

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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 checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.	Date: 11/24/2019 Time: 08:34
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. MARY MEDICAL CENTER, INC. (15-0034) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 07/01/2018 and ending 06/30/2019, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) MARY F. SUDICKY  
Chief Financial Officer or Administrator of Provider(s)

CFO  
Title

11/24/2019 08:34  
Date

**PART III - SETTLEMENT SUMMARY**

		TITLE XVIII			HIT	TITLE XIX	
		TITLE V	PART A	PART B			
		1	2	3	4	5	
1	HOSPITAL		105,206	37,886			1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF		-41,983	-25			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		63,223	37,861			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	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 OLTC									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 / 2018	To: 06 / 30 / 2019	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)	Y	Y		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.	1,108	205		37	5,235	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.	18	178			29	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)			37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	38

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**WORKSHEET S-2  
PART I**

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

Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	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
		NAHE 413.85 Y/N 1	Worksheet A Line # 2	Pass-Through Qualification Criteria Code 3	
60	Are you claiming nursing and allied health education (NAHE) costs for any program(s) that meet the criteria under 42 CFR 413.85? (see instructions)	Y			60
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23	1	60.01
		Y/N 1	IME 4	Direct GME 5	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

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

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

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

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

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

**Teaching Hospitals that Claim Residents in Nonprovider Settings**

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

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

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

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

**Inpatient Psychiatric Facility PPS**

		1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.	N			70
71	If line 70 is yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				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 is yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	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 an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter 'Y' for yes and 'N' for no.	N		87

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**WORKSHEET S-2  
PART I**

Title V and XIX Services		V	XIX	
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	Y	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97
98	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06

**Rural Providers**

		1	2			
105	Does this hospital qualify as a CAH?	N		105		
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106		
107	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions)			107		
108	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.	N		108		
109	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.	Physical	Occupational	Speech	Respiratory	109
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	109
110	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			1	2	110
111	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: 'A' for Ambulance services; 'B' for additional beds; and/or 'C' for tele-health services.					111

**Miscellaneous Cost Reporting Information**

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	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
118.01	List amounts of malpractice premiums and paid losses:	Premiums	Paid Losses	Self Insurance	118.01
118.01		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 care related taxes as defined in §1903(w)(3) of the Act? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

**Transplant Center Information**

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

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**WORKSHEET S-2  
PART I**

All Providers

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

If this facility is part of a chain organization, enter the name of the home office, the home office contractor name, and home office contractor number on line 141. Enter the address of the home office on lines 142 and 143.

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y			167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)				168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the 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)	07 / 01 / 2018	06 / 30 / 2019	170	
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171	

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	
<b>Provider Organization and Operation</b>				
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
<b>Financial Data and Reports</b>				
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
<b>Approved Educational Activities</b>			
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
<b>Bad Debts</b>		
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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
<b>PS&amp;R Report Data</b>					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/03/2019	Y	10/03/2019
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

**KPMG LLP Compu-Max 2552-10**

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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

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

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



**KPMG LLP Compu-Max 2552-10**

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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	160	58,400			18,890	787	40,920	1
2	HMO and other (see instructions)						10,436	5,369		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider						565	207		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)		160	58,400			18,890	787	40,920	7
8	Intensive Care Unit	31	20	7,300			1,895	179	5,186	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						142	1,690	13
14	Total (see instructions)		180	65,700			20,785	1,108	47,796	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41	20	7,300			4,493	18	6,155	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					17,119		29,190	22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30							110	24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		200							27
28	Observation Bed Days								5,593	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							108	235	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33
33.01	LTCH site neutral days and discharges									33.01

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**

**WORKSHEET S-3  
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					4,318	181	9,787	1
2	HMO and other (see instructions)					1,686	1,107		2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)		1,111.91			4,318	181	9,787	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF		30.30			425	1	578	17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		26.44						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)		1,168.65						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32.01
33	LTCH non-covered days								33
33.01	LTCH site neutral days and discharges								33.01

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL WAGE INDEX INFORMATION**

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

**Part II - Wage Data**

	Wkst A Line No.	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
<b>SALARIES</b>							
1	Total salaries (see instructions)	200	72,825,106	1,838	72,826,944	2,430,782.00	29.96
2	Non-physician anesthetist Part A						
3	Non-physician anesthetest Part B						
4	Physician-Part A - Administrative						
4.01	Physician-Part A - Teaching						4.01
5	Physician-Part B		182,233		182,233	3,807.00	47.87
6	Non-physician-Part B						
7	Interns & residents (in an approved program)	21					
7.01	Contracted interns & residents (in an approved program)						7.01
8	Home office and/or related organization personnel						
9	SNF	44					
10	Excluded area salaries (see instructions)		4,129,659	304,425	4,434,084	127,559.00	34.76
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11	Contract labor (see instructions)		3,812,106		3,812,106	81,759.00	46.63
12	Contract management and administrative services						
13	Contract labor: Physician-Part A - Administrative		652,595		652,595	4,350.63	150.00
14	Home office salaries & wage-related costs						
14.01	Home office salaries		10,193,849		10,193,849	300,888.00	33.88
14.02	Related organization salaries						
15	Home office: Physician Part A - Administrative						
16	Home office & Contract Physicians Part A - Teaching						
<b>WAGE-RELATED COSTS</b>							
17	Wage-related costs (core)(see instructions)		17,362,962		17,362,962		
18	Wage-related costs (other)(see instructions)						
19	Excluded areas		1,036,053		1,036,053		
20	Non-physician anesthetist Part A						
21	Non-physician anesthetist Part B						
22	Physician Part A - Administrative						
22.01	Physician Part A - Teaching						
23	Physician Part B		36,513		36,513		
24	Wage-related costs (RHC/FQHC)						
25	Interns & residents (in an approved program)						
25.50	Home office wage-related		2,553,573		2,553,573		
25.51	Related organization wage-related						
25.52	Home office: Physician Part A - Administrative - wage-related						
25.53	Home office & Contract Physicians Part A - Teaching - wage-related						
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26	Employee Benefits Department		1,070,062		1,070,062	30,544.00	35.03
27	Administrative & General		6,686,549	-250,817	6,435,732	225,734.00	28.51
28	Administrative & General under contract (see instructions)		1,686,813		1,686,813	12,597.51	133.90
29	Maintenance & Repairs		1,747,146		1,747,146	53,300.00	32.78
30	Operation of Plant		1,037,773		1,037,773	50,253.00	20.65
31	Laundry & Linen Service		98,068		98,068	6,813.00	14.39
32	Housekeeping		1,946,579		1,946,579	122,288.00	15.92
33	Housekeeping under contract (see instructions)						
34	Dietary		1,998,916	-816,271	1,182,645	69,129.00	17.11
35	Dietary under contract (see instructions)						
36	Cafeteria			816,271	816,271	47,714.00	17.11
37	Maintenance of Personnel						
38	Nursing Administration		2,972,509		2,972,509	81,313.00	36.56
39	Central Services and Supply		480,664		480,664	21,154.00	22.72
40	Pharmacy		2,748,373	-461,580	2,286,793	56,133.00	40.74
41	Medical Records & Medical Records Library		-1,838	1,838			
42	Social Service						
43	Other General Service						

**Part III - Hospital Wage Index Summary**

1	Net salaries (see instructions)		74,329,686	1,838	74,331,524	2,439,572.51	30.47
2	Excluded area salaries (see instructions)		4,129,659	304,425	4,434,084	127,559.00	34.76
3	Subtotal salaries (line 1 minus line 2)		70,200,027	-302,587	69,897,440	2,312,013.51	30.23
4	Subtotal other wages & related costs (see instructions)		14,658,550		14,658,550	386,997.63	37.88
5	Subtotal wage-related costs (see instructions)		19,916,535		19,916,535		28.49%
6	Total (sum of lines 3 through 5)		104,775,112	-302,587	104,472,525	2,699,011.14	38.71
7	Total overhead cost (see instructions)		22,471,614	-710,559	21,761,055	776,972.51	28.01

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL WAGE RELATED COSTS**

**WORKSHEET S-3  
PART IV**

**Part IV - Wage Related Cost**

**Part A - Core List**

		Amount Reported	
	<b>RETIREMENT COST</b>		
1	401K Employer Contributions		1
2	Tax Sheltered Annuity (TSA) Employer Contribution	2,200,123	2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization):</b>		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	<b>HEALTH AND INSURANCE COST</b>		
8	Health Insurance (Purchased or Self Funded)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)		8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	9,560,580	8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	715,827	10
11	Life Insurance (If employee is owner or beneficiary)	66,928	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	50,563	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	566,448	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	<b>TAXES</b>		
17	FICA-Employers Portion Only	4,250,649	17
18	Medicare Taxes - Employers Portion Only	1,005,270	18
19	Unemployment Insurance	19,140	19
20	State or Federal Unemployment Taxes		20
	<b>OTHER</b>		
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		23
24	Total Wage Related cost (Sum of lines 1-23)	18,435,528	24

**Part B - Other Than Core Related Cost**

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

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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**HOSPITAL CONTRACT LABOR AND BENEFIT COST**

**WORKSHEET S-3  
PART V**

**Part V - Contract Labor and Benefit Cost**

**Hospital and Hospital-Based Component Identification:**

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost	3,812,106	18,435,528	1
2	Hospital	3,812,106	18,435,528	2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

**KPMG LLP Compu-Max 2552-10**

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**HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA**

**HHA CCN: 15-7313**

**WORKSHEET S-4**

HOME HEALTH AGENCY STATISTICAL DATA

County:

	Description	Title V 1	Title XVIII 2	Title XIX 3	Other 4	Total 5	
1	Home Health Aide Hours		1,770		846	2,616	1
2	Unduplicated Census Count (see instructions)		584.00		805.00	1,389.00	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)	1.02		1.02	3
4	Director(s) and Assistant Director(s)				4
5	Other Administrative Personnel	9.49		9.49	5
6	Direct Nursing Service	7.25		7.25	6
7	Nursing Supervisor				7
8	Physical Therapy Service	3.86	0.35	4.21	8
9	Physical Therapy Supervisor				9
10	Occupational Therapy Service	1.25	0.56	1.81	10
11	Occupational Therapy Supervisor				11
12	Speech Pathology Service	0.59	0.08	0.67	12
13	Speech Pathology Supervisor				13
14	Medical Social Service				14
15	Medical Social Service Supervisor				15
16	Home Health Aide	3.29		3.29	16
17	Home Health Aide Supervisor				17
18	Other (specify)				18

HOME HEALTH AGENCY CBSA CODES

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

PPS ACTIVITY

		Full Episodes				Total (columns 1 through 4) 5	
		Without Outliers 1	With Outliers 2	LUPA Episodes 3	PEP only Episodes 4		
		21	Skilled Nursing Visits	5,475	1,843		
22	Skilled Nursing Visit Charges	997,815	337,377	28,781	21,118	1,385,091	22
23	Physical Therapy Visits	4,290	765	31	122	5,208	23
24	Physical Therapy Visit Charges	916,230	163,325	6,619	26,338	1,112,512	24
25	Occupational Therapy Visits	1,716	421	6	50	2,193	25
26	Occupational Therapy Visit Charges	366,924	89,899	1,284	10,860	468,967	26
27	Speech Pathology Visits	206	149		2	357	27
28	Speech Pathology Visit Charges	43,714	31,871		428	76,013	28
29	Medical Social Service Visits						29
30	Medical Social Service Visit Charges						30
31	Home Health Aide Visits	1,086	661	1	22	1,770	31
32	Home Health Aide Visit Charges	147,266	90,447	133	33,080	270,926	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	12,773	3,839	196	311	17,119	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	2,471,949	712,919	36,817	91,824	3,313,509	35
36	Total Number of Episodes (standard/non-outlier)	654		71	15	740	36
37	Total Number of Outlier Episodes		90		3	93	37
38	Total Non-Routine Medical Supply Charges	111,580	80,033	7,123	354	199,090	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)		0.200845	1
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### Medicaid (see instructions for each line)

2	Net revenue from Medicaid		10,917,395	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 and/or supplemental payments from Medicaid?			4
5	If line 4 is no, enter DSH and/or supplemental payments from Medicaid			5
6	Medicaid charges		130,862,658	6
7	Medicaid cost (line 1 times line 6)		26,283,111	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.		15,365,716	8

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

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

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

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

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

17	Private grants, donations, or endowment income restricted to funding charity care			17
18	Government grants, appropriations of transfers for support of hospital operations			18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		15,365,716	19

### Uncompensated care (see instructions for each line)

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Charity care charges and uninsured discounts for the entire facility (see instructions)	9,775,734	1,657,936	11,433,670	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,963,407	1,657,936	3,621,343	21
22	Payments received from patients for amounts previously written off as charity care	29,885		29,885	22
23	Cost of charity care (line 21 minus line 22)	1,933,522	1,657,936	3,591,458	23

24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24
25	If line 24 is yes, charges for patient days beyond the indigent care program's length of stay limit			25
26	Total bad debt expense for the entire hospital complex (see instructions)		8,639,385	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		985,218	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,515,719	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		7,123,666	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,961,254	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)		5,552,712	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		20,918,428	31

**KPMG LLP Compu-Max 2552-10**

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**RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES**

**WORKSHEET A**

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		<b>GENERAL SERVICE COST CENTERS</b>								
1	00100	Cap Rel Costs-Bldg & Fixt				9,970,829	9,970,829	-1,554,063	8,416,766	1
2	00200	Cap Rel Costs-Mvble Equip				8,208,638	8,208,638	988,480	9,197,118	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	123,748	-2,436,685	-2,312,937	12,784,272	10,471,335	-1,480	10,469,855	4
4.01	00401	MAINTENANCE OF PERSONNEL	946,314	1,073,914	2,020,228	-745,779	1,274,449		1,274,449	4.01
5.01	00540	NON-PATIENT TELEPHONES						662,820	662,820	5.01
5.02	00560	PURCHASING, RECEIVING & STORES	387,449	331,427	718,876	-239,522	479,354		479,354	5.02
5.03	00570	PATIENT REGISTRATION	1,591,780	674,770	2,266,550	-423,967	1,842,583		1,842,583	5.03
5.04	00580	PATIENT ACCOUNTING		-1,978	-1,978		-1,978	3,183,005	3,181,027	5.04
5.05	00590	ADMINISTRATIVE & GENERAL	4,707,320	52,923,470	57,630,790	-7,409,739	50,221,051	-25,561,734	24,659,317	5.05
6	00600	Maintenance & Repairs	1,747,146	5,897,167	7,644,313	-906,376	6,737,937		6,737,937	6
7	00700	Operation of Plant	1,037,773	1,376,322	2,414,095	250,777	2,664,872		2,664,872	7
8	00800	Laundry & Linen Service	98,068	735,178	833,246	-34,027	799,219		799,219	8
9	00900	Housekeeping	1,946,579	1,368,270	3,314,849	-563,215	2,751,634		2,751,634	9
10	01000	Dietary	1,998,916	2,112,969	4,111,885	-2,180,878	1,931,007	-2,436	1,928,571	10
11	01100	Cafeteria				1,679,116	1,679,116	-1,121,583	557,533	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	2,972,509	3,502,370	6,474,879	-478,770	5,996,109	-1,949,609	4,046,500	13
14	01400	Central Services & Supply	480,664	809,618	1,290,282	-222,834	1,067,448	-550	1,066,898	14
15	01500	Pharmacy	2,748,373	14,808,388	17,556,761	-13,668,288	3,888,473		3,888,473	15
16	01600	Medical Records & Library	-1,838	57,773	55,935	-1,106	54,829	2,774,656	2,829,485	16
17	01700	Social Service								17
19	01900	Nonphysician Anesthetists								19
23	02300	PARAMED ED PRGM-(SPECIFY)				340,915	340,915	-58,504	282,411	23
		<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	03000	Adults & Pediatrics	16,707,974	7,488,891	24,196,865	-6,095,553	18,101,312	-354,549	17,746,763	30
31	03100	Intensive Care Unit	3,572,339	2,319,293	5,891,632	-1,163,553	4,728,079	-6,543	4,721,536	31
41	04100	Subprovider - IRF	1,762,776	1,403,270	3,166,046	-366,161	2,799,885		2,799,885	41
43	04300	Nursery				1,629,743	1,629,743		1,629,743	43
		<b>ANCILLARY SERVICE COST CENTERS</b>								
50	05000	Operating Room	4,780,164	30,603,972	35,384,136	-20,640,948	14,743,188	-13,502	14,729,686	50
51	05100	Recovery Room	1,729,336	800,118	2,529,454	-291,982	2,237,472		2,237,472	51
52	05200	Delivery Room & Labor Room				1,392,137	1,392,137		1,392,137	52
53	05300	Anesthesiology		3,866,702	3,866,702	-59,937	3,806,765	-3,353,963	452,802	53
54	05400	Radiology-Diagnostic	3,318,443	5,424,468	8,742,911	-2,860,734	5,882,177	-11,865	5,870,312	54
54.01	03630	RADIOLOGY - ULTRASOUND	820,950	701,237	1,522,187	-247,576	1,274,611		1,274,611	54.01
56	05600	Radioisotope	512,964	1,440,626	1,953,590	-297,642	1,655,948		1,655,948	56
57	05700	CT Scan	886,704	1,254,969	2,141,673	-319,164	1,822,509		1,822,509	57
59	05900	Cardiac Catheterization	2,257,687	9,432,046	11,689,733	-8,059,798	3,629,935	-6,487	3,623,448	59
60	06000	Laboratory	3,587,527	5,642,294	9,229,821	-822,934	8,406,887	-203,627	8,203,260	60
62	06200	Whole Blood & Packed Red Blood Cells	197,909	1,074,024	1,271,933	-70,411	1,201,522		1,201,522	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	2,041,289	932,425	2,973,714	-374,880	2,598,834	-12,840	2,585,994	65
66	06600	Physical Therapy		3,023,111	3,023,111	-26,919	2,996,192	-8,889	2,987,303	66
67	06700	Occupational Therapy		1,017,823	1,017,823	-1,534	1,016,289		1,016,289	67
68	06800	Speech Pathology		468,817	468,817	-228	468,589		468,589	68
70	07000	Electroencephalography	607,775	3,817,059	4,424,834	-3,951,111	473,723	-4,980	468,743	70
71	07100	Medical Supplies Charged to Patients				12,169,668	12,169,668		12,169,668	71
72	07200	Impl. Dev. Charged to Patients				15,622,200	15,622,200		15,622,200	72
73	07300	Drugs Charged to Patients				12,289,978	12,289,978		12,289,978	73
74	07400	Renal Dialysis		847,684	847,684	-6,322	841,362		841,362	74
76.97	07697	CARDIAC REHABILITATION	606,208	246,036	852,244	-92,511	759,733	-89,537	670,196	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	09000	Clinic	2,539,970	2,317,103	4,857,073	-1,306,956	3,550,117	-273,273	3,276,844	90
91	09100	Emergency	3,743,407	2,693,569	6,436,976	-1,122,484	5,314,492	-1,674	5,312,818	91
92	09200	Observation Beds (Non-Distinct Part)								92
		<b>OTHER REIMBURSABLE COST CENTERS</b>								
101	10100	Home Health Agency	2,338,433	1,077,186	3,415,619	-422,815	2,992,804	-1,098	2,991,706	101
		<b>SPECIAL PURPOSE COST CENTERS</b>								
118		SUBTOTALS (sum of lines 1-117)	72,796,656	171,125,696	243,922,352	861,619	244,783,971	-26,983,825	217,800,146	118
		<b>NONREIMBURSABLE COST CENTERS</b>								
190	19000	Gift, Flower, Coffee Shop & Canteen								190
192	19200	Physicians' Private Offices		4,560	4,560		4,560		4,560	192
194	07950	OTHER NON-REIMBURSEABLE COST CENTERS	28,450	1,741,886	1,770,336	-861,619	908,717		908,717	194
194.01	07951	OTHER NONREIMBURSABLE								194.01
200		TOTAL (sum of lines 118-199)	72,825,106	172,872,142	245,697,248		245,697,248	-26,983,825	218,713,423	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		11,775,564	1
2			Impl. Dev. Charged to Patient	72		15,622,200	2
3			Medical Supplies Charged to P	71		394,104	3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
500	Total reclassifications					27,791,868	500
	Code Letter - A						
1	RECLASS DEPRECIATION EXPENSE	B	Cap Rel Costs-Bldg & Fixt	1		8,188,109	1
2			Cap Rel Costs-Mvble Equip	2		6,495,945	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
500	Total reclassifications					14,684,054	500
	Code Letter - B						
1	RECLASS LDRP COSTS	D	Nursery	43	913,759	701,971	1
2			Delivery Room & Labor Room	52	780,539	599,628	2
500	Total reclassifications				1,694,298	1,301,599	500
	Code Letter - D						
1	RECLASS EMS PARAMEDICAL ED COSTS	E	PARAMED ED PRGM-(SPECIFY)	23	250,817	72,093	1
2	RECLASS FICA	E	PARAMED ED PRGM-(SPECIFY)	23		18,005	2
500	Total reclassifications				250,817	90,098	500
	Code Letter - E						
1	CAFETERIA EXPENSES RECLASS	F	Cafeteria	11	816,271	862,845	1
500	Total reclassifications				816,271	862,845	500
	Code Letter - F						
1	BENEFITS RECLASS	G	Employee Benefits Department	4		10,079,707	1
2			Employee Benefits Department	4		2,704,924	2
3							3
4							4
5							5
6							6
7							7
8							8
9							9

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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	
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
500	Total reclassifications Code Letter - G					12,784,631	500
1	UTILITIES EXPENSE RECLASS	H	Operation of Plant	7		875,366	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
500	Total reclassifications Code Letter - H					875,366	500
1	INTEREST EXPENSE RECLASS	I	Cap Rel Costs-Bldg & Fixt	1		1,376,230	1
500	Total reclassifications Code Letter - I					1,376,230	500
1	RECLASS DRUG COSTS	J	Drugs Charged to Patients	73		12,289,978	1
500	Total reclassifications Code Letter - J					12,289,978	500
1	RECLASS FLOAT NURSES	K	Intensive Care Unit	31	50,455		1
2			Nursery	43	14,013		2
3			Delivery Room & Labor Room	52	11,970		3
4			Emergency	91	59,048		4
5			Subprovider - IRF	41	31,175		5
500	Total reclassifications Code Letter - K				166,661		500
1	BUILDING RENT EXPENSE RECLASS	L	Cap Rel Costs-Bldg & Fixt	1		289,928	1
2							2
3							3
500	Total reclassifications Code Letter - L					289,928	500
1	EQUIPMENT RENT EXPENSE RECLASS	M	Cap Rel Costs-Mvble Equip	2		1,706,507	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

**KPMG LLP Compu-Max 2552-10**

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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	
17							17
18							18
19							19
20							20
500	Total reclassifications					1,706,507	500
	Code Letter - M						
1	RECLASS NEGATIVE SALARY AMOUNT	N	Medical Records & Library	16	1,838		1
500	Total reclassifications				1,838		500
	Code Letter - N						
1	RECLASS PROPERTY INSURANCE	O	Cap Rel Costs-Bldg & Fixt	1		116,562	1
2			Cap Rel Costs-Mvble Equip	2		6,186	2
500	Total reclassifications					122,748	500
	Code Letter - O						
1	RECLASS IV COSTS	P	Adults & Pediatrics	30	299,861	193,171	1
2			Intensive Care Unit	31	30,372	19,565	2
3			Subprovider - IRF	41	22,433	14,451	3
4			Recovery Room	51	20,171	12,994	4
5			Radiology-Diagnostic	54	3,231	2,081	5
6			Radioisotope	56	1,339	862	6
7			Laboratory	60	10,874	7,005	7
8			Clinic	90	54,282	34,968	8
9			Emergency	91	19,017	12,251	9
500	Total reclassifications				461,580	297,348	500
	Code Letter - P						
	<b>GRAND TOTAL (Increases)</b>				<b>3,391,465</b>	<b>74,473,200</b>	

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

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	Pharmacy	15		2,319	1	
2							2	
3			Adults & Pediatrics	30		227,295	3	
4			Intensive Care Unit	31		123,802	4	
5			Subprovider - IRF	41		16,893	5	
6			Operating Room	50		16,535,147	6	
7			Recovery Room	51		9,971	7	
8			Anesthesiology	53		56,955	8	
9			Electroencephalography	70		3,721,775	9	
10			Clinic	90		79,895	10	
11			Emergency	91		23,795	11	
12			Cardiac Catheterization	59		6,941,559	12	
13			Radiology-Diagnostic	54		52,462	13	
500	Total reclassifications					27,791,868	500	
	Code letter - A							
1	RECLASS DEPRECIATION EXPENSE	B	Employee Benefits Department	4		359	9	
2			MAINTENANCE OF PERSONNEL	4.01		7,837	9	
3			PURCHASING, RECEIVING & STORE	5.02		5,780	3	
4			PATIENT REGISTRATION	5.03		83,687	4	
5			ADMINISTRATIVE & GENERAL	5.05		3,914,350	5	
6			Maintenance & Repairs	6		539,727	6	
7			Operation of Plant	7		264,603	7	
8			Housekeeping	9		5,579	8	
9			Dietary	10		68,231	9	
10			Central Services & Supply	14		90,254	10	
11			Pharmacy	15		231,475	11	
12			Adults & Pediatrics	30		738,144	12	
13			Intensive Care Unit	31		633,737	13	
14			Subprovider - IRF	41		53,909	14	
15			Operating Room	50		2,080,669	15	
16			Recovery Room	51		4,452	16	
17			Anesthesiology	53		2,982	17	
18			Radiology-Diagnostic	54		2,160,271	18	
19			RADIOLOGY - ULTRASOUND	54.01		147,522	19	
20			Radioisotope	56		215,173	20	
21			CT Scan	57		161,500	21	
22			Cardiac Catheterization	59		769,391	22	
23			Laboratory	60		201,355	23	
24			Whole Blood & Packed Red Bloo	62		17,502	24	
25			Respiratory Therapy	65		74,420	25	
26			Physical Therapy	66		24,133	26	
27			Occupational Therapy	67		1,534	27	
28			Speech Pathology	68		228	28	
29			Electroencephalography	70		114,267	29	
30			CARDIAC REHABILITATION	76.97		1,731	30	
31			Clinic	90		838,812	31	
32			Emergency	91		572,660	32	
33			Home Health Agency	101		22,280	33	
34			OTHER NON-REIMBURSEABLE COST	194		635,500	34	
500	Total reclassifications					14,684,054	500	
	Code letter - B							
1	RECLASS LDRP COSTS	D	Adults & Pediatrics	30	913,759	701,971	1	
2			Adults & Pediatrics	30	780,539	599,628	2	
500	Total reclassifications				1,694,298	1,301,599	500	
	Code letter - D							
1	RECLASS EMS PARAMEDICAL ED COSTS	E	ADMINISTRATIVE & GENERAL	5.05	250,817	72,093	1	
2	RECLASS FICA	E	ADMINISTRATIVE & GENERAL	5.05		18,005	2	
500	Total reclassifications				250,817	90,098	500	
	Code letter - E							
1	CAFETERIA EXPENSES RECLASS	F	Dietary	10	816,271	862,845	1	
500	Total reclassifications				816,271	862,845	500	
	Code letter - F							
1	BENEFITS RECLASS	G	MAINTENANCE OF PERSONNEL	4.01		736,730	1	
2			PURCHASING, RECEIVING & STORE	5.02		113,242	2	
3			PATIENT REGISTRATION	5.03		340,280	3	
4			ADMINISTRATIVE & GENERAL	5.05		626,536	4	
5			Maintenance & Repairs	6		320,384	5	
6			Operation of Plant	7		303,060	6	
7			Laundry & Linen Service	8		34,027	7	
8			Housekeeping	9		556,448	8	

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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	
9			Dietary	10		428,444	9	
10			Nursing Administration	13		478,770	10	
11			Central Services & Supply	14		105,080	11	
12			Pharmacy	15		371,538	12	
13			Medical Records & Library	16		1,106	13	
14			Adults & Pediatrics	30		2,460,396	14	
15			Intensive Care Unit	31		506,406	15	
16			Subprovider - IRF	41		363,418	16	
17			Operating Room	50		846,506	17	
18			Recovery Room	51		310,724	18	
19			Radiology-Diagnostic	54		653,313	19	
20			RADIOLOGY - ULTRASOUND	54.01		100,054	20	
21			Radioisotope	56		84,670	21	
22			CT Scan	57		157,664	22	
23			Cardiac Catheterization	59		347,848	23	
24			Laboratory	60		611,713	24	
25			Whole Blood & Packed Red Bloo	62		52,909	25	
26			Respiratory Therapy	65		289,978	26	
27			Electroencephalography	70		115,069	27	
28			CARDIAC REHABILITATION	76.97		87,393	28	
29			Clinic	90		397,988	29	
30			Emergency	91		616,345	30	
31			Home Health Agency	101		361,782	31	
32			OTHER NON-REIMBURSEABLE COST	194		4,810	32	
500	Total reclassifications					12,784,631	500	
	Code letter - G							
1	UTILITIES EXPENSE RECLASS	H	Housekeeping	9		97	1	
2			ADMINISTRATIVE & GENERAL	5.05		601,362	2	
3			Operation of Plant	7		42,749	3	
4			Operating Room	50		3,361	4	
5			Laboratory	60		5,735	5	
6			Respiratory Therapy	65		2,644	6	
7			CARDIAC REHABILITATION	76.97		2,724	7	
8			Home Health Agency	101		1,619	8	
9			OTHER NON-REIMBURSEABLE COST	194		215,075	9	
500	Total reclassifications					875,366	500	
	Code letter - H							
1	INTEREST EXPENSE RECLASS	I	ADMINISTRATIVE & GENERAL	5.05		1,376,230	11	
500	Total reclassifications					1,376,230	500	
	Code letter - I							
1	RECLASS DRUG COSTS	J	Pharmacy	15		12,289,978	1	
500	Total reclassifications					12,289,978	500	
	Code letter - J							
1	RECLASS FLOAT NURSES	K	Adults & Pediatrics	30	166,661		1	
2							2	
3							3	
4							4	
5							5	
500	Total reclassifications				166,661		500	
	Code letter - K							
1	BUILDING RENT EXPENSE RECLASS	L	ADMINISTRATIVE & GENERAL	5.05		249,585	10	
2			OTHER NON-REIMBURSEABLE COST	194		5,946	2	
3			Home Health Agency	101		34,397	3	
500	Total reclassifications					289,928	500	
	Code letter - L							
1	EQUIPMENT RENT EXPENSE RECLASS	M	MAINTENANCE OF PERSONNEL	4.01		1,212	10	
2			PURCHASING, RECEIVING & STORE	5.02		120,500	2	
3			ADMINISTRATIVE & GENERAL	5.05		178,013	3	
4			Maintenance & Repairs	6		46,265	4	
5			Operation of Plant	7		14,177	5	
6			Housekeeping	9		1,091	6	
7			Dietary	10		5,087	7	
8			Central Services & Supply	14		27,500	8	
9			Pharmacy	15		14,050	9	
10			Adults & Pediatrics	30		192	10	
11			Operating Room	50		1,175,265	11	
12			Cardiac Catheterization	59		1,000	12	
13			Laboratory	60		22,010	13	
14			Respiratory Therapy	65		7,838	14	

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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	
15			Physical Therapy	66		2,786	15	
16			Renal Dialysis	74		6,322	16	
17			CARDIAC REHABILITATION	76.97		663	17	
18			Clinic	90		79,511	18	
19			Home Health Agency	101		2,737	19	
20			OTHER NON-REIMBURSEABLE COST	194		288	20	
500	Total reclassifications					1,706,507	500	
	Code letter - M							
1	RECLASS NEGATIVE SALARY AMOUNT	N	Medical Records & Library	16		1,838	1	
500	Total reclassifications					1,838	500	
	Code letter - N							
1	RECLASS PROPERTY INSURANCE	O	ADMINISTRATIVE & GENERAL	5.05		122,748	12	
2							12	
500	Total reclassifications					122,748	500	
	Code letter - O							
1	RECLASS IV COSTS	P	Pharmacy	15	461,580	297,348	1	
2							2	
3							3	
4							4	
5							5	
6							6	
7							7	
8							8	
9							9	
500	Total reclassifications				461,580	297,348	500	
	Code letter - P							
	<b>GRAND TOTAL (Decreases)</b>				<b>3,389,627</b>	<b>74,475,038</b>		

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

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	10,242,585				964,651	9,277,934		2
3	Buildings and Fixtures	163,512,788	5,785,448		5,785,448	1,578,327	167,719,909		3
4	Building Improvements	693,913					693,913		4
5	Fixed Equipment								5
6	Movable Equipment	110,739,659	4,572,975		4,572,975	8,389,432	106,923,202		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	285,188,945	10,358,423		10,358,423	10,932,410	284,614,958		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	285,188,945	10,358,423		10,358,423	10,932,410	284,614,958		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 line numbers are to be consistent with Worksheet A line numbers for capital cost centers.

**PART III - RECONCILIATION OF CAPITAL COST CENTERS**

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				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	177,691,756		177,691,756	0.624323					1	
2	Cap Rel Costs-Mvble Equip	106,923,202		106,923,202	0.375677					2	
3	Total (sum of lines 1-2)	284,614,958		284,614,958	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	8,010,276	289,928		116,562				8,416,766	1
2	Cap Rel Costs-Mvble Equip	7,484,425	1,706,507		6,186				9,197,118	2
3	Total (sum of lines 1-2)	15,494,701	1,996,435		122,748				17,613,884	3

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

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**ADJUSTMENTS TO EXPENSES**

**WORKSHEET A-8**

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref.
				COST CENTER	LINE#		
		1	2	3	4	5	
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1		1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2		2
3	Investment income-other (chapter 2)						3
4	Trade, quantity, and time discounts (chapter 8)						4
5	Refunds and rebates of expenses (chapter 8)						5
6	Rental of provider space by suppliers (chapter 8)						6
7	Telephone services (pay stations excl) (chapter 21)	A	-39,784	NON-PATIENT TELEPHONES	5.01		7
8	Television and radio service (chapter 21)	A	-11,990	Cap Rel Costs-Mvble Equip	2	9	8
9	Parking lot (chapter 21)						9
10	Provider-based physician adjustment	Wkst A-8-2	-203,438				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-2,163,666				12
13	Laundry and linen service						13
14	Cafeteria - employees and guests	B	-1,121,583	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 and allied health education (tuition, fees, books, etc.)						19
20	Vending machines	B	-2,020	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	-293,588	Cap Rel Costs-Bldg & Fixt	1	9	26
27	Depreciation--movable equipment	A	11,093	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	-3,353,963	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	-1,912	Radiology-Diagnostic	54		34
34.03	OFFSET OTHER OP REV	B	-58,504	PARAMED ED PRGM-(SPECIFY)	23		34.03
34.04	OFFSET OTHER INCOME	B	-352	Adults & Pediatrics	30		34.04
35	ADVERTISING OFFSET	A	-805,358	ADMINISTRATIVE & GENERAL	5.05		35
35.03	OFFSET NP SALARIES	A	-182,233	Clinic	90		35.03
35.09	OFFSET PHYSICIAN FEES	A	-345,000	Adults & Pediatrics	30		35.09
35.10	OFFSET HOSPITALISTS	A	-1,928,514	Nursing Administration	13		35.10
35.11	OFFSET PHYSICIAN FEES	A	-5,950	ADMINISTRATIVE & GENERAL	5.05		35.11
35.12	OFFSET CARDIO CLASS INCOME	B	-456	Clinic	90		35.12
36							36
37	OTHER OP REV/EP	B	-2,182	Electroencephalography	70		37
38	OFFSET LAB INCOME	B	-182,200	Laboratory	60		38
39	OFFSET HHA PR COSTS	A	-1,098	Home Health Agency	101		39
39.01	RELEASED TEMPORARY ASSET INCOME	B	-631	Adults & Pediatrics	30		39.01
39.02	RELEASED TEMPORARY ASSET INCOME	B	-401	CARDIAC REHABILITATION	76.97		39.02
39.03	RELEASED TEMPORARY ASSET INCOME	B	-1,530	Radiology-Diagnostic	54		39.03
39.04	RELEASED TEMPORARY ASSET INCOME	B	-26,726	ADMINISTRATIVE & GENERAL	5.05		39.04
39.05	RELEASED TEMPORARY ASSET INCOME	B	-1,390	Nursing Administration	13		39.05
40	OTHER INCOME OFFSET	B	-19,900	ADMINISTRATIVE & GENERAL	5.05		40
41							41
41.03	OFFSET OTHER INCOME	B	-1,078	Employee Benefits Department	4		41.03
42							42
42.01	OFFSET PHO REVENUE	B	-20,000	ADMINISTRATIVE & GENERAL	5.05		42.01
42.03	OTHER INCOME	B	-36,614	ADMINISTRATIVE & GENERAL	5.05		42.03
42.05	OFFSET DIETARY INCOME	B	-416	Dietary	10		42.05
42.06	OFFSET OTHER INCOME	B	-1,524	Adults & Pediatrics	30		42.06
43	OFFSET OTHER INCOME	B	-1,674	Emergency	91		43
43.03	OFFSET CONTRIBUTION EXPENSE	A	-18,670	ADMINISTRATIVE & GENERAL	5.05		43.03
43.04	OFFSET CONTRIBUTION EXPENSE	A	-402	Employee Benefits Department	4		43.04
43.05	OFFSET CONTRIBUTION EXPENSE	A	-150	Nursing Administration	13		43.05



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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		LINE#	Wkst. A-7 Ref. 5
				3	4		
44	PHONE OFFSET	A	-8,752	NON-PATIENT TELEPHONES	5.01		44
45	CENTRAL STERILE CLASSES	B	-550	Central Services & Supply	14		45
46	OTHER INCOME RESP THERAPY	B	-12,173	Respiratory Therapy	65		46
46.01	OFFSET CARDIAC INCOME	B	-62,636	CARDIAC REHABILITATION	76.97		46.01
47	OFFSET INTEREST EXPENSE	A	-1,376,230	Cap Rel Costs-Bldg & Fixt	1	11	47
47.01	BARIATRIC COSTS/DEPT 4266	A	-56,637	Clinic	90		47.01
47.02	OFFSET PHYSICIAN FEES	A	-26,500	CARDIAC REHABILITATION	76.97		47.02
47.05	OFFSET PHYSICIAN FEES	A	-180	Clinic	90		47.05
48							48
49							49
49.01	OFFSET PHYSICIAN CORP ALLOCATIONS	A	-14,620,716	ADMINISTRATIVE & GENERAL	5.05		49.01
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-26,983,825				50

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

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

**KPMG LLP Compu-Max 2552-10**

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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	15,833,549	25,767,011	-9,933,462	1
2	1	Cap Rel Costs-Bldg & Fixt	BLDG DEPR	115,755		115,755	9 2
3	2	Cap Rel Costs-Mvble Equip	EQ DEPR	985,024		985,024	9 3
3.01	5.01	NON-PATIENT TELEPHONES	TELECOMMUNICATIONS	711,356		711,356	3.01
3.02	16	Medical Records & Library	MEDICAL RECORDS	2,774,656		2,774,656	3.02
3.03	5.04	PATIENT ACCOUNTING	PATIENT ACCTING	3,183,005		3,183,005	3.03
4							4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			23,603,345	25,767,011	-2,163,666	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	5.05	ADMINISTRATIVE & GEN	271,908		271,908	211,500	1,943	197,570	9,879	1
2	13	Nursing Administrati	52,500		52,500	211,500	324	32,945	1,647	2
3	30	Adults & Pediatrics	12,533		12,533	211,500	54	5,491	275	3
4	31	Intensive Care Unit	27,083		27,083	211,500	202	20,540	1,027	4
5	50	Operating Room	31,390		31,390	246,400	151	17,888	894	5
6	54	Radiology-Diagnostic	18,750		18,750	271,900	79	10,327	516	6
7	59	Cardiac Catheterizat	17,500		17,500	260,300	88	11,013	551	7
8	60	Laboratory	50,000		50,000	211,500	281	28,573	1,429	8
9	65	Respiratory Therapy	12,157		12,157	211,500	113	11,490	575	9
10	4.01	MAINTENANCE OF PERSO	10,417		10,417	211,500	104	10,575	529	10
11	70	Electroencephalograp	15,000		15,000	211,500	120	12,202	610	11
12	90	Clinic	118,774		118,774	211,500	836	85,007	4,250	12
13	66	Physical Therapy	14,583		14,583	211,500	56	5,694	285	13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	652,595		652,595		4,351	449,315	22,467	200

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**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5.05	ADMINISTRATIVE & GEN					197,570	74,338	74,338	1
2	13	Nursing Administrati					32,945	19,555	19,555	2
3	30	Adults & Pediatrics					5,491	7,042	7,042	3
4	31	Intensive Care Unit					20,540	6,543	6,543	4
5	50	Operating Room					17,888	13,502	13,502	5
6	54	Radiology-Diagnostic					10,327	8,423	8,423	6
7	59	Cardiac Catheterizat					11,013	6,487	6,487	7
8	60	Laboratory					28,573	21,427	21,427	8
9	65	Respiratory Therapy					11,490	667	667	9
10	4.01	MAINTENANCE OF PERSO					10,575			10
11	70	Electroencephalograp					12,202	2,798	2,798	11
12	90	Clinic					85,007	33,767	33,767	12
13	66	Physical Therapy					5,694	8,889	8,889	13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					449,315	203,438	203,438	200

**KPMG LLP Compu-Max 2552-10**

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	MAIN-TENANCE OF PERSONNEL	NONPATIENT TELEPHONES	
		0	1	2	4	4.01	5.01	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt	8,416,766	8,416,766					1
2	Cap Rel Costs-Mvble Equip	9,197,118		9,197,118				2
4	Employee Benefits Department	10,469,855	6,304	7,064	10,483,223			4
4.01	MAINTENANCE OF PERSONNEL	1,274,449	36,323	40,701	136,451	1,487,924		4.01
5.01	NON-PATIENT TELEPHONES	662,820	30,681	34,380			727,881	5.01
5.02	PURCHASING, RECEIVING & STORES	479,354	65,620	73,530	55,867	13,603		5.02
5.03	PATIENT REGISTRATION	1,842,583	43,437	48,673	229,522	50,932	17,065	5.03
5.04	PATIENT ACCOUNTING	3,181,027	10,414	11,669				5.04
5.05	ADMINISTRATIVE & GENERAL	24,659,317	898,319	1,006,607	642,592	75,405	183,119	5.05
6	Maintenance & Repairs	6,737,937	745,619	835,500	251,924	33,035	16,408	6
7	Operation of Plant	2,664,872	361,578	405,165	149,639	31,152	7,220	7
8	Laundry & Linen Service	799,219	14,361	16,092	14,141	4,229	656	8
9	Housekeeping	2,751,634	61,466	68,875	280,681	75,804	21,003	9
10	Dietary	1,928,571	110,957	124,332	170,528	42,847	10,501	10
11	Cafeteria	557,533	132,594	148,578	117,700	29,579		11
12	Maintenance of Personnel							12
13	Nursing Administration	4,046,500	38,974	43,672	428,612	50,403	5,251	13
14	Central Services & Supply	1,066,898	58,770	65,855	69,308	13,113	7,220	14
15	Pharmacy	3,888,473	57,018	63,891	329,737	34,801	13,783	15
16	Medical Records & Library	2,829,485	33,347	37,367		155	656	16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)	282,411	1,768	1,981	36,166	5,080		23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	17,746,763	1,180,091	1,322,349	2,184,064	322,599	116,829	30
31	Intensive Care Unit	4,721,536	193,530	216,859	526,757	63,129	16,408	31
41	Subprovider - IRF	2,799,885	161,759	181,258	261,908	39,069	12,470	41
43	Nursery	1,629,743	76,564	85,793	133,777	16,427		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	14,729,686	462,489	518,241	689,261	93,869	48,569	50
51	Recovery Room	2,237,472	93,606	104,889	252,265	30,108	5,907	51
52	Delivery Room & Labor Room	1,392,137	65,399	73,282	114,273	14,557		52
53	Anesthesiology	452,802	4,890	5,480			1,313	53
54	Radiology-Diagnostic	5,870,312	263,996	295,819	478,959	65,824	34,130	54
54.01	RADIOLOGY - ULTRASOUND	1,274,611	38,517	43,161	118,374	12,714	5,251	54.01
56	Radioisotope	1,655,948	86,123	96,505	74,158	7,246	14,439	56
57	CT Scan	1,822,509	46,928	52,585	127,856	15,847	7,220	57
59	Cardiac Catheterization	3,623,448	138,309	154,982	325,540	37,728	19,034	59
60	Laboratory	8,203,260	165,794	185,780	518,861	86,893	19,034	60
62	Whole Blood & Packed Red Blood Cells	1,201,522	13,139	14,722	28,537	3,378	2,625	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,585,994	51,096	57,256	294,338	38,669	2,625	65
66	Physical Therapy	2,987,303	236,879	265,434			13,127	66
67	Occupational Therapy	1,016,289	7,424	8,319			9,189	67
68	Speech Pathology	468,589	3,476	3,895			1,969	68
70	Electroencephalography	468,743	25,423	28,488	87,636	11,772	9,845	70
71	Medical Supplies Charged to Patients	12,169,668						71
72	Impl. Dev. Charged to Patients	15,622,200						72
73	Drugs Charged to Patients	12,289,978						73
74	Renal Dialysis	841,362						74
76.97	CARDIAC REHABILITATION	670,196	104,019	116,558	87,410	11,024	11,158	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	3,276,844	417,948	468,330	374,070	48,391	48,569	90
91	Emergency	5,312,818	220,102	246,634	551,026	73,625	18,378	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency	2,991,706			337,183	34,092	17,721	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	217,800,146	6,765,051	7,580,551	10,479,121	1,487,099	718,692	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		10,487	11,752				190
192	Physicians' Private Offices	4,560	433,090	485,297				192
194	OTHER NON-REIMBURSEABLE COST CENTERS	908,717	999,083	1,119,518	4,102	825	9,189	194
194.01	OTHER NONREIMBURSABLE		209,055					194.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	218,713,423	8,416,766	9,197,118	10,483,223	1,487,924	727,881	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	PATIENT ACCOUNTING 5.04	SUBTOTAL (cols.0-4) 4A	ADMINI- STRATIVE & GENERAL 5.05	MAIN- TENANCE & REPAIRS 6	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	687,974						5.02
5.03	PATIENT REGISTRATION	750	2,232,962					5.03
5.04	PATIENT ACCOUNTING			3,203,110				5.04
5.05	ADMINISTRATIVE & GENERAL	2,396			27,467,755	27,467,755		5.05
6	Maintenance & Repairs	410			8,620,833	1,238,176	9,859,009	6
7	Operation of Plant	205			3,619,831	519,902	600,347	7
8	Laundry & Linen Service	7			848,705	121,896	23,845	8
9	Housekeeping	1,698			3,261,161	468,388	102,055	9
10	Dietary	5,339			2,393,075	343,708	184,227	10
11	Cafeteria				985,984	141,613	220,153	11
12	Maintenance of Personnel							12
13	Nursing Administration	115			4,613,527	662,622	64,711	13
14	Central Services & Supply	7,733			1,288,897	185,119	97,580	14
15	Pharmacy	9,645			4,397,348	631,574	94,669	15
16	Medical Records & Library				2,901,010	416,660	55,368	16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)				327,406	47,024	2,935	23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	52,986	156,177	224,020	23,305,878	3,347,236	1,959,369	30
31	Intensive Care Unit	17,736	26,237	37,634	5,819,826	835,878	321,328	31
41	Subprovider - IRF	4,544	15,066	21,611	3,497,570	502,342	268,576	41
43	Nursery		9,575	13,734	1,965,613	282,313	127,122	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	310,420	260,676	373,913	17,487,124	2,511,606	767,895	50
51	Recovery Room	7,669	32,469	46,573	2,810,958	403,727	155,418	51
52	Delivery Room & Labor Room		8,185	11,741	1,679,574	241,230	108,585	52
53	Anesthesiology	12,004	52,822	75,768	605,079	86,905	8,119	53
54	Radiology-Diagnostic	9,524	188,401	270,241	7,477,206	1,073,921	438,325	54
54.01	RADIOLOGY - ULTRASOUND	7,648	44,220	63,429	1,607,925	230,940	63,953	54.01
56	Radioisotope	1,104	39,128	56,125	2,030,776	291,672	142,994	56
57	CT Scan	7,185	157,553	225,994	2,463,677	353,848	77,917	57
59	Cardiac Catheterization	44,485	193,623	277,731	4,814,880	691,542	229,642	59
60	Laboratory	94,864	269,508	386,740	9,930,734	1,426,312	275,277	60
62	Whole Blood & Packed Red Blood Cells	5,697	10,988	15,762	1,296,370	186,192	21,815	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	9,570	47,214	67,723	3,154,485	453,066	84,838	65
66	Physical Therapy	2,138	36,967	53,025	3,594,873	516,317	393,302	66
67	Occupational Therapy	708	15,154	21,737	1,078,820	154,947	12,326	67
68	Speech Pathology	126	2,886	4,139	485,080	69,670	5,772	68
70	Electroencephalography	21,163	41,593	59,661	754,324	108,341	42,211	70
71	Medical Supplies Charged to Patients		58,569	84,011	12,312,248	1,768,359		71
72	Impl. Dev. Charged to Patients		84,147	120,700	15,827,047	2,273,175		72
73	Drugs Charged to Patients		225,420	323,342	12,838,740	1,843,977		73
74	Renal Dialysis		8,008	11,487	860,857	123,641		74
76.97	CARDIAC REHABILITATION	273	5,307	7,613	1,013,558	145,573	172,708	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	14,103	36,144	51,845	4,736,244	680,248	693,940	90
91	Emergency	35,224	196,725	282,181	6,936,713	996,292	365,446	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency	203	10,200	14,630	3,405,735	489,152		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	687,672	2,232,962	3,203,110	214,517,446	26,865,104	8,182,768	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen				22,239	3,194	17,413	190
192	Physicians' Private Offices				922,947	132,559		192
194	OTHER NON-REIMBURSEABLE COST CENTERS	302			3,041,736	436,872	1,658,828	194
194.01	OTHER NONREIMBURSABLE				209,055	30,026		194.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	687,974	2,232,962	3,203,110	218,713,423	27,467,755	9,859,009	202

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	4,740,080						7
8	Laundry & Linen Service	11,328	1,005,774					8
9	Housekeeping	48,483		3,880,087				9
10	Dietary	87,520			3,081,087			10
11	Cafeteria	104,587		86,706		1,539,043		11
12	Maintenance of Personnel							12
13	Nursing Administration	30,742		25,486		70,697	5,467,785	13
14	Central Services & Supply	46,357		38,431		18,393		14
15	Pharmacy	44,974		37,285		48,813		15
16	Medical Records & Library	26,304		21,807		217		16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)	1,394		1,156		7,126		23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	930,826	366,213	771,686	2,528,262	452,489	2,654,832	30
31	Intensive Care Unit	152,652	46,097	126,553	176,027	88,548	519,576	31
41	Subprovider - IRF	127,591	45,899	105,777	314,583	54,800	321,510	41
43	Nursery	60,391	10,760	50,066		23,041	135,209	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	364,800	147,923	302,431		131,664	772,550	50
51	Recovery Room	73,834		61,210		42,230	247,735	51
52	Delivery Room & Labor Room	51,585	9,191	42,765		20,419	119,807	52
53	Anesthesiology	3,857		3,198				53
54	Radiology-Diagnostic	208,233	61,976	172,632		92,328		54
54.01	RADIOLOGY - ULTRASOUND	30,382	17,934	25,187		17,833		54.01
56	Radioisotope	67,932	8,328	56,317		10,164		56
57	CT Scan	37,016	19,580	30,687		22,227		57
59	Cardiac Catheterization	109,095	31,403	90,443		52,919		59
60	Laboratory	130,775	5,692	108,416		121,880		60
62	Whole Blood & Packed Red Blood Cells	10,363		8,592		4,738		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	40,304		33,413		54,239		65
66	Physical Therapy	186,844	24,037	154,899				66
67	Occupational Therapy	5,856	8,088	4,854				67
68	Speech Pathology	2,742	2,066	2,273				68
70	Electroencephalography	20,053		16,625		16,512		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	82,048	1,449	68,020		15,463	90,707	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	329,667	29,806	273,304		67,876		90
91	Emergency	173,611	167,157	143,929	62,215	103,270	605,859	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency							101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	3,602,146	1,003,599	2,936,705	3,081,087	1,537,886	5,467,785	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	8,272		6,858				190
192	Physicians' Private Offices	341,610	2,175	283,205				192
194	OTHER NON-REIMBURSABLE COST CENTERS	788,052		653,319		1,157		194
194.01	OTHER NONREIMBURSABLE							194.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	4,740,080	1,005,774	3,880,087	3,081,087	1,539,043	5,467,785	202

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		14	15	16	23	24	25	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	1,674,777						14
15	Pharmacy		5,254,663					15
16	Medical Records & Library			3,421,366				16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)				387,041			23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics			239,315	56,635	36,612,741		30
31	Intensive Care Unit			40,203	25,646	8,152,334		31
41	Subprovider - IRF			23,087		5,261,735		41
43	Nursery			14,672		2,669,187		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room			399,443		22,885,436		50
51	Recovery Room			49,753		3,844,865		51
52	Delivery Room & Labor Room			12,542		2,285,698		52
53	Anesthesiology			80,942	38,896	826,996		53
54	Radiology-Diagnostic			288,693		9,813,314		54
54.01	RADIOLOGY - ULTRASOUND			67,760		2,061,914		54.01
56	Radioisotope			59,957		2,668,140		56
57	CT Scan			241,424		3,246,376		57
59	Cardiac Catheterization			296,695		6,316,619		59
60	Laboratory			412,697		12,411,783		60
62	Whole Blood & Packed Red Blood Cells			16,838		1,544,908		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy			72,348	23,936	3,916,629		65
66	Physical Therapy			56,646		4,926,918		66
67	Occupational Therapy			23,221		1,288,112		67
68	Speech Pathology			4,422		572,025		68
70	Electroencephalography			63,735		1,021,801		70
71	Medical Supplies Charged to Patients	719,817		89,747		14,890,171		71
72	Impl. Dev. Charged to Patients	954,960		128,941		19,184,123		72
73	Drugs Charged to Patients		5,254,663	345,419		20,282,799		73
74	Renal Dialysis			12,271		996,769		74
76.97	CARDIAC REHABILITATION			8,133		1,597,659		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic			55,385		6,866,470		90
91	Emergency			301,448	241,928	10,097,868		91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency			15,629		3,910,516		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	1,674,777	5,254,663	3,421,366	387,041	210,153,906		118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen					57,976		190
192	Physicians' Private Offices					1,682,496		192
194	OTHER NON-REIMBURSABLE COST CENTERS					6,579,964		194
194.01	OTHER NONREIMBURSABLE					239,081		194.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,674,777	5,254,663	3,421,366	387,041	218,713,423		202



**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	<b>GENERAL SERVICE COST CENTERS</b>						
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
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics	36,612,741					30
31	Intensive Care Unit	8,152,334					31
41	Subprovider - IRF	5,261,735					41
43	Nursery	2,669,187					43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	22,885,436					50
51	Recovery Room	3,844,865					51
52	Delivery Room & Labor Room	2,285,698					52
53	Anesthesiology	826,996					53
54	Radiology-Diagnostic	9,813,314					54
54.01	RADIOLOGY - ULTRASOUND	2,061,914					54.01
56	Radioisotope	2,668,140					56
57	CT Scan	3,246,376					57
59	Cardiac Catheterization	6,316,619					59
60	Laboratory	12,411,783					60
62	Whole Blood & Packed Red Blood Cells	1,544,908					62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	3,916,629					65
66	Physical Therapy	4,926,918					66
67	Occupational Therapy	1,288,112					67
68	Speech Pathology	572,025					68
70	Electroencephalography	1,021,801					70
71	Medical Supplies Charged to Patients	14,890,171					71
72	Impl. Dev. Charged to Patients	19,184,123					72
73	Drugs Charged to Patients	20,282,799					73
74	Renal Dialysis	996,769					74
76.97	CARDIAC REHABILITATION	1,597,659					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	6,866,470					90
91	Emergency	10,097,868					91
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
101	Home Health Agency	3,910,516					101
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)	210,153,906					118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen	57,976					190
192	Physicians' Private Offices	1,682,496					192
194	OTHER NON-REIMBURSABLE COST CENTERS	6,579,964					194
194.01	OTHER NONREIMBURSABLE	239,081					194.01
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	218,713,423					202

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	MAIN- TENANCE OF PERSONNEL 4.01	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		6,304	7,064	13,368	13,368		4
4.01	MAINTENANCE OF PERSONNEL		36,323	40,701	77,024	174	77,198	4.01
5.01	NON-PATIENT TELEPHONES		30,681	34,380	65,061			5.01
5.02	PURCHASING, RECEIVING & STORES		65,620	73,530	139,150	71	706	5.02
5.03	PATIENT REGISTRATION		43,437	48,673	92,110	293	2,642	5.03
5.04	PATIENT ACCOUNTING		10,414	11,669	22,083			5.04
5.05	ADMINISTRATIVE & GENERAL		898,319	1,006,607	1,904,926	820	3,912	5.05
6	Maintenance & Repairs		745,619	835,500	1,581,119	321	1,714	6
7	Operation of Plant		361,578	405,165	766,743	191	1,616	7
8	Laundry & Linen Service		14,361	16,092	30,453	18	219	8
9	Housekeeping		61,466	68,875	130,341	358	3,933	9
10	Dietary		110,957	124,332	235,289	218	2,223	10
11	Cafeteria		132,594	148,578	281,172	150	1,535	11
12	Maintenance of Personnel							12
13	Nursing Administration		38,974	43,672	82,646	547	2,615	13
14	Central Services & Supply		58,770	65,855	124,625	88	680	14
15	Pharmacy		57,018	63,891	120,909	421	1,806	15
16	Medical Records & Library		33,347	37,367	70,714		8	16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)		1,768	1,981	3,749	46	264	23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics		1,180,091	1,322,349	2,502,440	2,779	16,739	30
31	Intensive Care Unit		193,530	216,859	410,389	672	3,275	31
41	Subprovider - IRF		161,759	181,258	343,017	334	2,027	41
43	Nursery		76,564	85,793	162,357	171	852	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		462,489	518,241	980,730	880	4,870	50
51	Recovery Room		93,606	104,889	198,495	322	1,562	51
52	Delivery Room & Labor Room		65,399	73,282	138,681	146	755	52
53	Anesthesiology		4,890	5,480	10,370			53
54	Radiology-Diagnostic		263,996	295,819	559,815	611	3,415	54
54.01	RADIOLOGY - ULTRASOUND		38,517	43,161	81,678	151	660	54.01
56	Radioisotope		86,123	96,505	182,628	95	376	56
57	CT Scan		46,928	52,585	99,513	163	822	57
59	Cardiac Catheterization		138,309	154,982	293,291	415	1,957	59
60	Laboratory		165,794	185,780	351,574	662	4,508	60
62	Whole Blood & Packed Red Blood Cells		13,139	14,722	27,861	36	175	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		51,096	57,256	108,352	376	2,006	65
66	Physical Therapy		236,879	265,434	502,313			66
67	Occupational Therapy		7,424	8,319	15,743			67
68	Speech Pathology		3,476	3,895	7,371			68
70	Electroencephalography		25,423	28,488	53,911	112	611	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		104,019	116,558	220,577	112	572	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic		417,948	468,330	886,278	477	2,511	90
91	Emergency		220,102	246,634	466,736	703	3,820	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency					430	1,769	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)		6,765,051	7,580,551	14,345,602	13,363	77,155	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		10,487	11,752	22,239			190
192	Physicians' Private Offices		433,090	485,297	918,387			192
194	OTHER NON-REIMBURSABLE COST CENTERS		999,083	1,119,518	2,118,601	5	43	194
194.01	OTHER NONREIMBURSABLE		209,055		209,055			194.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		8,416,766	9,197,118	17,613,884	13,368	77,198	202

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	NONPATIENT TELEPHONES	PURCHASING RECEIVING & STORES	PATIENT REGISTRATN	PATIENT ACCOUNTING	ADMINI- STRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	
		5.01	5.02	5.03	5.04	5.05	6	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	65,061						5.01
5.02	PURCHASING, RECEIVING & STORES		139,927					5.02
5.03	PATIENT REGISTRATION	1,525	153	96,723				5.03
5.04	PATIENT ACCOUNTING				22,083			5.04
5.05	ADMINISTRATIVE & GENERAL	16,369	487			1,926,514		5.05
6	Maintenance & Repairs	1,467	83			86,846	1,671,550	6
7	Operation of Plant	645	42			36,466	101,786	7
8	Laundry & Linen Service	59	1			8,550	4,043	8
9	Housekeeping	1,877	345			32,853	17,303	9
10	Dietary	939	1,086			24,108	31,235	10
11	Cafeteria					9,933	37,326	11
12	Maintenance of Personnel							12
13	Nursing Administration	469	23			46,477	10,971	13
14	Central Services & Supply	645	1,573			12,984	16,544	14
15	Pharmacy	1,232	1,962			44,299	16,051	15
16	Medical Records & Library	59				29,225	9,387	16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)					3,298	498	23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	10,443	10,777	6,733	1,537	234,688	332,200	30
31	Intensive Care Unit	1,467	3,607	1,131	258	58,629	54,480	31
41	Subprovider - IRF	1,115	924	650	148	35,235	45,536	41
43	Nursery			413	94	19,802	21,553	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	4,341	63,138	11,238	2,565	176,165	130,193	50
51	Recovery Room	528	1,560	1,400	320	28,318	26,350	51
52	Delivery Room & Labor Room			353	81	16,920	18,410	52
53	Anesthesiology	117	2,442	2,277	520	6,096	1,377	53
54	Radiology-Diagnostic	3,051	1,937	8,122	1,854	75,325	74,316	54
54.01	RADIOLOGY - ULTRASOUND	469	1,556	1,906	435	16,198	10,843	54.01
56	Radioisotope	1,291	224	1,687	385	20,458	24,244	56
57	CT Scan	645	1,461	6,792	1,550	24,819	13,210	57
59	Cardiac Catheterization	1,701	9,048	8,347	1,905	48,505	38,935	59
60	Laboratory	1,701	19,294	12,077	2,763	100,042	46,672	60
62	Whole Blood & Packed Red Blood Cells	235	1,159	474	108	13,060	3,699	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	235	1,946	2,035	465	31,778	14,384	65
66	Physical Therapy	1,173	435	1,594	364	36,215	66,683	66
67	Occupational Therapy	821	144	653	149	10,868	2,090	67
68	Speech Pathology	176	26	124	28	4,887	979	68
70	Electroencephalography	880	4,304	1,793	409	7,599	7,157	70
71	Medical Supplies Charged to Patients			2,525	576	124,034		71
72	Impl. Dev. Charged to Patients			3,628	828	159,442		72
73	Drugs Charged to Patients			9,718	2,218	129,337		73
74	Renal Dialysis			345	79	8,672		74
76.97	CARDIAC REHABILITATION	997	55	229	52	10,211	29,282	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	4,341	2,869	1,558	356	47,713	117,654	90
91	Emergency	1,643	7,164	8,481	1,936	69,880	61,960	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency	1,584	41	440	100	34,309		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	64,240	139,866	96,723	22,083	1,884,244	1,387,351	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen					224	2,952	190
192	Physicians' Private Offices					9,298		192
194	OTHER NON-REIMBURSEABLE COST CENTERS	821	61			30,642	281,247	194
194.01	OTHER NONREIMBURSABLE					2,106		194.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	65,061	139,927	96,723	22,083	1,926,514	1,671,550	202

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	907,489						7
8	Laundry & Linen Service	2,169	45,512					8
9	Housekeeping	9,282		196,292				9
10	Dietary	16,756		3,671	315,525			10
11	Cafeteria	20,023		4,386		354,525		11
12	Maintenance of Personnel							12
13	Nursing Administration	5,886		1,289		16,285	167,208	13
14	Central Services & Supply	8,875		1,944		4,237		14
15	Pharmacy	8,610		1,886		11,244		15
16	Medical Records & Library	5,036		1,103		50		16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)	267		58		1,641		23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	178,207	16,570	39,043	258,912	104,233	81,185	30
31	Intensive Care Unit	29,225	2,086	6,402	18,026	20,397	15,889	31
41	Subprovider - IRF	24,427	2,077	5,351	32,216	12,623	9,832	41
43	Nursery	11,562	487	2,533		5,308	4,135	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	69,841	6,694	15,300		30,329	23,625	50
51	Recovery Room	14,135		3,097		9,728	7,576	51
52	Delivery Room & Labor Room	9,876	416	2,163		4,704	3,664	52
53	Anesthesiology	738		162				53
54	Radiology-Diagnostic	39,866	2,804	8,733		21,268		54
54.01	RADIOLOGY - ULTRASOUND	5,817	812	1,274		4,108		54.01
56	Radioisotope	13,006	377	2,849		2,341		56
57	CT Scan	7,087	886	1,552		5,120		57
59	Cardiac Catheterization	20,886	1,421	4,575		12,190		59
60	Laboratory	25,037	258	5,485		28,076		60
62	Whole Blood & Packed Red Blood Cells	1,984		435		1,092		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	7,716		1,690		12,494		65
66	Physical Therapy	35,771	1,088	7,836				66
67	Occupational Therapy	1,121	366	246				67
68	Speech Pathology	525	93	115				68
70	Electroencephalography	3,839		841		3,804		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	15,708	66	3,441		3,562	2,774	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	63,115	1,349	13,826		15,635		90
91	Emergency	33,238	7,564	7,281	6,371	23,789	18,528	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency							101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	689,631	45,414	148,567	315,525	354,258	167,208	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	1,584		347				190
192	Physicians' Private Offices	65,401	98	14,327				192
194	OTHER NON-REIMBURSABLE COST CENTERS	150,873		33,051		267		194
194.01	OTHER NONREIMBURSABLE							194.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	907,489	45,512	196,292	315,525	354,525	167,208	202

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		14	15	16	23	24	25	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	172,195						14
15	Pharmacy		208,420					15
16	Medical Records & Library			115,582				16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)				9,821			23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics			8,050		3,804,536		30
31	Intensive Care Unit			1,352		627,285		31
41	Subprovider - IRF			777		516,289		41
43	Nursery			494		229,761		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room			13,437		1,533,346		50
51	Recovery Room			1,674		295,065		51
52	Delivery Room & Labor Room			422		196,591		52
53	Anesthesiology			2,723		26,822		53
54	Radiology-Diagnostic			9,711		810,828		54
54.01	RADIOLOGY - ULTRASOUND			2,279		128,186		54.01
56	Radioisotope			2,017		251,978		56
57	CT Scan			8,121		171,741		57
59	Cardiac Catheterization			9,981		453,157		59
60	Laboratory			14,372		612,521		60
62	Whole Blood & Packed Red Blood Cells			566		50,884		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy			2,434		185,911		65
66	Physical Therapy			1,906		655,378		66
67	Occupational Therapy			781		32,982		67
68	Speech Pathology			149		14,473		68
70	Electroencephalography			2,144		87,404		70
71	Medical Supplies Charged to Patients	74,009		3,019		204,163		71
72	Impl. Dev. Charged to Patients	98,186		4,337		266,421		72
73	Drugs Charged to Patients		208,420	11,620		361,313		73
74	Renal Dialysis			413		9,509		74
76.97	CARDIAC REHABILITATION			274		287,912		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic			1,863		1,159,545		90
91	Emergency			10,140		729,234		91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency			526		39,199		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	172,195	208,420	115,582		13,742,434		118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen					27,346		190
192	Physicians' Private Offices					1,007,511		192
194	OTHER NON-REIMBURSABLE COST CENTERS					2,615,611		194
194.01	OTHER NONREIMBURSABLE					211,161		194.01
200	Cross Foot Adjustments				9,821	9,821		200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	172,195	208,420	115,582	9,821	17,613,884		202

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	<b>GENERAL SERVICE COST CENTERS</b>						
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
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics	3,804,536					30
31	Intensive Care Unit	627,285					31
41	Subprovider - IRF	516,289					41
43	Nursery	229,761					43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	1,533,346					50
51	Recovery Room	295,065					51
52	Delivery Room & Labor Room	196,591					52
53	Anesthesiology	26,822					53
54	Radiology-Diagnostic	810,828					54
54.01	RADIOLOGY - ULTRASOUND	128,186					54.01
56	Radioisotope	251,978					56
57	CT Scan	171,741					57
59	Cardiac Catheterization	453,157					59
60	Laboratory	612,521					60
62	Whole Blood & Packed Red Blood Cells	50,884					62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	185,911					65
66	Physical Therapy	655,378					66
67	Occupational Therapy	32,982					67
68	Speech Pathology	14,473					68
70	Electroencephalography	87,404					70
71	Medical Supplies Charged to Patients	204,163					71
72	Impl. Dev. Charged to Patients	266,421					72
73	Drugs Charged to Patients	361,313					73
74	Renal Dialysis	9,509					74
76.97	CARDIAC REHABILITATION	287,912					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	1,159,545					90
91	Emergency	729,234					91
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
101	Home Health Agency	39,199					101
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)	13,742,434					118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen	27,346					190
192	Physicians' Private Offices	1,007,511					192
194	OTHER NON-REIMBURSEABLE COST CENTERS	2,615,611					194
194.01	OTHER NONREIMBURSABLE	211,161					194.01
200	Cross Foot Adjustments	9,821					200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	17,613,884					202

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	MAIN-TENANCE OF PERSONNEL NUMBER OF FTES	NONPATIENT TELEPHONES NUMBER OF PHONES	PURCHASING RECEIVING & STORES SUPPLY EXPENSE	
		1	2	4	4.01	5.01	5.02	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt	571,425						1
2	Cap Rel Costs-Mvble Equip		557,232					2
4	Employee Benefits Department	428	428	72,703,196				4
4.01	MAINTENANCE OF PERSONNEL	2,466	2,466	946,314	115,396			4.01
5.01	NON-PATIENT TELEPHONES	2,083	2,083			1,109		5.01
5.02	PURCHASING, RECEIVING & STORES	4,455	4,455	387,449	1,055		375,902	5.02
5.03	PATIENT REGISTRATION	2,949	2,949	1,591,780	3,950	26	410	5.03
5.04	PATIENT ACCOUNTING	707	707					5.04
5.05	ADMINISTRATIVE & GENERAL	60,988	60,988	4,456,503	5,848	279	1,309	5.05
6	Maintenance & Repairs	50,621	50,621	1,747,146	2,562	25	224	6
7	Operation of Plant	24,548	24,548	1,037,773	2,416	11	112	7
8	Laundry & Linen Service	975	975	98,068	328	1	4	8
9	Housekeeping	4,173	4,173	1,946,579	5,879	32	928	9
10	Dietary	7,533	7,533	1,182,645	3,323	16	2,917	10
11	Cafeteria	9,002	9,002	816,271	2,294			11
12	Maintenance of Personnel							12
13	Nursing Administration	2,646	2,646	2,972,509	3,909	8	63	13
14	Central Services & Supply	3,990	3,990	480,664	1,017	11	4,225	14
15	Pharmacy	3,871	3,871	2,286,793	2,699	21	5,270	15
16	Medical Records & Library	2,264	2,264		12	1		16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)	120	120	250,817	394			23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	80,118	80,118	15,146,876	25,019	178	28,951	30
31	Intensive Care Unit	13,139	13,139	3,653,166	4,896	25	9,691	31
41	Subprovider - IRF	10,982	10,982	1,816,384	3,030	19	2,483	41
43	Nursery	5,198	5,198	927,772	1,274			43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	31,399	31,399	4,780,164	7,280	74	169,609	50
51	Recovery Room	6,355	6,355	1,749,507	2,335	9	4,190	51
52	Delivery Room & Labor Room	4,440	4,440	792,509	1,129			52
53	Anesthesiology	332	332			2	6,559	53
54	Radiology-Diagnostic	17,923	17,923	3,321,674	5,105	52	5,204	54
54.01	RADIOLOGY - ULTRASOUND	2,615	2,615	820,950	986	8	4,179	54.01
56	Radioisotope	5,847	5,847	514,303	562	22	603	56
57	CT Scan	3,186	3,186	886,704	1,229	11	3,926	57
59	Cardiac Catheterization	9,390	9,390	2,257,687	2,926	29	24,306	59
60	Laboratory	11,256	11,256	3,598,401	6,739	29	51,833	60
62	Whole Blood & Packed Red Blood Cells	892	892	197,909	262	4	3,113	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	3,469	3,469	2,041,289	2,999	4	5,229	65
66	Physical Therapy	16,082	16,082			20	1,168	66
67	Occupational Therapy	504	504			14	387	67
68	Speech Pathology	236	236			3	69	68
70	Electroencephalography	1,726	1,726	607,775	913	15	11,563	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	7,062	7,062	606,208	855	17	149	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	28,375	28,375	2,594,252	3,753	74	7,706	90
91	Emergency	14,943	14,943	3,821,472	5,710	28	19,246	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency			2,338,433	2,644	27	111	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	459,288	459,288	72,674,746	115,332	1,095	375,737	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	712	712					190
192	Physicians' Private Offices	29,403	29,403					192
194	OTHER NON-REIMBURSEABLE COST CENTERS	67,829	67,829	28,450	64	14	165	194
194.01	OTHER NONREIMBURSABLE	14,193						194.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	8,416,766	9,197,118	10,483,223	1,487,924	727,881	687,974	202
203	Unit Cost Multiplier (Wkst. B, Part I)	14,729,433	16,505,007	0,144,192	12,894,069	656,339,946	1,830,195	203
204	Cost to be allocated (Per Wkst. B, Part II)			13,368	77,198	65,061	139,927	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0,000,184	0,668,983	58,666,366	0,372,243	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	MAIN- TENANCE OF PERSONNEL NUMBER OF FTES	NONPATIENT TELEPHONES  NUMBER OF PHONES	PURCHASING RECEIVING & STORES SUPPLY EXPENSE	
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)	1	2	4	4.01	5.01	5.02	207



**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	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	5A.05	5.05	6	7	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	1,046,350.010						5.03
5.04	PATIENT ACCOUNTING		1,046,350.010					5.04
5.05	ADMINISTRATIVE & GENERAL			-27,467.755	191,245.668			5.05
6	Maintenance & Repairs				8,620.833	403,132		6
7	Operation of Plant				3,619.831	24,548	407,987	7
8	Laundry & Linen Service				848,705	975	975	8
9	Housekeeping				3,261,161	4,173	4,173	9
10	Dietary				2,393.075	7,533	7,533	10
11	Cafeteria				985,984	9,002	9,002	11
12	Maintenance of Personnel							12
13	Nursing Administration				4,613.527	2,646	2,646	13
14	Central Services & Supply				1,288.897	3,990	3,990	14
15	Pharmacy				4,397.348	3,871	3,871	15
16	Medical Records & Library				2,901.010	2,264	2,264	16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)				327.406	120	120	23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	73,185.121	73,185.121		23,305.878	80,118	80,118	30
31	Intensive Care Unit	12,294.643	12,294.643		5,819.826	13,139	13,139	31
41	Subprovider - IRF	7,060.199	7,060.199		3,497.570	10,982	10,982	41
43	Nursery	4,486.757	4,486.757		1,965.613	5,198	5,198	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	122,153.736	122,153.736		17,487.124	31,399	31,399	50
51	Recovery Room	15,215.022	15,215.022		2,810.958	6,355	6,355	51
52	Delivery Room & Labor Room	3,835.522	3,835.522		1,679.574	4,440	4,440	52
53	Anesthesiology	24,752.757	24,752.757		605.079	332	332	53
54	Radiology-Diagnostic	88,285.208	88,285.208		7,477.206	17,923	17,923	54
54.01	RADIOLOGY - ULTRASOUND	20,721.795	20,721.795		1,607.925	2,615	2,615	54.01
56	Radioisotope	18,335.358	18,335.358		2,030.776	5,847	5,847	56
57	CT Scan	73,830.116	73,830.116		2,463.677	3,186	3,186	57
59	Cardiac Catheterization	90,732.276	90,732.276		4,814.880	9,390	9,390	59
60	Laboratory	126,268.143	126,268.143		9,930.734	11,256	11,256	60
62	Whole Blood & Packed Red Blood Cells	5,149.157	5,149.157		1,296.370	892	892	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	22,124.629	22,124.629		3,154.485	3,469	3,469	65
66	Physical Therapy	17,322.868	17,322.868		3,594.873	16,082	16,082	66
67	Occupational Therapy	7,101.134	7,101.134		1,078.820	504	504	67
68	Speech Pathology	1,352.317	1,352.317		485.080	236	236	68
70	Electroencephalography	19,490.802	19,490.802		754.324	1,726	1,726	70
71	Medical Supplies Charged to Patients	27,445.694	27,445.694		12,312.248			71
72	Impl. Dev. Charged to Patients	39,431.529	39,431.529		15,827.047			72
73	Drugs Charged to Patients	105,632.683	105,632.683		12,838.740			73
74	Renal Dialysis	3,752.602	3,752.602		860.857			74
76.97	CARDIAC REHABILITATION	2,487.040	2,487.040		1,013.558	7,062	7,062	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	16,937.429	16,937.429		4,736.244	28,375	28,375	90
91	Emergency	92,185.905	92,185.905		6,936.713	14,943	14,943	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency	4,779.568	4,779.568		3,405.735			101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	1,046,350.010	1,046,350.010	-27,467.755	187,049.691	334,591	310,043	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen				22.239	712	712	190
192	Physicians' Private Offices				922.947		29,403	192
194	OTHER NON-REIMBURSEABLE COST CENTERS				3,041.736	67,829	67,829	194
194.01	OTHER NONREIMBURSABLE				209.055			194.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	2,232.962	3,203.110		27,467.755	9,859.009	4,740.080	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.002134	0.003061		0.143626	24.456032	11.618213	203
204	Cost to be allocated (Per Wkst. B, Part II)	96.723	22.083		1,926.514	1,671.550	907.489	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000092	0.000021		0.010074	4.146409	2.224309	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	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	5A.05	5.05	6	7	
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA NUMBER OF FTES	NURSING ADMINISTRATION NURSING HOURS	CENTRAL SERVICES & SUPPLY EXPENSE	
		8	9	10	11	13	14	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	1,588,559						8
9	Housekeeping		402,839					9
10	Dietary		7,533	182,789				10
11	Cafeteria		9,002		85,097			11
12	Maintenance of Personnel							12
13	Nursing Administration		2,646		3,909	1,071,772		13
14	Central Services & Supply		3,990		1,017		27,397,764	14
15	Pharmacy		3,871		2,699			15
16	Medical Records & Library		2,264		12			16
17	Social Service							17
19	Nonphysician Anesthetists							19
23	PARAMED ED PRGM-(SPECIFY)		120		394			23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	578,412	80,118	149,992	25,019	520,389		30
31	Intensive Care Unit	72,808	13,139	10,443	4,896	101,845		31
41	Subprovider - IRF	72,494	10,982	18,663	3,030	63,021		41
43	Nursery	16,994	5,198		1,274	26,503		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	233,636	31,399		7,280	151,432		50
51	Recovery Room		6,355		2,335	48,560		51
52	Delivery Room & Labor Room	14,517	4,440		1,129	23,484		52
53	Anesthesiology		332					53
54	Radiology-Diagnostic	97,888	17,923		5,105			54
54.01	RADIOLOGY - ULTRASOUND	28,326	2,615		986			54.01
56	Radioisotope	13,154	5,847		562			56
57	CT Scan	30,925	3,186		1,229			57
59	Cardiac Catheterization	49,599	9,390		2,926			59
60	Laboratory	8,990	11,256		6,739			60
62	Whole Blood & Packed Red Blood Cells		892		262			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		3,469		2,999			65
66	Physical Therapy	37,965	16,082					66
67	Occupational Therapy	12,774	504					67
68	Speech Pathology	3,263	236					68
70	Electroencephalography		1,726		913			70
71	Medical Supplies Charged to Patients						11,775,564	71
72	Impl. Dev. Charged to Patients						15,622,200	72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION	2,288	7,062		855	17,780		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	47,076	28,375		3,753			90
91	Emergency	264,014	14,943	3,691	5,710	118,758		91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency							101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	1,585,123	304,895	182,789	85,033	1,071,772	27,397,764	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		712					190
192	Physicians' Private Offices	3,436	29,403					192
194	OTHER NON-REIMBURSEABLE COST CENTERS		67,829		64			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)	1,005,774	3,880,087	3,081,087	1,539,043	5,467,785	1,674,777	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.633136	9.631855	16.855976	18.085749	5.101631	0.061128	203
204	Cost to be allocated (Per Wkst. B, Part II)	45,512	196,292	315,525	354,525	167,208	172,195	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.028650	0.487272	1.726171	4.166128	0.156011	0.006285	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA NUMBER OF FTES	NURSING ADMINISTRATION NURSING HOURS	CENTRAL SERVICES & SUPPLY SUPPLY EXPENSE	
		8	9	10	11	13	14	
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	PARAMED EDUCATION ASSIGNED TIME				
	15	16	23				

<b>GENERAL SERVICE COST CENTERS</b>							
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	10,000					15
16	Medical Records & Library		1,046,350,010				16
17	Social Service						17
19	Nonphysician Anesthetists						19
23	PARAMED ED PRGM-(SPECIFY)			1,811			23
<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics		73,185,121	265			30
31	Intensive Care Unit		12,294,643	120			31
41	Subprovider - IRF		7,060,199				41
43	Nursery		4,486,757				43
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		122,153,736				50
51	Recovery Room		15,215,022				51
52	Delivery Room & Labor Room		3,835,522				52
53	Anesthesiology		24,752,757	182			53
54	Radiology-Diagnostic		88,285,208				54
54.01	RADIOLOGY - ULTRASOUND		20,721,795				54.01
56	Radioisotope		18,335,358				56
57	CT Scan		73,830,116				57
59	Cardiac Catheterization		90,732,276				59
60	Laboratory		126,268,143				60
62	Whole Blood & Packed Red Blood Cells		5,149,157				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		22,124,629	112			65
66	Physical Therapy		17,322,868				66
67	Occupational Therapy		7,101,134				67
68	Speech Pathology		1,352,317				68
70	Electroencephalography		19,490,802				70
71	Medical Supplies Charged to Patients		27,445,694				71
72	Impl. Dev. Charged to Patients		39,431,529				72
73	Drugs Charged to Patients	10,000	105,632,683				73
74	Renal Dialysis		3,752,602				74
76.97	CARDIAC REHABILITATION		2,487,040				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic		16,937,429				90
91	Emergency		92,185,905	1,132			91
92	Observation Beds (Non-Distinct Part)						92
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency		4,779,568				101
<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	10,000	1,046,350,010	1,811			118
<b>NONREIMBURSABLE COST CENTERS</b>							
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	Cost to be allocated (Per Wkst. B, Part I)	5,254,663	3,421,366	387,041			202
203	Unit Cost Multiplier (Wkst. B, Part I)	525,466,300	0.003270	213,716,731			203
204	Cost to be allocated (Per Wkst. B, Part II)	208,420	115,582	9,821			204

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	PHARMACY  COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	PARAMED EDUCATION  ASSIGNED TIME				
		15	16	23				
205	Unit Cost Multiplier (Wkst. B, Part II)	20.842000	0.000110	5.422971				205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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**POST STEPDOWN ADJUSTMENTS**

**WORKSHEET B-2**

	DESCRIPTION	WORKSHEET		
		CODE	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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics	36,612,741		36,612,741	7,042	36,619,783	30
31	Intensive Care Unit	8,152,334		8,152,334	6,543	8,158,877	31
41	Subprovider - IRF	5,261,735		5,261,735		5,261,735	41
43	Nursery	2,669,187		2,669,187		2,669,187	43
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	22,885,436		22,885,436	13,502	22,898,938	50
51	Recovery Room	3,844,865		3,844,865		3,844,865	51
52	Delivery Room & Labor Room	2,285,698		2,285,698		2,285,698	52
53	Anesthesiology	826,996		826,996		826,996	53
54	Radiology-Diagnostic	9,813,314		9,813,314	8,423	9,821,737	54
54.01	RADIOLOGY - ULTRASOUND	2,061,914		2,061,914		2,061,914	54.01
56	Radioisotope	2,668,140		2,668,140		2,668,140	56
57	CT Scan	3,246,376		3,246,376		3,246,376	57
59	Cardiac Catheterization	6,316,619		6,316,619	6,487	6,323,106	59
60	Laboratory	12,411,783		12,411,783	21,427	12,433,210	60
62	Whole Blood & Packed Red Blood Cells	1,544,908		1,544,908		1,544,908	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	3,916,629		3,916,629	667	3,917,296	65
66	Physical Therapy	4,926,918		4,926,918	8,889	4,935,807	66
67	Occupational Therapy	1,288,112		1,288,112		1,288,112	67
68	Speech Pathology	572,025		572,025		572,025	68
70	Electroencephalography	1,021,801		1,021,801	2,798	1,024,599	70
71	Medical Supplies Charged to Patients	14,890,171		14,890,171		14,890,171	71
72	Impl. Dev. Charged to Patients	19,184,123		19,184,123		19,184,123	72
73	Drugs Charged to Patients	20,282,799		20,282,799		20,282,799	73
74	Renal Dialysis	996,769		996,769		996,769	74
76.97	CARDIAC REHABILITATION	1,597,659		1,597,659		1,597,659	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	6,866,470		6,866,470	33,767	6,900,237	90
91	Emergency	10,097,868		10,097,868		10,097,868	91
92	Observation Beds (Non-Distinct Part)	4,403,369		4,403,369		4,403,369	92
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency	3,910,516		3,910,516		3,910,516	101
200	Subtotal (sum of lines 30 thru 199)	214,557,275		214,557,275	109,545	214,666,820	200
201	Less Observation Beds	4,403,369		4,403,369		4,403,369	201
202	Total (line 200 minus line 201)	210,153,906		210,153,906		210,263,451	202



**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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				
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics	59,404,613		59,404,613				30
31	Intensive Care Unit	12,294,643		12,294,643				31
41	Subprovider - IRF	7,060,199		7,060,199				41
43	Nursery	4,486,757		4,486,757				43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	39,740,215	82,413,521	122,153,736	0.187349	0.187349	0.187460	50
51	Recovery Room	4,743,587	10,471,435	15,215,022	0.252702	0.252702	0.252702	51
52	Delivery Room & Labor Room	2,776,700	1,058,822	3,835,522	0.595929	0.595929	0.595929	52
53	Anesthesiology	7,954,706	16,798,051	24,752,757	0.033410	0.033410	0.033410	53
54	Radiology-Diagnostic	12,499,286	75,785,922	88,285,208	0.111155	0.111155	0.111250	54
54.01	RADIOLOGY - ULTRASOUND	3,406,540	17,315,255	20,721,795	0.099505	0.099505	0.099505	54.01
56	Radioisotope	2,977,844	15,357,514	18,335,358	0.145519	0.145519	0.145519	56
57	CT Scan	21,054,785	52,775,331	73,830,116	0.043971	0.043971	0.043971	57
59	Cardiac Catheterization	31,309,635	59,422,641	90,732,276	0.069618	0.069618	0.069690	59
60	Laboratory	38,371,069	87,897,074	126,268,143	0.098297	0.098297	0.098467	60
62	Whole Blood & Packed Red Blood Cells	3,327,342	1,821,815	5,149,157	0.300031	0.300031	0.300031	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	20,181,798	1,942,831	22,124,629	0.177026	0.177026	0.177056	65
66	Physical Therapy	6,670,630	10,652,238	17,322,868	0.284417	0.284417	0.284930	66
67	Occupational Therapy	4,732,682	2,368,452	7,101,134	0.181395	0.181395	0.181395	67
68	Speech Pathology	986,466	365,851	1,352,317	0.422996	0.422996	0.422996	68
70	Electroencephalography	3,377,257	16,113,545	19,490,802	0.052425	0.052425	0.052568	70
71	Medical Supplies Charged to Patients	12,029,383	15,416,311	27,445,694	0.542532	0.542532	0.542532	71
72	Impl. Dev. Charged to Patients	22,324,994	17,106,535	39,431,529	0.486517	0.486517	0.486517	72
73	Drugs Charged to Patients	50,554,073	55,078,610	105,632,683	0.192013	0.192013	0.192013	73
74	Renal Dialysis	3,596,776	155,826	3,752,602	0.265621	0.265621	0.265621	74
76.97	CARDIAC REHABILITATION	444,151	2,042,889	2,487,040	0.642394	0.642394	0.642394	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	801,287	16,136,142	16,937,429	0.405402	0.405402	0.407396	90
91	Emergency	27,456,917	64,728,988	92,185,905	0.109538	0.109538	0.109538	91
92	Observation Beds (Non-Distinct Part)	2,436,571	11,343,937	13,780,508	0.319536	0.319536	0.319536	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency		4,779,568	4,779,568				101
200	Subtotal (sum of lines 30 thru 199)	407,000,906	639,349,104	1,046,350,010				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	407,000,906	639,349,104	1,046,350,010				202

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE XIX (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics	36,612,741		36,612,741		36,612,741	30
31	Intensive Care Unit	8,152,334		8,152,334		8,152,334	31
41	Subprovider - IRF	5,261,735		5,261,735		5,261,735	41
43	Nursery	2,669,187		2,669,187		2,669,187	43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	22,885,436		22,885,436		22,885,436	50
51	Recovery Room	3,844,865		3,844,865		3,844,865	51
52	Delivery Room & Labor Room	2,285,698		2,285,698		2,285,698	52
53	Anesthesiology	826,996		826,996		826,996	53
54	Radiology-Diagnostic	9,813,314		9,813,314		9,813,314	54
54.01	RADIOLOGY - ULTRASOUND	2,061,914		2,061,914		2,061,914	54.01
56	Radioisotope	2,668,140		2,668,140		2,668,140	56
57	CT Scan	3,246,376		3,246,376		3,246,376	57
59	Cardiac Catheterization	6,316,619		6,316,619		6,316,619	59
60	Laboratory	12,411,783		12,411,783		12,411,783	60
62	Whole Blood & Packed Red Blood Cells	1,544,908		1,544,908		1,544,908	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	3,916,629		3,916,629		3,916,629	65
66	Physical Therapy	4,926,918		4,926,918		4,926,918	66
67	Occupational Therapy	1,288,112		1,288,112		1,288,112	67
68	Speech Pathology	572,025		572,025		572,025	68
70	Electroencephalography	1,021,801		1,021,801		1,021,801	70
71	Medical Supplies Charged to Patients	14,890,171		14,890,171		14,890,171	71
72	Impl. Dev. Charged to Patients	19,184,123		19,184,123		19,184,123	72
73	Drugs Charged to Patients	20,282,799		20,282,799		20,282,799	73
74	Renal Dialysis	996,769		996,769		996,769	74
76.97	CARDIAC REHABILITATION	1,597,659		1,597,659		1,597,659	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	6,866,470		6,866,470		6,866,470	90
91	Emergency	10,097,868		10,097,868		10,097,868	91
92	Observation Beds (Non-Distinct Part)	4,403,369		4,403,369		4,403,369	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
101	Home Health Agency	3,910,516		3,910,516		3,910,516	101
200	Subtotal (sum of lines 30 thru 199)	214,557,275		214,557,275		214,557,275	200
201	Less Observation Beds	4,403,369		4,403,369		4,403,369	201
202	Total (line 200 minus line 201)	210,153,906		210,153,906		210,153,906	202

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE XIX (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8				
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics	59,404,613		59,404,613				30
31	Intensive Care Unit	12,294,643		12,294,643				31
41	Subprovider - IRF	7,060,199		7,060,199				41
43	Nursery	4,486,757		4,486,757				43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	39,740,215	82,413,521	122,153,736	0.187349	0.187349	0.187349	50
51	Recovery Room	4,743,587	10,471,435	15,215,022	0.252702	0.252702	0.252702	51
52	Delivery Room & Labor Room	2,776,700	1,058,822	3,835,522	0.595929	0.595929	0.595929	52
53	Anesthesiology	7,954,706	16,798,051	24,752,757	0.033410	0.033410	0.033410	53
54	Radiology-Diagnostic	12,499,286	75,785,922	88,285,208	0.111155	0.111155	0.111155	54
54.01	RADIOLOGY - ULTRASOUND	3,406,540	17,315,255	20,721,795	0.099505	0.099505	0.099505	54.01
56	Radioisotope	2,977,844	15,357,514	18,335,358	0.145519	0.145519	0.145519	56
57	CT Scan	21,054,785	52,775,331	73,830,116	0.043971	0.043971	0.043971	57
59	Cardiac Catheterization	31,309,635	59,422,641	90,732,276	0.069618	0.069618	0.069618	59
60	Laboratory	38,371,069	87,897,074	126,268,143	0.098297	0.098297	0.098297	60
62	Whole Blood & Packed Red Blood Cells	3,327,342	1,821,815	5,149,157	0.300031	0.300031	0.300031	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	20,181,798	1,942,831	22,124,629	0.177026	0.177026	0.177026	65
66	Physical Therapy	6,670,630	10,652,238	17,322,868	0.284417	0.284417	0.284417	66
67	Occupational Therapy	4,732,682	2,368,452	7,101,134	0.181395	0.181395	0.181395	67
68	Speech Pathology	986,466	365,851	1,352,317	0.422996	0.422996	0.422996	68
70	Electroencephalography	3,377,257	16,113,545	19,490,802	0.052425	0.052425	0.052425	70
71	Medical Supplies Charged to Patients	12,029,383	15,416,311	27,445,694	0.542532	0.542532	0.542532	71
72	Impl. Dev. Charged to Patients	22,324,994	17,106,535	39,431,529	0.486517	0.486517	0.486517	72
73	Drugs Charged to Patients	50,554,073	55,078,610	105,632,683	0.192013	0.192013	0.192013	73
74	Renal Dialysis	3,596,776	155,826	3,752,602	0.265621	0.265621	0.265621	74
76.97	CARDIAC REHABILITATION	444,151	2,042,889	2,487,040	0.642394	0.642394	0.642394	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	801,287	16,136,142	16,937,429	0.405402	0.405402	0.405402	90
91	Emergency	27,456,917	64,728,988	92,185,905	0.109538	0.109538	0.109538	91
92	Observation Beds (Non-Distinct Part)	2,436,571	11,343,937	13,780,508	0.319536	0.319536	0.319536	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency		4,779,568	4,779,568				101
200	Subtotal (sum of lines 30 thru 199)	407,000,906	639,349,104	1,046,350,010				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	407,000,906	639,349,104	1,046,350,010				202

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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**CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY**

**WORKSHEET C  
PART II**

[ ] Title V

[XX] Title XIX

COST CENTER DESCRIPTIONS		Total Cost (Wkst B, Part I, col. 26)	Capital Cost (Wkst B, Part II, col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction
		1	2	3	4
<b>ANCILLARY SERVICE COST CENTERS</b>					
50	Operating Room	22,885,436	1,533,346	21,352,090	50
51	Recovery Room	3,844,865	295,065	3,549,800	51
52	Delivery Room & Labor Room	2,285,698	196,591	2,089,107	52
53	Anesthesiology	826,996	26,822	800,174	53
54	Radiology-Diagnostic	9,813,314	810,828	9,002,486	54
54.01	RADIOLOGY - ULTRASOUND	2,061,914	128,186	1,933,728	54.01
56	Radioisotope	2,668,140	251,978	2,416,162	56
57	CT Scan	3,246,376	171,741	3,074,635	57
59	Cardiac Catheterization	6,316,619	453,157	5,863,462	59
60	Laboratory	12,411,783	612,521	11,799,262	60
62	Whole Blood & Packed Red Blood Cells	1,544,908	50,884	1,494,024	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	3,916,629	185,911	3,730,718	65
66	Physical Therapy	4,926,918	655,378	4,271,540	66
67	Occupational Therapy	1,288,112	32,982	1,255,130	67
68	Speech Pathology	572,025	14,473	557,552	68
70	Electroencephalography	1,021,801	87,404	934,397	70
71	Medical Supplies Charged to Patients	14,890,171	204,163	14,686,008	71
72	Impl. Dev. Charged to Patients	19,184,123	266,421	18,917,702	72
73	Drugs Charged to Patients	20,282,799	361,313	19,921,486	73
74	Renal Dialysis	996,769	9,509	987,260	74
76.97	CARDIAC REHABILITATION	1,597,659	287,912	1,309,747	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90	Clinic	6,866,470	1,159,545	5,706,925	90
91	Emergency	10,097,868	729,234	9,368,634	91
92	Observation Beds (Non-Distinct Part)	4,403,369	457,479	3,945,890	92
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101	Home Health Agency	3,910,516	39,199	3,871,317	101
200	Subtotal	161,861,278	9,022,042	152,839,236	200
201	Less Observation Beds	4,403,369	457,479	3,945,890	201
202	Total	157,457,909	8,564,563	148,893,346	202

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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**CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY**

**WORKSHEET C  
PART II**

Title V

Title XIX

COST CENTER DESCRIPTIONS		Operating Cost Reduction Amount	Cost Net of Capital and Operating Cost Reduction	Total Charges (Wkst C, Part I, col. 8)	Outpatient Cost to Charge Ratio(col. 6 ÷ col. 7)	
		5	6	7	8	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room		22,885,436	122,153,736	0.187349	50
51	Recovery Room		3,844,865	15,215,022	0.252702	51
52	Delivery Room & Labor Room		2,285,698	3,835,522	0.595929	52
53	Anesthesiology		826,996	24,752,757	0.033410	53
54	Radiology-Diagnostic		9,813,314	88,285,208	0.111155	54
54.01	<b>RADIOLOGY - ULTRASOUND</b>		2,061,914	20,721,795	0.099505	54.01
56	Radioisotope		2,668,140	18,335,358	0.145519	56
57	CT Scan		3,246,376	73,830,116	0.043971	57
59	Cardiac Catheterization		6,316,619	90,732,276	0.069618	59
60	Laboratory		12,411,783	126,268,143	0.098297	60
62	Whole Blood & Packed Red Blood Cells		1,544,908	5,149,157	0.300031	62
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>					62.30
65	Respiratory Therapy		3,916,629	22,124,629	0.177026	65
66	Physical Therapy		4,926,918	17,322,868	0.284417	66
67	Occupational Therapy		1,288,112	7,101,134	0.181395	67
68	Speech Pathology		572,025	1,352,317	0.422996	68
70	Electroencephalography		1,021,801	19,490,802	0.052425	70
71	Medical Supplies Charged to Patients		14,890,171	27,445,694	0.542532	71
72	Impl. Dev. Charged to Patients		19,184,123	39,431,529	0.486517	72
73	Drugs Charged to Patients		20,282,799	105,632,683	0.192013	73
74	Renal Dialysis		996,769	3,752,602	0.265621	74
76.97	<b>CARDIAC REHABILITATION</b>		1,597,659	2,487,040	0.642394	76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>					76.98
76.99	<b>LITHOTRIPSY</b>					76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic		6,866,470	16,937,429	0.405402	90
91	Emergency		10,097,868	92,185,905	0.109538	91
92	Observation Beds (Non-Distinct Part)		4,403,369	13,780,508	0.319536	92
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101	Home Health Agency		3,910,516	4,779,568	0.818174	101
200	Subtotal		161,861,278	963,103,798		200
201	Less Observation Beds		4,403,369	13,780,508		201
202	Total		157,457,909	949,323,290		202

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	3,804,536		3,804,536	46,513	81.80	18,890	1,545,202	30
31	Intensive Care Unit	627,285		627,285	5,186	120.96	1,895	229,219	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	516,289		516,289	6,155	83.88	4,493	376,873	41
42	Subprovider I								42
43	Nursery	229,761		229,761	1,690	135.95			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	5,177,871		5,177,871	59,544		25,278	2,151,294	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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	1,533,346	122,153,736	0.012553	16,083,007	201,890	50
51	Recovery Room	295,065	15,215,022	0.019393	1,949,314	37,803	51
52	Delivery Room & Labor Room	196,591	3,835,522	0.051255	4,469	229	52
53	Anesthesiology	26,822	24,752,757	0.001084	3,348,402	3,630	53
54	Radiology-Diagnostic	810,828	88,285,208	0.009184	5,300,553	48,680	54
54.01	RADIOLOGY - ULTRASOUND	128,186	20,721,795	0.006186	1,496,982	9,260	54.01
56	Radioisotope	251,978	18,335,358	0.013743	1,305,134	17,936	56
57	CT Scan	171,741	73,830,116	0.002326	9,047,633	21,045	57
59	Cardiac Catheterization	453,157	90,732,276	0.004994	14,030,163	70,067	59
60	Laboratory	612,521	126,268,143	0.004851	16,527,872	80,177	60
62	Whole Blood & Packed Red Blood	50,884	5,149,157	0.009882	1,359,602	13,436	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	185,911	22,124,629	0.008403	8,882,653	74,641	65
66	Physical Therapy	655,378	17,322,868	0.037833	1,867,618	70,658	66
67	Occupational Therapy	32,982	7,101,134	0.004645	920,332	4,275	67
68	Speech Pathology	14,473	1,352,317	0.010702	278,668	2,982	68
70	Electroencephalography	87,404	19,490,802	0.004484	1,836,626	8,235	70
71	Medical Supplies Charged to Pat	204,163	27,445,694	0.007439	5,001,266	37,204	71
72	Impl. Dev. Charged to Patients	266,421	39,431,529	0.006757	11,399,234	77,025	72
73	Drugs Charged to Patients	361,313	105,632,683	0.003420	20,430,946	69,874	73
74	Renal Dialysis	9,509	3,752,602	0.002534	1,851,939	4,693	74
76.97	CARDIAC REHABILITATION	287,912	2,487,040	0.115765	225,847	26,145	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	1,159,545	16,937,429	0.068461	204,324	13,988	90
91	Emergency	729,234	92,185,905	0.007910	12,492,555	98,816	91
92	Observation Beds (Non-Distinct	457,479	13,780,508	0.033198	1,393,123	46,249	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	8,982,843	958,324,230		137,238,262	1,038,938	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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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

		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1A	1	2A	2	3	4	5	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)				56,635			56,635	30
31	Intensive Care Unit				25,646			25,646	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)				82,281			82,281	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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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)	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	46,513	1.22	18,890	23,046	30
31	Intensive Care Unit	5,186	4.95	1,895	9,380	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	6,155		4,493		41
42	Subprovider I					42
43	Nursery	1,690				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	59,544		25,278	32,426	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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	1	2A	2	3A	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room									50
51	Recovery Room									51
52	Delivery Room & Labor Room									52
53	Anesthesiology					38,896		38,896	38,896	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									62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
65	Respiratory Therapy					23,936		23,936	23,936	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
	<b>OUTPATIENT SERVICE COST CENTERS</b>									
90	Clinic									90
91	Emergency					241,928		241,928	241,928	91
92	Observation Beds (Non-Distinct					6,812		6,812	6,812	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Total (sum of lines 50-199)					311,572		311,572	311,572	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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	122,153,736			16,083,007		22,265,189		50
51	Recovery Room	15,215,022			1,949,314		2,671,445		51
52	Delivery Room & Labor Room	3,835,522			4,469				52
53	Anesthesiology	24,752,757	0.001571	0.001571	3,348,402	5,260	4,741,022	7,448	53
54	Radiology-Diagnostic	88,285,208			5,300,553		21,524,836		54
54.01	RADIOLOGY - ULTRASOUND	20,721,795			1,496,982		4,287,977		54.01
56	Radioisotope	18,335,358			1,305,134		5,488,997		56
57	CT Scan	73,830,116			9,047,633		15,796,614		57
59	Cardiac Catheterization	90,732,276			14,030,163		23,499,392		59
60	Laboratory	126,268,143			16,527,872		9,500,147		60
62	Whole Blood & Packed Red Blood	5,149,157			1,359,602		442,459		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	22,124,629	0.001082	0.001082	8,882,653	9,611	638,133	690	65
66	Physical Therapy	17,322,868			1,867,618		43,410		66
67	Occupational Therapy	7,101,134			920,332		12,578		67
68	Speech Pathology	1,352,317			278,668		4,920		68
70	Electroencephalography	19,490,802			1,836,626		5,641,310		70
71	Medical Supplies Charged to Pat	27,445,694			5,001,266		5,254,852		71
72	Impl. Dev. Charged to Patients	39,431,529			11,399,234		6,117,572		72
73	Drugs Charged to Patients	105,632,683			20,430,946		20,833,301		73
74	Renal Dialysis	3,752,602			1,851,939		88,422		74
76.97	CARDIAC REHABILITATION	2,487,040			225,847		721,268		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	16,937,429			204,324		6,042,018		90
91	Emergency	92,185,905	0.002624	0.002624	12,492,555	32,780	12,399,474	32,536	91
92	Observation Beds (Non-Distinct	13,780,508	0.000494	0.000494	1,393,123	688	2,529,421	1,250	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	958,324,230			137,238,262	48,339	170,544,757	41,924	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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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 Reimbursed Services (see inst.)	Cost Reimbursed Subject to Ded. & Coins. (see inst.)	Cost Reimbursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reimbursed Subject to Ded. & Coins. (see inst.)	Cost Reimbursed Not Subject to Ded. & Coins. (see inst.)	
1	2	3	4	5	6	7			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.187349	22,265,189		408,210	4,171,361		76,478	50
51	Recovery Room	0.252702	2,671,445			675,079			51
52	Delivery Room & Labor Room	0.595929							52
53	Anesthesiology	0.033410	4,741,022			158,398			53
54	Radiology-Diagnostic	0.111155	21,524,836			2,392,593			54
54.01	RADIOLOGY - ULTRASOUND	0.099505	4,287,977			426,675			54.01
56	Radioisotope	0.145519	5,488,997			798,753			56
57	CT Scan	0.043971	15,796,614			694,593			57
59	Cardiac Catheterization	0.069618	23,499,392			1,635,981			59
60	Laboratory	0.098297	9,500,147			933,836			60
62	Whole Blood & Packed Red Blood	0.300031	442,459			132,751			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.177026	638,133			112,966			65
66	Physical Therapy	0.284417	43,410			12,347			66
67	Occupational Therapy	0.181395	12,578			2,282			67
68	Speech Pathology	0.422996	4,920			2,081			68
70	Electroencephalography	0.052425	5,641,310			295,746			70
71	Medical Supplies Charged to Pat	0.542532	5,254,852			2,850,925			71
72	Impl. Dev. Charged to Patients	0.486517	6,117,572			2,976,303			72
73	Drugs Charged to Patients	0.192013	20,833,301		111,039	4,000,265		21,321	73
74	Renal Dialysis	0.265621	88,422			23,487			74
76.97	CARDIAC REHABILITATION	0.642394	721,268			463,338			76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	0.405402	6,042,018			2,449,446			90
91	Emergency	0.109538	12,399,474			1,358,214			91
92	Observation Beds (Non-Distinct	0.319536	2,529,421			808,241			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Subtotal (see instructions)		170,544,757		519,249	27,375,661		97,799	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		170,544,757		519,249	27,375,661		97,799	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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	1,533,346	122,153,736	0.012553	126,420	1,587	50
51	Recovery Room	295,065	15,215,022	0.019393	16,413	318	51
52	Delivery Room & Labor Room	196,591	3,835,522	0.051255			52
53	Anesthesiology	26,822	24,752,757	0.001084	28,511	31	53
54	Radiology-Diagnostic	810,828	88,285,208	0.009184	304,404	2,796	54
54.01	RADIOLOGY - ULTRASOUND	128,186	20,721,795	0.006186	26,414	163	54.01
56	Radioisotope	251,978	18,335,358	0.013743	20,435	281	56
57	CT Scan	171,741	73,830,116	0.002326	197,759	460	57
59	Cardiac Catheterization	453,157	90,732,276	0.004994	106,479	532	59
60	Laboratory	612,521	126,268,143	0.004851	885,825	4,297	60
62	Whole Blood & Packed Red Blood	50,884	5,149,157	0.009882	36,754	363	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	185,911	22,124,629	0.008403	672,737	5,653	65
66	Physical Therapy	655,378	17,322,868	0.037833	2,165,878	81,942	66
67	Occupational Therapy	32,982	7,101,134	0.004645	2,094,192	9,728	67
68	Speech Pathology	14,473	1,352,317	0.010702	338,609	3,624	68
70	Electroencephalography	87,404	19,490,802	0.004484	2,646	12	70
71	Medical Supplies Charged to Pat	204,163	27,445,694	0.007439	495,197	3,684	71
72	Impl. Dev. Charged to Patients	266,421	39,431,529	0.006757	6,983	47	72
73	Drugs Charged to Patients	361,313	105,632,683	0.003420	2,264,224	7,744	73
74	Renal Dialysis	9,509	3,752,602	0.002534	348,192	882	74
76.97	CARDIAC REHABILITATION	287,912	2,487,040	0.115765			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	1,159,545	16,937,429	0.068461	7,219	494	90
91	Emergency	729,234	92,185,905	0.007910	2,163	17	91
92	Observation Beds (Non-Distinct		13,780,508				92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	8,525,364	958,324,230		10,147,454	124,655	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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	2A	2	3A	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room									50
51	Recovery Room									51
52	Delivery Room & Labor Room									52
53	Anesthesiology					38,896		38,896	38,896	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									62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
65	Respiratory Therapy					23,936		23,936	23,936	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
	<b>OUTPATIENT SERVICE COST CENTERS</b>									
90	Clinic									90
91	Emergency					241,928		241,928	241,928	91
92	Observation Beds (Non-Distinct									92
	<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Total (sum of lines 50-199)					304,760		304,760	304,760	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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	122,153,736			126,420				50
51	Recovery Room	15,215,022			16,413				51
52	Delivery Room & Labor Room	3,835,522							52
53	Anesthesiology	24,752,757	0.001571	0.001571	28,511	45			53
54	Radiology-Diagnostic	88,285,208			304,404				54
54.01	RADIOLOGY - ULTRASOUND	20,721,795			26,414				54.01
56	Radioisotope	18,335,358			20,435				56
57	CT Scan	73,830,116			197,759				57
59	Cardiac Catheterization	90,732,276			106,479				59
60	Laboratory	126,268,143			885,825				60
62	Whole Blood & Packed Red Blood	5,149,157			36,754				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	22,124,629	0.001082	0.001082	672,737	728			65
66	Physical Therapy	17,322,868			2,165,878				66
67	Occupational Therapy	7,101,134			2,094,192				67
68	Speech Pathology	1,352,317			338,609				68
70	Electroencephalography	19,490,802			2,646				70
71	Medical Supplies Charged to Pat	27,445,694			495,197				71
72	Impl. Dev. Charged to Patients	39,431,529			6,983				72
73	Drugs Charged to Patients	105,632,683			2,264,224		2,046		73
74	Renal Dialysis	3,752,602			348,192				74
76.97	CARDIAC REHABILITATION	2,487,040							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	16,937,429			7,219				90
91	Emergency	92,185,905	0.002624	0.002624	2,163	6			91
92	Observation Beds (Non-Distinct	13,780,508							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	958,324,230			10,147,454	779	2,046		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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.187349						50	
51	Recovery Room	0.252702						51	
52	Delivery Room & Labor Room	0.595929						52	
53	Anesthesiology	0.033410						53	
54	Radiology-Diagnostic	0.111155						54	
54.01	RADIOLOGY - ULTRASOUND	0.099505						54.01	
56	Radioisotope	0.145519						56	
57	CT Scan	0.043971						57	
59	Cardiac Catheterization	0.069618						59	
60	Laboratory	0.098297						60	
62	Whole Blood & Packed Red Blood	0.300031						62	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65	Respiratory Therapy	0.177026						65	
66	Physical Therapy	0.284417						66	
67	Occupational Therapy	0.181395						67	
68	Speech Pathology	0.422996						68	
70	Electroencephalography	0.052425						70	
71	Medical Supplies Charged to Pat	0.542532						71	
72	Impl. Dev. Charged to Patients	0.486517						72	
73	Drugs Charged to Patients	0.192013	2,046		3,090	393		593	
74	Renal Dialysis	0.265621						74	
76.97	CARDIAC REHABILITATION	0.642394						76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	0.405402						90	
91	Emergency	0.109538						91	
92	Observation Beds (Non-Distinct	0.319536						92	
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Subtotal (see instructions)		2,046		3,090	393		593	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)		2,046		3,090	393		593	

(A) Worksheet A line numbers



**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	3,804,536		3,804,536	46,513	81.80	787	64,377	30
31	Intensive Care Unit	627,285		627,285	5,186	120.96	179	21,652	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	516,289		516,289	6,155	83.88	18	1,510	41
42	Subprovider I								42
43	Nursery	229,761		229,761	1,690	135.95	142	19,305	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	5,177,871		5,177,871	59,544		1,126	106,844	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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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 [ ] Title XVIII, Part A [ ] IPF [ ] TEFRA  
 Boxes: [XX] 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	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	1,533,346	122,153,736	0.012553	280,509	3,521	50
51	Recovery Room	295,065	15,215,022	0.019393	28,175	546	51
52	Delivery Room & Labor Room	196,591	3,835,522	0.051255	43,412	2,225	52
53	Anesthesiology	26,822	24,752,757	0.001084	51,958	56	53
54	Radiology-Diagnostic	810,828	88,285,208	0.009184	128,002	1,176	54
54.01	RADIOLOGY - ULTRASOUND	128,186	20,721,795	0.006186	38,492	238	54.01
56	Radioisotope	251,978	18,335,358	0.013743	26,187	360	56
57	CT Scan	171,741	73,830,116	0.002326	244,159	568	57
59	Cardiac Catheterization	453,157	90,732,276	0.004994	55,559	277	59
60	Laboratory	612,521	126,268,143	0.004851	506,326	2,456	60
62	Whole Blood & Packed Red Blood	50,884	5,149,157	0.009882	14,123	140	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	185,911	22,124,629	0.008403	192,326	1,616	65
66	Physical Therapy	655,378	17,322,868	0.037833	20,769	786	66
67	Occupational Therapy	32,982	7,101,134	0.004645	11,979	56	67
68	Speech Pathology	14,473	1,352,317	0.010702	18,475	198	68
70	Electroencephalography	87,404	19,490,802	0.004484	13,815	62	70
71	Medical Supplies Charged to Pat	204,163	27,445,694	0.007439	149,994	1,116	71
72	Impl. Dev. Charged to Patients	266,421	39,431,529	0.006757	17,235	116	72
73	Drugs Charged to Patients	361,313	105,632,683	0.003420	646,932	2,213	73
74	Renal Dialysis	9,509	3,752,602	0.002534	25,824	65	74
76.97	CARDIAC REHABILITATION	287,912	2,487,040	0.115765			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	1,159,545	16,937,429	0.068461	2,067	142	90
91	Emergency	729,234	92,185,905	0.007910	219,677	1,738	91
92	Observation Beds (Non-Distinct	457,479	13,780,508	0.033198	20,449	679	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	8,982,843	958,324,230		2,756,444	20,350	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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**

**WORKSHEET D  
PART III**

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

(A)	Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
		1A	1	2A	2	3	4	5	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)				56,635			56,635	30
31	Intensive Care Unit				25,646			25,646	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)				82,281			82,281	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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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)	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	46,513	1.22	787	960	30
31	Intensive Care Unit	5,186	4.95	179	886	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	6,155		18		41
42	Subprovider I					42
43	Nursery	1,690		142		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	59,544		1,126	1,846	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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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 Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	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	2A	2	3A	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room									50
51	Recovery Room									51
52	Delivery Room & Labor Room									52
53	Anesthesiology					38,896		38,896	38,896	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									62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
65	Respiratory Therapy					23,936		23,936	23,936	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
	<b>OUTPATIENT SERVICE COST CENTERS</b>									
90	Clinic									90
91	Emergency					241,928		241,928	241,928	91
92	Observation Beds (Non-Distinct									92
	<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Total (sum of lines 50-199)					304,760		304,760	304,760	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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	122,153,736			280,509				50
51	Recovery Room	15,215,022			28,175				51
52	Delivery Room & Labor Room	3,835,522			43,412				52
53	Anesthesiology	24,752,757	0.001571	0.001571	51,958	82			53
54	Radiology-Diagnostic	88,285,208			128,002				54
54.01	RADIOLOGY - ULTRASOUND	20,721,795			38,492				54.01
56	Radioisotope	18,335,358			26,187				56
57	CT Scan	73,830,116			244,159				57
59	Cardiac Catheterization	90,732,276			55,559				59
60	Laboratory	126,268,143			506,326				60
62	Whole Blood & Packed Red Blood	5,149,157			14,123				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	22,124,629	0.001082	0.001082	192,326	208			65
66	Physical Therapy	17,322,868			20,769				66
67	Occupational Therapy	7,101,134			11,979				67
68	Speech Pathology	1,352,317			18,475				68
70	Electroencephalography	19,490,802			13,815				70
71	Medical Supplies Charged to Pat	27,445,694			149,994				71
72	Impl. Dev. Charged to Patients	39,431,529			17,235				72
73	Drugs Charged to Patients	105,632,683			646,932				73
74	Renal Dialysis	3,752,602			25,824				74
76.97	CARDIAC REHABILITATION	2,487,040							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	16,937,429			2,067				90
91	Emergency	92,185,905	0.002624	0.002624	219,677	576			91
92	Observation Beds (Non-Distinct	13,780,508			20,449				92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	958,324,230			2,756,444	866			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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.187349							50
51	Recovery Room	0.252702							51
52	Delivery Room & Labor Room	0.595929							52
53	Anesthesiology	0.033410							53
54	Radiology-Diagnostic	0.111155							54
54.01	RADIOLOGY - ULTRASOUND	0.099505							54.01
56	Radioisotope	0.145519							56
57	CT Scan	0.043971							57
59	Cardiac Catheterization	0.069618							59
60	Laboratory	0.098297							60
62	Whole Blood & Packed Red Blood	0.300031							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.177026							65
66	Physical Therapy	0.284417							66
67	Occupational Therapy	0.181395							67
68	Speech Pathology	0.422996							68
70	Electroencephalography	0.052425							70
71	Medical Supplies Charged to Pat	0.542532							71
72	Impl. Dev. Charged to Patients	0.486517							72
73	Drugs Charged to Patients	0.192013							73
74	Renal Dialysis	0.265621							74
76.97	CARDIAC REHABILITATION	0.642394							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	0.405402							90
91	Emergency	0.109538							91
92	Observation Beds (Non-Distinct	0.319536							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	1,533,346	122,153,736	0.012553			50
51	Recovery Room	295,065	15,215,022	0.019393			51
52	Delivery Room & Labor Room	196,591	3,835,522	0.051255			52
53	Anesthesiology	26,822	24,752,757	0.001084			53
54	Radiology-Diagnostic	810,828	88,285,208	0.009184			54
54.01	RADIOLOGY - ULTRASOUND	128,186	20,721,795	0.006186			54.01
56	Radioisotope	251,978	18,335,358	0.013743			56
57	CT Scan	171,741	73,830,116	0.002326			57
59	Cardiac Catheterization	453,157	90,732,276	0.004994			59
60	Laboratory	612,521	126,268,143	0.004851	3,403	17	60
62	Whole Blood & Packed Red Blood	50,884	5,149,157	0.009882			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	185,911	22,124,629	0.008403	9,073	76	65
66	Physical Therapy	655,378	17,322,868	0.037833	17,706	670	66
67	Occupational Therapy	32,982	7,101,134	0.004645	15,378	71	67
68	Speech Pathology	14,473	1,352,317	0.010702			68
70	Electroencephalography	87,404	19,490,802	0.004484			70
71	Medical Supplies Charged to Pat	204,163	27,445,694	0.007439	3,953	29	71
72	Impl. Dev. Charged to Patients	266,421	39,431,529	0.006757			72
73	Drugs Charged to Patients	361,313	105,632,683	0.003420	20,021	68	73
74	Renal Dialysis	9,509	3,752,602	0.002534			74
76.97	CARDIAC REHABILITATION	287,912	2,487,040	0.115765			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	1,159,545	16,937,429	0.068461			90
91	Emergency	729,234	92,185,905	0.007910			91
92	Observation Beds (Non-Distinct		13,780,508				92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	8,525,364	958,324,230		69,534	931	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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	2A	2	3A	3	4	5	6
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room								50
51	Recovery Room								51
52	Delivery Room & Labor Room								52
53	Anesthesiology					38,896		38,896	38,896
54	Radiology-Diagnostic								54
54.01	<b>RADIOLOGY - ULTRASOUND</b>								54.01
56	Radioisotope								56
57	CT Scan								57
59	Cardiac Catheterization								59
60	Laboratory								60
62	Whole Blood & Packed Red Blood								62
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy					23,936		23,936	23,936
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	<b>CARDIAC REHABILITATION</b>								76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>								76.98
76.99	<b>LITHOTRIPSY</b>								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic								90
91	Emergency					241,928		241,928	241,928
92	Observation Beds (Non-Distinct								92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)					304,760		304,760	304,760

(A) Worksheet A line numbers

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	122,153,736							50
51	Recovery Room	15,215,022							51
52	Delivery Room & Labor Room	3,835,522							52
53	Anesthesiology	24,752,757	0.001571	0.001571					53
54	Radiology-Diagnostic	88,285,208							54
54.01	RADIOLOGY - ULTRASOUND	20,721,795							54.01
56	Radioisotope	18,335,358							56
57	CT Scan	73,830,116							57
59	Cardiac Catheterization	90,732,276							59
60	Laboratory	126,268,143			3,403				60
62	Whole Blood & Packed Red Blood	5,149,157							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	22,124,629	0.001082	0.001082	9,073	10			65
66	Physical Therapy	17,322,868			17,706				66
67	Occupational Therapy	7,101,134			15,378				67
68	Speech Pathology	1,352,317							68
70	Electroencephalography	19,490,802							70
71	Medical Supplies Charged to Pat	27,445,694			3,953				71
72	Impl. Dev. Charged to Patients	39,431,529							72
73	Drugs Charged to Patients	105,632,683			20,021				73
74	Renal Dialysis	3,752,602							74
76.97	CARDIAC REHABILITATION	2,487,040							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	16,937,429							90
91	Emergency	92,185,905	0.002624	0.002624					91
92	Observation Beds (Non-Distinct	13,780,508							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	958,324,230			69,534	10			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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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**APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**

**COMPONENT CCN: 15-T034**

**WORKSHEET D  
PART V**

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.187349							50
51	Recovery Room	0.252702							51
52	Delivery Room & Labor Room	0.595929							52
53	Anesthesiology	0.033410							53
54	Radiology-Diagnostic	0.111155							54
54.01	RADIOLOGY - ULTRASOUND	0.099505							54.01
56	Radioisotope	0.145519							56
57	CT Scan	0.043971							57
59	Cardiac Catheterization	0.069618							59
60	Laboratory	0.098297							60
62	Whole Blood & Packed Red Blood	0.300031							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.177026							65
66	Physical Therapy	0.284417							66
67	Occupational Therapy	0.181395							67
68	Speech Pathology	0.422996							68
70	Electroencephalography	0.052425							70
71	Medical Supplies Charged to Pat	0.542532							71
72	Impl. Dev. Charged to Patients	0.486517							72
73	Drugs Charged to Patients	0.192013							73
74	Renal Dialysis	0.265621							74
76.97	CARDIAC REHABILITATION	0.642394							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	0.405402							90
91	Emergency	0.109538							91
92	Observation Beds (Non-Distinct	0.319536							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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)	46,513	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	46,513	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)	40,920	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	18,890	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)	36,619,783	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)	36,619,783	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)	36,619,783	37

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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)					787.30	38	
39	Program general inpatient routine service cost (line 9 x line 38)					14,872,097	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)					14,872,097	41	
42	Nursery (Titles V and XIX only)						42	
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit	8,158,877	5,186	1,573.25	1,895	2,981,309	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)					25,163,892	48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					43,017,298	49	

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,806,847	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,087,277	51
52	Total Program excludable cost (sum of lines 50 and 51)					2,894,124	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					40,123,174	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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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)					5,593	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					787.30	88
89	Observation bed cost (line 87 x line 88) (see instructions)					4,403,369	89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	3,804,536	36,619,783	0.103893	4,403,369	457,479	90
91	Nursing School						91
92	Allied Health	56,635	36,619,783	0.001547	4,403,369	6,812	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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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)	6,155	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,155	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)	6,155	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)	4,493	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)	5,261,735	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)	5,261,735	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)	5,261,735	37

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-T034

WORKSHEET D-1  
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

38	Adjusted general inpatient routine service cost per diem (see instructions)	854.87	38
39	Program general inpatient routine service cost (line 9 x line 38)	3,840,931	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)	3,840,931	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	2,244,599	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	6,085,530	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	376,873	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	125,434	51
52	Total Program excludable cost (sum of lines 50 and 51)	502,307	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	5,583,223	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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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)	46,513	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	46,513	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)	40,920	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)	787	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)	1,690	15
16	Nursery days (title V or XIX only)	142	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)	36,612,741	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)	36,612,741	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)	36,612,741	37

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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)					787.15	38	
39	Program general inpatient routine service cost (line 9 x line 38)					619,487	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)					619,487	41	
42	Nursery (Titles V and XIX only)	2,669,187	1,690	1,579.40	142	224,275	42	
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit	8,152,334	5,186	1,571.99	179	281,386	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)					480,700	48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					1,605,848	49	

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					107,180	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					21,216	51
52	Total Program excludable cost (sum of lines 50 and 51)					128,396	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					1,477,452	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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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)					5,593	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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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)	6,155	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,155	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)	6,155	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	18	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)	5,261,735	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)	5,261,735	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)	5,261,735	37

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-T034

WORKSHEET D-1  
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

38	Adjusted general inpatient routine service cost per diem (see instructions)	854.87	38
39	Program general inpatient routine service cost (line 9 x line 38)	15,388	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	15,388	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	15,755	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	31,143	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	1,510	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	941	51
52	Total Program excludable cost (sum of lines 50 and 51)	2,451	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	28,692	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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics		26,937,686		30
31	Intensive Care Unit		5,022,292		31
41	Subprovider - IRF				41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.187460	16,083,007	3,014,920	50
51	Recovery Room	0.252702	1,949,314	492,596	51
52	Delivery Room & Labor Room	0.595929	4,469	2,663	52
53	Anesthesiology	0.033410	3,348,402	111,870	53
54	Radiology-Diagnostic	0.111250	5,300,553	589,687	54
54.01	RADIOLOGY - ULTRASOUND	0.099505	1,496,982	148,957	54.01
56	Radioisotope	0.145519	1,305,134	189,922	56
57	CT Scan	0.043971	9,047,633	397,833	57
59	Cardiac Catheterization	0.069690	14,030,163	977,762	59
60	Laboratory	0.098467	16,527,872	1,627,450	60
62	Whole Blood & Packed Red Blood Cells	0.300031	1,359,602	407,923	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.177056	8,882,653	1,572,727	65
66	Physical Therapy	0.284930	1,867,618	532,140	66
67	Occupational Therapy	0.181395	920,332	166,944	67
68	Speech Pathology	0.422996	278,668	117,875	68
70	Electroencephalography	0.052568	1,836,626	96,548	70
71	Medical Supplies Charged to Patients	0.542532	5,001,266	2,713,347	71
72	Impl. Dev. Charged to Patients	0.486517	11,399,234	5,545,921	72
73	Drugs Charged to Patients	0.192013	20,430,946	3,923,007	73
74	Renal Dialysis	0.265621	1,851,939	491,914	74
76.97	CARDIAC REHABILITATION	0.642394	225,847	145,083	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	0.407396	204,324	83,241	90
91	Emergency	0.109538	12,492,555	1,368,409	91
92	Observation Beds (Non-Distinct Part)	0.319536	1,393,123	445,153	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		137,238,262	25,163,892	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		137,238,262		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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
41	Subprovider - IRF		5,111,244		41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.187460	126,420	23,699	50
51	Recovery Room	0.252702	16,413	4,148	51
52	Delivery Room & Labor Room	0.595929			52
53	Anesthesiology	0.033410	28,511	953	53
54	Radiology-Diagnostic	0.111250	304,404	33,865	54
54.01	RADIOLOGY - ULTRASOUND	0.099505	26,414	2,628	54.01
56	Radioisotope	0.145519	20,435	2,974	56
57	CT Scan	0.043971	197,759	8,696	57
59	Cardiac Catheterization	0.069690	106,479	7,421	59
60	Laboratory	0.098467	885,825	87,225	60
62	Whole Blood & Packed Red Blood Cells	0.300031	36,754	11,027	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.177056	672,737	119,112	65
66	Physical Therapy	0.284930	2,165,878	617,124	66
67	Occupational Therapy	0.181395	2,094,192	379,876	67
68	Speech Pathology	0.422996	338,609	143,230	68
70	Electroencephalography	0.052568	2,646	139	70
71	Medical Supplies Charged to Patients	0.542532	495,197	268,660	71
72	Impl. Dev. Charged to Patients	0.486517	6,983	3,397	72
73	Drugs Charged to Patients	0.192013	2,264,224	434,760	73
74	Renal Dialysis	0.265621	348,192	92,487	74
76.97	CARDIAC REHABILITATION	0.642394			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	0.407396	7,219	2,941	90
91	Emergency	0.109538	2,163	237	91
92	Observation Beds (Non-Distinct Part)	0.319536			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		10,147,454	2,244,599	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		10,147,454		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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics		714,941		30
31	Intensive Care Unit		187,050		31
41	Subprovider - IRF				41
43	Nursery		366,720		43
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.187349	280,509	52,553	50
51	Recovery Room	0.252702	28,175	7,120	51
52	Delivery Room & Labor Room	0.595929	43,412	25,870	52
53	Anesthesiology	0.033410	51,958	1,736	53
54	Radiology-Diagnostic	0.111155	128,002	14,228	54
54.01	RADIOLOGY - ULTRASOUND	0.099505	38,492	3,830	54.01
56	Radioisotope	0.145519	26,187	3,811	56
57	CT Scan	0.043971	244,159	10,736	57
59	Cardiac Catheterization	0.069618	55,559	3,868	59
60	Laboratory	0.098297	506,326	49,770	60
62	Whole Blood & Packed Red Blood Cells	0.300031	14,123	4,237	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.177026	192,326	34,047	65
66	Physical Therapy	0.284417	20,769	5,907	66
67	Occupational Therapy	0.181395	11,979	2,173	67
68	Speech Pathology	0.422996	18,475	7,815	68
70	Electroencephalography	0.052425	13,815	724	70
71	Medical Supplies Charged to Patients	0.542532	149,994	81,377	71
72	Impl. Dev. Charged to Patients	0.486517	17,235	8,385	72
73	Drugs Charged to Patients	0.192013	646,932	124,219	73
74	Renal Dialysis	0.265621	25,824	6,859	74
76.97	CARDIAC REHABILITATION	0.642394			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	0.405402	2,067	838	90
91	Emergency	0.109538	219,677	24,063	91
92	Observation Beds (Non-Distinct Part)	0.319536	20,449	6,534	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		2,756,444	480,700	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		2,756,444		202

(A) Worksheet A line numbers



**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
41	Subprovider - IRF		33,480		41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.187349			50
51	Recovery Room	0.252702			51
52	Delivery Room & Labor Room	0.595929			52
53	Anesthesiology	0.033410			53
54	Radiology-Diagnostic	0.111155			54
54.01	RADIOLOGY - ULTRASOUND	0.099505			54.01
56	Radioisotope	0.145519			56
57	CT Scan	0.043971			57
59	Cardiac Catheterization	0.069618			59
60	Laboratory	0.098297	3,403	335	60
62	Whole Blood & Packed Red Blood Cells	0.300031			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.177026	9,073	1,606	65
66	Physical Therapy	0.284417	17,706	5,036	66
67	Occupational Therapy	0.181395	15,378	2,789	67
68	Speech Pathology	0.422996			68
70	Electroencephalography	0.052425			70
71	Medical Supplies Charged to Patients	0.542532	3,953	2,145	71
72	Impl. Dev. Charged to Patients	0.486517			72
73	Drugs Charged to Patients	0.192013	20,021	3,844	73
74	Renal Dialysis	0.265621			74
76.97	CARDIAC REHABILITATION	0.642394			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	0.405402			90
91	Emergency	0.109538			91
92	Observation Beds (Non-Distinct Part)	0.319536			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		69,534	15,755	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		69,534		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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

**PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	9,989,295			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	30,068,657			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)	337,025			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
2.03	Outlier payment for discharges occurring prior to October 1 (see instructions)				2.03
2.04	Outlier payment for discharges occurring on or after October 1 (see instructions)				2.04
3	Managed care simulated payments				3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	164.38			4
<b>Indirect Medical Education Adjustment Calculation for Hospitals</b>					
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
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
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
<b>Disproportionate Share Adjustment</b>					
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0313			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.1371			31
32	Sum of lines 30 and 31	0.1684			32
33	Allowable disproportionate share percentage (see instructions)	0.0370			33
34	Disproportionate share adjustment (see instructions)	370,536			34
		<b>Prior to</b>		<b>On or after</b>	
<b>Uncompensated Care Adjustment</b>		<b>October 1 (1.00)</b>	<b>(1.01)</b>	<b>October 1 (2.00)</b>	
35	Total uncompensated care amount (see instructions)	6,766,695,164		8,272,872,447	35
35.01	Factor 3 (see instructions)	0.000208307		0.000222432	35.01
35.02	Hospital uncompensated care payment (if line 34 is zero, enter zero on this line) (see instructions)	1,409,550		1,840,149	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	355,284		1,376,330	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,731,614			36
<b>Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)</b>					
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44

**KPMG LLP Compu-Max 2552-10**

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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

**PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	42,497,127			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)	42,497,127			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	3,394,505			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	79,219			53
54	Special add-on payments for new technologies				54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).	32,426			57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	48,339			58
59	Total (sum of amounts on lines 49 through 58)	46,051,616			59
60	Primary payer payments	27,741			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	46,023,875			61
62	Deductibles billed to program beneficiaries	4,029,488			62
63	Coinsurance billed to program beneficiaries	229,294			63
64	Allowable bad debts (see instructions)	546,367			64
65	Adjusted reimbursable bad debts (see instructions)	355,139			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	44,046			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	42,120,232			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)	132,926			70.93
70.94	HRR adjustment amount (see instructions)	-766,074			70.94
71	Amount due provider (see instructions)	41,487,084			71
71.01	Sequestration adjustment (see instructions)	829,742			71.01
71.02	Demonstration payment adjustment amount after sequestration				71.02
72	Interim payments	40,552,136			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	105,206			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	516,635			75
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
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
<b>HSP Bonus Payment Amount</b>		<b>Prior to 10/1</b>	<b>On or After 10/1</b>		
100	HSP bonus amount (see instructions)				100
<b>HVBP Adjustment for HSP Bonus Payment</b>		<b>Prior to 10/1</b>	<b>On or After 10/1</b>		
101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102
<b>HRR Adjustment for HSP Bonus Payment</b>		<b>Prior to 10/1</b>	<b>On or After 10/1</b>		
103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

**KPMG LLP Compu-Max 2552-10**

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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)	97,799			1
2	Medical and other services reimbursed under OPPS (see instructions)	27,333,737			2
3	OPPS payments	28,836,225			3
4	Outlier payment (see instructions)	17,888			4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of lines 3, 4, and 4.01, divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	41,924			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	97,799			11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges	519,249			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)	519,249			14
	<b>CUSTOMARY CHARGES</b>				
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)	519,249			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	421,450			19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (see instructions)	97,799			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	28,896,037			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	Deductibles and coinsurance (see instructions)	81,642			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	5,312,500			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)	23,599,694			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)	23,599,694			30
31	Primary payer payments	5,033			31
32	Subtotal (line 30 minus line 31)	23,594,661			32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	941,150			34
35	Adjusted reimbursable bad debts (see instructions)	611,748			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	422,413			36
37	Subtotal (see instructions)	24,206,409			37
38	MSP-LCC reconciliation amount from PS&R	265			38
39	Other adjustments (FDO LOSS)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	24,206,144			40
40.01	Sequestration adjustment (see instructions)	484,123			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	23,684,135			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	37,886			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

**TO BE COMPLETED BY CONTRACTOR**

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

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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)	593		1
2	Medical and other services reimbursed under OPPS (see instructions)	393		2
3	OPPS payments	622		3
4	Outlier payment (see instructions)			4
4.01	Outlier reconciliation amount (see instructions)			4.01
5	Enter the hospital specific payment to cost ratio (see instructions)			5
6	Line 2 times line 5			6
7	Sum of lines 3, 4, and 4.01, divided by line 6			7
8	Transitional corridor payment (see instructions)			8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			9
10	Organ acquisition			10
11	Total cost (sum of lines 1 and 10) (see instructions)	593		11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
	<b>REASONABLE CHARGES</b>			
12	Ancillary service charges	3,090		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)	3,090		14
	<b>CUSTOMARY CHARGES</b>			
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)	3,090		18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	2,497		19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)			20
21	Lesser of cost or charges (see instructions)	593		21
22	Interns and residents (see instructions)			22
23	Cost of physicians' services in a teaching hospital (see instructions)			23
24	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	622		24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
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)	1,215		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)	1,215		30
31	Primary payer payments			31
32	Subtotal (line 30 minus line 31)	1,215		32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>			
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)	1,215		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)	1,215		40
40.01	Sequestration adjustment (see instructions)	24		40.01
40.02	Demonstration payment adjustment amount after sequestration			40.02
41	Interim payments	1,216		41
42	Tentative settlement (for contractors use only)			42
43	Balance due provider/program (see instructions)	-25		43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			44

**TO BE COMPLETED BY CONTRACTOR**

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

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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		40,121,672		23,083,798
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		430,464		513,337
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		02/01/2019	87,000
		.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			87,000
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)		40,552,136		23,684,135
<b>TO BE COMPLETED BY CONTRACTOR</b>					
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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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		7,832,735		1,216
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	.01			3.01
		.02			3.02
	Program to	.03			3.03
	Provider	.04			3.04
		.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
	Provider to	.52			3.52
	Program	.53			3.53
		.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)		7,832,735		1,216
<b>TO BE COMPLETED BY CONTRACTOR</b>					
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 to	.03			5.03
	Provider	.04			5.04
		.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider to	.52			5.52
	Program	.53			5.53
		.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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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)	7,883,757		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.018700		2
3	Inpatient Rehabilitation LIP payments (see instructions)	135,601		3
4	Outlier payments	62,000		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)	16.863014		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	8,081,358		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)	8,081,358		17
18	Primary payer payments	12,584		18
19	Subtotal (line 17 less line 18)	8,068,774		19
20	Deductibles	45,944		20
21	Subtotal (line 19 minus line 20)	8,022,830		21
22	Coinsurance	92,193		22
23	Subtotal (line 21 minus line 22)	7,930,637		23
24	Allowable bad debts (exclude bad debts for professional services) (see instructions)	28,202		24
25	Adjusted reimbursable bad debts (see instructions)	18,331		25
26	Allowable bad debts for dual eligible beneficiaries (see instructions)	6,431		26
27	Subtotal (sum of lines 23 and 25)	7,948,968		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)	779		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)	7,949,747		32
32.01	Sequestration adjustment (see instructions)	158,995		32.01
32.02	Demonstration payment adjustment amount after sequestration			32.02
33	Interim payments	7,832,735		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33 and 34)	-41,983		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			36

**TO BE COMPLETED BY CONTRACTOR**

50	Original outlier amount from Wkst. E-3, Pt. III, line 4 (see instructions)			50
51	Outlier reconciliation adjustment amount (see instructions)			51
52	The rate used to calculate the Time Value of Money (see instructions)			52
53	Time Value of Money (see instructions)			53



**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
1			1
2			2
3			3
4			4
5			5
6			6
7			7
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
<b>REASONABLE CHARGES</b>			
8	1,268,711		8
9	2,756,444		9
10			10
11			11
12	4,025,155		12
<b>CUSTOMARY CHARGES</b>			
13			13
14			14
15	1.000000	1.000000	15
16	4,025,155		16
17	4,025,155		17
18			18
19			19
20			20
21			21
<b>PROSPECTIVE PAYMENT AMOUNT</b>			
22			22
23			23
24			24
25			25
26	2,712		26
27	2,712		27
28			28
29	2,712		29
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
30			30
31	2,712		31
32			32
33			33
34			34
35			35
36	2,712		36
37	-2,712		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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-T034

WORKSHEET E-3  
PART VII

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

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
1			1
2			2
3			3
4			4
5			5
6			6
7			7
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
<b>REASONABLE CHARGES</b>			
8	33,480		8
9	69,534		9
10			10
11			11
12	103,014		12
<b>CUSTOMARY CHARGES</b>			
13			13
14			14
15	1.000000	1.000000	15
16	103,014		16
17	103,014		17
18			18
19			19
20			20
21			21
<b>PROSPECTIVE PAYMENT AMOUNT</b>			
22			22
23			23
24			24
25			25
26	10		26
27	10		27
28			28
29	10		29
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
30			30
31	10		31
32			32
33			33
34			34
35			35
36	10		36
37	-10		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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	
<b>Assets</b> (Omit Cents)		1	2	3	4	
<b>CURRENT ASSETS</b>						
1	Cash on hand and in banks	2,898				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	33,509,000				4
5	Other receivables					5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory	7,090,120				7
8	Prepaid expenses	945,058				8
9	Other current assets					9
10	Due from other funds	1,861,482				10
11	Total current assets (sum of lines 1-10)	43,408,558				11
<b>FIXED ASSETS</b>						
12	Land					12
13	Land improvements					13
14	Accumulated depreciation					14
15	Buildings	137,534,386				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)	137,534,386				30
<b>OTHER ASSETS</b>						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	7,338,933				34
35	Total other assets (sum of lines 31-34)	7,338,933				35
36	Total assets (sum of lines 11, 30 and 35)	188,281,877				36
<b>Liabilities and Fund Balances</b> (Omit Cents)						
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
<b>CURRENT LIABILITIES</b>						
37	Accounts payable	912,706				37
38	Salaries, wages and fees payable	7,484,311				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	168,302				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	2,618,911				44
45	Total current liabilities (sum of lines 37 thru 44)	11,184,230				45
<b>LONG TERM LIABILITIES</b>						
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	16,704,881				49
50	Total long term liabilities (sum of lines 46 thru 49)	16,704,881				50
51	Total liabilities (sum of lines 45 and 50)	27,889,111				51
<b>CAPITAL ACCOUNTS</b>						
52	General fund balance	160,392,766				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)	160,392,766				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	188,281,877				60

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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		162,174,000		
2	Net income (loss) (from Worksheet G-3, line 29)		31,380,167		
3	Total (sum of line 1 and line 2)		193,554,167		
4	Additions (credit adjustments) (specify)				
5	TRANSFER OF FUNDS				
6	CONTRIBUTIONS	151,000			
7	RELEASE RESTRICTED ASSETS	92,000			
8	OTHER	63,000			
9					
10	Total additions (sum of lines 4-9)		306,000		
11	Subtotal (line 3 plus line 10)		193,860,167		
12	Deductions (debit adjustments) (specify)				
13	TRANSFER FUNDS	33,329,000			
14	ASSETS RELEASED	138,401			
15					
16					
17					
18	Total deductions (sum of lines 12-17)		33,467,401		
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		160,392,766		

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

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

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

**PART I - PATIENT REVENUES**

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
1	Hospital	69,962,694		69,962,694	1
2	Subprovider IPF				2
3	Subprovider IRF	7,150,368		7,150,368	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)	77,113,062		77,113,062	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	Intensive Care Unit	12,796,129		12,796,129	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)	12,796,129		12,796,129	16
17	Total inpatient routine care services (sum of lines 10 and 16)	89,909,191		89,909,191	17
18	Ancillary services	317,092,384		317,092,384	18
19	Outpatient services		635,107,937	635,107,937	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		4,779,569	4,779,569	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)	407,001,575	639,887,506	1,046,889,081	28

**PART II - OPERATING EXPENSES**

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		245,697,248	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)		245,697,248	43

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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**STATEMENT OF REVENUES AND EXPENSES**

**WORKSHEET G-3**

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	1,046,889,081	1
2	Less contractual allowances and discounts on patients' accounts	772,638,776	2
3	Net patient revenues (line 1 minus line 2)	274,250,305	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	245,697,248	4
5	Net income from service to patients (line 3 minus line 4)	28,553,057	5

**OTHER INCOME**

6	Contributions, donations, bequests, etc.		6
7	Income from investments	171,371	7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses	1,049	11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	1,121,999	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	2,020	21
22	Rental of hospial space	991,647	22
23	Governmental appropriations		23
24	Other (OTHER OPERATING INCOME)	145,114	24
24.01	Other (CARDIO INCOME)		24.01
24.02	Other (RELEASED TEMP ASSETS)	34,763	24.02
24.03	Other (LAB INCOME)	181,970	24.03
24.04	Other (THERAPY INCOME)	11,124	24.04
24.05	Other (CLASSES)	70,512	24.05
24.06	Other (PHOTOGRAPHIC FEES)	1,784	24.06
24.07	Other (GAIN ON SALE OF ASSETS)	93,757	24.07
24.08	Other (ROUNDING)		24.08
25	Total other income (sum of lines 6-24)	2,827,110	25
26	Total (line 5 plus line 25)	31,380,167	26
29	Net income (or loss) for the period (line 26 minus line 28)	31,380,167	29

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	
	<b>GENERAL SERVICE COST CENTERS</b>						
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	667,310	593,025			110,172	5
	<b>HHA REIMBURSABLE SERVICES</b>						
6	Skilled Nursing Care	800,847		98,158			6
7	Physical Therapy	585,570			53,874		7
8	Occupational Therapy	148,427			85,984		8
9	Speech Pathology	37,294			12,270		9
10	Medical Social Services						10
11	Home Health Aide	98,985		19,186			11
12	Supplies (see instructions)					104,517	12
13	Drugs						13
14	DME						14
	<b>HHA NONREIMBURSABLE SERVICES</b>						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	2,338,433	593,025	117,344	152,128	214,689	24

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	
	<b>GENERAL SERVICE COST CENTERS</b>						
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	1,370,507	-422,815	947,692	-1,098	946,594	5
	<b>HHA REIMBURSABLE SERVICES</b>						
6	Skilled Nursing Care	899,005		899,005		899,005	6
7	Physical Therapy	639,444		639,444		639,444	7
8	Occupational Therapy	234,411		234,411		234,411	8
9	Speech Pathology	49,564		49,564		49,564	9
10	Medical Social Services						10
11	Home Health Aide	118,171		118,171		118,171	11
12	Supplies (see instructions)	104,517		104,517		104,517	12
13	Drugs						13
14	DME						14
	<b>HHA NONREIMBURSABLE SERVICES</b>						
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)	3,415,619	-422,815	2,992,804	-1,098	2,991,706	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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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
<b>GENERAL SERVICE COST CENTERS</b>					
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	946,594			5
<b>HHA REIMBURSABLE SERVICES</b>					
6	Skilled Nursing Care	899,005			6
7	Physical Therapy	639,444			7
8	Occupational Therapy	234,411			8
9	Speech Pathology	49,564			9
10	Medical Social Services				10
11	Home Health Aide	118,171			11
12	Supplies (see instructions)	104,517			12
13	Drugs				13
14	DME				14
<b>HHA NONREIMBURSABLE SERVICES</b>					
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)	2,991,706			24

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	
	<b>GENERAL SERVICE COST CENTERS</b>					
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		946,594	946,594		5
	<b>HHA REIMBURSABLE SERVICES</b>					
6	Skilled Nursing Care		899,005	413,686	1,312,691	6
7	Physical Therapy		639,444	294,246	933,690	7
8	Occupational Therapy		234,411	107,866	342,277	8
9	Speech Pathology		49,564	22,807	72,371	9
10	Medical Social Services					10
11	Home Health Aide		118,171	54,377	172,548	11
12	Supplies (see instructions)		104,517	53,612	158,129	12
13	Drugs					13
14	DME					14
	<b>HHA NONREIMBURSABLE SERVICES</b>					
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)		2,991,706		2,991,706	24

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	
<b>GENERAL SERVICE COST CENTERS</b>								
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					-946,594	2,057,103	5
<b>HHA REIMBURSABLE SERVICES</b>								
6	Skilled Nursing Care						899,005	6
7	Physical Therapy						639,444	7
8	Occupational Therapy						234,411	8
9	Speech Pathology						49,564	9
10	Medical Social Services							10
11	Home Health Aide						118,171	11
12	Supplies (see instructions)					11,991	116,508	12
13	Drugs							13
14	DME							14
<b>HHA NONREIMBURSABLE SERVICES</b>								
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)					-934,603	2,057,103	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						946,594	25
26	Unit Cost Multiplier						0.460159	26

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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**ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**

**HHA CCN: 15-7313**

**WORKSHEET H-2  
PART I**

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	MAIN- TENANCE OF PERSONNEL	NONPATIENT TELEPHONES	
		0	1	2	4	4.01	5.01	
1	Administrative and General				337,183	34,092	17,721	1
2	Skilled Nursing Care	1,312,691						2
3	Physical Therapy	933,690						3
4	Occupational Therapy	342,277						4
5	Speech Pathology	72,371						5
6	Medical Social Services							6
7	Home Health Aide	172,548						7
8	Supplies	158,129						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)	2,991,706			337,183	34,092	17,721	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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	PATIENT REGISTRATN	PATIENT ACCOUNTING	SUBTOTAL (cols.0-4)	ADMINI- STRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	
		5.02	5.03	5.04	4A	5.05	6	
1	Administrative and General	203	10,200	14,630	414,029	59,465		1
2	Skilled Nursing Care				1,312,691	188,538		2
3	Physical Therapy				933,690	134,102		3
4	Occupational Therapy				342,277	49,160		4
5	Speech Pathology				72,371	10,394		5
6	Medical Social Services							6
7	Home Health Aide				172,548	24,782		7
8	Supplies				158,129	22,711		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)	203	10,200	14,630	3,405,735	489,152		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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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							1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)							20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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				15,629			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)				15,629			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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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		489,123		489,123			1
2	Skilled Nursing Care		1,501,229		1,501,229	214,616	1,715,845	2
3	Physical Therapy		1,067,792		1,067,792	152,652	1,220,444	3
4	Occupational Therapy		391,437		391,437	55,960	447,397	4
5	Speech Pathology		82,765		82,765	11,832	94,597	5
6	Medical Social Services							6
7	Home Health Aide		197,330		197,330	28,210	225,540	7
8	Supplies		180,840		180,840	25,853	206,693	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)		3,910,516		3,910,516	489,123	3,910,516	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.					0.142960		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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	MAIN- TENANCE 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			2,338,433	2,644	27	111		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)			2,338,433	2,644	27	111		20
21	Total cost to be allocated			337,183	34,092	17,721	203		21
22	Unit Cost Multiplier			0.144192		656.333333			22
22	Unit Cost Multiplier				12.894100		1.828829		22

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	4,779,568	4,779,568		414,029			1
2	Skilled Nursing Care				1,312,691			2
3	Physical Therapy				933,690			3
4	Occupational Therapy				342,277			4
5	Speech Pathology				72,371			5
6	Medical Social Services							6
7	Home Health Aide				172,548			7
8	Supplies				158,129			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)	4,779,568	4,779,568		3,405,735			20
21	Total cost to be allocated	10,200	14,630		489,152			21
22	Unit Cost Multiplier	0.002134						22
22	Unit Cost Multiplier		0.003061		0.143626			22

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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			4,779,568				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)			4,779,568				20
21	Total cost to be allocated			15,629				21
22	Unit Cost Multiplier			0.003270				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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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)
		2	1	2	3	4	5
1	Skilled Nursing Care	2	1,715,845		1,715,845	13,383	128.21
2	Physical Therapy	3	1,220,444		1,220,444	8,886	137.34
3	Occupational Therapy	4	447,397		447,397	3,697	121.02
4	Speech Pathology	5	94,597		94,597	608	155.59
5	Medical Social Services	6					
6	Home Health Aide	7	225,540		225,540	2,616	86.22
7	Total (sum of lines 1-6)		3,703,823		3,703,823	29,190	

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		7,591	
9	Physical Therapy	23844		5,208	
10	Occupational Therapy	23844		2,193	
11	Speech Pathology	23844		357	
12	Medical Social Services	23844			
13	Home Health Aide	23844		1,770	
14	Total (sum of lines 8-13)			17,119	

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)
		8	1	2	3	4	5
15	Cost of Medical Supplies	8	206,693		206,693	208,590	0.990906
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	0.284417			col. 2, line 2
2	Occupational Therapy	67	0.181395			col. 2, line 3
3	Speech Pathology	68	0.422996			col. 2, line 4
4	Medical Supplies Charged to Pat	71	0.542532			col. 2, line 15
5	Drugs Charged to Patients	73	0.192013			col. 2, line 16

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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		7,591			973,242		973,242	1
2	Physical Therapy		5,208			715,267		715,267	2
3	Occupational Therapy		2,193			265,397		265,397	3
4	Speech Pathology		357			55,546		55,546	4
5	Medical Social Services								5
6	Home Health Aide		1,770			152,609		152,609	6
7	Total (sum of lines 1-6)		17,119			2,162,061		2,162,061	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			199,089			197,278		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 <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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**CALCULATION OF HHA REIMBURSEMENT SETTLEMENT**

**HHA CCN: 15-7313**

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

Check applicable box:         Title V         Title XVIII         Title XIX

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

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

**PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT**

	Description	Part A Services	Part B Services	
		1	2	
10	Total reasonable cost (see instructions)			10
11	Total PPS Reimbursement - Full Episodes without Outliers		2,171,040	11
12	Total PPS Reimbursement - Full Episodes with Outliers		340,434	12
13	Total PPS Reimbursement - LUPA Episodes		32,467	13
14	Total PPS Reimbursement - PEP Episodes		21,247	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers		90,743	15
16	Total PPS Outlier Reimbursement - PSP Episodes		7,600	16
17	Total Other Payments			17
18	DME Payments			18
19	Oxygen Payments			19
20	Prosthetic and Orthotic Payments			20
21	Part B deductibles billed to Medicare patients (exclude coinsurance)			21
22	Subtotal (sum of lines 10 thru 20 minus line 21)		2,663,531	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		2,663,531	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		2,663,531	26
27	Reimbursable bad debts (from your records)			27
28	Reimbursable bad debts for dual eligible (see instructions)			28
29	Total costs - current cost reporting period (line 26 plus line 27)		2,663,531	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		2,663,531	31
31.01	Sequestration adjustment (see instructions)		53,271	31.01
31.02	Demonstration payment adjustment amount after sequestration			31.02
32	Interim payments (see instructions)		2,610,260	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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**ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES**      HHA CCN: 15-7313

**WORKSHEET H-5**

	DESCRIPTION	Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1	2	3	4	
1	Total interim payments paid to provider				2,610,260	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero.					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	.01				3.01
		.02				3.02
	Program	.03				3.03
	To	.04				3.04
	Provider	.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
	Provider	.52				3.52
	To	.53				3.53
	Program	.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99				3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)				2,610,260	4
<b>TO BE COMPLETED BY CONTRACTOR</b>						
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	<b>TOTAL MEDICARE PROGRAM LIABILITY</b> (see instructions)					7
8	Name of Contractor	Contractor Number		NPR Date: Month, Day, Year		8

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



**KPMG LLP Compu-Max 2552-10**

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**CALCULATION OF 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	3,260,180	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	21,197	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)	126.96	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)	0.0313	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.1371	8
9	Sum of lines 7 and 8	0.1684	9
10	Allowable disproportionate share percentage (see instructions)	0.0347	10
11	Disproportionate share adjustment (see instructions)	113,128	11
12	Total prospective capital payments (see instructions)	3,394,505	12

**PART II - PAYMENT UNDER REASONABLE COST**

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

**PART III - COMPUTATION OF EXCEPTION PAYMENTS**

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

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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**CALCULATION OF CAPITAL PAYMENT**

**COMPONENT CCN: 15-0034**

**WORKSHEET L**

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

**PART I - FULLY PROSPECTIVE METHOD**

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

**PART II - PAYMENT UNDER REASONABLE COST**

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

**PART III - COMPUTATION OF EXCEPTION PAYMENTS**

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

**KPMG LLP Compu-Max 2552-10**

ST. MARY MEDICAL CENTER, INC. Provider CCN: 15-0034	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/24/2019 Run Time: 08:34 Version: 2018.12 (10/24/2019)
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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	
	<b>GENERAL SERVICE COST CENTERS</b>						
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
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
41	Subprovider - IRF						41
43	Nursery						43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
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
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic						90
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
101	Home Health Agency						101
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)						118
	<b>NONREIMBURSABLE COST CENTERS</b>						
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