678	500	
	Code letter - B							
1	RECLASS MINOR PFS COSTS	C	ADMINISTRATIVE & GENERAL	5.05		365	1	
2	RECLASS MINOR SOCIAL SERVICE COSTS	C	Social Service	17	4,400	2,871	2	
500	Total reclassifications				4,400	3,236	500	
	Code letter - C							
1	RECLASS LDRP COSTS	D	Adults & Pediatrics	30	721,705	441,298	1	
2			Adults & Pediatrics	30	727,673	444,948	2	
500	Total reclassifications				1,449,378	886,246	500	
	Code letter - D							
1	RECLASS EMS PARAMEDICAL ED COSTS	E	ADMINISTRATIVE & GENERAL	5.05	222,807	44,335	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	7,680		8	
500	Total reclassifications				235,287	44,335	500	
	Code letter - E							
1	CAFETERIA EXPENSES RECLASS	F	Dietary	10	1,112,380	1,326,526	1	
500	Total reclassifications				1,112,380	1,326,526	500	
	Code letter - F							

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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	BENEFITS RECLASS	G	Employee Benefits Department	4		21,002	1	
2			MAINTENANCE OF PERSONNEL	4.01		285,358	2	
3			PATIENT REGISTRATION	5.03		406,246	3	
4			Maintenance & Repairs	6		273,209	4	
5			Operation of Plant	7		241,534	5	
6			Laundry & Linen Service	8		16,093	6	
7			Housekeeping	9		663,795	7	
8			Dietary	10		491,255	8	
9			Nursing Administration	13		433,289	9	
10			Central Services & Supply	14		218,143	10	
11			Pharmacy	15		432,436	11	
12			Medical Records & Library	16		8,985	12	
13			Adults & Pediatrics	30		3,229,049	13	
14			Intensive Care Unit	31		586,206	14	
15			Subprovider - IRF	41		362,820	15	
16			Operating Room	50		943,597	16	
17			Recovery Room	51		281,269	17	
18			Radiology-Diagnostic	54		757,796	18	
19			RADIOLOGY - ULTRASOUND	54.01		102,873	19	
20			Radioisotope	56		73,178	20	
21			CT Scan	57		124,551	21	
22			Cardiac Catheterization	59		176,586	22	
23			Laboratory	60		651,605	23	
24			Whole Blood & Packed Red Bloo	62		44,380	24	
25			Respiratory Therapy	65		349,712	25	
26			Occupational Therapy	67		13,439	26	
27			Electroencephalography	70		112,510	27	
28			CARDIAC REHABILITATION	76.97		119,438	28	
29			Clinic	90		345,974	29	
30			Emergency	91		581,456	30	
31			Home Health Agency	101		234,624	31	
32			Physicians' Private Offices	192		4,572	32	
33			OTHER NON-REIMBURSEABLE COST	194		1,843	33	
500	Total reclassifications					12,588,823	500	
	Code letter - G							
1	UTILITIES EXPENSE RECLASS	H	PATIENT REGISTRATION	5.03		703	1	
2			Radiology-Diagnostic	54		1,387	2	
3			Laboratory	60		1,710	3	
4			Respiratory Therapy	65		8,130	4	
5			Occupational Therapy	67		23	5	
6			ADMINISTRATIVE & GENERAL	5.05		342,940	6	
7			Housekeeping	9		2,210	7	
8			Operation of Plant	7		342,217	8	
9			CARDIAC REHABILITATION	76.97		6,659	9	
10			Home Health Agency	101		1,348	10	
11			Operating Room	50		1,384	11	
12			OTHER NON-REIMBURSEABLE COST	194		284,412	12	
13			Clinic	90		492	13	
14			Subprovider - IRF	41		8	14	
500	Total reclassifications					993,623	500	
	Code letter - H							
1	INTEREST EXPENSE RECLASS	I	ADMINISTRATIVE & GENERAL	5.05		1,288,465	11	
500	Total reclassifications					1,288,465	500	
	Code letter - I							
1	PHARMACY RECLASS EXPENSE	J	Pharmacy	15		10,523,939	1	
2			Central Services & Supply	14		80	2	
3			Physicians' Private Offices	192		16,750	3	
4			Anesthesiology	53		90,447	4	
5			Radioisotope	56		345,783	5	
6			Respiratory Therapy	65		53,216	6	
7			Clinic	90		1,701	7	
8			Occupational Therapy	67		1,756	8	
9			OTHER NON-REIMBURSEABLE COST	194		661	9	
10			Physical Therapy	66		518	10	
500	Total reclassifications					11,034,851	500	
	Code letter - J							
1	RECLASS SERVICE CONTRACTS	K	Maintenance & Repairs	6		1,590,443	1	
2							2	
3							3	
4							4	
5							5	

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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	
6							6	
7							7	
8							8	
9							9	
10							10	
11							11	
12							12	
13							13	
14							14	
15							15	
500	Total reclassifications					1,590,443	500	
	Code letter - K							
1	BUILDING RENT EXPENSE RECLASS	L	Laboratory	60		266	10	
2			OTHER NON-REIMBURSEABLE COST	194		4,891	2	
3			Home Health Agency	101		73,521	3	
4			ADMINISTRATIVE & GENERAL	5.05		342,016	4	
500	Total reclassifications					420,694	500	
	Code letter - L							
1	EQUIPMENT RENT EXPENSE RECLASS	M	Employee Benefits Department	4		940	10	
2			ADMINISTRATIVE & GENERAL	5.05		387,421	2	
3			Maintenance & Repairs	6		11,638	3	
4			Operation of Plant	7		119	4	
5			Dietary	10		22,185	5	
6			Nursing Administration	13		1,350	6	
7			Central Services & Supply	14		147,296	7	
8			Adults & Pediatrics	30		700	8	
9			Operating Room	50		377,485	9	
10			Radiology-Diagnostic	54		230,150	10	
11			RADIOLOGY - ULTRASOUND	54.01		53,460	11	
12			Radioisotope	56		7,129	12	
13			CT Scan	57		59,855	13	
14			Respiratory Therapy	65		34,080	14	
15			Cardiac Catheterization	59		69,544	15	
16			CARDIAC REHABILITATION	76.97		203	16	
17			Physical Therapy	66		1,151	17	
18			Emergency	91		19	18	
19			Electroencephalography	70		2,346	19	
20			Clinic	90		70,955	20	
21			OTHER NON-REIMBURSEABLE COST	194		758	21	
500	Total reclassifications					1,478,784	500	
	Code letter - M							
1	RECLASS REPAIRS AND MAINTENANCE COS	N	Maintenance & Repairs	6		618,071	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	
500	Total reclassifications					618,071	500	
	Code letter - N							
1	RECLASS PROPERTY INSURANCE	O	ADMINISTRATIVE & GENERAL	5.05		198,298	12	
500	Total reclassifications					198,298	500	
	Code letter - O							
1	RECLASS IV COSTS	P	Pharmacy	15	423,939	371,659	1	
2							2	
3							3	
4							4	
5							5	
6							6	
7							7	

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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	
8	NOT DONE NOT DONE NOT DONE	P					8	
500	Total reclassifications				423,939	371,659	500	
	Code letter - P							
	GRAND TOTAL (Decreases)				3,225,384	76,282,491		

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

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RECONCILIATION OF CAPITAL COST CENTERS

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

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land								1
2	Land Improvements	11,124,543	1,839,696		1,839,696		12,964,239		2
3	Buildings and Fixtures	116,425,312	35,489,851		35,489,851	218,952	151,696,211		3
4	Building Improvements	159,278	27,354		27,354		186,632		4
5	Fixed Equipment								5
6	Movable Equipment	102,045,081	16,006,044		16,006,044	7,892,810	110,158,315		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	229,754,214	53,362,945		53,362,945	8,111,762	275,005,397		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	229,754,214	53,362,945		53,362,945	8,111,762	275,005,397		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	164,847,082		164,847,082	0.599432					1	
2	Cap Rel Costs-Mvble Equip	110,158,315		110,158,315	0.400568					2	
3	Total (sum of lines 1-2)	275,005,397		275,005,397	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	6,265,194	420,694	91,949	198,298			6,976,135	1	
2	Cap Rel Costs-Mvble Equip	9,219,298	1,478,784					10,698,082	2	
3	Total (sum of lines 1-2)	15,484,492	1,899,478	91,949	198,298			17,674,217	3	

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

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref.
				COST CENTER	LINE#		
		1	2	3	4	5	
1	Investment income-buildings & fixtures (chapter 2)	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)						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	-5,016	Cap Rel Costs-Mvble Equip	2	9	7
8	Television and radio service (chapter 21)	A	-6,912	Cap Rel Costs-Mvble Equip	2	9	8
9	Parking lot (chapter 21)						9
10	Provider-based physician adjustment	Wkst A-8-2	-380,149				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-2,324,478				12
13	Laundry and linen service						13
14	Cafeteria - employees and guests	B	-825,049	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	-3,623	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	-144,160	Cap Rel Costs-Bldg & Fixt	1	9	26
27	Depreciation-movable equipment	A	11,802	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	-1,087	Radiology-Diagnostic	54		34
34.03	OFFSET OTHER OP REV	B	-69,909	Emergency	91		34.03
34.04	OFFSET MISC INCOME	B	-2,529	ADMINISTRATIVE & GENERAL	5.05		34.04
34.06	OFFSET OTHER REV	B	-870	ADMINISTRATIVE & GENERAL	5.05		34.06
35	ADVERTISING OFFSET	A	-909,828	ADMINISTRATIVE & GENERAL	5.05		35
36	OFFSET HHA ADVERTISING	A	-2,442	Home Health Agency	101		36
37	OTHER OP REV/EP	B	-3,454	Electroencephalography	70		37
38	OFFSET LAB INCOME	B	-104,575	Laboratory	60		38
39	OFFSET HHA PR COSTS	A	-4,778	Home Health Agency	101		39
40	OTHER INCOME OFFSET	B	-66,700	ADMINISTRATIVE & GENERAL	5.05		40
41	OTHER REVENUE	B	-673	Clinic	90		41
41.01	OFFSET PAIN CLINIC INCOME	B	-347	Clinic	90		41.01
41.03	OFFSET OTHER INCOME	B	-100	Employee Benefits Department	4		41.03
42	OFFSET REV COMMERCE BANK	B	-13	ADMINISTRATIVE & GENERAL	5.05		42
42.01	OFFSET PHO REVENUE	B	-43,775	ADMINISTRATIVE & GENERAL	5.05		42.01
42.03	OTHER INCOME	B	-152,883	ADMINISTRATIVE & GENERAL	5.05		42.03
43	OFFSET OTHER INCOME	B	-965	Emergency	91		43
43.03	OFFSET CONTRIBUTION EXPENSE	A	-110,469	ADMINISTRATIVE & GENERAL	5.05		43.03
43.04	OFFSET CONTRIBUTION EXPENSE	A	-215	CARDIAC REHABILITATION	76.97		43.04
43.05	OFFSET CONTRIBUTION EXPENSE	A	-425	Clinic	90		43.05
43.06	OFFSET CONTRIBUTION EXPENSE	A	-120	Housekeeping	9		43.06
44	PHONE OFFSET	A	-59,356	NON-PATIENT TELEPHONES	5.01		44
45							45
46	OTHER INCOME RESP THERAPY	B	-51,119	Respiratory Therapy	65		46
46.01	OFFSET CARDIAC INCOME	B	-58,703	CARDIAC REHABILITATION	76.97		46.01
46.02	OFFSET PHYSICIAN MALP COST	A	-12,140	ADMINISTRATIVE & GENERAL	5.05		46.02
47							47
47.01	BARIATRIC COSTS/DEPT 4266	A	-95,180	Clinic	90		47.01
47.02	OFFSET CONTRIBUTIONS NURSING ADM	A	-400	Nursing Administration	13		47.02
48							48

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.	
				COST CENTER	LINE#		
		1	2	3	4	5	
49	PROVIDER TAX	A	-11,705,733	ADMINISTRATIVE & GENERAL	5.05		49
49.01	OFFSET PHYSICIAN CORP ALLOCATIONS	A	-8,509,232	ADMINISTRATIVE & GENERAL	5.05		49.01
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-30,207,559				50

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

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

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ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	15,908,226	23,995,171	-8,086,945		1
2	1	Cap Rel Costs-Bldg & Fixt	DEP INT	158,424		158,424	9	2
3	2	Cap Rel Costs-Mvble Equip	EQ DEPR	2,112,323		2,112,323	9	3
3.01	5.01	NON-PATIENT TELEPHONES	TELECOMMUNICATIONS	627,268		627,268		3.01
3.02	16	Medical Records & Library	MEDICAL RECORDS	2,864,452		2,864,452		3.02
4								4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			21,670,693	23,995,171	-2,324,478		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:

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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	15	Pharmacy	22,075		22,075	211,500	158	16,066	803	1
2	31	Intensive Care Unit	18,799		18,799	211,500	117	11,897	595	2
3	54	Radiology-Diagnostic	25,000		25,000	271,900	106	13,857	693	3
4	59	Cardiac Catheterizat	5,231		5,231	211,500	23	2,339	117	4
5	4.01	MAINTENANCE OF PERSO	3,750		3,750	211,500	17	1,729	86	5
6	65	Respiratory Therapy	25,000		25,000	211,500	184	18,710	936	6
7	60	Laboratory	31,250		31,250	260,300	203	25,404	1,270	7
8	70	Electroencephalogram	14,625		14,625	211,500	117	11,897	595	8
9	90	Clinic AGGREGATE	206,571	150,000	56,571	211,500	356	36,199	1,810	9
10	50	Operating Room	22,917		22,917	246,400	118	13,979	699	10
11	13	Nursing Administrati	74,583		74,583	211,500	536	54,502	2,725	11
12	5.05	ADMINISTRATIVE & GEN AGGREGATE	300,442	62,414	238,028	211,500	1,708	173,674	8,684	12
13	66	Physical Therapy	16,667		16,667	211,500	64	6,508	325	13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	766,910	212,414	554,496		3,707	386,761	19,338	200

KPMG LLP Compu-Max 2552-10

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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	15	Pharmacy					16,066	6,009	6,009	1
2	31	Intensive Care Unit					11,897	6,902	6,902	2
3	54	Radiology-Diagnostic					13,857	11,143	11,143	3
4	59	Cardiac Catheterizat					2,339	2,892	2,892	4
5	4.01	MAINTENANCE OF PERSO					1,729	2,021	2,021	5
6	65	Respiratory Therapy					18,710	6,290	6,290	6
7	60	Laboratory					25,404	5,846	5,846	7
8	70	Electroencephalograp					11,897	2,728	2,728	8
9	90	Clinic AGGREGATE					36,199	20,372	170,372	9
10	50	Operating Room					13,979	8,938	8,938	10
11	13	Nursing Administrati					54,502	20,081	20,081	11
12	5.05	ADMINISTRATIVE & GEN AGGREGATE					173,674	64,354	126,768	12
13	66	Physical Therapy					6,508	10,159	10,159	13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					386,761	167,735	380,149	200

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	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	6,976,135	6,976,135					1
2	Cap Rel Costs-Mvble Equip	10,698,082		10,698,082				2
4	Employee Benefits Department	11,641,161	3,726	5,714	11,650,601			4
4.01	MAINTENANCE OF PERSONNEL	1,253,944	27,101	41,560	153,520	1,476,125		4.01
5.01	NON-PATIENT TELEPHONES	567,912	25,628	39,302			632,842	5.01
5.02	PURCHASING, RECEIVING & STORES	869,408	56,090	86,016	61,361	26,937	4,099	5.02
5.03	PATIENT REGISTRATION	1,809,612	32,488	49,822	278,807	56,080	16,395	5.03
5.04	PATIENT ACCOUNTING							5.04
5.05	ADMINISTRATIVE & GENERAL	24,283,462	558,031	855,755	667,049	66,955	74,597	5.05
6	Maintenance & Repairs	6,997,114	14,753	22,624	249,670	28,854	8,197	6
7	Operation of Plant	2,700,009	904,516	1,387,099	168,626	32,768	22,133	7
8	Laundry & Linen Service	729,697	15,659	24,013	14,262	3,822		8
9	Housekeeping	2,500,726	61,478	94,277	304,131	69,818	2,459	9
10	Dietary	1,144,910	83,997	128,811	132,688	30,102	16,395	10
11	Cafeteria	1,613,857	118,864	182,281	192,696	43,708		11
12	Maintenance of Personnel							12
13	Nursing Administration	4,363,460	33,017	50,633	434,211	45,757	5,738	13
14	Central Services & Supply	504,953	50,224	77,020	87,717			14
15	Pharmacy	3,128,582	46,851	71,847	361,677	34,804	14,755	15
16	Medical Records & Library	2,974,617	39,475	60,535	6,516	788	30,331	16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)	279,622			40,759	4,439		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	18,373,304	1,110,777	1,703,406	2,719,252	357,336	123,782	30
31	Intensive Care Unit	4,631,915	165,388	253,627	653,638	68,478	19,674	31
41	Subprovider - IRF	2,715,047	138,085	211,758	304,948	40,491	12,296	41
43	Nursery	1,163,003	40,645	62,330	125,020	12,109		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	11,958,011	466,067	714,725	791,589	96,728	40,167	50
51	Recovery Room	1,657,114	102,010	156,434	250,017	26,753	4,918	51
52	Delivery Room & Labor Room	1,172,621	46,322	71,036	126,054	12,595		52
53	Anesthesiology	126,880	3,046	4,671				53
54	Radiology-Diagnostic	5,488,204	342,734	525,591	566,588	70,474	32,790	54
54.01	RADIOLOGY - ULTRASOUND	1,150,082	18,428	28,260	135,522	11,649	4,099	54.01
56	Radioisotope	622,042	44,724	68,585	69,905	5,464	13,116	56
57	CT Scan	1,481,062	38,027	58,315	142,012	16,023	4,099	57
59	Cardiac Catheterization	1,656,653	39,475	60,535	211,912	21,040	13,936	59
60	Laboratory	7,503,817	150,472	230,752	614,473	86,720	11,476	60
62	Whole Blood & Packed Red Blood Cells	1,243,752	11,228	17,219	31,595	3,165	4,099	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,279,375	39,424	60,458	340,357	40,202	5,738	65
66	Physical Therapy	2,372,718	171,228	262,583			30,331	66
67	Occupational Therapy	1,101,775	26,597	40,788	33,466	2,837	5,738	67
68	Speech Pathology	386,070					1,639	68
70	Electroencephalography	509,638	42,231	64,763	97,628	11,360	21,313	70
71	Medical Supplies Charged to Patients	9,983,872						71
72	Impl. Dev. Charged to Patients	20,100,887						72
73	Drugs Charged to Patients	11,034,851						73
74	Renal Dialysis	635,009						74
76.97	CARDIAC REHABILITATION	660,951	104,603	160,411	104,066	11,531		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,470,266	151,151	231,794	322,677	36,839	34,429	90
91	Emergency	4,114,504	188,071	288,411	558,261	67,769	16,395	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	2,745,952	26,434	40,537	286,364	29,931	22,133	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	204,376,638	5,539,065	8,494,298	11,639,034	1,474,326	617,267	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		8,962	13,744				190
192	Physicians' Private Offices	47,404	456,437	699,958	2,203	486	15,575	192
194	OTHER NON-REIMBURSABLE COST CENTERS	565,561	462,001	708,490	9,364	1,313		194
194.01	OTHER NONREIMBURSABLE		509,670	781,592				194.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	204,989,603	6,976,135	10,698,082	11,650,601	1,476,125	632,842	202

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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	1,103,911						5.02
5.03	PATIENT REGISTRATION	19,762	2,262,966					5.03
5.04	PATIENT ACCOUNTING							5.04
5.05	ADMINISTRATIVE & GENERAL	61,991		26,567,840	26,567,840			5.05
6	Maintenance & Repairs	130,834		7,452,046	1,109,647	8,561,693		6
7	Operation of Plant	86,209		5,301,360	789,399	1,470,665	7,561,424	7
8	Laundry & Linen Service	16,910		804,363	119,774	25,460	24,443	8
9	Housekeeping	89,078		3,121,967	464,876	99,957	95,963	9
10	Dietary	98,997		1,635,900	243,594	136,571	131,114	10
11	Cafeteria			2,151,406	320,355	193,263	185,541	11
12	Maintenance of Personnel							12
13	Nursing Administration	3,085		4,935,901	734,980	53,683	51,538	13
14	Central Services & Supply	73,810		793,724	118,189	81,660	78,397	14
15	Pharmacy	6,977		3,665,493	545,810	76,175	73,132	15
16	Medical Records & Library	143		3,112,405	463,453	64,182	61,618	16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)			324,820	48,367			23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	62,428	177,500	24,627,785	3,667,148	1,806,025	1,733,861	30
31	Intensive Care Unit	3,837	30,013	5,826,570	867,605	268,906	258,161	31
41	Subprovider - IRF	7,110	18,333	3,448,068	513,435	224,515	215,544	41
43	Nursery		9,225	1,412,332	210,303	66,086	63,445	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	298,109	263,420	14,628,816	2,178,304	757,784	727,505	50
51	Recovery Room	1,893	26,011	2,225,150	331,336	165,859	159,231	51
52	Delivery Room & Labor Room		9,301	1,437,929	214,115	75,316	72,306	52
53	Anesthesiology	1,603	54,456	190,656	28,390	4,953	4,755	53
54	Radiology-Diagnostic	18,021	196,747	7,241,149	1,078,243	557,255	534,989	54
54.01	RADIOLOGY - ULTRASOUND	5,781	45,682	1,399,503	208,393	29,963	28,765	54.01
56	Radioisotope	4,183	27,901	855,920	127,451	72,717	69,811	56
57	CT Scan	1,969	154,058	1,895,565	282,259	61,829	59,358	57
59	Cardiac Catheterization	4,817	118,334	2,126,702	316,677	64,182	61,618	59
60	Laboratory	33,599	298,496	8,929,805	1,329,693	244,654	234,878	60
62	Whole Blood & Packed Red Blood Cells	1,907	14,183	1,327,148	197,619	18,256	17,526	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	3,579	55,908	2,825,041	420,663	64,100	61,539	65
66	Physical Therapy	5,358	41,066	2,883,284	429,335	278,403	267,278	66
67	Occupational Therapy	2,041	17,847	1,231,089	183,315	43,245	41,517	67
68	Speech Pathology	142	3,708	391,559	58,305			68
70	Electroencephalography	3,800	39,714	790,447	117,702	68,664	65,921	70
71	Medical Supplies Charged to Patients		61,977	10,045,849	1,495,877			71
72	Impl. Dev. Charged to Patients		125,530	20,226,417	3,011,815			72
73	Drugs Charged to Patients		233,270	11,268,121	1,677,880			73
74	Renal Dialysis		8,658	643,667	95,845			74
76.97	CARDIAC REHABILITATION	2,212	4,676	1,048,450	156,119	170,075	163,279	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	7,344	28,108	3,282,608	488,797	245,759	235,939	90
91	Emergency	11,681	186,116	5,431,208	808,734	305,786	293,568	91
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
101	Home Health Agency	6,388	12,728	3,170,467	472,098		41,262	101
SPECIAL PURPOSE COST CENTERS								
118	SUBTOTALS (sum of lines 1-117)	1,075,598	2,262,966	200,678,530	25,925,900	7,795,948	6,113,802	118
NONREIMBURSABLE COST CENTERS								
190	Gift, Flower, Coffee Shop & Canteen			22,706	3,381	14,572	13,990	190
192	Physicians' Private Offices			1,222,063	181,971		712,474	192
194	OTHER NON-REIMBURSEABLE COST CENTERS	28,313		1,775,042	264,313	751,173	721,158	194
194.01	OTHER NONREIMBURSABLE			1,291,262	192,275			194.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,103,911	2,262,966	204,989,603	26,567,840	8,561,693	7,561,424	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	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	974,040						8
9	Housekeeping	4,519	3,787,282					9
10	Dietary		67,106	2,214,285				10
11	Cafeteria		94,962		2,945,527			11
12	Maintenance of Personnel							12
13	Nursing Administration		26,378		124,180	5,926,660		13
14	Central Services & Supply		40,125				1,112,095	14
15	Pharmacy		37,430		94,454			15
16	Medical Records & Library		31,537		2,139			16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)				12,047			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	405,759	887,411	1,802,832	969,770	3,051,631		30
31	Intensive Care Unit	16,482	132,130	130,707	185,842	584,783		31
41	Subprovider - IRF	68,867	110,318	228,894	109,887	345,741		41
43	Nursery	24,236	32,472		32,863	103,414		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	91,048	372,345		262,510	827,622		50
51	Recovery Room	32,234	81,496		72,605	228,732		51
52	Delivery Room & Labor Room	24,437	37,007		34,182	107,561		52
53	Anesthesiology		2,434					53
54	Radiology-Diagnostic	84,059	273,814		191,260			54
54.01	RADIOLOGY - ULTRASOUND	5,136	14,722		31,615			54.01
56	Radioisotope	9,430	35,730		14,827			56
57	CT Scan	10,355	30,380		43,484			57
59	Cardiac Catheterization	19,373	31,537		57,100			59
60	Laboratory	5,857	120,213		235,350			60
62	Whole Blood & Packed Red Blood Cells		8,970		8,590			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		31,496		109,103			65
66	Physical Therapy	24,286	136,796					66
67	Occupational Therapy	12,866	21,249		7,699			67
68	Speech Pathology	2,936						68
70	Electroencephalography	13,647	33,739		30,831			70
71	Medical Supplies Charged to Patients						355,316	71
72	Impl. Dev. Charged to Patients						756,779	72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION	2,580	83,568		31,294	98,421		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	7,964	120,756		99,978			90
91	Emergency	106,607	150,252	51,852	183,917	578,755		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)	972,678	3,046,373	2,214,285	2,945,527	5,926,660	1,112,095	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		7,160					190
192	Physicians' Private Offices		364,652					192
194	OTHER NON-REIMBURSABLE COST CENTERS	1,362	369,097					194
194.01	OTHER NONREIMBURSABLE							194.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	974,040	3,787,282	2,214,285	2,945,527	5,926,660	1,112,095	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	4,492,494						15
16	Medical Records & Library		3,735,334					16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)			385,234				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		292,992	39,511	39,284,725		39,284,725	30
31	Intensive Care Unit		49,541	29,633	8,350,360		8,350,360	31
41	Subprovider - IRF		30,262		5,295,531		5,295,531	41
43	Nursery		15,227		1,960,378		1,960,378	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		434,816	29,633	20,310,383		20,310,383	50
51	Recovery Room		42,936		3,339,579		3,339,579	51
52	Delivery Room & Labor Room		15,353		2,018,206		2,018,206	52
53	Anesthesiology		89,889		321,077		321,077	53
54	Radiology-Diagnostic		324,763		10,285,532		10,285,532	54
54.01	RADIOLOGY - ULTRASOUND		75,405		1,793,502		1,793,502	54.01
56	Radioisotope		46,055		1,231,941		1,231,941	56
57	CT Scan		254,296		2,637,526		2,637,526	57
59	Cardiac Catheterization		195,330	9,878	2,882,397		2,882,397	59
60	Laboratory		492,663	19,756	11,612,869		11,612,869	60
62	Whole Blood & Packed Red Blood Cells		23,411		1,601,520		1,601,520	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		92,285	19,756	3,623,983		3,623,983	65
66	Physical Therapy		67,786		4,087,168		4,087,168	66
67	Occupational Therapy		29,459		1,570,439		1,570,439	67
68	Speech Pathology		6,121		458,921		458,921	68
70	Electroencephalography		65,554		1,186,505		1,186,505	70
71	Medical Supplies Charged to Patients		102,304		11,999,346		11,999,346	71
72	Impl. Dev. Charged to Patients		207,207		24,202,218		24,202,218	72
73	Drugs Charged to Patients	4,492,494	385,049		17,823,544		17,823,544	73
74	Renal Dialysis		14,291		753,803		753,803	74
76.97	CARDIAC REHABILITATION		7,719		1,761,505		1,761,505	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		46,396		4,528,197		4,528,197	90
91	Emergency		307,214	237,067	8,454,960		8,454,960	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		21,010		3,704,837		3,704,837	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	4,492,494	3,735,334	385,234	197,080,952		197,080,952	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				61,809		61,809	190
192	Physicians' Private Offices				2,481,160		2,481,160	192
194	OTHER NON-REIMBURSABLE COST CENTERS				3,882,145		3,882,145	194
194.01	OTHER NONREIMBURSABLE				1,483,537		1,483,537	194.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	4,492,494	3,735,334	385,234	204,989,603		204,989,603	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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		3,726	5,714	9,440	9,440		4
4.01	MAINTENANCE OF PERSONNEL		27,101	41,560	68,661	124	68,785	4.01
5.01	NON-PATIENT TELEPHONES		25,628	39,302	64,930			5.01
5.02	PURCHASING, RECEIVING & STORES		56,090	86,016	142,106	50	1,255	5.02
5.03	PATIENT REGISTRATION		32,488	49,822	82,310	225	2,613	5.03
5.04	PATIENT ACCOUNTING							5.04
5.05	ADMINISTRATIVE & GENERAL		558,031	855,755	1,413,786	539	3,120	5.05
6	Maintenance & Repairs		14,753	22,624	37,377	202	1,345	6
7	Operation of Plant		904,516	1,387,099	2,291,615	136	1,527	7
8	Laundry & Linen Service		15,659	24,013	39,672	12	178	8
9	Housekeeping		61,478	94,277	155,755	246	3,253	9
10	Dietary		83,997	128,811	212,808	107	1,403	10
11	Cafeteria		118,864	182,281	301,145	156	2,037	11
12	Maintenance of Personnel							12
13	Nursing Administration		33,017	50,633	83,650	351	2,132	13
14	Central Services & Supply		50,224	77,020	127,244	71		14
15	Pharmacy		46,851	71,847	118,698	292	1,622	15
16	Medical Records & Library		39,475	60,535	100,010	5	37	16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)					33	207	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		1,110,777	1,703,406	2,814,183	2,221	16,651	30
31	Intensive Care Unit		165,388	253,627	419,015	528	3,191	31
41	Subprovider - IRF		138,085	211,758	349,843	246	1,887	41
43	Nursery		40,645	62,330	102,975	101	564	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		466,067	714,725	1,180,792	640	4,507	50
51	Recovery Room		102,010	156,434	258,444	202	1,247	51
52	Delivery Room & Labor Room		46,322	71,036	117,358	102	587	52
53	Anesthesiology		3,046	4,671	7,717			53
54	Radiology-Diagnostic		342,734	525,591	868,325	458	3,284	54
54.01	RADIOLOGY - ULTRASOUND		18,428	28,260	46,688	110	543	54.01
56	Radioisotope		44,724	68,585	113,309	56	255	56
57	CT Scan		38,027	58,315	96,342	115	747	57
59	Cardiac Catheterization		39,475	60,535	100,010	171	980	59
60	Laboratory		150,472	230,752	381,224	497	4,041	60
62	Whole Blood & Packed Red Blood Cells		11,228	17,219	28,447	26	147	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		39,424	60,458	99,882	275	1,873	65
66	Physical Therapy		171,228	262,583	433,811			66
67	Occupational Therapy		26,597	40,788	67,385	27	132	67
68	Speech Pathology							68
70	Electroencephalography		42,231	64,763	106,994	79	529	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		104,603	160,411	265,014	84	537	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		151,151	231,794	382,945	261	1,717	90
91	Emergency		188,071	288,411	476,482	451	3,158	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		26,434	40,537	66,971	231	1,395	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)		5,539,065	8,494,298	14,033,363	9,430	68,701	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		8,962	13,744	22,706			190
192	Physicians' Private Offices		456,437	699,958	1,156,395	2	23	192
194	OTHER NON-REIMBURSEABLE COST CENTERS		462,001	708,490	1,170,491	8	61	194
194.01	OTHER NONREIMBURSABLE		509,670	781,592	1,291,262			194.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		6,976,135	10,698,082	17,674,217	9,440	68,785	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	64,930						5.01
5.02	PURCHASING, RECEIVING & STORES	421	143,832					5.02
5.03	PATIENT REGISTRATION	1,682	2,575	89,405				5.03
5.04	PATIENT ACCOUNTING							5.04
5.05	ADMINISTRATIVE & GENERAL	7,654	8,077		1,433,176			5.05
6	Maintenance & Repairs	841	17,047		59,862	116,674		6
7	Operation of Plant	2,271	11,232		42,586	20,041	2,369,408	7
8	Laundry & Linen Service		2,203		6,461	347	7,659	8
9	Housekeeping	252	11,606		25,079	1,362	30,071	9
10	Dietary	1,682	12,899		13,141	1,861	41,085	10
11	Cafeteria				17,282	2,634	58,140	11
12	Maintenance of Personnel							12
13	Nursing Administration	589	402		39,650	732	16,150	13
14	Central Services & Supply		9,617		6,376	1,113	24,566	14
15	Pharmacy	1,514	909		29,445	1,038	22,916	15
16	Medical Records & Library	3,112	19		25,002	875	19,308	16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)				2,609			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	12,697	8,134	7,009	197,750	24,608	543,311	30
31	Intensive Care Unit	2,019	500	1,185	46,805	3,665	80,896	31
41	Subprovider - IRF	1,262	926	724	27,698	3,060	67,542	41
43	Nursery			364	11,345	901	19,881	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	4,121	38,841	10,402	117,513	10,327	227,967	50
51	Recovery Room	505	247	1,027	17,875	2,260	49,896	51
52	Delivery Room & Labor Room			367	11,551	1,026	22,658	52
53	Anesthesiology		209	2,150	1,532	67	1,490	53
54	Radiology-Diagnostic	3,364	2,348	7,769	58,168	7,594	167,641	54
54.01	RADIOLOGY - ULTRASOUND	421	753	1,804	11,242	408	9,014	54.01
56	Radioisotope	1,346	545	1,102	6,876	991	21,876	56
57	CT Scan	421	257	6,083	15,227	843	18,600	57
59	Cardiac Catheterization	1,430	628	4,673	17,084	875	19,308	59
60	Laboratory	1,177	4,378	11,833	71,733	3,334	73,600	60
62	Whole Blood & Packed Red Blood Cells	421	249	560	10,661	249	5,492	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	589	466	2,208	22,694	874	19,284	65
66	Physical Therapy	3,112	698	1,622	23,161	3,794	83,753	66
67	Occupational Therapy	589	266	705	9,889	589	13,010	67
68	Speech Pathology	168	18	146	3,145			68
70	Electroencephalography	2,187	495	1,568	6,350	936	20,657	70
71	Medical Supplies Charged to Patients			2,447	80,698			71
72	Impl. Dev. Charged to Patients			4,957	162,479			72
73	Drugs Charged to Patients			9,211	90,517			73
74	Renal Dialysis			342	5,171			74
76.97	CARDIAC REHABILITATION		288	185	8,422	2,318	51,164	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	3,532	957	1,110	26,369	3,349	73,933	90
91	Emergency	1,682	1,522	7,349	43,629	4,167	91,991	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	2,271	832	503	25,468		12,930	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	63,332	140,143	89,405	1,398,545	106,238	1,915,789	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				182	199	4,384	190
192	Physicians' Private Offices	1,598			9,817		223,257	192
194	OTHER NON-REIMBURSEABLE COST CENTERS		3,689		14,259	10,237	225,978	194
194.01	OTHER NONREIMBURSABLE				10,373			194.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	64,930	143,832	89,405	1,433,176	116,674	2,369,408	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	56,532						8
9	Housekeeping	262	227,886					9
10	Dietary		4,038	289,024				10
11	Cafeteria		5,714		387,108			11
12	Maintenance of Personnel							12
13	Nursing Administration		1,587		16,320	161,563		13
14	Central Services & Supply		2,414				171,401	14
15	Pharmacy		2,252		12,413			15
16	Medical Records & Library		1,898		281			16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)				1,583			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	23,550	53,396	235,318	127,448	83,190		30
31	Intensive Care Unit	957	7,950	17,061	24,424	15,941		31
41	Subprovider - IRF	3,997	6,638	29,877	14,442	9,425		41
43	Nursery	1,407	1,954		4,319	2,819		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	5,284	22,405		34,500	22,561		50
51	Recovery Room	1,871	4,904		9,542	6,235		51
52	Delivery Room & Labor Room	1,418	2,227		4,492	2,932		52
53	Anesthesiology		146					53
54	Radiology-Diagnostic	4,879	16,476		25,136			54
54.01	RADIOLOGY - ULTRASOUND	298	886		4,155			54.01
56	Radioisotope	547	2,150		1,949			56
57	CT Scan	601	1,828		5,715			57
59	Cardiac Catheterization	1,124	1,898		7,504			59
60	Laboratory	340	7,233		30,930			60
62	Whole Blood & Packed Red Blood Cells		540		1,129			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		1,895		14,339			65
66	Physical Therapy	1,410	8,231					66
67	Occupational Therapy	747	1,279		1,012			67
68	Speech Pathology	170						68
70	Electroencephalography	792	2,030		4,052			70
71	Medical Supplies Charged to Patients						54,766	71
72	Impl. Dev. Charged to Patients						116,635	72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION	150	5,028		4,113	2,683		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	462	7,266		13,139			90
91	Emergency	6,187	9,041	6,768	24,171	15,777		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)	56,453	183,304	289,024	387,108	161,563	171,401	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		431					190
192	Physicians' Private Offices		21,942					192
194	OTHER NON-REIMBURSABLE COST CENTERS	79	22,209					194
194.01	OTHER NONREIMBURSABLE							194.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	56,532	227,886	289,024	387,108	161,563	171,401	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	191,099						15
16	Medical Records & Library		150,547					16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)			4,432				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		11,808		4,161,274		4,161,274	30
31	Intensive Care Unit		1,997		626,134		626,134	31
41	Subprovider - IRF		1,220		518,787		518,787	41
43	Nursery		614		147,244		147,244	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		17,524		1,697,384		1,697,384	50
51	Recovery Room		1,730		355,985		355,985	51
52	Delivery Room & Labor Room		619		165,337		165,337	52
53	Anesthesiology		3,623		16,934		16,934	53
54	Radiology-Diagnostic		13,088		1,178,530		1,178,530	54
54.01	RADIOLOGY - ULTRASOUND		3,039		79,361		79,361	54.01
56	Radioisotope		1,856		152,858		152,858	56
57	CT Scan		10,249		157,028		157,028	57
59	Cardiac Catheterization		7,872		163,557		163,557	59
60	Laboratory		19,860		610,180		610,180	60
62	Whole Blood & Packed Red Blood Cells		944		48,865		48,865	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		3,719		168,098		168,098	65
66	Physical Therapy		2,732		562,324		562,324	66
67	Occupational Therapy		1,187		96,817		96,817	67
68	Speech Pathology		247		3,894		3,894	68
70	Electroencephalography		2,642		149,311		149,311	70
71	Medical Supplies Charged to Patients		4,123		142,034		142,034	71
72	Impl. Dev. Charged to Patients		8,351		292,422		292,422	72
73	Drugs Charged to Patients	191,099	15,518		306,345		306,345	73
74	Renal Dialysis		576		6,089		6,089	74
76.97	CARDIAC REHABILITATION		311		340,297		340,297	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		1,870		516,910		516,910	90
91	Emergency		12,381		704,756		704,756	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		847		111,448		111,448	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	191,099	150,547		13,480,203		13,480,203	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				27,902		27,902	190
192	Physicians' Private Offices				1,413,034		1,413,034	192
194	OTHER NON-REIMBURSEABLE COST CENTERS				1,447,011		1,447,011	194
194.01	OTHER NONREIMBURSABLE				1,301,635		1,301,635	194.01
200	Cross Foot Adjustments			4,432	4,432		4,432	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	191,099	150,547	4,432	17,674,217		17,674,217	202

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ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	554,209						1
2	Cap Rel Costs-Mvble Equip		554,209					2
4	Employee Benefits Department	296	296	67,255,479				4
4.01	MAINTENANCE OF PERSONNEL	2,153	2,153	886,226	112,394			4.01
5.01	NON-PATIENT TELEPHONES	2,036	2,036			772		5.01
5.02	PURCHASING, RECEIVING & STORES	4,456	4,456	354,218	2,051	5	2,441,802	5.02
5.03	PATIENT REGISTRATION	2,581	2,581	1,609,473	4,270	20	43,712	5.03
5.04	PATIENT ACCOUNTING							5.04
5.05	ADMINISTRATIVE & GENERAL	44,332	44,332	3,850,679	5,098	91	137,121	5.05
6	Maintenance & Repairs	1,172	1,172	1,441,274	2,197	10	289,399	6
7	Operation of Plant	71,858	71,858	973,426	2,495	27	190,691	7
8	Laundry & Linen Service	1,244	1,244	82,331	291		37,405	8
9	Housekeeping	4,884	4,884	1,755,658	5,316	3	197,036	9
10	Dietary	6,673	6,673	765,967	2,292	20	218,976	10
11	Cafeteria	9,443	9,443	1,112,380	3,328			11
12	Maintenance of Personnel							12
13	Nursing Administration	2,623	2,623	2,506,575	3,484	7	6,824	13
14	Central Services & Supply	3,990	3,990	506,367			163,264	14
15	Pharmacy	3,722	3,722	2,087,857	2,650	18	15,432	15
16	Medical Records & Library	3,136	3,136	37,616	60	37	316	16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)			235,287	338			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	88,244	88,244	15,697,417	27,208	151	138,088	30
31	Intensive Care Unit	13,139	13,139	3,773,257	5,214	24	8,488	31
41	Subprovider - IRF	10,970	10,970	1,760,377	3,083	15	15,726	41
43	Nursery	3,229	3,229	721,705	922			43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	37,026	37,026	4,569,609	7,365	49	659,409	50
51	Recovery Room	8,104	8,104	1,443,274	2,037	6	4,188	51
52	Delivery Room & Labor Room	3,680	3,680	727,673	959			52
53	Anesthesiology	242	242				3,545	53
54	Radiology-Diagnostic	27,228	27,228	3,270,747	5,366	40	39,862	54
54.01	RADIOLOGY - ULTRASOUND	1,464	1,464	782,331	887	5	12,787	54.01
56	Radioisotope	3,553	3,553	403,542	416	16	9,253	56
57	CT Scan	3,021	3,021	819,794	1,220	5	4,355	57
59	Cardiac Catheterization	3,136	3,136	1,223,306	1,602	17	10,655	59
60	Laboratory	11,954	11,954	3,547,170	6,603	14	74,320	60
62	Whole Blood & Packed Red Blood Cells	892	892	182,387	241	5	4,219	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	3,132	3,132	1,964,780	3,061	7	7,916	65
66	Physical Therapy	13,603	13,603			37	11,851	66
67	Occupational Therapy	2,113	2,113	193,188	216	7	4,514	67
68	Speech Pathology					2	313	68
70	Electroencephalography	3,355	3,355	563,575	865	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	8,310	8,310	600,743	878		4,893	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	12,008	12,008	1,862,721	2,805	42	16,245	90
91	Emergency	14,941	14,941	3,222,679	5,160	20	25,837	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	2,100	2,100	1,653,095	2,279	27	14,130	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	440,043	440,043	67,188,704	112,257	753	2,379,176	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	712	712					190
192	Physicians' Private Offices	36,261	36,261	12,720	37	19		192
194	OTHER NON-REIMBURSEABLE COST CENTERS	36,703	36,703	54,055	100		62,626	194
194.01	OTHER NONREIMBURSABLE	40,490	40,490					194.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	6,976,135	10,698,082	11,650,601	1,476,125	632,842	1,103,911	202
203	Unit Cost Multiplier (Wkst. B, Part I)	12,587,553	19,303,335	0.173229	13.133486	819.743523	0.452089	203
204	Cost to be allocated (Per Wkst. B, Part II)			9,440	68,785	64,930	143,832	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.000140	0.611999	84.106218	0.058904	205

KPMG LLP Compu-Max 2552-10

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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	805,101,328						5.03
5.04	PATIENT ACCOUNTING							5.04
5.05	ADMINISTRATIVE & GENERAL		-26,567,840	178,421,763				5.05
6	Maintenance & Repairs			7,452,046	418,332			6
7	Operation of Plant			5,301,360	71,858	384,835		7
8	Laundry & Linen Service			804,363	1,244	1,244	1,147,085	8
9	Housekeeping			3,121,967	4,884	4,884	5,322	9
10	Dietary			1,635,900	6,673	6,673		10
11	Cafeteria			2,151,406	9,443	9,443		11
12	Maintenance of Personnel							12
13	Nursing Administration			4,935,901	2,623	2,623		13
14	Central Services & Supply			793,724	3,990	3,990		14
15	Pharmacy			3,665,493	3,722	3,722		15
16	Medical Records & Library			3,112,405	3,136	3,136		16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)			324,820				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	63,144,859		24,627,785	88,244	88,244	477,842	30
31	Intensive Care Unit	10,676,888		5,826,570	13,139	13,139	19,410	31
41	Subprovider - IRF	6,522,016		3,448,068	10,970	10,970	81,102	41
43	Nursery	3,281,625		1,412,332	3,229	3,229	28,542	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	93,710,364		14,628,816	37,026	37,026	107,223	50
51	Recovery Room	9,253,396		2,225,150	8,104	8,104	37,961	51
52	Delivery Room & Labor Room	3,308,763		1,437,929	3,680	3,680	28,778	52
53	Anesthesiology	19,372,615		190,656	242	242		53
54	Radiology-Diagnostic	69,991,937		7,241,149	27,228	27,228	98,993	54
54.01	RADIOLOGY - ULTRASOUND	16,251,007		1,399,503	1,464	1,464	6,048	54.01
56	Radioisotope	9,925,698		855,920	3,553	3,553	11,105	56
57	CT Scan	54,805,262		1,895,565	3,021	3,021	12,195	57
59	Cardiac Catheterization	42,096,895		2,126,702	3,136	3,136	22,815	59
60	Laboratory	106,249,865		8,929,805	11,954	11,954	6,898	60
62	Whole Blood & Packed Red Blood Cells	5,045,546		1,327,148	892	892		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	19,889,022		2,825,041	3,132	3,132		65
66	Physical Therapy	14,609,052		2,883,284	13,603	13,603	28,601	66
67	Occupational Therapy	6,349,023		1,231,089	2,113	2,113	15,152	67
68	Speech Pathology	1,319,275		391,559			3,458	68
70	Electroencephalography	14,128,094		790,447	3,355	3,355	16,072	70
71	Medical Supplies Charged to Patients	22,048,169		10,045,849				71
72	Impl. Dev. Charged to Patients	44,656,626		20,226,417				72
73	Drugs Charged to Patients	82,984,786		11,268,121				73
74	Renal Dialysis	3,079,945		643,667				74
76.97	CARDIAC REHABILITATION	1,663,549		1,048,450	8,310	8,310	3,038	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	9,999,113		3,282,608	12,008	12,008	9,379	90
91	Emergency	66,209,958		5,431,208	14,941	14,941	125,547	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	4,527,980		3,170,467		2,100		101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	805,101,328	-26,567,840	174,110,690	380,917	311,159	1,145,481	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen			22,706	712	712		190
192	Physicians' Private Offices			1,222,063		36,261		192
194	OTHER NON-REIMBURSEABLE COST CENTERS			1,775,042	36,703	36,703	1,604	194
194.01	OTHER NONREIMBURSABLE			1,291,262				194.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	2,262,966		26,567,840	8,561,693	7,561,424	974,040	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.002811		0.148905	20.466264	19.648483	0.849144	203
204	Cost to be allocated (Per Wkst. B, Part II)	89,405		1,433,176	116,674	2,369,408	56,532	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000111		0.008033	0.278903	6.156945	0.049283	205

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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	376,607						9
10	Dietary	6,673	195,412					10
11	Cafeteria	9,443		82,640				11
12	Maintenance of Personnel							12
13	Nursing Administration	2,623		3,484	1,099,088			13
14	Central Services & Supply	3,990				29,538,493		14
15	Pharmacy	3,722		2,650			10,000	15
16	Medical Records & Library	3,136		60				16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)			338				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	88,244	159,101	27,208	565,919			30
31	Intensive Care Unit	13,139	11,535	5,214	108,447			31
41	Subprovider - IRF	10,970	20,200	3,083	64,117			41
43	Nursery	3,229		922	19,178			43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	37,026		7,365	153,481			50
51	Recovery Room	8,104		2,037	42,418			51
52	Delivery Room & Labor Room	3,680		959	19,947			52
53	Anesthesiology	242						53
54	Radiology-Diagnostic	27,228		5,366				54
54.01	RADIOLOGY - ULTRASOUND	1,464		887				54.01
56	Radioisotope	3,553		416				56
57	CT Scan	3,021		1,220				57
59	Cardiac Catheterization	3,136		1,602				59
60	Laboratory	11,954		6,603				60
62	Whole Blood & Packed Red Blood Cells	892		241				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	3,132		3,061				65
66	Physical Therapy	13,603						66
67	Occupational Therapy	2,113		216				67
68	Speech Pathology							68
70	Electroencephalography	3,355		865				70
71	Medical Supplies Charged to Patients					9,437,606		71
72	Impl. Dev. Charged to Patients					20,100,887		72
73	Drugs Charged to Patients						10,000	73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION	8,310		878	18,252			76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	12,008		2,805				90
91	Emergency	14,941	4,576	5,160	107,329			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)	302,931	195,412	82,640	1,099,088	29,538,493	10,000	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	712						190
192	Physicians' Private Offices	36,261						192
194	OTHER NON-REIMBURSEABLE COST CENTERS	36,703						194
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)	3,787,282	2,214,285	2,945,527	5,926,660	1,112,095	4,492,494	202
203	Unit Cost Multiplier (Wkst. B, Part I)	10.056324	11.331367	35.642873	5.392343	0.037649	449.249400	203
204	Cost to be allocated (Per Wkst. B, Part II)	227,886	289,024	387,108	161,563	171,401	191,099	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.605103	1.479049	4.684269	0.146997	0.005803	19.109900	205

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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	805,101,328					16
17	Social Service						17
19	Nonphysician Anesthetists						19
23	PARAMED ED PRGM-(SPECIFY)		3,744				23
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	63,144,859	384				30
31	Intensive Care Unit	10,676,888	288				31
41	Subprovider - IRF	6,522,016					41
43	Nursery	3,281,625					43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	93,710,364	288				50
51	Recovery Room	9,253,396					51
52	Delivery Room & Labor Room	3,308,763					52
53	Anesthesiology	19,372,615					53
54	Radiology-Diagnostic	69,991,937					54
54.01	RADIOLOGY - ULTRASOUND	16,251,007					54.01
56	Radioisotope	9,925,698					56
57	CT Scan	54,805,262					57
59	Cardiac Catheterization	42,096,895	96				59
60	Laboratory	106,249,865	192				60
62	Whole Blood & Packed Red Blood Cells	5,045,546					62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	19,889,022	192				65
66	Physical Therapy	14,609,052					66
67	Occupational Therapy	6,349,023					67
68	Speech Pathology	1,319,275					68
70	Electroencephalography	14,128,094					70
71	Medical Supplies Charged to Patients	22,048,169					71
72	Impl. Dev. Charged to Patients	44,656,626					72
73	Drugs Charged to Patients	82,984,786					73
74	Renal Dialysis	3,079,945					74
76.97	CARDIAC REHABILITATION	1,663,549					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	9,999,113					90
91	Emergency	66,209,958	2,304				91
92	Observation Beds (Non-Distinct Part)						92
OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	4,527,980					101
SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	805,101,328	3,744				118
NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen						190
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	Cost to be allocated (Per Wkst. B, Part I)	3,735,334	385,234				202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.004640	102.893697				203
204	Cost to be allocated (Per Wkst. B, Part II)	150,547	4,432				204

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY GROSS REVENUE	PARAMED EDUCATION ASSIGNED TIME					
		16	23					
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000187	1.183761					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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	39,284,725		39,284,725		39,284,725	30
31	Intensive Care Unit	8,350,360		8,350,360	6,902	8,357,262	31
41	Subprovider - IRF	5,295,531		5,295,531		5,295,531	41
43	Nursery	1,960,378		1,960,378		1,960,378	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	20,310,383		20,310,383	8,938	20,319,321	50
51	Recovery Room	3,339,579		3,339,579		3,339,579	51
52	Delivery Room & Labor Room	2,018,206		2,018,206		2,018,206	52
53	Anesthesiology	321,077		321,077		321,077	53
54	Radiology-Diagnostic	10,285,532		10,285,532	11,143	10,296,675	54
54.01	RADIOLOGY - ULTRASOUND	1,793,502		1,793,502		1,793,502	54.01
56	Radioisotope	1,231,941		1,231,941		1,231,941	56
57	CT Scan	2,637,526		2,637,526		2,637,526	57
59	Cardiac Catheterization	2,882,397		2,882,397	2,892	2,885,289	59
60	Laboratory	11,612,869		11,612,869	5,846	11,618,715	60
62	Whole Blood & Packed Red Blood Cells	1,601,520		1,601,520		1,601,520	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	3,623,983		3,623,983	6,290	3,630,273	65
66	Physical Therapy	4,087,168		4,087,168	10,159	4,097,327	66
67	Occupational Therapy	1,570,439		1,570,439		1,570,439	67
68	Speech Pathology	458,921		458,921		458,921	68
70	Electroencephalography	1,186,505		1,186,505	2,728	1,189,233	70
71	Medical Supplies Charged to Patients	11,999,346		11,999,346		11,999,346	71
72	Impl. Dev. Charged to Patients	24,202,218		24,202,218		24,202,218	72
73	Drugs Charged to Patients	17,823,544		17,823,544		17,823,544	73
74	Renal Dialysis	753,803		753,803		753,803	74
76.97	CARDIAC REHABILITATION	1,761,505		1,761,505		1,761,505	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	4,528,197		4,528,197	20,372	4,548,569	90
91	Emergency	8,454,960		8,454,960		8,454,960	91
92	Observation Beds (Non-Distinct Part)	3,078,393		3,078,393		3,078,393	92
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency	3,704,837		3,704,837		3,704,837	101
200	Subtotal (sum of lines 30 thru 199)	200,159,345		200,159,345	75,270	200,234,615	200
201	Less Observation Beds	3,078,393		3,078,393		3,078,393	201
202	Total (line 200 minus line 201)	197,080,952		197,080,952		197,156,222	202

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8				
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	54,839,190		54,839,190				30
31	Intensive Care Unit	10,676,888		10,676,888				31
41	Subprovider - IRF	6,522,016		6,522,016				41
43	Nursery	3,281,625		3,281,625				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	36,906,257	56,804,107	93,710,364	0.216736	0.216736	0.216831	50
51	Recovery Room	4,300,352	4,953,044	9,253,396	0.360903	0.360903	0.360903	51
52	Delivery Room & Labor Room	2,424,637	884,126	3,308,763	0.609958	0.609958	0.609958	52
53	Anesthesiology	7,536,575	11,836,040	19,372,615	0.016574	0.016574	0.016574	53
54	Radiology-Diagnostic	13,523,115	56,468,822	69,991,937	0.146953	0.146953	0.147112	54
54.01	RADIOLOGY - ULTRASOUND	3,731,708	12,519,299	16,251,007	0.110363	0.110363	0.110363	54.01
56	Radioisotope	3,216,052	6,709,646	9,925,698	0.124116	0.124116	0.124116	56
57	CT Scan	18,740,152	36,065,110	54,805,262	0.048125	0.048125	0.048125	57
59	Cardiac Catheterization	20,063,898	22,032,997	42,096,895	0.068471	0.068471	0.068539	59
60	Laboratory	39,986,602	66,263,263	106,249,865	0.109298	0.109298	0.109353	60
62	Whole Blood & Packed Red Blood Cells	3,341,342	1,704,204	5,045,546	0.317413	0.317413	0.317413	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	18,473,678	1,415,344	19,889,022	0.182210	0.182210	0.182526	65
66	Physical Therapy	7,686,560	6,922,492	14,609,052	0.279770	0.279770	0.280465	66
67	Occupational Therapy	4,976,570	1,372,453	6,349,023	0.247351	0.247351	0.247351	67
68	Speech Pathology	1,109,479	209,796	1,319,275	0.347858	0.347858	0.347858	68
70	Electroencephalography	4,663,171	9,464,923	14,128,094	0.083982	0.083982	0.084175	70
71	Medical Supplies Charged to Patients	12,800,261	9,247,908	22,048,169	0.544233	0.544233	0.544233	71
72	Impl. Dev. Charged to Patients	32,764,690	11,891,936	44,656,626	0.541963	0.541963	0.541963	72
73	Drugs Charged to Patients	48,339,191	34,645,595	82,984,786	0.214781	0.214781	0.214781	73
74	Renal Dialysis	2,945,745	134,200	3,079,945	0.244746	0.244746	0.244746	74
76.97	CARDIAC REHABILITATION	453,657	1,209,892	1,663,549	1.058884	1.058884	1.058884	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	518,210	9,480,903	9,999,113	0.452860	0.452860	0.454897	90
91	Emergency	22,902,710	43,307,248	66,209,958	0.127699	0.127699	0.127699	91
92	Observation Beds (Non-Distinct Part)	852,314	7,453,355	8,305,669	0.370638	0.370638	0.370638	92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		4,527,980	4,527,980				101
200	Subtotal (sum of lines 30 thru 199)	387,576,645	417,524,683	805,101,328				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	387,576,645	417,524,683	805,101,328				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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
1	2	3	4	5	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	4,161,274		4,161,274	50,408	82.55	24,815	2,048,478	30
31	Intensive Care Unit	626,134		626,134	5,448	114.93	2,361	271,350	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	518,787		518,787	6,647	78.05	4,965	387,518	41
42	Subprovider I								42
43	Nursery	147,244		147,244	1,725	85.36			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	5,453,439		5,453,439	64,228		32,141	2,707,346	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 15-0034

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,697,384	93,710,364	0.018113	17,312,159	313,575	50
51	Recovery Room	355,985	9,253,396	0.038471	2,015,378	77,534	51
52	Delivery Room & Labor Room	165,337	3,308,763	0.049969	7,350	367	52
53	Anesthesiology	16,934	19,372,615	0.000874	3,460,185	3,024	53
54	Radiology-Diagnostic	1,178,530	69,991,937	0.016838	6,236,151	105,004	54
54.01	RADIOLOGY - ULTRASOUND	79,361	16,251,007	0.004883	1,860,053	9,083	54.01
56	Radioisotope	152,858	9,925,698	0.015400	1,669,403	25,709	56
57	CT Scan	157,028	54,805,262	0.002865	8,831,806	25,303	57
59	Cardiac Catheterization	163,557	42,096,895	0.003885	10,365,957	40,272	59
60	Laboratory	610,180	106,249,865	0.005743	19,728,447	113,300	60
62	Whole Blood & Packed Red Blood	48,865	5,045,546	0.009685	1,656,523	16,043	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	168,098	19,889,022	0.008452	9,954,340	84,134	65
66	Physical Therapy	562,324	14,609,052	0.038491	2,703,912	104,076	66
67	Occupational Therapy	96,817	6,349,023	0.015249	1,097,046	16,729	67
68	Speech Pathology	3,894	1,319,275	0.002952	341,118	1,007	68
70	Electroencephalography	149,311	14,128,094	0.010568	2,472,127	26,125	70
71	Medical Supplies Charged to Pat	142,034	22,048,169	0.006442	6,010,242	38,718	71
72	Impl. Dev. Charged to Patients	292,422	44,656,626	0.006548	18,952,111	124,098	72
73	Drugs Charged to Patients	306,345	82,984,786	0.003692	22,188,143	81,919	73
74	Renal Dialysis	6,089	3,079,945	0.001977	1,838,800	3,635	74
76.97	CARDIAC REHABILITATION	340,297	1,663,549	0.204561	261,252	53,442	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	516,910	9,999,113	0.051696	157,999	8,168	90
91	Emergency	704,756	66,209,958	0.010644	11,516,063	122,577	91
92	Observation Beds (Non-Distinct	326,082	8,305,669	0.039260	445,027	17,472	92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	8,241,398	725,253,629		151,081,592	1,411,314	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	1 Nursing School	2 Allied Health Cost	3 All Other Medical Education Cost	4 Swing-Bed Adjustment Amount (see instructions)	5 Total Costs (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		39,511			39,511	30
31	Intensive Care Unit		29,633			29,633	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)		69,144			69,144	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	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)	50,408	0.78	24,815	19,356	30
31	Intensive Care Unit	5,448	5.44	2,361	12,844	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	6,647		4,965		41
42	Subprovider I					42
43	Nursery	1,725				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	64,228		32,141	32,200	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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			29,633		29,633	29,633	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			9,878		9,878	9,878	59
60	Laboratory			19,756		19,756	19,756	60
62	Whole Blood & Packed Red Blood							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy			19,756		19,756	19,756	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			237,067		237,067	237,067	91
92	Observation Beds (Non-Distinct			3,097		3,097	3,097	92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			319,187		319,187	319,187	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	93,710,364	0.000316	0.000316	17,312,159	5,471	17,808,839	5,628	50
51	Recovery Room	9,253,396			2,015,378		1,388,175		51
52	Delivery Room & Labor Room	3,308,763			7,350				52
53	Anesthesiology	19,372,615			3,460,185		3,888,581		53
54	Radiology-Diagnostic	69,991,937			6,236,151		18,581,548		54
54.01	RADIOLOGY - ULTRASOUND	16,251,007			1,860,053		2,491,622		54.01
56	Radioisotope	9,925,698			1,669,403		2,520,202		56
57	CT Scan	54,805,262			8,831,806		12,202,318		57
59	Cardiac Catheterization	42,096,895	0.000235	0.000235	10,365,957	2,436	8,971,033	2,108	59
60	Laboratory	106,249,865	0.000186	0.000186	19,728,447	3,669	8,669,970	1,613	60
62	Whole Blood & Packed Red Blood	5,045,546			1,656,523		346,784		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	19,889,022	0.000993	0.000993	9,954,340	9,885	543,840	540	65
66	Physical Therapy	14,609,052			2,703,912		34,174		66
67	Occupational Therapy	6,349,023			1,097,046		10,051		67
68	Speech Pathology	1,319,275			341,118		1,587		68
70	Electroencephalography	14,128,094			2,472,127		4,570,625		70
71	Medical Supplies Charged to Pat	22,048,169			6,010,242		3,822,773		71
72	Impl. Dev. Charged to Patients	44,656,626			18,952,111		6,608,641		72
73	Drugs Charged to Patients	82,984,786			22,188,143		15,273,360		73
74	Renal Dialysis	3,079,945			1,838,800		114,195		74
76.97	CARDIAC REHABILITATION	1,663,549			261,252		651,281		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	9,999,113			157,999		3,883,672		90
91	Emergency	66,209,958	0.003581	0.003581	11,516,063	41,239	8,183,317	29,304	91
92	Observation Beds (Non-Distinct	8,305,669	0.000373	0.000373	445,027	166	2,325,078	867	92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	725,253,629			151,081,592	62,866	122,891,666	40,060	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	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.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.216736	17,808,839			3,859,817			50
51	Recovery Room	0.360903	1,388,175			500,997			51
52	Delivery Room & Labor Room	0.609958							52
53	Anesthesiology	0.016574	3,888,581			64,449			53
54	Radiology-Diagnostic	0.146953	18,581,548			2,730,614			54
54.01	RADIOLOGY - ULTRASOUND	0.110363	2,491,622			274,983			54.01
56	Radioisotope	0.124116	2,520,202			312,797			56
57	CT Scan	0.048125	12,202,318			587,237			57
59	Cardiac Catheterization	0.068471	8,971,033			614,256			59
60	Laboratory	0.109298	8,669,970		1,150	947,610		126	60
62	Whole Blood & Packed Red Blood	0.317413	346,784			110,074			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.182210	543,840			99,093			65
66	Physical Therapy	0.279770	34,174			9,561			66
67	Occupational Therapy	0.247351	10,051			2,486			67
68	Speech Pathology	0.347858	1,587			552			68
70	Electroencephalography	0.083982	4,570,625			383,850			70
71	Medical Supplies Charged to Pat	0.544233	3,822,773			2,080,479			71
72	Impl. Dev. Charged to Patients	0.541963	6,608,641			3,581,639			72
73	Drugs Charged to Patients	0.214781	15,273,360		183,816	3,280,428		39,480	73
74	Renal Dialysis	0.244746	114,195			27,949			74
76.97	CARDIAC REHABILITATION	1.058884	651,281			689,631			76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.452860	3,883,672			1,758,760			90
91	Emergency	0.127699	8,183,317			1,045,001			91
92	Observation Beds (Non-Distinct	0.370638	2,325,078			861,762			92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		122,891,666		184,966	23,824,025		39,606	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		122,891,666		184,966	23,824,025		39,606	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	1,697,384	93,710,364	0.018113	155,609	2,819	50
51	Recovery Room	355,985	9,253,396	0.038471	15,441	594	51
52	Delivery Room & Labor Room	165,337	3,308,763	0.049969			52
53	Anesthesiology	16,934	19,372,615	0.000874	19,797	17	53
54	Radiology-Diagnostic	1,178,530	69,991,937	0.016838	240,096	4,043	54
54.01	RADIOLOGY - ULTRASOUND	79,361	16,251,007	0.004883	9,693	47	54.01
56	Radioisotope	152,858	9,925,698	0.015400	17,131	264	56
57	CT Scan	157,028	54,805,262	0.002865	152,671	437	57
59	Cardiac Catheterization	163,557	42,096,895	0.003885	81,208	315	59
60	Laboratory	610,180	106,249,865	0.005743	1,086,393	6,239	60
62	Whole Blood & Packed Red Blood	48,865	5,045,546	0.009685	60,622	587	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	168,098	19,889,022	0.008452	555,328	4,694	65
66	Physical Therapy	562,324	14,609,052	0.038491	2,362,207	90,924	66
67	Occupational Therapy	96,817	6,349,023	0.015249	2,328,928	35,514	67
68	Speech Pathology	3,894	1,319,275	0.002952	367,023	1,083	68
70	Electroencephalography	149,311	14,128,094	0.010568			70
71	Medical Supplies Charged to Pat	142,034	22,048,169	0.006442	577,084	3,718	71
72	Impl. Dev. Charged to Patients	292,422	44,656,626	0.006548	24,401	160	72
73	Drugs Charged to Patients	306,345	82,984,786	0.003692	2,314,544	8,545	73
74	Renal Dialysis	6,089	3,079,945	0.001977	516,884	1,022	74
76.97	CARDIAC REHABILITATION	340,297	1,663,549	0.204561			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	516,910	9,999,113	0.051696			90
91	Emergency	704,756	66,209,958	0.010644			91
92	Observation Beds (Non-Distinct		8,305,669				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	7,915,316	725,253,629		10,885,060	161,022	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			29,633		29,633	29,633	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			9,878		9,878	9,878	59
60	Laboratory			19,756		19,756	19,756	60
62	Whole Blood & Packed Red Blood							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy			19,756		19,756	19,756	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			237,067		237,067	237,067	91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			316,090		316,090	316,090	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	93,710,364	0.000316	0.000316	155,609	49			50
51	Recovery Room	9,253,396			15,441				51
52	Delivery Room & Labor Room	3,308,763							52
53	Anesthesiology	19,372,615			19,797				53
54	Radiology-Diagnostic	69,991,937			240,096				54
54.01	RADIOLOGY - ULTRASOUND	16,251,007			9,693				54.01
56	Radioisotope	9,925,698			17,131				56
57	CT Scan	54,805,262			152,671				57
59	Cardiac Catheterization	42,096,895	0.000235	0.000235	81,208	19			59
60	Laboratory	106,249,865	0.000186	0.000186	1,086,393	202			60
62	Whole Blood & Packed Red Blood	5,045,546			60,622				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	19,889,022	0.000993	0.000993	555,328	551			65
66	Physical Therapy	14,609,052			2,362,207				66
67	Occupational Therapy	6,349,023			2,328,928				67
68	Speech Pathology	1,319,275			367,023				68
70	Electroencephalography	14,128,094							70
71	Medical Supplies Charged to Pat	22,048,169			577,084				71
72	Impl. Dev. Charged to Patients	44,656,626			24,401				72
73	Drugs Charged to Patients	82,984,786			2,314,544				73
74	Renal Dialysis	3,079,945			516,884				74
76.97	CARDIAC REHABILITATION	1,663,549							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	9,999,113							90
91	Emergency	66,209,958	0.003581	0.003581					91
92	Observation Beds (Non-Distinct	8,305,669							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	725,253,629			10,885,060	821			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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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 [XX] Title XVIII, Part B [] IPF [] SNF [] Swing Bed NF
 Boxes: [] Title XIX - O/P [XX] 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	0.216736							50
51	Recovery Room	0.360903							51
52	Delivery Room & Labor Room	0.609958							52
53	Anesthesiology	0.016574							53
54	Radiology-Diagnostic	0.146953							54
54.01	RADIOLOGY - ULTRASOUND	0.110363							54.01
56	Radioisotope	0.124116							56
57	CT Scan	0.048125							57
59	Cardiac Catheterization	0.068471							59
60	Laboratory	0.109298							60
62	Whole Blood & Packed Red Blood	0.317413							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.182210							65
66	Physical Therapy	0.279770							66
67	Occupational Therapy	0.247351							67
68	Speech Pathology	0.347858							68
70	Electroencephalography	0.083982							70
71	Medical Supplies Charged to Pat	0.544233							71
72	Impl. Dev. Charged to Patients	0.541963							72
73	Drugs Charged to Patients	0.214781							73
74	Renal Dialysis	0.244746							74
76.97	CARDIAC REHABILITATION	1.058884							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.452860							90
91	Emergency	0.127699							91
92	Observation Beds (Non-Distinct	0.370638							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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

Check [] Title V [XX] PPS
Applicable [] Title XVIII, Part A [] TEFRA
Boxes: [XX] 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)	4,161,274		4,161,274	50,408	82.55	780	64,389	30
31	Intensive Care Unit	626,134		626,134	5,448	114.93	124	14,251	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	518,787		518,787	6,647	78.05			41
42	Subprovider I								42
43	Nursery	147,244		147,244	1,725	85.36	181	15,450	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	5,453,439		5,453,439	64,228		1,085	94,090	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	1,697,384	93,710,364	0.018113	359,146	6,505	50
51	Recovery Room	355,985	9,253,396	0.038471	41,022	1,578	51
52	Delivery Room & Labor Room	165,337	3,308,763	0.049969	49,663	2,482	52
53	Anesthesiology	16,934	19,372,615	0.000874	74,865	65	53
54	Radiology-Diagnostic	1,178,530	69,991,937	0.016838	190,685	3,211	54
54.01	RADIOLOGY - ULTRASOUND	79,361	16,251,007	0.004883	61,879	302	54.01
56	Radioisotope	152,858	9,925,698	0.015400	59,169	911	56
57	CT Scan	157,028	54,805,262	0.002865	289,259	829	57
59	Cardiac Catheterization	163,557	42,096,895	0.003885	134,230	521	59
60	Laboratory	610,180	106,249,865	0.005743	679,322	3,901	60
62	Whole Blood & Packed Red Blood	48,865	5,045,546	0.009685	14,700	142	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	168,098	19,889,022	0.008452	214,568	1,814	65
66	Physical Therapy	562,324	14,609,052	0.038491	42,351	1,630	66
67	Occupational Therapy	96,817	6,349,023	0.015249	20,071	306	67
68	Speech Pathology	3,894	1,319,275	0.002952	28,840	85	68
70	Electroencephalography	149,311	14,128,094	0.010568	9,777	103	70
71	Medical Supplies Charged to Pat	142,034	22,048,169	0.006442	256,699	1,654	71
72	Impl. Dev. Charged to Patients	292,422	44,656,626	0.006548	66,777	437	72
73	Drugs Charged to Patients	306,345	82,984,786	0.003692	999,770	3,691	73
74	Renal Dialysis	6,089	3,079,945	0.001977	43,200	85	74
76.97	CARDIAC REHABILITATION	340,297	1,663,549	0.204561	538	110	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	516,910	9,999,113	0.051696	332	17	90
91	Emergency	704,756	66,209,958	0.010644	271,019	2,885	91
92	Observation Beds (Non-Distinct	326,082	8,305,669	0.039260	19,124	751	92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	8,241,398	725,253,629		3,927,006	34,015	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	1 Nursing School	2 Allied Health Cost	3 All Other Medical Education Cost	4 Swing-Bed Adjustment Amount (see instructions)	5 Total Costs (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		39,511			39,511	30
31	Intensive Care Unit		29,633			29,633	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)		69,144			69,144	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
		6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	50,408	0.78	780	608	30
31	Intensive Care Unit	5,448	5.44	124	675	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	6,647				41
42	Subprovider I					42
43	Nursery	1,725		181		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	64,228		1,085	1,283	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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			29,633		29,633	29,633	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			9,878		9,878	9,878	59
60	Laboratory			19,756		19,756	19,756	60
62	Whole Blood & Packed Red Blood							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy			19,756		19,756	19,756	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			237,067		237,067	237,067	91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			316,090		316,090	316,090	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	93,710,364	0.000316	0.000316	359,146	113			50
51	Recovery Room	9,253,396			41,022				51
52	Delivery Room & Labor Room	3,308,763			49,663				52
53	Anesthesiology	19,372,615			74,865				53
54	Radiology-Diagnostic	69,991,937			190,685				54
54.01	RADIOLOGY - ULTRASOUND	16,251,007			61,879				54.01
56	Radioisotope	9,925,698			59,169				56
57	CT Scan	54,805,262			289,259				57
59	Cardiac Catheterization	42,096,895	0.000235	0.000235	134,230	32			59
60	Laboratory	106,249,865	0.000186	0.000186	679,322	126			60
62	Whole Blood & Packed Red Blood	5,045,546			14,700				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	19,889,022	0.000993	0.000993	214,568	213			65
66	Physical Therapy	14,609,052			42,351				66
67	Occupational Therapy	6,349,023			20,071				67
68	Speech Pathology	1,319,275			28,840				68
70	Electroencephalography	14,128,094			9,777				70
71	Medical Supplies Charged to Pat	22,048,169			256,699				71
72	Impl. Dev. Charged to Patients	44,656,626			66,777				72
73	Drugs Charged to Patients	82,984,786			999,770				73
74	Renal Dialysis	3,079,945			43,200				74
76.97	CARDIAC REHABILITATION	1,663,549			538				76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	9,999,113			332				90
91	Emergency	66,209,958	0.003581	0.003581	271,019	971			91
92	Observation Beds (Non-Distinct	8,305,669			19,124				92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	725,253,629			3,927,006	1,455			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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	0.216736							50
51	Recovery Room	0.360903							51
52	Delivery Room & Labor Room	0.609958							52
53	Anesthesiology	0.016574							53
54	Radiology-Diagnostic	0.146953							54
54.01	RADIOLOGY - ULTRASOUND	0.110363							54.01
56	Radioisotope	0.124116							56
57	CT Scan	0.048125							57
59	Cardiac Catheterization	0.068471							59
60	Laboratory	0.109298							60
62	Whole Blood & Packed Red Blood	0.317413							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.182210							65
66	Physical Therapy	0.279770							66
67	Occupational Therapy	0.247351							67
68	Speech Pathology	0.347858							68
70	Electroencephalography	0.083982							70
71	Medical Supplies Charged to Pat	0.544233							71
72	Impl. Dev. Charged to Patients	0.541963							72
73	Drugs Charged to Patients	0.214781							73
74	Renal Dialysis	0.244746							74
76.97	CARDIAC REHABILITATION	1.058884							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.452860							90
91	Emergency	0.127699							91
92	Observation Beds (Non-Distinct	0.370638							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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	1,697,384	93,710,364	0.018113		50
51	Recovery Room	355,985	9,253,396	0.038471		51
52	Delivery Room & Labor Room	165,337	3,308,763	0.049969		52
53	Anesthesiology	16,934	19,372,615	0.000874		53
54	Radiology-Diagnostic	1,178,530	69,991,937	0.016838		54
54.01	RADIOLOGY - ULTRASOUND	79,361	16,251,007	0.004883		54.01
56	Radioisotope	152,858	9,925,698	0.015400		56
57	CT Scan	157,028	54,805,262	0.002865		57
59	Cardiac Catheterization	163,557	42,096,895	0.003885		59
60	Laboratory	610,180	106,249,865	0.005743		60
62	Whole Blood & Packed Red Blood	48,865	5,045,546	0.009685		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	168,098	19,889,022	0.008452		65
66	Physical Therapy	562,324	14,609,052	0.038491		66
67	Occupational Therapy	96,817	6,349,023	0.015249		67
68	Speech Pathology	3,894	1,319,275	0.002952		68
70	Electroencephalography	149,311	14,128,094	0.010568		70
71	Medical Supplies Charged to Pat	142,034	22,048,169	0.006442		71
72	Impl. Dev. Charged to Patients	292,422	44,656,626	0.006548		72
73	Drugs Charged to Patients	306,345	82,984,786	0.003692		73
74	Renal Dialysis	6,089	3,079,945	0.001977		74
76.97	CARDIAC REHABILITATION	340,297	1,663,549	0.204561		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic	516,910	9,999,113	0.051696		90
91	Emergency	704,756	66,209,958	0.010644		91
92	Observation Beds (Non-Distinct		8,305,669			92
	OTHER REIMBURSABLE COST CENTERS					
200	Total (sum of lines 50-199)	7,915,316	725,253,629			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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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			29,633		29,633	29,633	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			9,878		9,878	9,878	59
60	Laboratory			19,756		19,756	19,756	60
62	Whole Blood & Packed Red Blood							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy			19,756		19,756	19,756	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			237,067		237,067	237,067	91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			316,090		316,090	316,090	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	93,710,364	0.000316	0.000316					50
51	Recovery Room	9,253,396							51
52	Delivery Room & Labor Room	3,308,763							52
53	Anesthesiology	19,372,615							53
54	Radiology-Diagnostic	69,991,937							54
54.01	RADIOLOGY - ULTRASOUND	16,251,007							54.01
56	Radioisotope	9,925,698							56
57	CT Scan	54,805,262							57
59	Cardiac Catheterization	42,096,895	0.000235	0.000235					59
60	Laboratory	106,249,865	0.000186	0.000186					60
62	Whole Blood & Packed Red Blood	5,045,546							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	19,889,022	0.000993	0.000993					65
66	Physical Therapy	14,609,052							66
67	Occupational Therapy	6,349,023							67
68	Speech Pathology	1,319,275							68
70	Electroencephalography	14,128,094							70
71	Medical Supplies Charged to Pat	22,048,169							71
72	Impl. Dev. Charged to Patients	44,656,626							72
73	Drugs Charged to Patients	82,984,786							73
74	Renal Dialysis	3,079,945							74
76.97	CARDIAC REHABILITATION	1,663,549							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	9,999,113							90
91	Emergency	66,209,958	0.003581	0.003581					91
92	Observation Beds (Non-Distinct	8,305,669							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	725,253,629							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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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: [XX] Title XIX - O/P [XX] 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	0.216736							50
51	Recovery Room	0.360903							51
52	Delivery Room & Labor Room	0.609958							52
53	Anesthesiology	0.016574							53
54	Radiology-Diagnostic	0.146953							54
54.01	RADIOLOGY - ULTRASOUND	0.110363							54.01
56	Radioisotope	0.124116							56
57	CT Scan	0.048125							57
59	Cardiac Catheterization	0.068471							59
60	Laboratory	0.109298							60
62	Whole Blood & Packed Red Blood	0.317413							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.182210							65
66	Physical Therapy	0.279770							66
67	Occupational Therapy	0.247351							67
68	Speech Pathology	0.347858							68
70	Electroencephalography	0.083982							70
71	Medical Supplies Charged to Pat	0.544233							71
72	Impl. Dev. Charged to Patients	0.541963							72
73	Drugs Charged to Patients	0.214781							73
74	Renal Dialysis	0.244746							74
76.97	CARDIAC REHABILITATION	1.058884							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.452860							90
91	Emergency	0.127699							91
92	Observation Beds (Non-Distinct	0.370638							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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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)	50,408	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	50,408	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)	46,458	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)	24,815	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)	39,284,725	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)	39,284,725	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)	39,284,725	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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)					779.34	38	
39	Program general inpatient routine service cost (line 9 x line 38)					19,339,322	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)					19,339,322	41	
42	Nursery (Titles V and XIX only)						42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	8,357,262	5,448	1,534.01	2,361	3,621,798	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)					33,606,940	48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					56,568,060	49	

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,352,028	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,474,180	51
52	Total Program excludable cost (sum of lines 50 and 51)					3,826,208	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					52,741,852	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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)					3,950	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					779.34	88
89	Observation bed cost (line 87 x line 88) (see instructions)					3,078,393	89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	4,161,274	39,284,725	0.105926	3,078,393	326,082	90
91	Nursing School						91
92	Allied Health	39,511	39,284,725	0.001006	3,078,393	3,097	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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)	6,647	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,647	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)	6,647	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)	4,965	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)	5,295,531	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)	5,295,531	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)	5,295,531	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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) [XX] PPS
Applicable [XX] Title XVIII, Part A [] IPF [] TEFRA
Boxes: [] Title XIX - I/P [XX] 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)		796.68	38
39	Program general inpatient routine service cost (line 9 x line 38)		3,955,516	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)		3,955,516	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		2,647,644	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)		6,603,160	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)		387,518	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		161,843	51
52	Total Program excludable cost (sum of lines 50 and 51)		549,361	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)		6,053,799	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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)	50,408	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	50,408	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)	46,458	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)	780	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)	1,725	15
16	Nursery days (title V or XIX only)	181	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)	39,284,725	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)	39,284,725	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)	39,284,725	37

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ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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)					779.34	38	
39	Program general inpatient routine service cost (line 9 x line 38)					607,885	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)					607,885	41	
42	Nursery (Titles V and XIX only)	1,960,378	1,725	1,136.45	181	205,697	42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	8,357,262	5,448	1,534.01	124	190,217	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)					778,990	48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					1,782,789	49	

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					95,373	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					35,470	51
52	Total Program excludable cost (sum of lines 50 and 51)					130,843	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					1,651,946	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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)					3,950	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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)	6,647	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,647	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)	6,647	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)		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)	5,295,531	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)	5,295,531	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)	5,295,531	37

KPMG LLP Compu-Max 2552-10

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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

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	796.68	38
39	Program general inpatient routine service cost (line 9 x line 38)		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)		41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)		49

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

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ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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		28,987,941		30
31	Intensive Care Unit		5,292,035		31
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.216831	17,312,159	3,753,813	50
51	Recovery Room	0.360903	2,015,378	727,356	51
52	Delivery Room & Labor Room	0.609958	7,350	4,483	52
53	Anesthesiology	0.016574	3,460,185	57,349	53
54	Radiology-Diagnostic	0.147112	6,236,151	917,413	54
54.01	RADIOLOGY - ULTRASOUND	0.110363	1,860,053	205,281	54.01
56	Radioisotope	0.124116	1,669,403	207,200	56
57	CT Scan	0.048125	8,831,806	425,031	57
59	Cardiac Catheterization	0.068539	10,365,957	710,472	59
60	Laboratory	0.109353	19,728,447	2,157,365	60
62	Whole Blood & Packed Red Blood Cells	0.317413	1,656,523	525,802	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.182526	9,954,340	1,816,926	65
66	Physical Therapy	0.280465	2,703,912	758,353	66
67	Occupational Therapy	0.247351	1,097,046	271,355	67
68	Speech Pathology	0.347858	341,118	118,661	68
70	Electroencephalography	0.084175	2,472,127	208,091	70
71	Medical Supplies Charged to Patients	0.544233	6,010,242	3,270,972	71
72	Impl. Dev. Charged to Patients	0.541963	18,952,111	10,271,343	72
73	Drugs Charged to Patients	0.214781	22,188,143	4,765,592	73
74	Renal Dialysis	0.244746	1,838,800	450,039	74
76.97	CARDIAC REHABILITATION	1.058884	261,252	276,636	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.454897	157,999	71,873	90
91	Emergency	0.127699	11,516,063	1,470,590	91
92	Observation Beds (Non-Distinct Part)	0.370638	445,027	164,944	92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		151,081,592	33,606,940	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		151,081,592		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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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		4,663,155		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.216831	155,609	33,741	50
51	Recovery Room	0.360903	15,441	5,573	51
52	Delivery Room & Labor Room	0.609958			52
53	Anesthesiology	0.016574	19,797	328	53
54	Radiology-Diagnostic	0.147112	240,096	35,321	54
54.01	RADIOLOGY - ULTRASOUND	0.110363	9,693	1,070	54.01
56	Radioisotope	0.124116	17,131	2,126	56
57	CT Scan	0.048125	152,671	7,347	57
59	Cardiac Catheterization	0.068539	81,208	5,566	59
60	Laboratory	0.109353	1,086,393	118,800	60
62	Whole Blood & Packed Red Blood Cells	0.317413	60,622	19,242	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.182526	555,328	101,362	65
66	Physical Therapy	0.280465	2,362,207	662,516	66
67	Occupational Therapy	0.247351	2,328,928	576,063	67
68	Speech Pathology	0.347858	367,023	127,672	68
70	Electroencephalography	0.084175			70
71	Medical Supplies Charged to Patients	0.544233	577,084	314,068	71
72	Impl. Dev. Charged to Patients	0.541963	24,401	13,224	72
73	Drugs Charged to Patients	0.214781	2,314,544	497,120	73
74	Renal Dialysis	0.244746	516,884	126,505	74
76.97	CARDIAC REHABILITATION	1.058884			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.454897			90
91	Emergency	0.127699			91
92	Observation Beds (Non-Distinct Part)	0.370638			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		10,885,060	2,647,644	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		10,885,060		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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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		909,240		30
31	Intensive Care Unit		199,005		31
41	Subprovider - IRF				41
43	Nursery		387,890		43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.216831	359,146	77,874	50
51	Recovery Room	0.360903	41,022	14,805	51
52	Delivery Room & Labor Room	0.609958	49,663	30,292	52
53	Anesthesiology	0.016574	74,865	1,241	53
54	Radiology-Diagnostic	0.147112	190,685	28,052	54
54.01	RADIOLOGY - ULTRASOUND	0.110363	61,879	6,829	54.01
56	Radioisotope	0.124116	59,169	7,344	56
57	CT Scan	0.048125	289,259	13,921	57
59	Cardiac Catheterization	0.068539	134,230	9,200	59
60	Laboratory	0.109353	679,322	74,286	60
62	Whole Blood & Packed Red Blood Cells	0.317413	14,700	4,666	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.182526	214,568	39,164	65
66	Physical Therapy	0.280465	42,351	11,878	66
67	Occupational Therapy	0.247351	20,071	4,965	67
68	Speech Pathology	0.347858	28,840	10,032	68
70	Electroencephalography	0.084175	9,777	823	70
71	Medical Supplies Charged to Patients	0.544233	256,699	139,704	71
72	Impl. Dev. Charged to Patients	0.541963	66,777	36,191	72
73	Drugs Charged to Patients	0.214781	999,770	214,732	73
74	Renal Dialysis	0.244746	43,200	10,573	74
76.97	CARDIAC REHABILITATION	1.058884	538	570	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.454897	332	151	90
91	Emergency	0.127699	271,019	34,609	91
92	Observation Beds (Non-Distinct Part)	0.370638	19,124	7,088	92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		3,927,006	778,990	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		3,927,006		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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.216831			50
51	Recovery Room	0.360903			51
52	Delivery Room & Labor Room	0.609958			52
53	Anesthesiology	0.016574			53
54	Radiology-Diagnostic	0.147112			54
54.01	RADIOLOGY - ULTRASOUND	0.110363			54.01
56	Radioisotope	0.124116			56
57	CT Scan	0.048125			57
59	Cardiac Catheterization	0.068539			59
60	Laboratory	0.109353			60
62	Whole Blood & Packed Red Blood Cells	0.317413			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.182526			65
66	Physical Therapy	0.280465			66
67	Occupational Therapy	0.247351			67
68	Speech Pathology	0.347858			68
70	Electroencephalography	0.084175			70
71	Medical Supplies Charged to Patients	0.544233			71
72	Impl. Dev. Charged to Patients	0.541963			72
73	Drugs Charged to Patients	0.214781			73
74	Renal Dialysis	0.244746			74
76.97	CARDIAC REHABILITATION	1.058884			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.454897			90
91	Emergency	0.127699			91
92	Observation Beds (Non-Distinct Part)	0.370638			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	11,838,984			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	35,516,951			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)	555,048			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)	178.21			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)	0.0374			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.1547			31
32	Sum of lines 30 and 31	0.1921			32
33	Allowable disproportionate share percentage (see instructions)	0.0524			33
34	Disproportionate share adjustment (see instructions)	620,363			34
		Prior to		On or after	
		October 1 (1.00)	(1.01)	October 1 (2.00)	
35	Total uncompensated care amount (see instructions)	7,647,644,885		6,406,145,534	35
35.01	Factor 3 (see instructions)	0.000218530		0.000213980	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,671,240		1,370,787	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	421,244		1,026,218	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,447,462			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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
47	Subtotal (see instructions)	49,978,808			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)	49,978,808			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	3,978,556			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	7,801			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).	32,200			57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	62,866			58
59	Total (sum of amounts on lines 49 through 58)	54,060,231			59
60	Primary payer payments	21,332			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	54,038,899			61
62	Deductibles billed to program beneficiaries	4,410,840			62
63	Coinsurance billed to program beneficiaries	488,292			63
64	Allowable bad debts (see instructions)	606,335			64
65	Adjusted reimbursable bad debts (see instructions)	394,118			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	145,344			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	49,533,885			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)				70.01
70.02	OTHER ADJUSTMENTS PER PSR				70.02
70.93	HVBP payment adjustment amount (see instructions)	440,858			70.93
70.94	HRR adjustment amount (see instructions)	-695,989			70.94
71	Amount due provider (see instructions)	49,278,754			71
71.01	Sequestration adjustment (see instructions)	985,575			71.01
72	Interim payments	48,136,869			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	156,310			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	566,576			75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

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

HSP Bonus Payment Amount

Prior to 10/1 On or After 10/1

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

Prior to 10/1 On or After 10/1

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

HRR Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

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

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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)	39,606			1
2	Medical and other services reimbursed under OPPS (see instructions)	23,783,965			2
3	PPS payments	22,749,722			3
4	Outlier payment (see instructions)	17,993			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	40,060			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	39,606			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	184,966			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)	184,966			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)	184,966			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	145,360			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)	39,606			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)	22,807,775			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	4,383,738			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)	18,463,643			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)	18,463,643			30
31	Primary payer payments	4,759			31
32	Subtotal (line 30 minus line 31)	18,458,884			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)	770,821			34
35	Adjusted reimbursable bad debts (see instructions)	501,034			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	414,352			36
37	Subtotal (see instructions)	18,959,918			37
38	MSP-LCC reconciliation amount from PS&R	-72			38
39	Other adjustments (FDO LOSS)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	18,959,990			40
40.01	Sequestration adjustment (see instructions)	379,200			40.01
41	Interim payments	18,584,800			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-4,010			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

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

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ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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		47,620,245		18,045,459
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		368,824		413,641
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	01/22/2016	01/22/2016	125,700
		.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	147,800		125,700
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)		48,136,869		18,584,800
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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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		8,401,698		1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	.01			3.01
		.02			3.02
	Program	.03			3.03
	to	.04			3.04
	Provider	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
	Provider	.52			3.52
	to	.53			3.53
	Program	.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		8,401,698		4
TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01			6.01
		.02			6.02
7	Total Medicare program liability (see instructions)				7
8	Name of Contractor		Contractor Number	NPR Date (Month/Day/Year)	8

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

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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)	10,732	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	27,176	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	6,081	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	51,906	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	805,101,328	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	1,459,334	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)		8
9	Sequestration adjustment amount (see instructions)		9
10	Calculation of the HIT incentive payment after sequestration (see instructions)		10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

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

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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)	8,476,110		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.024600		2
3	Inpatient Rehabilitation LIP payments (see instructions)	165,284		3
4	Outlier payments	98,098		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)	18,161,202		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	8,739,492		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)	8,739,492		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	8,739,492		19
20	Deductibles	63,616		20
21	Subtotal (line 19 minus line 20)	8,675,876		21
22	Coinsurance	84,322		22
23	Subtotal (line 21 minus line 22)	8,591,554		23
24	Allowable bad debts (exclude bad debts for professional services) (see instructions)	36,158		24
25	Adjusted reimbursable bad debts (see instructions)	23,503		25
26	Allowable bad debts for dual eligible beneficiaries (see instructions)	26,756		26
27	Subtotal (sum of lines 23 and 25)	8,615,057		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)	821		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)	8,615,878		32
32.01	Sequestration adjustment (see instructions)	172,318		32.01
33	Interim payments	8,401,698		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 33 and 34)	41,862		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	72,895		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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-0034

WORKSHEET E-3
PART VII

Check Title V Hospital NF PPS
 Applicable Title XIX SUB (Other) ICF/IID TEFRA
 Boxes: SNF Other

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1			1
2			2
3			3
4			4
5			5
6			6
7			7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	1,496,135		8
9	3,927,006		9
10			10
11			11
12	5,423,141		12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16	5,423,141		16
17	5,423,141		17
18			18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26	2,738		26
27	2,738		27
28			28
29	2,738		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30			30
31	2,738		31
32			32
33			33
34			34
35			35
36	2,738		36
37	-2,738		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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-T034

WORKSHEET E-3
PART VII

Check [] Title V [] Hospital [] NF [XX] PPS
Applicable [XX] Title XIX [XX] 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	Inpatient hospital/SNF/NF services			1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)			4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)			7
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
8	Routine service charges	122,940		8
9	Ancillary service charges			9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)	122,940		12
CUSTOMARY CHARGES				
13	Amount actually collected from patients liable for payment for services on a charge basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)	122,940		16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	122,940		17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)			18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)			21
PROSPECTIVE PAYMENT AMOUNT				
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30	Excess of reasonable cost (from line 18)			30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)			31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)			38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)			40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter I, §115.2			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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	1,049,459				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	29,829,622				4
5	Other receivables					5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory	6,642,515				7
8	Prepaid expenses	1,599,529				8
9	Other current assets					9
10	Due from other funds	611,313				10
11	Total current assets (sum of lines 1-10)	39,732,438				11
FIXED ASSETS						
12	Land					12
13	Land improvements					13
14	Accumulated depreciation					14
15	Buildings	150,913,508				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)	150,913,508				30
OTHER ASSETS						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	4,345,761				34
35	Total other assets (sum of lines 31-34)	4,345,761				35
36	Total assets (sum of lines 11, 30 and 35)	194,991,707				36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	1,134,800				37
38	Salaries, wages and fees payable	7,092,792				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	418,630				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	13,219,613				44
45	Total current liabilities (sum of lines 37 thru 44)	21,865,835				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable	916,747				47
48	Unsecured loans					48
49	Other long term liabilities	16,243,706				49
50	Total long term liabilities (sum of lines 46 thru 49)	17,160,453				50
51	Total liabilities (sum of lines 45 and 50)	39,026,288				51
CAPITAL ACCOUNTS						
52	General fund balance	155,965,419				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)	155,965,419				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	194,991,707				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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	Fund balances at beginning of period		150,122,477			1
2	Net income (loss) (from Worksheet G-3, line 29)		16,039,574			2
3	Total (sum of line 1 and line 2)		166,162,051			3
4	Additions (credit adjustments) (specify)					4
5	TRANSFER OF FUNDS					5
6						6
7	RELEASE RESTRICTED ASSETS	296,211				7
8						8
9						9
10	Total additions (sum of lines 4-9)		296,211			10
11	Subtotal (line 3 plus line 10)		166,458,262			11
12	Deductions (debit adjustments) (specify)					12
13	TRANSFER FUNDS	10,492,843				13
14						14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)		10,492,843			18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		155,965,419			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	TRANSFER FUNDS					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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

**WORKSHEET G-2
PARTS I & II**

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	62,327,213		62,327,213	1
2	Subprovider IPF				2
3	Subprovider IRF	6,640,535		6,640,535	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)	68,967,748		68,967,748	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	11,111,169		11,111,169	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)	11,111,169		11,111,169	16
17	Total inpatient routine care services (sum of lines 10 and 16)	80,078,917		80,078,917	17
18	Ancillary services	284,131,520		284,131,520	18
19	Outpatient services	23,366,208	413,006,695	436,372,903	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		4,527,980	4,527,980	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)	387,576,645	417,534,675	805,111,320	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		235,197,162	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)		235,197,162	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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)	805,111,320	1
2	Less contractual allowances and discounts on patients' accounts	557,277,364	2
3	Net patient revenues (line 1 minus line 2)	247,833,956	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	235,197,162	4
5	Net income from service to patients (line 3 minus line 4)	12,636,794	5

OTHER INCOME

6	Contributions, donations, bequests, etc.	3,300	6
7	Income from investments	81,327	7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts	13	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	825,049	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	3,623	21
22	Rental of hospitial space	1,471,706	22
23	Governmental appropriations	153,141	23
24	Other (OTHER OPERATING INCOME)	328,421	24
24.01	Other (CARDIO INCOME)	58,703	24.01
24.02	Other (RELEASED TEMP ASSETS)	24,738	24.02
24.03	Other (LAB INCOME)	106,504	24.03
24.04	Other (THERAPY INCOME)		24.04
24.05	Other (LAMAZE CLASSES)	100,644	24.05
24.06	Other (PHOTOGRAPHIC FEES)	1,433	24.06
24.07	Other (GAIN ON SALE OF ASSETS)	244,178	24.07
24.08	Other (ROUNDING)		24.08
25	Total other income (sum of lines 6-24)	3,402,780	25
26	Total (line 5 plus line 25)	16,039,574	26
29	Net income (or loss) for the period (line 26 minus line 28)	16,039,574	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	645,974	354,338	90,041		166,024	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	886,005				16,000	6
7	Physical Therapy				472,533		7
8	Occupational Therapy				101,396		8
9	Speech Pathology				35,877		9
10	Medical Social Services	3,407					10
11	Home Health Aide	117,709					11
12	Supplies (see instructions)					193,449	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)	1,653,095	354,338	90,041	609,806	375,473	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	1,256,377	-329,581	926,796	-7,220	919,576	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	902,005		902,005		902,005	6
7	Physical Therapy	472,533		472,533		472,533	7
8	Occupational Therapy	101,396		101,396		101,396	8
9	Speech Pathology	35,877		35,877		35,877	9
10	Medical Social Services	3,407		3,407		3,407	10
11	Home Health Aide	117,709		117,709		117,709	11
12	Supplies (see instructions)	193,449		193,449		193,449	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)	3,082,753	-329,581	2,753,172	-7,220	2,745,952	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	919,576			5
HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care	902,005			6
7	Physical Therapy	472,533			7
8	Occupational Therapy	101,396			8
9	Speech Pathology	35,877			9
10	Medical Social Services	3,407			10
11	Home Health Aide	117,709			11
12	Supplies (see instructions)	193,449			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)	2,745,952			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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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		919,576	919,576		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		902,005	451,194	1,353,199	6
7	Physical Therapy		472,533	236,368	708,901	7
8	Occupational Therapy		101,396	50,720	152,116	8
9	Speech Pathology		35,877	17,946	53,823	9
10	Medical Social Services		3,407	1,704	5,111	10
11	Home Health Aide		117,709	58,880	176,589	11
12	Supplies (see instructions)		193,449	102,764	296,213	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)		2,745,952		2,745,952	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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					-919,576	1,838,367	5
HHA REIMBURSABLE SERVICES								
6	Skilled Nursing Care						902,005	6
7	Physical Therapy						472,533	7
8	Occupational Therapy						101,396	8
9	Speech Pathology						35,877	9
10	Medical Social Services						3,407	10
11	Home Health Aide						117,709	11
12	Supplies (see instructions)					11,991	205,440	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)					-907,585	1,838,367	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						919,576	25
26	Unit Cost Multiplier						0.500214	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	MAINTENACE OF PERSONNEL 4.01	NONPATIENT TELEPHONES 5.01	
1	Administrative and General	0	26,434	40,537	286,364	29,931	22,133	1
2	Skilled Nursing Care	1,353,199						2
3	Physical Therapy	708,901						3
4	Occupational Therapy	152,116						4
5	Speech Pathology	53,823						5
6	Medical Social Services	5,111						6
7	Home Health Aide	176,589						7
8	Supplies	296,213						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)	2,745,952	26,434	40,537	286,364	29,931	22,133	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	6,388	12,728		424,515	63,212		1
2	Skilled Nursing Care				1,353,199	201,497		2
3	Physical Therapy				708,901	105,559		3
4	Occupational Therapy				152,116	22,651		4
5	Speech Pathology				53,823	8,015		5
6	Medical Social Services				5,111	761		6
7	Home Health Aide				176,589	26,295		7
8	Supplies				296,213	44,108		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)	6,388	12,728		3,170,467	472,098		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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	41,262						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)	41,262						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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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				21,010			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)				21,010			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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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		549,999		549,999			1
2	Skilled Nursing Care		1,554,696		1,554,696	271,037	1,825,733	2
3	Physical Therapy		814,460		814,460	141,989	956,449	3
4	Occupational Therapy		174,767		174,767	30,468	205,235	4
5	Speech Pathology		61,838		61,838	10,781	72,619	5
6	Medical Social Services		5,872		5,872	1,024	6,896	6
7	Home Health Aide		202,884		202,884	35,370	238,254	7
8	Supplies		340,321		340,321	59,330	399,651	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)		3,704,837		3,704,837	549,999	3,704,837	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.					0.174335		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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	1,653,095	2,279	27	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	1,653,095	2,279	27	14,130	20
21	Total cost to be allocated	26,434	40,537	286,364	29,931	22,133	6,388	21
22	Unit Cost Multiplier	12.587619		0.173229		819.740741		22
22	Unit Cost Multiplier		19.303333		13.133392		0.452088	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	4,527,980			424,515		2,100	1
2	Skilled Nursing Care				1,353,199			2
3	Physical Therapy				708,901			3
4	Occupational Therapy				152,116			4
5	Speech Pathology				53,823			5
6	Medical Social Services				5,111			6
7	Home Health Aide				176,589			7
8	Supplies				296,213			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)	4,527,980			3,170,467		2,100	20
21	Total cost to be allocated	12,728			472,098		41,262	21
22	Unit Cost Multiplier	0.002811						22
22	Unit Cost Multiplier				0.148905		19.648571	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS-TRATION NURSING HOURS	
		8	9	10	11	12	13	
1	Administrative and General							1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)							20
21	Total cost to be allocated							21
22	Unit Cost Multiplier							22
22	Unit Cost Multiplier							22

KPMG LLP Compu-Max 2552-10

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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			4,527,980				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)			4,527,980				20
21	Total cost to be allocated			21,010				21
22	Unit Cost Multiplier			0.004640				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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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	1,825,733		1,825,733	18,231	100.14	1
2	Physical Therapy	3	956,449		956,449	8,053	118.77	2
3	Occupational Therapy	4	205,235		205,235	1,791	114.59	3
4	Speech Pathology	5	72,619		72,619	550	132.03	4
5	Medical Social Services	6	6,896		6,896	51	135.22	5
6	Home Health Aide	7	238,254		238,254	4,706	50.63	6
7	Total (sum of lines 1-6)		3,305,186		3,305,186	33,382		7

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		13,384		8
8.01	Skilled Nursing Care	33140		16		8.01
8.02	Skilled Nursing Care	99915		6		8.02
9	Physical Therapy	23844		5,739		9
9.01	Physical Therapy	33140		7		9.01
9.02	Physical Therapy	99915				9.02
10	Occupational Therapy	23844		1,363		10
10.01	Occupational Therapy	33140				10.01
10.02	Occupational Therapy	99915				10.02
11	Speech Pathology	23844		499		11
11.01	Speech Pathology	33140				11.01
11.02	Speech Pathology	99915				11.02
12	Medical Social Services	23844		42		12
12.01	Medical Social Services	33140		1		12.01
12.02	Medical Social Services	99915				12.02
13	Home Health Aide	23844		3,867		13
13.01	Home Health Aide	33140				13.01
13.02	Home Health Aide	99915				13.02
14	Total (sum of lines 8-13)			24,924		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	399,651		399,651	360,187	1.109565
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	0.279770			col. 2, line 2	1
2	Occupational Therapy	67	0.247351			col. 2, line 3	2
3	Speech Pathology	68	0.347858			col. 2, line 4	3
4	Medical Supplies Charged to Pat	71	0.544233			col. 2, line 15	4
5	Drugs Charged to Patients	73	0.214781			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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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		13,406			1,342,477		1,342,477	1
2	Physical Therapy		5,746			682,452		682,452	2
3	Occupational Therapy		1,363			156,186		156,186	3
4	Speech Pathology		499			65,883		65,883	4
5	Medical Social Services		43			5,814		5,814	5
6	Home Health Aide		3,867			195,786		195,786	6
7	Total (sum of lines 1-6)		24,924			2,448,598		2,448,598	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			316,137				350,775	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: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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 A 1	Part B		
			Not Subject to Deductibles & Coinsurance 2	Subject to Deductibles & Coinsurance 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		7,048		9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	Description	Part A Services 1	Part B Services 2	
10	Total reasonable cost (see instructions)		-7,048	10
11	Total PPS Reimbursement - Full Episodes without Outliers		2,705,829	11
12	Total PPS Reimbursement - Full Episodes with Outliers		327,720	12
13	Total PPS Reimbursement - LUPA Episodes		34,282	13
14	Total PPS Reimbursement - PEP Episodes		16,936	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers		115,789	15
16	Total PPS Outlier Reimbursement - PSP Episodes			16
17	Total Other Payments			17
18	DME Payments			18
19	Oxygen Payments			19
20	Prosthetic and Orthotic Payments			20
21	Part B deductibles billed to Medicare patients (exclude coinsurance)			21
22	Subtotal (sum of lines 10 thru 20 minus line 21)		3,193,508	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		3,193,508	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		3,193,508	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)		3,193,508	29
30	Other adjustments (see instructions) (specify)		2,037	30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		3,195,545	31
31.01	Sequestration adjustment (see instructions)		63,911	31.01
32	Interim payments (see instructions)		3,131,634	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

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ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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				3,131,634	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)				3,131,634	4
	TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	.01				5.01
		.02				5.02
	Program	.03				5.03
	To	.04				5.04
	Provider	.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	Provider	.52				5.52
	To	.53				5.53
	Program	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determine net settlement amount (balance due) based on the cost report (see instructions)	.01				6.01
		.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)					7
8	Name of Contractor	Contractor Number		NPR Date: Month, Day, Year		8

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

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 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	3,795,508	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	32,366	2
2.01	Model 4 BPCI Capital DRG outlier payments		2.01
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	142.51	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)	0.0374	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.1547	8
9	Sum of lines 7 and 8	0.1921	9
10	Allowable disproportionate share percentage (see instructions)	0.0397	10
11	Disproportionate share adjustment (see instructions)	150,682	11
12	Total prospective capital payments (see instructions)	3,978,556	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

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ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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

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ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 21:31 Version: 2016.05 (11/01/2016)
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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						
190	Gift, Flower, Coffee Shop & Canteen						190
192	Physicians' Private Offices						192
194	OTHER NON-REIMBURSABLE 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