

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**

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

**PART I - COST REPORT STATUS**

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

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN ST. JAMES HEALTH (14-0172) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 01/01/2014 and ending 12/31/2014, 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.

(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PART III - SETTLEMENT SUMMARY**

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		2,743,554	400,665	-306,116		1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF		6,278				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		2,749,832	400,665	-306,116		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 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.

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PARTS I, II & III**

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: 20201 SOUTH CRAWFORD AVE	P.O. Box:		1
2	City: OLYMPIA FIELDS	State: IL	ZIP Code: 60461 County: COOK	2

Hospital and Hospital-Based Component Identification:

	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	FRANCISCAN ST. JAMES HEALTH	14-0172	16974	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF									4
5	Subprovider - IRF	FRANCISCAN ST. JAMES HEALTH REHAB	14-T172	16974	5	07 / 01 / 1985	N	P	O	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	FRANCISCAN ST. JAMES HEALTH HHA	14-7267	16974		05 / 24 / 1984	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: 01 / 01 / 2014	To: 12 / 31 / 2014	20
21	Type of control (see instructions)	1		21

Inpatient PPS Information

		1	2	3	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR§412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	Y	N		22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	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.	1	N		23

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	6,893	751		36	4,989		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.	203	33			119		25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1		26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.			35

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**WORKSHEET S-2  
PART I**

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 in effect in the cost reporting period.			37
38	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for 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

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

		1	2	3	
56	Teaching Hospitals Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	N			60
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	IME	Direct GME	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 osteopathci FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	Y			63
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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)			8.05	54.29	0.129131	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	INTERNAL MEDICINE	1400		3.84	15.54	0.198142	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)			8.05	54.29	0.129131	66

Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
	Program Name	Program Code		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2		3	4	5	
67							67

Inpatient Psychiatric Facility PPS

		1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.	N			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program, enter 6 in column 3. (see instructions)				71

Inpatient Rehabilitation Facility PPS

		1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.	Y			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program, enter 6 in column 3. (see instructions)	Y	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

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WORKSHEET S-2  
PART I

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

Rural Providers

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

Miscellaneous Cost Reporting Information

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

Transplant Center Information

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

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WORKSHEET S-2  
PART I

All Providers

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)	1 Y	2	140
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If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.

141	Name:	Contractor's Name:	Contractor's Number:	141
142	Street:	P.O. Box:		142
143	City:	State:	ZIP Code:	143
144	Are provider based physicians' costs included in Worksheet A?	Y		144
145	If costs for renal services are claimed on Worksheet A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no.	Y		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, section 4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transitional factor. (see instructions)	0.75				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	09 / 01 / 2014	11 / 29 / 2014			170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)		N			171

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

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

COMPLETED BY ALL HOSPITALS

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

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

		Y/N	Y/N
Approved Educational Activities		1	2
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N	
7	Are costs claimed for allied health programs? If yes, see instructions.	N	
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	N	
9	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y	
10	Was an Intern-Resident program initiated or renewed in the current cost reporting period? If yes, see instructions.	N	
11	Are GME costs directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N	

		Y/N
Bad Debts		Y/N
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y
13	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

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

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

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

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

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

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

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

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

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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	246	89,790			21,615	5,323	41,716	1
2	HMO and other (see instructions)						3,904	4,747		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider						218	152		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)		246	89,790			21,615	5,323	41,716	7
8	Intensive Care Unit	31	45	16,425			4,173	729	7,432	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						1,782	2,461	13
14	Total (see instructions)		291	106,215			25,788	7,834	51,609	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41	30	10,950			2,720	203	4,007	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					19,305		31,218	22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		321							27
28	Observation Bed Days								11,731	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)						88		288	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
PART I

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					5,663	1,793	12,753	1
2	HMO and other (see instructions)					912	1,320		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)	97.68	1,246.53			5,663	1,793	12,753	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF	0.97	21.61			218	16	325	17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		29.02						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)	98.65	1,297.16						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
PARTS II-III

Part II - Wage Data

		Wkst A Line No.	Amount Reported	Reclassif- ication 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	84,577,828	1,182	84,579,010	2,903,292.00	29.13	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetest Part B							3
4	Physician-Part A - Administrative		223,534		223,534	3,112.00	71.83	4
4.01	Physician-Part A - Teaching							4.01
5	Physician-Part B		43,269		43,269	380.00	113.87	5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21	4,886,558		4,886,558	193,749.00	25.22	7
7.01	Contracted interns & residents (in an approved program)		865,882		865,882	28,662.00	30.21	7.01
8	Home office personnel							8
9	SNF	44						9
10	Excluded area salaries (see instructions)		5,174,181	-245,283	4,928,898	157,652.00	31.26	10
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11	Contract labor (see instructions)		10,151,293		10,151,293	203,269.00	49.94	11
12	Contract management and administrative services							12
13	Contract labor: Physician-Part A - Administrative		488,060		488,060	4,627.00	105.48	13
14	Home office salaries & wage-related costs		12,102,773		12,102,773	228,958.00	52.86	14
15	Home office: Physician Part A - Administrative							15
16	Home office & Contract Physicians Part A - Teaching							16
<b>WAGE-RELATED COSTS</b>								
17	Wage-related costs (core)(see instructions)		22,927,964		22,927,964			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		1,516,973		1,516,973			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B							21
22	Physician Part A - Administrative		42,141		42,141			22
22.01	Physician Part A - Teaching							22.01
23	Physician Part B		4,888		4,888			23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)		1,503,942		1,503,942			25
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26	Employee Benefits Department		529,036		529,036	23,050.00	22.95	26
27	Administrative & General		10,573,670	-278,599	10,295,071	369,917.00	27.83	27
28	Administrative & General under contract (see instructions)		175,559		175,559	682.00	257.42	28
29	Maintenance & Repairs							29
30	Operation of Plant		3,326,749		3,326,749	132,257.00	25.15	30
31	Laundry & Linen Service		174,126		174,126	13,035.00	13.36	31
32	Housekeeping		2,224,733		2,224,733	163,774.00	13.58	32
33	Housekeeping under contract (see instructions)							33
34	Dietary		2,126,697	-1,433,319	693,378	45,236.00	15.33	34
35	Dietary under contract (see instructions)							35
36	Cafeteria			1,426,908	1,426,908	93,090.00	15.33	36
37	Maintenance of Personnel							37
38	Nursing Administration		1,459,993		1,459,993	33,543.00	43.53	38
39	Central Services and Supply		601,329		601,329	35,329.00	17.02	39
40	Pharmacy		2,403,140		2,403,140	60,352.00	39.82	40
41	Medical Records & Medical Records Library		1,962,163		1,962,163	75,648.00	25.94	41
42	Social Service			531,475	531,475	17,860.00	29.76	42
43	Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		78,957,678	1,182	78,958,860	2,681,183.00	29.45	1
2	Excluded area salaries (see instructions)		5,174,181	-245,283	4,928,898	157,652.00	31.26	2
3	Subtotal salaries (line 1 minus line 2)		73,783,497	246,465	74,029,962	2,523,531.00	29.34	3
4	Subtotal other wages & related costs (see instructions)		22,742,126		22,742,126	436,854.00	52.06	4
5	Subtotal wage-related costs (see instructions)		22,970,105		22,970,105		31.03%	5
6	Total (sum of lines 3 through 5)		119,495,728	246,465	119,742,193	2,960,385.00	40.45	6
7	Total overhead cost (see instructions)		25,557,195	246,465	25,803,660	1,063,773.00	24.26	7

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HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	<b>RETIREMENT COST</b>		
1	401K Employer Contributions	15,310	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)	7,353,735	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)	8,873,404	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	1,081,208	10
11	Life Insurance (If employee is owner or beneficiary)	48,403	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	313,320	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	1,328,787	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	6,389,905	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	495,462	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	96,376	23
24	Total Wage Related cost (Sum of lines 1-23)	25,995,910	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)

EXHIBIT 3

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

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

<b>STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD</b>			
9	Beginning Date of Averaging Period from Line 4 or Line 8, as Applicable		9
10	Ending Date of Averaging Period from Line 5		10
11	Enter Provider Contributions Made During Averaging Period on Lines 9 & 10	<b>DEPOSIT DATE(S)</b>	<b>CONTRIBUTION(S)</b> 11
12	Total Calendar Months Included in Averaging Period (36 unless Step 2 completed)		12
13	Total Contributions Made During Averaging Period		13
14	Average Monthly Contribution (Line 13 divided by Line 12)		14
15	Number of Months in Provider Cost Reporting Period on Line 2		15
16	Average Pension Contributions (Line 14 times Line 15)		16
<b>STEP 4: TOTAL PENSION COST FOR WAGE INDEX</b>			
17	Annual Prefunding Installment (see instructions)		17
18	Reportable Prefunding Installment ((Line 17 times Line 15) divided by 12)		18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)		19

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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	6,617,597	165,464	1
2	Hospital	6,617,597	165,464	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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 14-7267

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		7,519		2,099	9,618	1
2	Unduplicated Census Count (see instructions)		818.00		539.00	1,357.00	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 1	Contract 2	Total 3	
3	Administrator and Assistant Administrator(s)	1.00		1.00	3
4	Director(s) and Assistant Director(s)				4
5	Other Administrative Personnel	4.93		4.93	5
6	Direct Nursing Service	16.79		16.79	6
7	Nursing Supervisor	0.68		0.68	7
8	Physical Therapy Service	0.21	8.40	8.61	8
9	Physical Therapy Supervisor	0.57		0.57	9
10	Occupational Therapy Service		2.27	2.27	10
11	Occupational Therapy Supervisor	0.15		0.15	11
12	Speech Pathology Service	0.03	0.34	0.37	12
13	Speech Pathology Supervisor	0.03		0.03	13
14	Medical Social Service		0.14	0.14	14
15	Medical Social Service Supervisor				15
16	Home Health Aide	4.36		4.36	16
17	Home Health Aide Supervisor	0.26		0.26	17
18	Other (specify)				18

HOME HEALTH AGENCY CBSA CODES

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

PPS ACTIVITY

		Full Episodes		LUPA Episodes 3	PEP only Episodes 4	Total (columns 1 through 4) 5	
		Without Outliers 1	With Outliers 2				
21	Skilled Nursing Visits	8,536	297	425	138	9,396	21
22	Skilled Nursing Visit Charges	1,426,543	53,650	56,056	20,165	1,556,414	22
23	Physical Therapy Visits	4,876	15	24	108	5,023	23
24	Physical Therapy Visit Charges	902,500	2,850	4,370	18,240	927,960	24
25	Occupational Therapy Visits	1,446	15	12	25	1,498	25
26	Occupational Therapy Visit Charges	261,035	2,775	2,035	4,440	270,285	26
27	Speech Pathology Visits	148			10	158	27
28	Speech Pathology Visit Charges	27,195			1,850	29,045	28
29	Medical Social Service Visits	76		1	1	78	29
30	Medical Social Service Visit Charges	17,860		235	235	18,330	30
31	Home Health Aide Visits	2,915	198	8	31	3,152	31
32	Home Health Aide Visit Charges	301,875	20,370	735	3,255	326,235	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	17,997	525	470	313	19,305	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	2,937,008	79,645	63,431	48,185	3,128,269	35
36	Total Number of Episodes (standard/non-outlier)	929		125	19	1,073	36
37	Total Number of Outlier Episodes		11			11	37
38	Total Non-Routine Medical Supply Charges	53,739	3,760	3,822	1,443	62,764	38

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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)	0.232246	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	40,267,959	2
3	Did you receive DSH or supplemental payments from Medicaid?	Y	3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?	Y	4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid		5
6	Medicaid charges	200,943,750	6
7	Medicaid cost (line 1 times line 6)	46,668,382	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.	6,400,423	8

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

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

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

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

Uncompensated care (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundng charity care		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)	6,400,423	19

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	15,704,309	5,333,602	21,037,911	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,647,263	1,238,708	4,885,971	21
22	Partial payment by patients approved for charity care	1,570,431	1,066,720	2,637,151	22
23	Cost of charity care (line 21 minus line 22)	2,076,832	171,988	2,248,820	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, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)		25
26	Total bad debt expense for the entire hospital complex (see instructions)	3,231,923	26
27	Medicare bad debts for the entire hospital complex (see instructions)	2,084,445	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	1,147,478	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	266,497	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	2,515,317	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	8,915,740	31

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	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		7,284,961	7,284,961	6,141,818	13,426,779	-9,839,326	3,587,453	1
2	00200	Cap Rel Costs-Mvble Equip		4,562,049	4,562,049	1,338,173	5,900,222	10,865	5,911,087	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	529,036	-4,906,175	-4,377,139	4,399,678	22,539	-3,879	18,660	4
5	00500	Administrative & General	10,573,670	64,781,436	75,355,106	-6,187,217	69,167,889	-20,733,675	48,434,214	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	3,326,749	13,617,977	16,944,726	-191,048	16,753,678	-1,224,188	15,529,490	7
8	00800	Laundry & Linen Service	174,126	1,159,993	1,334,119		1,334,119		1,334,119	8
9	00900	Housekeeping	2,224,733	1,979,235	4,203,968	-21,107	4,182,861		4,182,861	9
10	01000	Dietary	2,126,697	1,532,819	3,659,516	-2,474,075	1,185,441	-222,065	963,376	10
11	01100	Cafeteria				2,455,353	2,455,353	-857,559	1,597,794	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,459,993	455,796	1,915,789		1,915,789	565,936	2,481,723	13
14	01400	Central Services & Supply	601,329	1,994,974	2,596,303	-1,085,739	1,510,564	-261,401	1,249,163	14
15	01500	Pharmacy	2,403,140	17,981,965	20,385,105	-17,263,877	3,121,228	-305,365	2,815,863	15
16	01600	Medical Records & Library	1,962,163	1,868,999	3,831,162		3,831,162	-5,302	3,825,860	16
17	01700	Social Service				667,001	667,001		667,001	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	4,886,558	3,342,610	8,229,168	-3,342,610	4,886,558		4,886,558	21
22	02200	I&R Services-Other Prgm Costs Apprvd				3,342,610	3,342,610		3,342,610	22
23	02300	Paramed Ed Prgm-(specify)								23
23.01	02301	RADIOLOGY PARAMEDICAL								23.01
		<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	03000	Adults & Pediatrics	16,961,247	7,239,489	24,200,736	-2,937,811	21,262,925	-617,963	20,644,962	30
31	03100	Intensive Care Unit	5,324,345	2,477,924	7,802,269		7,802,269		7,802,269	31
41	04100	Subprovider - IRF	1,336,850	482,707	1,819,557	12,500	1,832,057	-7,121	1,824,936	41
43	04300	Nursery				1,182,888	1,182,888		1,182,888	43
		<b>ANCILLARY SERVICE COST CENTERS</b>								
50	05000	Operating Room	4,663,345	12,414,216	17,077,561	-7,690,764	9,386,797	-762,335	8,624,462	50
50.01	05001	SURGICENTER								50.01
50.02	05002	SURGERY RECOVERY CENTER		2,181,013	2,181,013	-211,773	1,969,240		1,969,240	50.02
51	05100	Recovery Room	1,332,693	244,228	1,576,921		1,576,921		1,576,921	51
53	05300	Anesthesiology		6,171,291	6,171,291		6,171,291	-5,697,724	473,567	53
54	05400	Radiology-Diagnostic	2,725,802	882,130	3,607,932	-74,262	3,533,670	-61,449	3,472,221	54
54.01	05401	BREAST DIAGNOSIS CENTER	791,348	585,684	1,377,032	69,099	1,446,131	-150	1,445,981	54.01
55	05500	Radiology-Therapeutic	834,738	580,309	1,415,047		1,415,047		1,415,047	55
56	05600	Radioisotope	463,648	649,127	1,112,775	22,275	1,135,050		1,135,050	56
57	05700	CT Scan	866,215	858,880	1,725,095	41,246	1,766,341	-5,024	1,761,317	57
58	05800	MRI	475,367	477,455	952,822	35,186	988,008	-22,353	965,655	58
59	05900	Cardiac Catheterization	1,435,172	5,352,304	6,787,476	-3,275,574	3,511,902	-2,403	3,509,499	59
60	06000	Laboratory		10,028,142	10,028,142	-8,000	10,020,142	-13,048	10,007,094	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	1,854,923	933,594	2,788,517	28,164	2,816,681	-15,468	2,801,213	65
65.01	06501	SLEEP LAB	208,031	108,356	316,387	5,765	322,152	-12,130	310,022	65.01
66	06600	Physical Therapy	43,764	1,734,309	1,778,073		1,778,073		1,778,073	66
66.01	06601	OP PHYSICAL THERAPY		1,105,657	1,105,657		1,105,657		1,105,657	66.01
66.02	06602	OP THERAPY SERVICES		3,265,180	3,265,180	-373,535	2,891,645		2,891,645	66.02
67	06700	Occupational Therapy		886,872	886,872		886,872		886,872	67
68	06800	Speech Pathology	340,015	110,156	450,171		450,171		450,171	68
69	06900	Electrocardiology	1,025,151	492,825	1,517,976	-291,642	1,226,334	-27,556	1,198,778	69
69.01	06901	EP LAB	235,753	68,527	304,280	11,849	316,129		316,129	69.01
69.02	03650	VASCULAR SERVICES								69.02
70	07000	Electroencephalography	88,215	39,631	127,846		127,846		127,846	70
71	07100	Medical Supplies Charged to Patients				3,743,067	3,743,067		3,743,067	71
72	07200	Impl. Dev. Charged to Patients				7,896,388	7,896,388		7,896,388	72
73	07300	Drugs Charged to Patients				17,247,754	17,247,754		17,247,754	73
74	07400	Renal Dialysis		979,818	979,818		979,818		979,818	74
75	07500	ASC (Non-Distinct Part)	1,231,843	253,053	1,484,896		1,484,896		1,484,896	75
76	03951	WOUND CARE								76
76.01	03952	OP ONCOLOGY	628,429	240,239	868,668	1,835,923	2,704,591		2,704,591	76.01
76.97	07697	CARDIAC REHABILITATION	545,219	170,741	715,960	27,563	743,523	-1,233	742,290	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99

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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- FICATION S	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>OUTPATIENT SERVICE COST CENTERS</b>								
90	09000	Clinic	794,055	1,405,297	2,199,352		2,199,352	-292,046	1,907,306	90
90.01	09001	PERINATOLOGY CLINIC	8,269	53,449	61,718		61,718		61,718	90.01
90.02	09002	OCCUPATIONAL HEALTH CLINIC								90.02
91	09100	Emergency	6,257,866	2,948,095	9,205,961	614,822	9,820,783	-626,525	9,194,258	91
92	09200	Observation Beds (Non-Distinct Part)								92
		<b>OTHER REIMBURSABLE COST CENTERS</b>								
101	10100	Home Health Agency	2,548,518	1,917,340	4,465,858	-317,107	4,148,751	-442	4,148,309	101
		<b>SPECIAL PURPOSE COST CENTERS</b>								
113	11300	Interest Expense		5,711,066	5,711,066	-5,711,066				113
116	11600	Hospice	139,692	97,308	237,000		237,000		237,000	116
118		SUBTOTALS (sum of lines 1-117)	83,428,707	188,803,051	272,231,758	-338,085	271,893,673	-41,040,929	230,852,744	118
		<b>NONREIMBURSABLE COST CENTERS</b>								
190	19000	Gift, Flower, Coffee Shop & Canteen	1,063	300,180	301,243		301,243		301,243	190
191	19100	Research	47,139	13,199	60,338		60,338		60,338	191
192	19200	Physicians' Private Offices	1,100,919	6,663,730	7,764,649	327,053	8,091,702	-158,647	7,933,055	192
193	19300	Nonpaid Workers		996	996	11,032	12,028		12,028	193
194	07950	DEVELOPMENT		4,628	4,628		4,628		4,628	194
194.0	07951	SENIOR FRIENDS								194.0
1										1
194.0	07952	OTHER NONREIMBURSABLE COST CENTERS								194.0
2										2
194.0	07953	OTHER NONREIMBURSABLE COST CENTERS								194.0
3										3
200		TOTAL (sum of lines 118-199)	84,577,828	195,785,784	280,363,612		280,363,612	-41,199,576	239,164,036	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	RENT/LEASE EXPENSE	A	Cap Rel Costs-Bldg & Fixt	1		333,645	1
2			Cap Rel Costs-Mvble Equip	2		1,245,746	2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
500	Total reclassifications					1,579,391	500
	Code Letter - A						
1	INTERNS RESIDENTS NON SALARY	B	I&R Services-Other Prgm Costs	22		3,342,610	1
500	Total reclassifications					3,342,610	500
	Code Letter - B						
1	COST OF CHARGEABLE MEDICAL SUPPLIES	C	Medical Supplies Charged to P	71		3,743,067	1
2							2
500	Total reclassifications					3,743,067	500
	Code Letter - C						
1	COST OF DRUGS SOLD	D	Drugs Charged to Patients	73		17,247,754	1
500	Total reclassifications					17,247,754	500
	Code Letter - D						
1	SOCIAL SERVICES	E	Social Service	17	531,475	135,526	1
500	Total reclassifications				531,475	135,526	500
	Code Letter - E						
1	INTEREST	F	Cap Rel Costs-Bldg & Fixt	1		5,711,066	1
2			Cap Rel Costs-Mvble Equip	2		97,511	2
3			CT Scan	57		1,169	3
4							4
500	Total reclassifications					5,809,746	500
	Code Letter - F						
1	CAFETERIA COSTS	G	Cafeteria	11	1,426,908	1,028,445	1
2			Nonpaid Workers	193	6,411	4,621	2
500	Total reclassifications				1,433,319	1,033,066	500
	Code Letter - G						
1	RADIOLOGY ADMIN COSTS	H	BREAST DIAGNOSIS CENTER	54.01	54,206	13,768	1
2			MRI	58	28,059	7,127	2
3			CT Scan	57	31,959	8,118	3
4			Radioisotope	56	17,763	4,512	4
500	Total reclassifications				131,987	33,525	500
	Code Letter - H						
1	PROFESSIONAL FEES	I	Operating Room	50		45,100	1
2			Radiology-Diagnostic	54		91,250	2
500	Total reclassifications					136,350	500
	Code Letter - I						
1	HHA OVERHEAD COSTS	J	Administrative & General	5	252,876	64,231	1
500	Total reclassifications				252,876	64,231	500
	Code Letter - J						
1	PROPERTY INSURANCE	K	Cap Rel Costs-Bldg & Fixt	1		237,738	1
500	Total reclassifications					237,738	500
	Code Letter - K						
1	NURSERY COSTS	L	Nursery	43	872,521	310,367	1
500	Total reclassifications				872,521	310,367	500
	Code Letter - L						
1	DIRECTOR FEES	M	Adults & Pediatrics	30		81,000	1
2			Subprovider - IRF	41		12,500	2
3			Operating Room	50		7,800	3

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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES					
			COST CENTER	LINE #	SALARY	OTHER		
								1
4			Electrocardiology	69		64,960	4	
5			SLEEP LAB	65.01		10,000	5	
6			BREAST DIAGNOSIS CENTER	54.01		1,125	6	
7			Emergency	91		626,610	7	
8			Respiratory Therapy	65		31,700	8	
500	Total reclassifications					835,695	500	
	Code Letter - M							
1	CARDIAC ADMIN	N	Cardiac Catheterization	59		159,112	151,411	1
2			EP LAB	69.01		6,748	5,101	2
3			CARDIAC REHABILITATION	76.97		14,123	13,440	3
500	Total reclassifications					179,983	169,952	500
	Code Letter - N							
1	EXCESS ALLOCATINO OF EMPLOYEE BENEF	O	Employee Benefits Department	4			3,537,796	1
500	Total reclassifications						3,537,796	500
	Code Letter - O							
1	EMPLOYEE BENEFITS ALLOCATIONS	P	Employee Benefits Department	4			861,882	1
500	Total reclassifications						861,882	500
	Code Letter - P							
1	OP ONCOLOGY'	Q	OP ONCOLOGY	76.01		1,135,636	700,287	1
500	Total reclassifications					1,135,636	700,287	500
	Code Letter - Q							
1	SALARY CREDITS	R	Gift, Flower, Coffee Shop & C	190		1,182		1
500	Total reclassifications					1,182		500
	Code Letter - R							
1	CHICAGO HEIGHTS POB COSTS	S	Physicians' Private Offices	192			327,053	1
2								2
3								3
500	Total reclassifications						327,053	500
	Code Letter - S							
1	IMPLANT SUPPLY COSTS	T	Impl. Dev. Charged to Patient	72			7,896,388	1
2								2
500	Total reclassifications						7,896,388	500
	Code Letter - T							
	GRAND TOTAL (Increases)					4,538,979	48,002,424	

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

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	RENT/LEASE EXPENSE	A	Administrative & General	5		235,862	9	
2			Operation of Plant	7		9,710	9	
3			Housekeeping	9		21,107	3	
4			Dietary	10		7,690	4	
5			Operating Room	50		694,236	5	
6			SURGERY RECOVERY CENTER	50.02		211,773	6	
7			Respiratory Therapy	65		2,788	7	
8			SLEEP LAB	65.01		4,235	8	
9			OP THERAPY SERVICES	66.02		373,535	9	
10			Electrocardiology	69		6,667	10	
11			Emergency	91		11,788	11	
500	Total reclassifications					1,579,391	500	
	Code letter - A							
1	INTERNS RESIDENTS NON SALARY	B	I&R Services-Salary & Fringes	21		3,342,610	1	
500	Total reclassifications					3,342,610	500	
	Code letter - B							
1	COST OF CHARGEABLE MEDICAL SUPPLIES	C	Central Services & Supply	14		1,085,739	1	
2			Operating Room	50		2,657,328	2	
500	Total reclassifications					3,743,067	500	
	Code letter - C							
1	COST OF DRUGS SOLD	D	Pharmacy	15		17,247,754	1	
500	Total reclassifications					17,247,754	500	
	Code letter - D							
1	SOCIAL SERVICES	E	Administrative & General	5	531,475	135,526	1	
500	Total reclassifications				531,475	135,526	500	
	Code letter - E							
1	INTEREST	F	Interest Expense	113		5,711,066	9	
2			Operating Room	50		81,809	9	
3			Respiratory Therapy	65		748	3	
4			Pharmacy	15		16,123	4	
500	Total reclassifications					5,809,746	500	
	Code letter - F							
1	CAFETERIA COSTS	G	Dietary	10	1,433,319	1,033,066	1	
2							2	
500	Total reclassifications				1,433,319	1,033,066	500	
	Code letter - G							
1	RADIOLOGY ADMIN COSTS	H	Radiology-Diagnostic	54	131,987	33,525	1	
2							2	
3							3	
4							4	
500	Total reclassifications				131,987	33,525	500	
	Code letter - H							
1	PROFESSIONAL FEES	I	Administrative & General	5		128,350	1	
2			Laboratory	60		8,000	2	
500	Total reclassifications					136,350	500	
	Code letter - I							
1	HHH OVERHEAD COSTS	J	Home Health Agency	101	252,876	64,231	1	
500	Total reclassifications				252,876	64,231	500	
	Code letter - J							
1	PROPERTY INSURANCE	K	Administrative & General	5		237,738	9	
500	Total reclassifications					237,738	500	
	Code letter - K							
1	NURSERY COSTS	L	Adults & Pediatrics	30	872,521	310,367	1	
500	Total reclassifications				872,521	310,367	500	
	Code letter - L							
1	DIRECTOR FEES	M	Administrative & General	5		835,695	1	
2							2	

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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	
3							3	
4							4	
5							5	
6							6	
7							7	
8							8	
500	Total reclassifications					835,695	500	
	Code letter - M							
1	CARDIAC ADMIN	N	Electrocardiology	69	179,983	169,952	1	
2							2	
3							3	
500	Total reclassifications				179,983	169,952	500	
	Code letter - N							
1	EXCESS ALLOCATINO OF EMPLOYEE BENEF	O	Administrative & General	5		3,537,796	1	
500	Total reclassifications					3,537,796	500	
	Code letter - O							
1	EMPLOYEE BENEFITS ALLOCATIONS	P	Administrative & General	5		861,882	1	
500	Total reclassifications					861,882	500	
	Code letter - P							
1	OP ONCOLOGY'	Q	Adults & Pediatrics	30	1,135,636	700,287	1	
500	Total reclassifications				1,135,636	700,287	500	
	Code letter - Q							
1	SALARY CREDITS	R	Gift, Flower, Coffee Shop & C	190		1,182	1	
500	Total reclassifications					1,182	500	
	Code letter - R							
1	CHICAGO HEIGHTS POB COSTS	S	Cap Rel Costs-Bldg & Fixt	1		140,631	9	
2			Cap Rel Costs-Mvble Equip	2		5,084	9	
3			Operation of Plant	7		181,338	3	
500	Total reclassifications					327,053	500	
	Code letter - S							
1	IMPLANT SUPPLY COSTS	T	Operating Room	50		4,310,291	1	
2			Cardiac Catheterization	59		3,586,097	2	
500	Total reclassifications					7,896,388	500	
	Code letter - T							
	GRAND TOTAL (Decreases)				4,537,797	48,003,606		

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

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RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	7,320,500					7,320,500		1
2	Land Improvements	3,934,713	30,735		30,735	32,661	3,932,787		2
3	Buildings and Fixtures	113,254,588	497,061		497,061	491,180	113,260,469		3
4	Building Improvements	1,075,647					1,075,647		4
5	Fixed Equipment	91,698,475	3,858,078		3,858,078	2,378	95,554,175		5
6	Movable Equipment	78,177,614	9,020,342		9,020,342	5,899,873	81,298,083		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	295,461,537	13,406,216		13,406,216	6,426,092	302,441,661		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	295,461,537	13,406,216		13,406,216	6,426,092	302,441,661		10

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

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	7,284,961						7,284,961	1	
2	Cap Rel Costs-Mvble Equip	4,562,049						4,562,049	2	
3	Total (sum of lines 1-2)	11,847,010						11,847,010	3	

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

have been included in Worksheet A, column 2, lines 1 and 2.

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi				0.000000					1
2	Cap Rel Costs-Mvble Equ				0.000000					2
3	Total (sum of lines 1-2)				0.000000					3

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	3,587,453						3,587,453	1	
2	Cap Rel Costs-Mvble Equip	5,911,087						5,911,087	2	
3	Total (sum of lines 1-2)	9,498,540						9,498,540	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		
				COST CENTER	LINE#	Wkst. A-7 Ref.
		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	Trace, quantity, and time discounts (chapter 8)					4
5	Refunds and rebates of expenses (chapter 8)	B	-110,672	Administrative & General	5	5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)					7
8	Television and radio service (chapter 21)					8
9	Parking lot (chapter 21)					9
10	Provider-based physician adjustment	Wkst A-8-2	-12,356,542			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-7,282,591			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests	B	-857,559	Cafeteria	11	14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients	B	-261,401	Central Services & Supply	14	16
17	Sale of drugs to other than patients	B	-403,305	Pharmacy	15	17
18	Sale of medical records and abstracts	B	-5,302	Medical Records & Library	16	18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines	B	-28,102	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	-479,865	Cap Rel Costs-Bldg & Fixt	1	9 26
27	Depreciation--movable equipment	A	14,694	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						33
33.15	PATIENT PHONE COSTS	A	-152,300	Administrative & General	5	33.15
33.17	PATIENT TV COSTS	A	-3,829	Cap Rel Costs-Mvble Equip	2	9 33.17
33.18	PATIENT TV COSTS/REPAIRS	A	-7,050	Administrative & General	5	33.18
33.19	PROPERTY TAXES	A	-1,155,000	Operation of Plant	7	33.19
33.44	PHYSICIAN FEES	A	-158,647	Physicians' Private Offices	192	33.44
33.45	1500 FEES	A	-70,869	Administrative & General	5	33.45
33.61	MARKETING COSTS	A	-1,707,932	Administrative & General	5	33.61
33.73	PRINT SHOP FEES	B	-715	Administrative & General	5	33.73
33.75	DIABETES COST	A	-651,076	Administrative & General	5	33.75
33.78	TELECOMMUNICATIONS REVENUE	B	-88,340	Administrative & General	5	33.78
33.79	BABY PHOTOS	B	-1,714	Adults & Pediatrics	30	33.79
33.82	RADIOLOGY PROGRAM FEES	B	-2,402	Radiology-Diagnostic	54	33.82
33.84	DONATIONS	A	-65,395	Administrative & General	5	33.84
33.85	PARKING REVENUES	B	-58,396	Operation of Plant	7	33.85
33.87	DUES LOBBYING	A	-79,102	Administrative & General	5	33.87
33.89	INTEREST EXPENSE	A	-1,032,197	Cap Rel Costs-Bldg & Fixt	1	9 33.89
33.91	CRNA FEES/SALARIES	A	-68,443	Anesthesiology	53	33.91
33.95	EMPLOYEE BADGES	B	-364	Operation of Plant	7	33.95
33.98	SPECIAL FUNCTION MEALS	B	-5,921	Dietary	10	33.98
34	OTHER REVENUE	B	-8,685	Electrocardiology	69	34
34.01	DIETARY DISCOUNTS/REBATES	B	-188,042	Dietary	10	34.01
34.08	RENTAL REVENUE	B	-12,443	Cap Rel Costs-Bldg & Fixt	1	9 34.08
34.09	DISCOUNTS/REBATES	B	-8,874	Operation of Plant	7	34.09
34.10	MISC REVENUE	B	-1,554	Operation of Plant	7	34.10

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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	
34.17	RESEARCH COSTS	A	-115,796	Operating Room	50		34.17
35	MEDICAID TAX	A	-13,048,236	Administrative & General	5		35
35.12	EMT REVENUE	B	-3,879	Employee Benefits Department	4		35.12
35.13	CASHIERING REVENUE	B	-33,893	Administrative & General	5		35.13
35.15	DISCOUNTS REBATES	B	-2,403	Cardiac Catheterization	59		35.15
35.16	LOBBYING COSTS	A	-287,000	Administrative & General	5		35.16
35.17	OFFSET NON ALLOWABLE SALARIES EXCL	A	-19,972	Adults & Pediatrics	30		35.17
35.19	DISCOUNTS REBATES	B	-41	Clinic	90		35.19
35.20	OTHER REVENUE	B	-9,710	Clinic	90		35.20
35.21	HHA MEDICAL RECORDS	B	-442	Home Health Agency	101		35.21
35.22	OTHER REVENUE	B	-34,790	Administrative & General	5		35.22
35.23	OTHER REVENUE	B	-69	Operating Room	50		35.23
35.24	DISCOUNTS/REBATES	B	-55,677	Radiology-Diagnostic	54		35.24
36							36
37	DISCOUNTS/REBATES	B	-268,426	Operating Room	50		37
38	DISCOUNTS/REBATES	B	-13,048	Laboratory	60		38
39	DISCOUNTS/REBATES	B	-6,259	Respiratory Therapy	65		39
40							40
41							41
42							42
43							43
44							44
45							45
46							46
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-41,199,576				50

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

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

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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

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

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
1	2	3	4	5	6	7		
1	1	Cap Rel Costs-Bldg & Fixt	INTEREST	2,793,619	5,711,066	-2,917,447	9	1
2	5	Administrative & General	ADMINISTRATIVE COSTS	21,067,020	20,677,263	389,757		2
3	15	Pharmacy	PHARMACY COSTS	87,997		87,997		3
4								4
4.01	1	Cap Rel Costs-Bldg & Fixt	INTEREST EXPENSE	3,081,887	8,479,261	-5,397,374	9	4.01
4.03	58	MRI	MRI PURCHASED SERVICES	172,093	193,496	-21,403		4.03
4.04	13	Nursing Administration	AMBULANCE SERVICES	1,117,344	551,408	565,936		4.04
4.05	15	Pharmacy	CORPORATE ALLOCATION	723,379	713,436	9,943		4.05
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			29,043,339	36,325,930	-7,282,591		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		Type of Business	
				Name	Percentage of Ownership		
	1	2	3	4	5	6	
6	B			SISTERS OF ST. FRANCIS HEALTH	100.00	HOSP MGMT	6
7	B	SURBURBAN HEIGHTS MEDICAL CENT	100.00				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

1	2	3	4	5	6	7	8	9	10
Wkst A Line #	Cost Center/ Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
1	5	Administrative & Gen AGGREGATE	4,989,948	4,726,835	263,113	154,100	2,752	203,886	10,194
2	30	Adults & Pediatrics AGGREGATE	646,360	565,360	81,000	154,100	676	50,083	2,504
3									3
4	41	Subprovider - IRF AGGREGATE	24,500		24,500	177,200	204	17,379	869
5	50	Operating Room AGGREGATE	378,144		378,144	208,000	1	100	5
6	54.01	BREAST DIAGNOSIS CEN AGGREGATE	1,125		1,125	225,300	9	975	49
7	54	Radiology-Diagnostic AGGREGATE	3,370	3,370		225,300			7
8									8
9									9
10	69	Electrocardiology AGGREGATE	64,960		64,960	177,200	541	46,089	2,304
11	65.01	SLEEP LAB AGGREGATE	41,862		41,862	177,200	349	29,732	1,487
12	90	Clinic AGGREGATE	282,295	282,295					12
13	65	Respiratory Therapy AGGREGATE	31,700		31,700	177,200	264	22,491	1,125
14	76.97	CARDIAC REHABILITATI AGGREGATE	4,300		4,300	177,200	36	3,067	153
15	53	Anesthesiology AGGREGATE	5,629,281	5,629,181					15
16	91	Emergency AGGREGATE	626,610		626,610	177,200	1	85	4
17	58	MRI AGGREGATE	950	950					17
18	57	CT Scan AGGRGATE	5,024	5,024					18
19									19
20									20
200		TOTAL	12,730,429	11,213,015	1,517,314		4,833	373,887	18,694

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5	Administrative & Gen AGGREGATE					203,886	59,227	4,786,062	1
2	30	Adults & Pediatrics AGGREGATE					50,083	30,917	596,277	2
3										3
4	41	Subprovider - IRF AGGREGATE					17,379	7,121	7,121	4
5	50	Operating Room AGGREGATE					100	378,044	378,044	5
6	54.01	BREAST DIAGNOSIS CEN AGGREGATE					975	150	150	6
7	54	Radiology-Diagnostic AGGREGATE							3,370	7
8										8
9										9
10	69	Electrocardiology AGGREGATE					46,089	18,871	18,871	10
11	65.01	SLEEP LAB AGGREGATE					29,732	12,130	12,130	11
12	90	Clinic AGGREGATE							282,295	12
13	65	Respiratory Therapy AGGREGATE					22,491	9,209	9,209	13
14	76.97	CARDIAC REHABILITATI AGGREGATE					3,067	1,233	1,233	14
15	53	Anesthesiology AGGREGATE							5,629,281	15
16	91	Emergency AGGREGATE					85	626,525	626,525	16
17	58	MRI AGGREGATE							950	17
18	57	CT Scan AGGRGATE							5,024	18
19										19
20										20
200		TOTAL					373,887	1,143,427	12,356,542	200

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt	3,587,453	3,587,453					1
2	Cap Rel Costs-Mvble Equip	5,911,087		5,911,087				2
4	Employee Benefits Department	18,660	55,853	92,030	166,543			4
5	Administrative & General	48,434,214	317,331	522,871	20,395	49,294,811	49,294,811	5
6	Maintenance & Repairs							6
7	Operation of Plant	15,529,490	608,007	1,001,816	6,590	17,145,903	4,451,505	7
8	Laundry & Linen Service	1,334,119	41,091	67,707	345	1,443,262	374,707	8
9	Housekeeping	4,182,861	41,862	68,977	4,407	4,298,107	1,115,896	9
10	Dietary	963,376	36,995	60,957	1,374	1,062,702	275,904	10
11	Cafeteria	1,597,794	87,568	144,287	2,827	1,832,476	475,757	11
12	Maintenance of Personnel							12
13	Nursing Administration	2,481,725	7,038	11,596	2,892	2,503,251	649,907	13
14	Central Services & Supply	1,249,163	98,667	162,575	1,191	1,511,596	392,448	14
15	Pharmacy	2,815,863	24,248	39,954	4,761	2,884,826	748,973	15
16	Medical Records & Library	3,825,860	37,477	61,752	3,887	3,928,976	1,020,060	16
17	Social Service	667,001	2,653	4,371	1,053	675,078	175,267	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	4,886,558	37,903	62,453	9,680	4,996,594	1,297,241	21
22	I&R Services-Other Prgm Costs Apprvd	3,342,610				3,342,610	867,825	22
23	Paramed Ed Prgm-(specify)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	20,644,962	568,026	935,942	29,662	22,178,592	5,758,128	30
31	Intensive Care Unit	7,802,269	112,392	185,190	10,548	8,110,399	2,105,662	31
41	Subprovider - IRF	1,824,936	35,967	59,264	2,648	1,922,815	499,211	41
43	Nursery	1,182,888	22,388	36,889	1,728	1,243,893	322,946	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	8,624,462	301,689	497,096	9,238	9,432,485	2,448,909	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER	1,969,240				1,969,240	511,264	50.02
51	Recovery Room	1,576,921	474	781	2,640	1,580,816	410,419	51
53	Anesthesiology	473,567	23,207	38,239		535,013	138,903	53
54	Radiology-Diagnostic	3,472,221	151,517	249,657	5,138	3,878,533	1,006,964	54
54.01	BREAST DIAGNOSIS CENTER	1,445,981			1,675	1,447,656	375,848	54.01
55	Radiology-Therapeutic	1,415,047	76,102	125,394	1,654	1,618,197	420,124	55
56	Radioisotope	1,135,050	13,008	21,433	954	1,170,445	303,877	56
57	CT Scan	1,761,317	5,492	9,049	1,779	1,777,637	461,519	57
58	MRI	965,655			997	966,652	250,967	58
59	Cardiac Catheterization	3,509,499			3,158	3,512,657	911,974	59
60	Laboratory	10,007,094	102,534	168,946		10,278,574	2,668,575	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,801,213	12,374	20,389	3,675	2,837,651	736,725	65
65.01	SLEEP LAB	310,022	8,907	14,675	412	334,016	86,719	65.01
66	Physical Therapy	1,778,073	28,894	47,609	87	1,854,663	481,517	66
66.01	OP PHYSICAL THERAPY	1,105,657				1,105,657	287,056	66.01
66.02	OP THERAPY SERVICES	2,891,645				2,891,645	750,743	66.02
67	Occupational Therapy	886,872	42,726	70,400		999,998	259,624	67
68	Speech Pathology	450,171	669	1,102	674	452,616	117,510	68
69	Electrocardiology	1,198,778	67,625	111,427	1,674	1,379,504	358,154	69
69.01	EP LAB	316,129	25,289	41,669	480	383,567	99,584	69.01
69.02	VASCULAR SERVICES							69.02
70	Electroencephalography	127,846	8,069	13,296	175	149,386	38,784	70
71	Medical Supplies Charged to Patients	3,743,067				3,743,067	971,794	71
72	Impl. Dev. Charged to Patients	7,896,388				7,896,388	2,050,100	72
73	Drugs Charged to Patients	17,247,754				17,247,754	4,477,948	73
74	Renal Dialysis	979,818				979,818	254,385	74
75	ASC (Non-Distinct Part)	1,484,896	137,606	226,735	2,440	1,851,677	480,742	75
76	WOUND CARE							76
76.01	OP ONCOLOGY	2,704,591	2,476	4,079	3,495	2,714,641	704,789	76.01
76.97	CARDIAC REHABILITATION	742,290			1,108	743,398	193,005	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	1,907,306			1,573	1,908,879	495,593	90
90.01	PERINATOLOGY CLINIC	61,718			16	61,734	16,028	90.01

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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	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
90.02	OCCUPATIONAL HEALTH CLINIC							90.02
91	Emergency	9,194,258	136,038	224,152	12,397	9,566,845	2,483,792	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency	4,148,309			4,548	4,152,857	1,078,185	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
116	Hospice	237,000	35,688	58,804	277	331,769	86,136	116
118	SUBTOTALS (sum of lines 1-117)	230,852,744	3,315,850	5,463,563	164,252	230,131,326	46,949,693	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	301,243	8,508	14,019	4	323,774	84,060	190
191	Research	60,338	29,514	48,631	93	138,576	35,978	191
192	Physicians' Private Offices	7,933,055	233,581	384,874	2,181	8,553,691	2,220,752	192
193	Nonpaid Workers	12,028			13	12,041	3,126	193
194	DEVELOPMENT	4,628				4,628	1,202	194
194.0	SENIOR FRIENDS							194.0
1								1
194.0	OTHER NONREIMBURSABLE COST CENTERS							194.0
2								2
194.0	OTHER NONREIMBURSABLE COST CENTERS							194.0
3								3
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	239,164,036	3,587,453	5,911,087	166,543	239,164,036	49,294,811	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
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	21,597,408						7
8	Laundry & Linen Service	340,514	2,158,483					8
9	Housekeeping	346,900		5,760,903				9
10	Dietary	306,565		77,792	1,722,963			10
11	Cafeteria	725,656		184,138		3,218,027		11
12	Maintenance of Personnel							12
13	Nursing Administration	58,318		14,798		52,325	3,278,599	13
14	Central Services & Supply	817,629		207,476		55,111		14
15	Pharmacy	200,939		50,989		94,145		15
16	Medical Records & Library	310,566		78,807		118,005		16
17	Social Service	21,984		5,579		27,860		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	314,089		79,701		302,234		21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	4,707,077	1,574,645	1,194,441	1,256,927	754,218	1,255,510	30
31	Intensive Care Unit	931,366	278,611	236,338	222,395	215,367	358,510	31
41	Subprovider - IRF	298,050	150,214	75,631	119,905	70,130	116,741	41
43	Nursery	185,525		47,078		33,894	56,422	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	2,500,012		634,387		250,819	417,526	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER							50.02
51	Recovery Room	3,927		996		50,481	84,033	51
53	Anesthesiology	192,314		48,800				53
54	Radiology-Diagnostic	1,255,585		318,609		120,210		54
54.01	BREAST DIAGNOSIS CENTER					47,685		54.01
55	Radiology-Therapeutic	630,637		160,026		33,091		55
56	Radioisotope	107,791		27,352		15,827		56
57	CT Scan	45,509		11,548		39,037		57
58	MRI					25,001		58
59	Cardiac Catheterization					61,959		59
60	Laboratory	849,669		215,607				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	102,543		26,021		94,787	157,788	65
65.01	SLEEP LAB	73,806		18,729		12,024		65.01
66	Physical Therapy	239,439		60,758		2,942		66
66.01	OP PHYSICAL THERAPY							66.01
66.02	OP THERAPY SERVICES							66.02
67	Occupational Therapy	354,056		89,843				67
68	Speech Pathology	5,542		1,406		11,328		68
69	Electrocardiology	560,391		142,201		40,092	66,739	69
69.01	EP LAB	209,564		53,178		8,015	13,342	69.01
69.02	VASCULAR SERVICES							69.02
70	Electroencephalography	66,870		16,968		6,035	10,047	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75	ASC (Non-Distinct Part)	1,140,306		289,357		48,876	81,361	75
76	WOUND CARE							76
76.01	OP ONCOLOGY	20,516		5,206		96,383	160,444	76.01
76.97	CARDIAC REHABILITATION					23,820		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic					29,841		90
90.01	PERINATOLOGY CLINIC					246		90.01
90.02	OCCUPATIONAL HEALTH CLINIC							90.02
91	Emergency	1,127,314		286,060		300,445	500,136	91

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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	
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency					94,148		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
116	Hospice	295,738	155,013	75,045	123,736	5,049		116
118	SUBTOTALS (sum of lines 1-117)	19,346,707	2,158,483	4,734,865	1,722,963	3,141,430	3,278,599	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	70,503		17,890		76		190
191	Research	244,577		62,062		3,240		191
192	Physicians' Private Offices	1,935,621		946,086		72,629		192
193	Nonpaid Workers					652		193
194	DEVELOPMENT							194
194.0 1	SENIOR FRIENDS							194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS							194.0 2
194.0 3	OTHER NONREIMBURSABLE COST CENTERS							194.0 3
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	21,597,408	2,158,483	5,760,903	1,722,963	3,218,027	3,278,599	202

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
		14	15	16	17	21	22	
	<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
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply	2,984,260						14
15	Pharmacy	3,281	3,983,153					15
16	Medical Records & Library			5,456,414				16
17	Social Service				905,768			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					6,989,859		21
22	I&R Services-Other Prgm Costs Apprvd						4,210,435	22
23	Paramed Ed Prgm-(specify)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	95,417	14,210	560,876	702,767	6,883,052	4,146,098	30
31	Intensive Care Unit	44,561	4,049	132,346	99,932			31
41	Subprovider - IRF	4,808	134	38,371	57,781	106,807	64,337	41
43	Nursery			26,934				43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	150,860	5,116	375,351				50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER			32,480				50.02
51	Recovery Room	1,783	100	68,382				51
53	Anesthesiology	34,257	19,007	113,709				53
54	Radiology-Diagnostic	7,451	1,341	247,587				54
54.01	BREAST DIAGNOSIS CENTER	17,944	17	48,830				54.01
55	Radiology-Therapeutic	1,262	92	71,732				55
56	Radioisotope	35,174	310	91,580				56
57	CT Scan	11,810	13,572	522,701				57
58	MRI	3,937	11,502	136,872				58
59	Cardiac Catheterization	1,191,065	9,190	273,818				59
60	Laboratory	81,583		531,387				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	32,164	13,029	123,017				65
65.01	SLEEP LAB	970		17,448				65.01
66	Physical Therapy	3,582	18	57,688				66
66.01	OP PHYSICAL THERAPY	957	13	34,222				66.01
66.02	OP THERAPY SERVICES	5,404	181	96,183				66.02
67	Occupational Therapy	2,407	49	30,976				67
68	Speech Pathology	137		11,373				68
69	Electrocardiology	1,125	919	144,196				69
69.01	EP LAB	235		24,305				69.01
69.02	VASCULAR SERVICES							69.02
70	Electroencephalography	679		8,494				70
71	Medical Supplies Charged to Patients	353,694		89,658				71
72	Impl. Dev. Charged to Patients	746,153		119,590				72
73	Drugs Charged to Patients		3,850,289	582,058				73
74	Renal Dialysis	982		25,868				74
75	ASC (Non-Distinct Part)	5,295	38	19,937				75
76	WOUND CARE							76
76.01	OP ONCOLOGY	3,562	2,923	89,997				76.01
76.97	CARDIAC REHABILITATION	209		12,706				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	3,913	26,872	27,034				90
90.01	PERINATOLOGY CLINIC	107	6	141				90.01
90.02	OCCUPATIONAL HEALTH CLINIC							90.02
91	Emergency	82,318	6,921	635,132	45,288			91

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
		14	15	16	17	21	22	
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency	6,493	142	33,343				101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
116	Hospice	3,148	886	92				116
118	SUBTOTALS (sum of lines 1-117)	2,938,727	3,980,926	5,456,414	905,768	6,989,859	4,210,435	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices	45,532	2,227					192
193	Nonpaid Workers	1						193
194	DEVELOPMENT							194
194.0	SENIOR FRIENDS							194.0
1								1
194.0	OTHER NONREIMBURSABLE COST CENTERS							194.0
2								2
194.0	OTHER NONREIMBURSABLE COST CENTERS							194.0
3								3
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,984,260	3,983,153	5,456,414	905,768	6,989,859	4,210,435	202

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL			
		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
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
23.01	RADIOLOGY PARAMEDICAL						23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics	51,081,958	-11,029,150	40,052,808			30
31	Intensive Care Unit	12,739,536		12,739,536			31
41	Subprovider - IRF	3,524,935	-171,144	3,353,791			41
43	Nursery	1,916,692		1,916,692			43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	16,215,465		16,215,465			50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER	2,512,984		2,512,984			50.02
51	Recovery Room	2,200,937		2,200,937			51
53	Anesthesiology	1,082,003		1,082,003			53
54	Radiology-Diagnostic	6,836,280		6,836,280			54
54.01	BREAST DIAGNOSIS CENTER	1,937,980		1,937,980			54.01
55	Radiology-Therapeutic	2,935,161		2,935,161			55
56	Radioisotope	1,752,356		1,752,356			56
57	CT Scan	2,883,333		2,883,333			57
58	MRI	1,394,931		1,394,931			58
59	Cardiac Catheterization	5,960,663		5,960,663			59
60	Laboratory	14,625,395		14,625,395			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	4,123,725		4,123,725			65
65.01	SLEEP LAB	543,712		543,712			65.01
66	Physical Therapy	2,700,607		2,700,607			66
66.01	OP PHYSICAL THERAPY	1,427,905		1,427,905			66.01
66.02	OP THERAPY SERVICES	3,744,156		3,744,156			66.02
67	Occupational Therapy	1,736,953		1,736,953			67
68	Speech Pathology	599,912		599,912			68
69	Electrocardiology	2,693,321		2,693,321			69
69.01	EP LAB	791,790		791,790			69.01
69.02	VASCULAR SERVICES						69.02
70	Electroencephalography	297,263		297,263			70
71	Medical Supplies Charged to Patients	5,158,213		5,158,213			71
72	Impl. Dev. Charged to Patients	10,812,231		10,812,231			72
73	Drugs Charged to Patients	26,158,049		26,158,049			73
74	Renal Dialysis	1,261,053		1,261,053			74
75	ASC (Non-Distinct Part)	3,917,589		3,917,589			75
76	WOUND CARE						76
76.01	OP ONCOLOGY	3,798,461		3,798,461			76.01
76.97	CARDIAC REHABILITATION	973,138		973,138			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	2,492,132		2,492,132			90
90.01	PERINATOLOGY CLINIC	78,262		78,262			90.01
90.02	OCCUPATIONAL HEALTH CLINIC						90.02
91	Emergency	15,034,251		15,034,251			91

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		24	25	26			
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
101	Home Health Agency	5,365,168		5,365,168			101
	<b>SPECIAL PURPOSE COST CENTERS</b>						
113	Interest Expense						113
116	Hospice	1,076,612		1,076,612			116
118	SUBTOTALS (sum of lines 1-117)	224,385,112	-11,200,294	213,184,818			118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen	496,303		496,303			190
191	Research	484,433		484,433			191
192	Physicians' Private Offices	13,776,538		13,776,538			192
193	Nonpaid Workers	15,820		15,820			193
194	DEVELOPMENT	5,830		5,830			194
194.0	SENIOR FRIENDS						194.0
1							1
194.0	OTHER NONREIMBURSABLE COST CENTERS						194.0
2							2
194.0	OTHER NONREIMBURSABLE COST CENTERS						194.0
3							3
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	239,164,036	-11,200,294	227,963,742			202

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDG & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		55,853	92,030	147,883	147,883		4
5	Administrative & General	2,677,628	317,331	522,871	3,517,830	18,109	3,535,939	5
6	Maintenance & Repairs							6
7	Operation of Plant		608,007	1,001,816	1,609,823	5,852	319,308	7
8	Laundry & Linen Service		41,091	67,707	108,798	306	26,878	8
9	Housekeeping		41,862	68,977	110,839	3,913	80,044	9
10	Dietary		36,995	60,957	97,952	1,220	19,791	10
11	Cafeteria		87,568	144,287	231,855	2,510	34,126	11
12	Maintenance of Personnel							12
13	Nursing Administration		7,038	11,596	18,634	2,568	46,618	13
14	Central Services & Supply		98,667	162,575	261,242	1,058	28,150	14
15	Pharmacy		24,248	39,954	64,202	4,227	53,724	15
16	Medical Records & Library		37,477	61,752	99,229	3,451	73,169	16
17	Social Service		2,653	4,371	7,024	935	12,572	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		37,903	62,453	100,356	8,595	93,052	21
22	I&R Services-Other Prgm Costs Apprvd						62,249	22
23	Paramed Ed Prgm-(specify)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics		568,026	935,942	1,503,968	26,338	413,035	30
31	Intensive Care Unit		112,392	185,190	297,582	9,366	151,040	31
41	Subprovider - IRF		35,967	59,264	95,231	2,352	35,809	41
43	Nursery		22,388	36,889	59,277	1,535	23,165	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		301,689	497,096	798,785	8,203	175,661	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER						36,673	50.02
51	Recovery Room		474	781	1,255	2,344	29,440	51
53	Anesthesiology		23,207	38,239	61,446		9,964	53
54	Radiology-Diagnostic		151,517	249,657	401,174	4,563	72,230	54
54.01	BREAST DIAGNOSIS CENTER					1,487	26,960	54.01
55	Radiology-Therapeutic		76,102	125,394	201,496	1,468	30,136	55
56	Radioisotope		13,008	21,433	34,441	847	21,797	56
57	CT Scan		5,492	9,049	14,541	1,580	33,105	57
58	MRI					886	18,002	58
59	Cardiac Catheterization					2,804	65,416	59
60	Laboratory		102,534	168,946	271,480		191,418	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		12,374	20,389	32,763	3,263	52,846	65
65.01	SLEEP LAB		8,907	14,675	23,582	366	6,220	65.01
66	Physical Therapy		28,894	47,609	76,503	77	34,539	66
66.01	OP PHYSICAL THERAPY						20,591	66.01
66.02	OP THERAPY SERVICES						53,851	66.02
67	Occupational Therapy		42,726	70,400	113,126		18,623	67
68	Speech Pathology		669	1,102	1,771	598	8,429	68
69	Electrocardiology		67,625	111,427	179,052	1,487	25,691	69
69.01	EP LAB		25,289	41,669	66,958	427	7,143	69.01
69.02	VASCULAR SERVICES							69.02
70	Electroencephalography		8,069	13,296	21,365	155	2,782	70
71	Medical Supplies Charged to Patients						69,707	71
72	Impl. Dev. Charged to Patients						147,054	72
73	Drugs Charged to Patients						321,205	73
74	Renal Dialysis						18,247	74
75	ASC (Non-Distinct Part)		137,606	226,735	364,341	2,167	34,484	75
76	WOUND CARE							76
76.01	OP ONCOLOGY		2,476	4,079	6,555	3,103	50,555	76.01
76.97	CARDIAC REHABILITATION					984	13,844	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic					1,397	35,549	90
90.01	PERINATOLOGY CLINIC					15	1,150	90.01
90.02	OCCUPATIONAL HEALTH CLINIC							90.02

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
91	Emergency		136,038	224,152	360,190	11,008	178,163	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency					4,038	77,339	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
116	Hospice		35,688	58,804	94,492	246	6,179	116
118	SUBTOTALS (sum of lines 1-117)	2,677,628	3,315,850	5,463,563	11,457,041	145,848	3,367,723	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		8,508	14,019	22,527	4	6,030	190
191	Research		29,514	48,631	78,145	83	2,581	191
192	Physicians' Private Offices		233,581	384,874	618,455	1,937	159,295	192
193	Nonpaid Workers					11	224	193
194	DEVELOPMENT						86	194
194.0	SENIOR FRIENDS							194.0
1								1
194.0	OTHER NONREIMBURSABLE COST CENTERS							194.0
2								2
194.0	OTHER NONREIMBURSABLE COST CENTERS							194.0
3								3
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,677,628	3,587,453	5,911,087	12,176,168	147,883	3,535,939	202

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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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
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	1,934,983						7
8	Laundry & Linen Service	30,508	166,490					8
9	Housekeeping	31,080		225,876				9
10	Dietary	27,466		3,050	149,479			10
11	Cafeteria	65,014		7,220		340,725		11
12	Maintenance of Personnel							12
13	Nursing Administration	5,225		580		5,540	79,165	13
14	Central Services & Supply	73,254		8,135		5,835		14
15	Pharmacy	18,003		1,999		9,968		15
16	Medical Records & Library	27,825		3,090		12,494		16
17	Social Service	1,970		219		2,950		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	28,140		3,125		32,001		21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	421,721	121,457	46,836	109,047	79,856	30,315	30
31	Intensive Care Unit	83,444	21,490	9,266	19,294	22,803	8,657	31
41	Subprovider - IRF	26,703	11,586	2,965	10,403	7,425	2,819	41
43	Nursery	16,622		1,846		3,589	1,362	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	223,984		24,873		26,557	10,082	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER							50.02
51	Recovery Room	352		39		5,345	2,029	51
53	Anesthesiology	17,230		1,913				53
54	Radiology-Diagnostic	112,492		12,492		12,728		54
54.01	BREAST DIAGNOSIS CENTER					5,049		54.01
55	Radiology-Therapeutic	56,501		6,274		3,504		55
56	Radioisotope	9,657		1,072		1,676		56
57	CT Scan	4,077		453		4,133		57
58	MRI					2,647		58
59	Cardiac Catheterization					6,560		59
60	Laboratory	76,125		8,454				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	9,187		1,020		10,036	3,810	65
65.01	SLEEP LAB	6,613		734		1,273		65.01
66	Physical Therapy	21,452		2,382		312		66
66.01	OP PHYSICAL THERAPY							66.01
66.02	OP THERAPY SERVICES							66.02
67	Occupational Therapy	31,721		3,523				67
68	Speech Pathology	497		55		1,199		68
69	Electrocardiology	50,207		5,575		4,245	1,611	69
69.01	EP LAB	18,776		2,085		849	322	69.01
69.02	VASCULAR SERVICES							69.02
70	Electroencephalography	5,991		665		639	243	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75	ASC (Non-Distinct Part)	102,164		11,345		5,175	1,965	75
76	WOUND CARE							76
76.01	OP ONCOLOGY	1,838		204		10,205	3,874	76.01
76.97	CARDIAC REHABILITATION					2,522		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic					3,160		90
90.01	PERINATOLOGY CLINIC					26		90.01
90.02	OCCUPATIONAL HEALTH CLINIC							90.02
91	Emergency	101,000		11,216		31,811	12,076	91

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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	
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency					9,968		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
116	Hospice	26,496	11,957	2,942	10,735	535		116
118	SUBTOTALS (sum of lines 1-117)	1,733,335	166,490	185,647	149,479	332,615	79,165	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	6,317		701		8		190
191	Research	21,912		2,433		343		191
192	Physicians' Private Offices	173,419		37,095		7,690		192
193	Nonpaid Workers					69		193
194	DEVELOPMENT							194
194.0 1	SENIOR FRIENDS							194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS							194.0 2
194.0 3	OTHER NONREIMBURSABLE COST CENTERS							194.0 3
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,934,983	166,490	225,876	149,479	340,725	79,165	202

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
		14	15	16	17	21	22	
	<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
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply	377,674						14
15	Pharmacy	415	152,538					15
16	Medical Records & Library			219,258				16
17	Social Service				25,670			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					265,269		21
22	I&R Services-Other Prgm Costs Apprvd						62,249	22
23	Paramed Ed Prgm-(specify)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	12,076	544	22,552	19,917			30
31	Intensive Care Unit	5,640	155	5,321	2,832			31
41	Subprovider - IRF	609	5	1,543	1,638			41
43	Nursery			1,083				43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	19,093	196	15,092				50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER			1,306				50.02
51	Recovery Room	226	4	2,750				51
53	Anesthesiology	4,336	728	4,572				53
54	Radiology-Diagnostic	943	51	9,955				54
54.01	BREAST DIAGNOSIS CENTER	2,271	1	1,963				54.01
55	Radiology-Therapeutic	160	4	2,884				55
56	Radioisotope	4,452	12	3,682				56
57	CT Scan	1,495	520	21,017				57
58	MRI	498	440	5,503				58
59	Cardiac Catheterization	150,727	352	11,010				59
60	Laboratory	10,325		21,366				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	4,071	499	4,946				65
65.01	SLEEP LAB	123		702				65.01
66	Physical Therapy	453	1	2,320				66
66.01	OP PHYSICAL THERAPY	121	1	1,376				66.01
66.02	OP THERAPY SERVICES	684	7	3,867				66.02
67	Occupational Therapy	305	2	1,246				67
68	Speech Pathology	17		457				68
69	Electrocardiology	142	35	5,798				69
69.01	EP LAB	30		977				69.01
69.02	VASCULAR SERVICES							69.02
70	Electroencephalography	86		342				70
71	Medical Supplies Charged to Patients	44,763		3,605				71
72	Impl. Dev. Charged to Patients	94,433		4,809				72
73	Drugs Charged to Patients		147,450	23,404				73
74	Renal Dialysis	124		1,040				74
75	ASC (Non-Distinct Part)	670	1	802				75
76	WOUND CARE							76
76.01	OP ONCOLOGY	451	112	3,619				76.01
76.97	CARDIAC REHABILITATION	26		511				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	495	1,029	1,087				90
90.01	PERINATOLOGY CLINIC	14		6				90.01
90.02	OCCUPATIONAL HEALTH CLINIC							90.02
91	Emergency	10,418	265	25,400	1,283			91

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
		14	15	16	17	21	22	
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency	822	5	1,341				101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
116	Hospice	398	34	4				116
118	SUBTOTALS (sum of lines 1-117)	371,912	152,453	219,258	25,670			118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices	5,762	85					192
193	Nonpaid Workers							193
194	DEVELOPMENT							194
194.0	SENIOR FRIENDS							194.0
1								1
194.0	OTHER NONREIMBURSABLE COST CENTERS							194.0
2								2
194.0	OTHER NONREIMBURSABLE COST CENTERS							194.0
3								3
200	Cross Foot Adjustments					265,269	62,249	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	377,674	152,538	219,258	25,670	265,269	62,249	202

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL			
		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
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
23.01	RADIOLOGY PARAMEDICAL						23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	Adults & Pediatrics	2,807,662		2,807,662			30
31	Intensive Care Unit	636,890		636,890			31
41	Subprovider - IRF	199,088		199,088			41
43	Nursery	108,479		108,479			43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	1,302,526		1,302,526			50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER	37,979		37,979			50.02
51	Recovery Room	43,784		43,784			51
53	Anesthesiology	100,189		100,189			53
54	Radiology-Diagnostic	626,628		626,628			54
54.01	BREAST DIAGNOSIS CENTER	37,731		37,731			54.01
55	Radiology-Therapeutic	302,427		302,427			55
56	Radioisotope	77,636		77,636			56
57	CT Scan	80,921		80,921			57
58	MRI	27,976		27,976			58
59	Cardiac Catheterization	236,869		236,869			59
60	Laboratory	579,168		579,168			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	122,441		122,441			65
65.01	SLEEP LAB	39,613		39,613			65.01
66	Physical Therapy	138,039		138,039			66
66.01	OP PHYSICAL THERAPY	22,089		22,089			66.01
66.02	OP THERAPY SERVICES	58,409		58,409			66.02
67	Occupational Therapy	168,546		168,546			67
68	Speech Pathology	13,023		13,023			68
69	Electrocardiology	273,843		273,843			69
69.01	EP LAB	97,567		97,567			69.01
69.02	VASCULAR SERVICES						69.02
70	Electroencephalography	32,268		32,268			70
71	Medical Supplies Charged to Patients	118,075		118,075			71
72	Impl. Dev. Charged to Patients	246,296		246,296			72
73	Drugs Charged to Patients	492,059		492,059			73
74	Renal Dialysis	19,411		19,411			74
75	ASC (Non-Distinct Part)	523,114		523,114			75
76	WOUND CARE						76
76.01	OP ONCOLOGY	80,516		80,516			76.01
76.97	CARDIAC REHABILITATION	17,887		17,887			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	42,717		42,717			90
90.01	PERINATOLOGY CLINIC	1,211		1,211			90.01
90.02	OCCUPATIONAL HEALTH CLINIC						90.02
91	Emergency	742,830		742,830			91

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL			
		24	25	26			
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
101	Home Health Agency	93,513		93,513			101
	<b>SPECIAL PURPOSE COST CENTERS</b>						
113	Interest Expense						113
116	Hospice	154,018		154,018			116
118	SUBTOTALS (sum of lines 1-117)	10,703,438		10,703,438			118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen	35,587		35,587			190
191	Research	105,497		105,497			191
192	Physicians' Private Offices	1,003,738		1,003,738			192
193	Nonpaid Workers	304		304			193
194	DEVELOPMENT	86		86			194
194.0	SENIOR FRIENDS						194.0
1							1
194.0	OTHER NONREIMBURSABLE COST CENTERS						194.0
2							2
194.0	OTHER NONREIMBURSABLE COST CENTERS						194.0
3							3
200	Cross Foot Adjustments	327,518		327,518			200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	12,176,168		12,176,168			202

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt	810,008						1
2	Cap Rel Costs-Mvble Equip		810,008					2
4	Employee Benefits Department	12,611	12,611	84,049,974				4
5	Administrative & General	71,650	71,650	10,295,071	-49,294,811	189,869,225		5
6	Maintenance & Repairs							6
7	Operation of Plant	137,281	137,281	3,326,749		17,145,903	588,466	7
8	Laundry & Linen Service	9,278	9,278	174,126		1,443,262	9,278	8
9	Housekeeping	9,452	9,452	2,224,733		4,298,107	9,452	9
10	Dietary	8,353	8,353	693,378		1,062,702	8,353	10
11	Cafeteria	19,772	19,772	1,426,908		1,832,476	19,772	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,589	1,589	1,459,993		2,503,251	1,589	13
14	Central Services & Supply	22,278	22,278	601,329		1,511,596	22,278	14
15	Pharmacy	5,475	5,475	2,403,140		2,884,826	5,475	15
16	Medical Records & Library	8,462	8,462	1,962,163		3,928,976	8,462	16
17	Social Service	599	599	531,475		675,078	599	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	8,558	8,558	4,886,558		4,996,594	8,558	21
22	I&R Services-Other Prgm Costs Apprvd					3,342,610		22
23	Paramed Ed Prgm-(specify)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	128,254	128,254	14,953,090		22,178,592	128,254	30
31	Intensive Care Unit	25,377	25,377	5,324,345		8,110,399	25,377	31
41	Subprovider - IRF	8,121	8,121	1,336,850		1,922,815	8,121	41
43	Nursery	5,055	5,055	872,521		1,243,893	5,055	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	68,118	68,118	4,663,345		9,432,485	68,118	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER					1,969,240		50.02
51	Recovery Room	107	107	1,332,693		1,580,816	107	51
53	Anesthesiology	5,240	5,240			535,013	5,240	53
54	Radiology-Diagnostic	34,211	34,211	2,593,815		3,878,533	34,211	54
54.01	BREAST DIAGNOSIS CENTER			845,554		1,447,656		54.01
55	Radiology-Therapeutic	17,183	17,183	834,738		1,618,197	17,183	55
56	Radioisotope	2,937	2,937	481,411		1,170,445	2,937	56
57	CT Scan	1,240	1,240	898,174		1,777,637	1,240	57
58	MRI			503,426		966,652		58
59	Cardiac Catheterization			1,594,284		3,512,657		59
60	Laboratory	23,151	23,151			10,278,574	23,151	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,794	2,794	1,854,923		2,837,651	2,794	65
65.01	SLEEP LAB	2,011	2,011	208,031		334,016	2,011	65.01
66	Physical Therapy	6,524	6,524	43,764		1,854,663	6,524	66
66.01	OP PHYSICAL THERAPY					1,105,657		66.01
66.02	OP THERAPY SERVICES					2,891,645		66.02
67	Occupational Therapy	9,647	9,647			999,998	9,647	67
68	Speech Pathology	151	151	340,015		452,616	151	68
69	Electrocardiology	15,269	15,269	845,168		1,379,504	15,269	69
69.01	EP LAB	5,710	5,710	242,501		383,567	5,710	69.01
69.02	VASCULAR SERVICES							69.02
70	Electroencephalography	1,822	1,822	88,215		149,386	1,822	70
71	Medical Supplies Charged to Patients					3,743,067		71
72	Impl. Dev. Charged to Patients					7,896,388		72
73	Drugs Charged to Patients					17,247,754		73
74	Renal Dialysis					979,818		74
75	ASC (Non-Distinct Part)	31,070	31,070	1,231,843		1,851,677	31,070	75
76	WOUND CARE							76
76.01	OP ONCOLOGY	559	559	1,764,065		2,714,641	559	76.01
76.97	CARDIAC REHABILITATION			559,342		743,398		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic			794,055		1,908,879		90
90.01	PERINATOLOGY CLINIC			8,269		61,734		90.01

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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	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
90.02	OCCUPATIONAL HEALTH CLINIC							90.02
91	Emergency	30,716	30,716	6,257,866		9,566,845	30,716	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency			2,295,642		4,152,857		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
116	Hospice	8,058	8,058	139,692		331,769	8,058	116
118	SUBTOTALS (sum of lines 1-117)	748,683	748,683	82,893,260	-49,294,811	180,836,515	527,141	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	1,921	1,921	2,245		323,774	1,921	190
191	Research	6,664	6,664	47,139		138,576	6,664	191
192	Physicians' Private Offices	52,740	52,740	1,100,919		8,553,691	52,740	192
193	Nonpaid Workers			6,411		12,041		193
194	DEVELOPMENT					4,628		194
194.0 1	SENIOR FRIENDS							194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS							194.0 2
194.0 3	OTHER NONREIMBURSABLE COST CENTERS							194.0 3
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,587,453	5,911,087	166,543		49,294,811	21,597,408	202
203	Unit Cost Multiplier (Wkst. B, Part I)	4.428911	7.297566	0.001981		0.259625	36.701199	203
204	Cost to be allocated (Per Wkst. B, Part II)			147,883		3,535,939	1,934,983	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.001759		0.018623	3.288181	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA PROD FTE'S	NURSING ADMINISTRATION NURS DIRECT FTE	CENTRAL SERVICES * SUPPLY COSTED REQUI	
		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
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service	57,578						8
9	Housekeeping		618,583					9
10	Dietary		8,353	172,734				10
11	Cafeteria		19,772		2,062,935			11
12	Maintenance of Personnel							12
13	Nursing Administration		1,589		33,543	1,262,586		13
14	Central Services & Supply		22,278		35,329		31,581,797	14
15	Pharmacy		5,475		60,352		34,720	15
16	Medical Records & Library		8,462		75,648			16
17	Social Service		599		17,860			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		8,558		193,749			21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	42,004	128,254	126,012	483,496	483,496	1,009,777	30
31	Intensive Care Unit	7,432	25,377	22,296	138,062	138,062	471,583	31
41	Subprovider - IRF	4,007	8,121	12,021	44,957	44,957	50,884	41
43	Nursery		5,055		21,728	21,728		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		68,118		160,789	160,789	1,596,518	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER							50.02
51	Recovery Room		107		32,361	32,361	18,874	51
53	Anesthesiology		5,240				362,540	53
54	Radiology-Diagnostic		34,211		77,061		78,856	54
54.01	BREAST DIAGNOSIS CENTER				30,569		189,897	54.01
55	Radiology-Therapeutic		17,183		21,213		13,357	55
56	Radioisotope		2,937		10,146		372,243	56
57	CT Scan		1,240		25,025		124,981	57
58	MRI				16,027		41,665	58
59	Cardiac Catheterization				39,719		12,604,768	59
60	Laboratory		23,151				863,377	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		2,794		60,764	60,764	340,382	65
65.01	SLEEP LAB		2,011		7,708		10,269	65.01
66	Physical Therapy		6,524		1,886		37,907	66
66.01	OP PHYSICAL THERAPY						10,128	66.01
66.02	OP THERAPY SERVICES						57,185	66.02
67	Occupational Therapy		9,647				25,471	67
68	Speech Pathology		151		7,262		1,446	68
69	Electrocardiology		15,269		25,701	25,701	11,906	69
69.01	EP LAB		5,710		5,138	5,138	2,485	69.01
69.02	VASCULAR SERVICES							69.02
70	Electroencephalography		1,822		3,869	3,869	7,190	70
71	Medical Supplies Charged to Patients						3,743,067	71
72	Impl. Dev. Charged to Patients						7,896,388	72
73	Drugs Charged to Patients							73
74	Renal Dialysis						10,393	74
75	ASC (Non-Distinct Part)		31,070		31,332	31,332	56,039	75
76	WOUND CARE							76
76.01	OP ONCOLOGY		559		61,787	61,787	37,701	76.01
76.97	CARDIAC REHABILITATION				15,270		2,207	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic				19,130		41,407	90
90.01	PERINATOLOGY CLINIC				158		1,131	90.01
90.02	OCCUPATIONAL HEALTH CLINIC							90.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA PROD FTE'S	NURSING ADMINISTRATION NURS DIRECT FTE	CENTRAL SERVICES * SUPPLY COSTED REQUI	
		8	9	10	11	13	14	
91	Emergency		30,716		192,602	192,602	871,159	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency				60,354		68,716	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
116	Hospice	4,135	8,058	12,405	3,237		33,315	116
118	SUBTOTALS (sum of lines 1-117)	57,578	508,411	172,734	2,013,832	1,262,586	31,099,932	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		1,921		49			190
191	Research		6,664		2,077			191
192	Physicians' Private Offices		101,587		46,559		481,852	192
193	Nonpaid Workers				418		13	193
194	DEVELOPMENT							194
194.0	SENIOR FRIENDS							194.0
1								1
194.0	OTHER NONREIMBURSABLE COST CENTERS							194.0
2								2
194.0	OTHER NONREIMBURSABLE COST CENTERS							194.0
3								3
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	2,158,483	5,760,903	1,722,963	3,218,027	3,278,599	2,984,260	202
203	Unit Cost Multiplier (Wkst. B, Part I)	37.487982	9.313064	9.974660	1.559927	2.596733	0.094493	203
204	Cost to be allocated (Per Wkst. B, Part II)	166,490	225,876	149,479	340,725	79,165	377,674	204
205	Unit Cost Multiplier (Wkst. B, Part II)	2.891556	0.365151	0.865371	0.165165	0.062701	0.011959	205

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUI	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME		
	15	16	17	21	22		

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy	17,842,929					15
16	Medical Records & Library		917,927,251				16
17	Social Service			67,861			17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd				187,824		21
22	I&R Services-Other Prgm Costs Apprvd					187,824	22
23	Paramed Ed Prgm-(specifv)						23
23.01	RADIOLOGY PARAMEDICAL						23.01
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	63,657	94,360,086	52,652	184,954	184,954	30
31	Intensive Care Unit	18,136	22,265,471	7,487			31
41	Subprovider - IRF	602	6,455,426	4,329	2,870	2,870	41
43	Nursery		4,531,371				43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	22,919	63,147,855				50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER		5,464,338				50.02
51	Recovery Room	447	11,504,341				51
53	Anesthesiology	85,143	19,130,040				53
54	Radiology-Diagnostic	6,008	41,653,251				54
54.01	BREAST DIAGNOSIS CENTER	75	8,214,985				54.01
55	Radiology-Therapeutic	412	12,068,008				55
56	Radioisotope	1,387	15,407,103				56
57	CT Scan	60,796	87,937,533				57
58	MRI	51,526	23,026,948				58
59	Cardiac Catheterization	41,167	46,066,256				59
60	Laboratory		89,398,954				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	58,365	20,695,971				65
65.01	SLEEP LAB		2,935,479				65.01
66	Physical Therapy	79	9,705,317				66
66.01	OP PHYSICAL THERAPY	59	5,757,355				66.01
66.02	OP THERAPY SERVICES	811	16,181,497				66.02
67	Occupational Therapy	221	5,211,336				67
68	Speech Pathology		1,913,309				68
69	Electrocardiology	4,118	24,259,131				69
69.01	EP LAB		4,088,924				69.01
69.02	VASCULAR SERVICES						69.02
70	Electroencephalography		1,428,969				70
71	Medical Supplies Charged to Patients		15,083,725				71
72	Impl. Dev. Charged to Patients		20,119,495				72
73	Drugs Charged to Patients	17,247,754	97,923,582				73
74	Renal Dialysis		4,351,925				74
75	ASC (Non-Distinct Part)	169	3,354,206				75
76	WOUND CARE						76
76.01	OP ONCOLOGY	13,093	15,140,792				76.01
76.97	CARDIAC REHABILITATION		2,137,564				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	120,374	4,548,124				90

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUI	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME		
		15	16	17	21	22		
90.01	PERINATOLOGY CLINIC	26	23,789					90.01
90.02	OCCUPATIONAL HEALTH CLINIC							90.02
91	Emergency	31,003	106,809,709	3,393				91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency	638	5,609,599					101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
116	Hospice	3,969	15,487					116
118	SUBTOTALS (sum of lines 1-117)	17,832,954	917,927,251	67,861	187,824	187,824		118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices	9,975						192
193	Nonpaid Workers							193
194	DEVELOPMENT							194
194.0	SENIOR FRIENDS							194.0
1								1
194.0	OTHER NONREIMBURSABLE COST CENTERS							194.0
2								2
194.0	OTHER NONREIMBURSABLE COST CENTERS							194.0
3								3
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,983,153	5,456,414	905,768	6,989,859	4,210,435		202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.223234	0.005944	13.347401	37.214941	22.416917		203
204	Cost to be allocated (Per Wkst. B, Part II)	152,538	219,258	25,670	265,269	62,249		204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.008549	0.000239	0.378273	1.412327	0.331422		205

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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**POST STEPDOWN ADJUSTMENTS**

**WORKSHEET B-2**

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	COSTS			
				Total Costs	RCE Dis- allowance	Total Costs	
				1	2	3	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics	40,052,808		40,052,808	30,917	40,083,725	30
31	Intensive Care Unit	12,739,536		12,739,536		12,739,536	31
41	Subprovider - IRF	3,353,791		3,353,791	7,121	3,360,912	41
43	Nursery	1,916,692		1,916,692		1,916,692	43
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	16,215,465		16,215,465	378,044	16,593,509	50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER	2,512,984		2,512,984		2,512,984	50.02
51	Recovery Room	2,200,937		2,200,937		2,200,937	51
53	Anesthesiology	1,082,003		1,082,003		1,082,003	53
54	Radiology-Diagnostic	6,836,280		6,836,280		6,836,280	54
54.01	BREAST DIAGNOSIS CENTER	1,937,980		1,937,980	150	1,938,130	54.01
55	Radiology-Therapeutic	2,935,161		2,935,161		2,935,161	55
56	Radioisotope	1,752,356		1,752,356		1,752,356	56
57	CT Scan	2,883,333		2,883,333		2,883,333	57
58	MRI	1,394,931		1,394,931		1,394,931	58
59	Cardiac Catheterization	5,960,663		5,960,663		5,960,663	59
60	Laboratory	14,625,395		14,625,395		14,625,395	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	4,123,725		4,123,725	9,209	4,132,934	65
65.01	SLEEP LAB	543,712		543,712	12,130	555,842	65.01
66	Physical Therapy	2,700,607		2,700,607		2,700,607	66
66.01	OP PHYSICAL THERAPY	1,427,905		1,427,905		1,427,905	66.01
66.02	OP THERAPY SERVICES	3,744,156		3,744,156		3,744,156	66.02
67	Occupational Therapy	1,736,953		1,736,953		1,736,953	67
68	Speech Pathology	599,912		599,912		599,912	68
69	Electrocardiology	2,693,321		2,693,321	18,871	2,712,192	69
69.01	EP LAB	791,790		791,790		791,790	69.01
69.02	VASCULAR SERVICES						69.02
70	Electroencephalography	297,263		297,263		297,263	70
71	Medical Supplies Charged to Patients	5,158,213		5,158,213		5,158,213	71
72	Impl. Dev. Charged to Patients	10,812,231		10,812,231		10,812,231	72
73	Drugs Charged to Patients	26,158,049		26,158,049		26,158,049	73
74	Renal Dialysis	1,261,053		1,261,053		1,261,053	74
75	ASC (Non-Distinct Part)	3,917,589		3,917,589		3,917,589	75
76	WOUND CARE						76
76.01	OP ONCOLOGY	3,798,461		3,798,461		3,798,461	76.01
76.97	CARDIAC REHABILITATION	973,138		973,138	1,233	974,371	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	2,492,132		2,492,132		2,492,132	90
90.01	PERINATOLOGY CLINIC	78,262		78,262		78,262	90.01
90.02	OCCUPATIONAL HEALTH CLINIC						90.02
91	Emergency	15,034,251		15,034,251	626,525	15,660,776	91
92	Observation Beds (Non-Distinct Part)	8,797,898		8,797,898		8,797,898	92
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency	5,365,168		5,365,168		5,365,168	101
113	Interest Expense						113
116	Hospice	1,076,612		1,076,612		1,076,612	116
200	Subtotal (sum of lines 30 thru 199)	221,982,716		221,982,716	1,084,200	223,066,916	200
201	Less Observation Beds	8,797,898		8,797,898		8,797,898	201
202	Total (line 200 minus line 201)	213,184,818		213,184,818		214,269,018	202

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics	73,662,862		73,662,862				30
31	Intensive Care Unit	22,265,471		22,265,471				31
41	Subprovider - IRF	6,455,426		6,455,426				41
43	Nursery	4,531,371		4,531,371				43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	22,142,721	41,005,134	63,147,855	0.256786	0.256786	0.262772	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER	5,463,942	396	5,464,338	0.459888	0.459888	0.459888	50.02
51	Recovery Room	3,153,995	8,350,346	11,504,341	0.191314	0.191314	0.191314	51
53	Anesthesiology	6,861,124	12,268,916	19,130,040	0.056560	0.056560	0.056560	53
54	Radiology-Diagnostic	14,832,421	26,820,830	41,653,251	0.164124	0.164124	0.164124	54
54.01	BREAST DIAGNOSIS CENTER	6,138	8,208,847	8,214,985	0.235908	0.235908	0.235926	54.01
55	Radiology-Therapeutic	912,431	11,155,577	12,068,008	0.243218	0.243218	0.243218	55
56	Radioisotope	2,999,435	12,407,668	15,407,103	0.113737	0.113737	0.113737	56
57	CT Scan	29,372,932	58,564,601	87,937,533	0.032788	0.032788	0.032788	57
58	MRI	5,425,374	17,601,574	23,026,948	0.060578	0.060578	0.060578	58
59	Cardiac Catheterization	20,186,471	25,879,785	46,066,256	0.129393	0.129393	0.129393	59
60	Laboratory	51,111,079	38,287,875	89,398,954	0.163597	0.163597	0.163597	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	17,876,907	2,819,064	20,695,971	0.199253	0.199253	0.199698	65
65.01	SLEEP LAB	7,624	2,927,855	2,935,479	0.185221	0.185221	0.189353	65.01
66	Physical Therapy	4,751,608	4,953,709	9,705,317	0.278261	0.278261	0.278261	66
66.01	OP PHYSICAL THERAPY	1,522	5,755,833	5,757,355	0.248014	0.248014	0.248014	66.01
66.02	OP THERAPY SERVICES		16,181,497	16,181,497	0.231385	0.231385	0.231385	66.02
67	Occupational Therapy	4,014,376	1,196,960	5,211,336	0.333303	0.333303	0.333303	67
68	Speech Pathology	1,647,305	266,004	1,913,309	0.313547	0.313547	0.313547	68
69	Electrocardiology	10,187,945	14,071,186	24,259,131	0.111023	0.111023	0.111801	69
69.01	EP LAB	1,629,616	2,459,308	4,088,924	0.193643	0.193643	0.193643	69.01
69.02	VASCULAR SERVICES							69.02
70	Electroencephalography	441,729	987,240	1,428,969	0.208026	0.208026	0.208026	70
71	Medical Supplies Charged to Patients	8,751,386	6,332,339	15,083,725	0.341972	0.341972	0.341972	71
72	Impl. Dev. Charged to Patients	12,582,273	7,537,222	20,119,495	0.537401	0.537401	0.537401	72
73	Drugs Charged to Patients	51,553,824	46,369,758	97,923,582	0.267127	0.267127	0.267127	73
74	Renal Dialysis	3,914,291	437,634	4,351,925	0.289769	0.289769	0.289769	74
75	ASC (Non-Distinct Part)	31,334	3,322,872	3,354,206	1.167963	1.167963	1.167963	75
76	WOUND CARE							76
76.01	OP ONCOLOGY	831,081	14,309,711	15,140,792	0.250876	0.250876	0.250876	76.01
76.97	CARDIAC REHABILITATION		2,137,564	2,137,564	0.455256	0.455256	0.455832	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	2,791	4,545,333	4,548,124	0.547947	0.547947	0.547947	90
90.01	PERINATOLOGY CLINIC		23,789	23,789	3.289840	3.289840	3.289840	90.01
90.02	OCCUPATIONAL HEALTH CLINIC							90.02
91	Emergency	23,223,918	83,585,791	106,809,709	0.140757	0.140757	0.146623	91
92	Observation Beds (Non-Distinct Part)	6,327,097	14,370,127	20,697,224	0.425076	0.425076	0.425076	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency		5,609,599	5,609,599				101
113	Interest Expense							113
116	Hospice	15,487		15,487				116
200	Subtotal (sum of lines 30 thru 199)	417,175,307	500,751,944	917,927,251				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	417,175,307	500,751,944	917,927,251				202

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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)	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	2,807,662		2,807,662	53,447	52.53	21,615	1,135,436	30
31	Intensive Care Unit	636,890		636,890	7,432	85.70	4,173	357,626	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	199,088		199,088	4,007	49.69	2,720	135,157	41
42	Subprovider I								42
43	Nursery	108,479		108,479	2,461	44.08			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	3,752,119		3,752,119	67,347		28,508	1,628,219	200

(A) Worksheet A line numbers

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0172

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	6	7	8
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	1,302,526	63,147,855	0.020627	9,998,966	206,249	50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER	37,979	5,464,338	0.006950			50.02
51	Recovery Room	43,784	11,504,341	0.003806	1,470,865	5,598	51
53	Anesthesiology	100,189	19,130,040	0.005237	2,767,597	14,494	53
54	Radiology-Diagnostic	626,628	41,653,251	0.015044	7,861,247	118,265	54
54.01	BREAST DIAGNOSIS CENTER	37,731	8,214,985	0.004593	6,101	28	54.01
55	Radiology-Therapeutic	302,427	12,068,008	0.025060	521,071	13,058	55
56	Radioisotope	77,636	15,407,103	0.005039	1,569,635	7,909	56
57	CT Scan	80,921	87,937,533	0.000920	14,522,888	13,361	57
58	MRI	27,976	23,026,948	0.001215	2,578,888	3,133	58
59	Cardiac Catheterization	236,869	46,066,256	0.005142	11,200,958	57,595	59
60	Laboratory	579,168	89,398,954	0.006478	25,984,439	168,327	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	122,441	20,695,971	0.005916	9,638,702	57,023	65
65.01	SLEEP LAB	39,613	2,935,479	0.013495	6,105	82	65.01
66	Physical Therapy	138,039	9,705,317	0.014223	1,529,669	21,756	66
66.01	OP PHYSICAL THERAPY	22,089	5,757,355	0.003837			66.01
66.02	OP THERAPY SERVICES	58,409	16,181,497	0.003610			66.02
67	Occupational Therapy	168,546	5,211,336	0.032342	1,080,209	34,936	67
68	Speech Pathology	13,023	1,913,309	0.006807	657,484	4,475	68
69	Electrocardiology	273,843	24,259,131	0.011288	5,640,484	63,670	69
69.01	EP LAB	97,567	4,088,924	0.023861	950,709	22,685	69.01
69.02	VASCULAR SERVICES						69.02
70	Electroencephalography	32,268	1,428,969	0.022581	220,354	4,976	70
71	Medical Supplies Charged to Patients	118,075	15,083,725	0.007828	3,342,798	26,167	71
72	Impl. Dev. Charged to Patients	246,296	20,119,495	0.012242	5,329,794	65,247	72
73	Drugs Charged to Patients	492,059	97,923,582	0.005025	24,628,951	123,760	73
74	Renal Dialysis	19,411	4,351,925	0.004460	2,463,897	10,989	74
75	ASC (Non-Distinct Part)	523,114	3,354,206	0.155958	20,243	3,157	75
76	WOUND CARE						76
76.01	OP ONCOLOGY	80,516	15,140,792	0.005318	98,468	524	76.01
76.97	CARDIAC REHABILITATION	17,887	2,137,564	0.008368			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	42,717	4,548,124	0.009392	2,336	22	90
90.01	PERINATOLOGY CLINIC	1,211	23,789	0.050906			90.01
90.02	OCCUPATIONAL HEALTH CLINIC						90.02
91	Emergency	742,830	106,809,709	0.006955	11,391,292	79,226	91
92	Observation Beds (Non-Distinct Part)	616,249	20,697,224	0.029774	3,544,137	105,523	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	7,320,037	805,387,035		149,028,287	1,232,235	200

(A) Worksheet A line numbers

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

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

(A)	Cost Center Description	Nursing School	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.)
		1	2	3	4	5
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics General Routine Care)					30
31	Intensive Care Unit					31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics (General Routine Care)	53,447		21,615	30
31	Intensive Care Unit	7,432		4,173	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	4,007		2,720	41
42	Subprovider I				42
43	Nursery	2,461			43
44	Skilled Nursing Facility				44
45	Nursing Facility				45
200	Total (lines 30-199)	67,347		28,508	200

(A) Worksheet A line numbers

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0172

WORKSHEET D  
PART IV

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

(A)	Cost Center Description	1	2	3	4	5	6
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room						50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER						50.02
51	Recovery Room						51
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	BREAST DIAGNOSIS CENTER						54.01
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy						65
65.01	SLEEP LAB						65.01
66	Physical Therapy						66
66.01	OP PHYSICAL THERAPY						66.01
66.02	OP THERAPY SERVICES						66.02
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
69.01	EP LAB						69.01
69.02	VASCULAR SERVICES						69.02
70	Electroencephalography						70
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
75	ASC (Non-Distinct Part)						75
76	WOUND CARE						76
76.01	OP ONCOLOGY						76.01
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
90.01	PERINATOLOGY CLINIC						90.01
90.02	OCCUPATIONAL HEALTH CLINIC						90.02
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)						200

(A) Worksheet A line numbers

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0172

WORKSHEET D  
PART IV

Check  Title v  Hospital  SUB (Other)  ICF/MR  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)	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	63,147,855			9,998,966		12,137,413		50
50.01	SURGICENTER								50.01
50.02	SURGERY RECOVERY CENTER	5,464,338							50.02
51	Recovery Room	11,504,341			1,470,865		2,425,705		51
53	Anesthesiology	19,130,040			2,767,597		3,278,635		53
54	Radiology-Diagnostic	41,653,251			7,861,247		4,487,589		54
54.01	BREAST DIAGNOSIS CENTER	8,214,985			6,101		850,864		54.01
55	Radiology-Therapeutic	12,068,008			521,071		3,782,268		55
56	Radioisotope	15,407,103			1,569,635		5,356,883		56
57	CT Scan	87,937,533			14,522,888		15,570,250		57
58	MRI	23,026,948			2,578,888		4,606,862		58
59	Cardiac Catheterization	46,066,256			11,200,958		14,578,931		59
60	Laboratory	89,398,954			25,984,439		7,048,113		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	20,695,971			9,638,702		810,228		65
65.01	SLEEP LAB	2,935,479			6,105		715,551		65.01
66	Physical Therapy	9,705,317			1,529,669		32,171		66
66.01	OP PHYSICAL THERAPY	5,757,355							66.01
66.02	OP THERAPY SERVICES	16,181,497					2		66.02
67	Occupational Therapy	5,211,336			1,080,209		3		67
68	Speech Pathology	1,913,309			657,484		35		68
69	Electrocardiology	24,259,131			5,640,484		5,722,202		69
69.01	EP LAB	4,088,924			950,709		888,201		69.01
69.02	VASCULAR SERVICES								69.02
70	Electroencephalography	1,428,969			220,354		240,040		70
71	Medical Supplies Charged to Patients	15,083,725			3,342,798		1,595,654		71
72	Impl. Dev. Charged to Patients	20,119,495			5,329,794		3,233,240		72
73	Drugs Charged to Patients	97,923,582			24,628,951		18,020,072		73
74	Renal Dialysis	4,351,925			2,463,897		296,819		74
75	ASC (Non-Distinct Part)	3,354,206			20,243		961,264		75
76	WOUND CARE								76
76.01	OP ONCOLOGY	15,140,792			98,468		7,138,874		76.01
76.97	CARDIAC REHABILITATION	2,137,564							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	4,548,124			2,336		95,332		90
90.01	PERINATOLOGY CLINIC	23,789					887		90.01
90.02	OCCUPATIONAL HEALTH CLINIC								90.02
91	Emergency	106,809,709			11,391,292		12,129,496		91
92	Observation Beds (Non-Distinct Part)	20,697,224			3,544,137		3,654,695		92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	805,387,035			149,028,287		129,658,279		200

(A) Worksheet A line numbers

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0172

WORKSHEET D  
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost		
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	0.256786	12,137,413			3,116,718		50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER	0.459888						50.02
51	Recovery Room	0.191314	2,425,705			464,071		51
53	Anesthesiology	0.056560	3,278,635			185,440		53
54	Radiology-Diagnostic	0.164124	4,487,589			736,521		54
54.01	BREAST DIAGNOSIS CENTER	0.235908	850,864			200,726		54.01
55	Radiology-Therapeutic	0.243218	3,782,268			919,916		55
56	Radioisotope	0.113737	5,356,883			609,276		56
57	CT Scan	0.032788	15,570,250			510,517		57
58	MRI	0.060578	4,606,862			279,074		58
59	Cardiac Catheterization	0.129393	14,578,931			1,886,412		59
60	Laboratory	0.163597	7,048,113			1,153,050		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	0.199253	810,228			161,440		65
65.01	SLEEP LAB	0.185221	715,551			132,535		65.01
66	Physical Therapy	0.278261	32,171			8,952		66
66.01	OP PHYSICAL THERAPY	0.248014						66.01
66.02	OP THERAPY SERVICES	0.231385	2					66.02
67	Occupational Therapy	0.333303	3			1		67
68	Speech Pathology	0.313547	35			11		68
69	Electrocardiology	0.111023	5,722,202			635,296		69
69.01	EP LAB	0.193643	888,201			171,994		69.01
69.02	VASCULAR SERVICES							69.02
70	Electroencephalography	0.208026	240,040			49,935		70
71	Medical Supplies Charged to Patients	0.341972	1,595,654			545,669		71
72	Impl. Dev. Charged to Patients	0.537401	3,233,240			1,737,546		72
73	Drugs Charged to Patients	0.267127	18,020,072			4,813,648		73
74	Renal Dialysis	0.289769	296,819			86,009		74
75	ASC (Non-Distinct Part)	1.167963	961,264			1,122,721		75
76	WOUND CARE							76
76.01	OP ONCOLOGY	0.250876	7,138,874			1,790,972		76.01
76.97	CARDIAC REHABILITATION	0.455256						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	0.547947	95,332			52,237		90
90.01	PERINATOLOGY CLINIC	3.289840	887			2,918		90.01
90.02	OCCUPATIONAL HEALTH CLINIC							90.02
91	Emergency	0.140757	12,129,496			1,707,311		91
92	Observation Beds (Non-Distinct Part)	0.425076	3,654,695			1,553,523		92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Subtotal (see instructions)		129,658,279			24,634,439		200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)		129,658,279			24,634,439		202

(A) Worksheet A line numbers

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T172

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	6	7	8
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	1,302,526	63,147,855	0.020627	76,281	1,573	50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER	37,979	5,464,338	0.006950			50.02
51	Recovery Room	43,784	11,504,341	0.003806	6,330	24	51
53	Anesthesiology	100,189	19,130,040	0.005237	7,686	40	53
54	Radiology-Diagnostic	626,628	41,653,251	0.015044	114,684	1,725	54
54.01	BREAST DIAGNOSIS CENTER	37,731	8,214,985	0.004593			54.01
55	Radiology-Therapeutic	302,427	12,068,008	0.025060			55
56	Radioisotope	77,636	15,407,103	0.005039	6,545	33	56
57	CT Scan	80,921	87,937,533	0.000920	127,370	117	57
58	MRI	27,976	23,026,948	0.001215	50,497	61	58
59	Cardiac Catheterization	236,869	46,066,256	0.005142	2,287	12	59
60	Laboratory	579,168	89,398,954	0.006478	698,567	4,525	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	122,441	20,695,971	0.005916	244,274	1,445	65
65.01	SLEEP LAB	39,613	2,935,479	0.013495			65.01
66	Physical Therapy	138,039	9,705,317	0.014223	1,507,056	21,435	66
66.01	OP PHYSICAL THERAPY	22,089	5,757,355	0.003837			66.01
66.02	OP THERAPY SERVICES	58,409	16,181,497	0.003610			66.02
67	Occupational Therapy	168,546	5,211,336	0.032342	1,522,984	49,256	67
68	Speech Pathology	13,023	1,913,309	0.006807	359,810	2,449	68
69	Electrocardiology	273,843	24,259,131	0.011288	30,556	345	69
69.01	EP LAB	97,567	4,088,924	0.023861	897	21	69.01
69.02	VASCULAR SERVICES						69.02
70	Electroencephalography	32,268	1,428,969	0.022581	4,267	96	70
71	Medical Supplies Charged to Patients	118,075	15,083,725	0.007828	42,164	330	71
72	Impl. Dev. Charged to Patients	246,296	20,119,495	0.012242	833	10	72
73	Drugs Charged to Patients	492,059	97,923,582	0.005025	832,441	4,183	73
74	Renal Dialysis	19,411	4,351,925	0.004460	116,824	521	74
75	ASC (Non-Distinct Part)	523,114	3,354,206	0.155958	562	88	75
76	WOUND CARE						76
76.01	OP ONCOLOGY	80,516	15,140,792	0.005318			76.01
76.97	CARDIAC REHABILITATION	17,887	2,137,564	0.008368			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	42,717	4,548,124	0.009392			90
90.01	PERINATOLOGY CLINIC	1,211	23,789	0.050906			90.01
90.02	OCCUPATIONAL HEALTH CLINIC						90.02
91	Emergency	742,830	106,809,709	0.006955	1,472	10	91
92	Observation Beds (Non-Distinct Part)		20,697,224				92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	6,703,788	805,387,035		5,754,387	88,299	200

(A) Worksheet A line numbers

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-T172

WORKSHEET D  
PART IV

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

(A)	Cost Center Description	1	2	3	4	5	6
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room						50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER						50.02
51	Recovery Room						51
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	BREAST DIAGNOSIS CENTER						54.01
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy						65
65.01	SLEEP LAB						65.01
66	Physical Therapy						66
66.01	OP PHYSICAL THERAPY						66.01
66.02	OP THERAPY SERVICES						66.02
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
69.01	EP LAB						69.01
69.02	VASCULAR SERVICES						69.02
70	Electroencephalography						70
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
75	ASC (Non-Distinct Part)						75
76	WOUND CARE						76
76.01	OP ONCOLOGY						76.01
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
90.01	PERINATOLOGY CLINIC						90.01
90.02	OCCUPATIONAL HEALTH CLINIC						90.02
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)						200

(A) Worksheet A line numbers

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-T172

WORKSHEET D  
PART IV

Check  Title v  Hospital  SUB (Other)  ICF/MR  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)	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	63,147,855			76,281				50
50.01	SURGICENTER								50.01
50.02	SURGERY RECOVERY CENTER	5,464,338							50.02
51	Recovery Room	11,504,341			6,330				51
53	Anesthesiology	19,130,040			7,686				53
54	Radiology-Diagnostic	41,653,251			114,684				54
54.01	BREAST DIAGNOSIS CENTER	8,214,985							54.01
55	Radiology-Therapeutic	12,068,008							55
56	Radioisotope	15,407,103			6,545				56
57	CT Scan	87,937,533			127,370				57
58	MRI	23,026,948			50,497				58
59	Cardiac Catheterization	46,066,256			2,287				59
60	Laboratory	89,398,954			698,567				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	20,695,971			244,274				65
65.01	SLEEP LAB	2,935,479							65.01
66	Physical Therapy	9,705,317			1,507,056				66
66.01	OP PHYSICAL THERAPY	5,757,355							66.01
66.02	OP THERAPY SERVICES	16,181,497							66.02
67	Occupational Therapy	5,211,336			1,522,984				67
68	Speech Pathology	1,913,309			359,810				68
69	Electrocardiology	24,259,131			30,556				69
69.01	EP LAB	4,088,924			897				69.01
69.02	VASCULAR SERVICES								69.02
70	Electroencephalography	1,428,969			4,267				70
71	Medical Supplies Charged to Patients	15,083,725			42,164				71
72	Impl. Dev. Charged to Patients	20,119,495			833				72
73	Drugs Charged to Patients	97,923,582			832,441				73
74	Renal Dialysis	4,351,925			116,824				74
75	ASC (Non-Distinct Part)	3,354,206			562				75
76	WOUND CARE								76
76.01	OP ONCOLOGY	15,140,792							76.01
76.97	CARDIAC REHABILITATION	2,137,564							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	4,548,124							90
90.01	PERINATOLOGY CLINIC	23,789							90.01
90.02	OCCUPATIONAL HEALTH CLINIC								90.02
91	Emergency	106,809,709			1,472				91
92	Observation Beds (Non-Distinct Part)	20,697,224							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	805,387,035			5,754,387				200

(A) Worksheet A line numbers

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T172

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/MR

(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.)
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	0.256786						50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER	0.459888						50.02
51	Recovery Room	0.191314						51
53	Anesthesiology	0.056560						53
54	Radiology-Diagnostic	0.164124						54
54.01	BREAST DIAGNOSIS CENTER	0.235908						54.01
55	Radiology-Therapeutic	0.243218						55
56	Radioisotope	0.113737						56
57	CT Scan	0.032788						57
58	MRI	0.060578						58
59	Cardiac Catheterization	0.129393						59
60	Laboratory	0.163597						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	0.199253						65
65.01	SLEEP LAB	0.185221						65.01
66	Physical Therapy	0.278261						66
66.01	OP PHYSICAL THERAPY	0.248014						66.01
66.02	OP THERAPY SERVICES	0.231385						66.02
67	Occupational Therapy	0.333303						67
68	Speech Pathology	0.313547						68
69	Electrocardiology	0.111023						69
69.01	EP LAB	0.193643						69.01
69.02	VASCULAR SERVICES							69.02
70	Electroencephalography	0.208026						70
71	Medical Supplies Charged to Patients	0.341972						71
72	Impl. Dev. Charged to Patients	0.537401						72
73	Drugs Charged to Patients	0.267127						73
74	Renal Dialysis	0.289769						74
75	ASC (Non-Distinct Part)	1.167963						75
76	WOUND CARE							76
76.01	OP ONCOLOGY	0.250876						76.01
76.97	CARDIAC REHABILITATION	0.455256						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	0.547947						90
90.01	PERINATOLOGY CLINIC	3.289840						90.01
90.02	OCCUPATIONAL HEALTH CLINIC							90.02
91	Emergency	0.140757						91
92	Observation Beds (Non-Distinct Part)	0.425076						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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
PART I

Check  Title v  
 Applicable  Title XVIII, Part A  
 Boxes:  Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	2,807,662		2,807,662	53,447	52.53	5,323	279,617	30
31	Intensive Care Unit	636,890		636,890	7,432	85.70	729	62,475	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	199,088		199,088	4,007	49.69	203	10,087	41
42	Subprovider I								42
43	Nursery	108,479		108,479	2,461	44.08	1,782	78,551	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	3,752,119		3,752,119	67,347		8,037	430,730	200

(A) Worksheet A line numbers

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0172

WORKSHEET D  
PART II

Check [ ] Title v [XX] Hospital [ ] SUB (Other)  
 Applicable [ ] Title XVIII, Part A [ ] IPF  
 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	1,302,526	63,147,855	0.020627		50
50.01	SURGICENTER					50.01
50.02	SURGERY RECOVERY CENTER	37,979	5,464,338	0.006950		50.02
51	Recovery Room	43,784	11,504,341	0.003806		51
53	Anesthesiology	100,189	19,130,040	0.005237		53
54	Radiology-Diagnostic	626,628	41,653,251	0.015044		54
54.01	BREAST DIAGNOSIS CENTER	37,731	8,214,985	0.004593		54.01
55	Radiology-Therapeutic	302,427	12,068,008	0.025060		55
56	Radioisotope	77,636	15,407,103	0.005039		56
57	CT Scan	80,921	87,937,533	0.000920		57
58	MRI	27,976	23,026,948	0.001215		58
59	Cardiac Catheterization	236,869	46,066,256	0.005142		59
60	Laboratory	579,168	89,398,954	0.006478		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	122,441	20,695,971	0.005916		65
65.01	SLEEP LAB	39,613	2,935,479	0.013495		65.01
66	Physical Therapy	138,039	9,705,317	0.014223		66
66.01	OP PHYSICAL THERAPY	22,089	5,757,355	0.003837		66.01
66.02	OP THERAPY SERVICES	58,409	16,181,497	0.003610		66.02
67	Occupational Therapy	168,546	5,211,336	0.032342		67
68	Speech Pathology	13,023	1,913,309	0.006807		68
69	Electrocardiology	273,843	24,259,131	0.011288		69
69.01	EP LAB	97,567	4,088,924	0.023861		69.01
69.02	VASCULAR SERVICES					69.02
70	Electroencephalography	32,268	1,428,969	0.022581		70
71	Medical Supplies Charged to Patients	118,075	15,083,725	0.007828		71
72	Impl. Dev. Charged to Patients	246,296	20,119,495	0.012242		72
73	Drugs Charged to Patients	492,059	97,923,582	0.005025		73
74	Renal Dialysis	19,411	4,351,925	0.004460		74
75	ASC (Non-Distinct Part)	523,114	3,354,206	0.155958		75
76	WOUND CARE					76
76.01	OP ONCOLOGY	80,516	15,140,792	0.005318		76.01
76.97	CARDIAC REHABILITATION	17,887	2,137,564	0.008368		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	42,717	4,548,124	0.009392		90
90.01	PERINATOLOGY CLINIC	1,211	23,789	0.050906		90.01
90.02	OCCUPATIONAL HEALTH CLINIC					90.02
91	Emergency	742,830	106,809,709	0.006955		91
92	Observation Beds (Non-Distinct Part)	616,249	20,697,224	0.029774		92
<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	7,320,037	805,387,035			200

(A) Worksheet A line numbers

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

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

(A)	Cost Center Description	Nursing School	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.)
		1	2	3	4	5
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics General Routine Care)					30
31	Intensive Care Unit					31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics (General Routine Care)	53,447		5,323	30
31	Intensive Care Unit	7,432		729	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	4,007		203	41
42	Subprovider I				42
43	Nursery	2,461		1,782	43
44	Skilled Nursing Facility				44
45	Nursing Facility				45
200	Total (lines 30-199)	67,347		8,037	200

(A) Worksheet A line numbers

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0172

WORKSHEET D  
PART IV

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

(A)	Cost Center Description	1	2	3	4	5	6
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room						50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER						50.02
51	Recovery Room						51
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	BREAST DIAGNOSIS CENTER						54.01
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy						65
65.01	SLEEP LAB						65.01
66	Physical Therapy						66
66.01	OP PHYSICAL THERAPY						66.01
66.02	OP THERAPY SERVICES						66.02
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
69.01	EP LAB						69.01
69.02	VASCULAR SERVICES						69.02
70	Electroencephalography						70
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
75	ASC (Non-Distinct Part)						75
76	WOUND CARE						76
76.01	OP ONCOLOGY						76.01
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
90.01	PERINATOLOGY CLINIC						90.01
90.02	OCCUPATIONAL HEALTH CLINIC						90.02
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)						200

(A) Worksheet A line numbers

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0172

WORKSHEET D  
PART IV

Check [ ] Title v [XX] Hospital [ ] SUB (Other) [ ] ICF/MR [ ] PPS  
 Applicable [ ] Title XVIII, Part A [ ] IPF [ ] SNF [ ] TEFRA  
 Boxes: [XX] Title XIX [ ] IRF [ ] NF [XX] 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	63,147,855							50
50.01	SURGICENTER								50.01
50.02	SURGERY RECOVERY CENTER	5,464,338							50.02
51	Recovery Room	11,504,341							51
53	Anesthesiology	19,130,040							53
54	Radiology-Diagnostic	41,653,251							54
54.01	BREAST DIAGNOSIS CENTER	8,214,985							54.01
55	Radiology-Therapeutic	12,068,008							55
56	Radioisotope	15,407,103							56
57	CT Scan	87,937,533							57
58	MRI	23,026,948							58
59	Cardiac Catheterization	46,066,256							59
60	Laboratory	89,398,954							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	20,695,971							65
65.01	SLEEP LAB	2,935,479							65.01
66	Physical Therapy	9,705,317							66
66.01	OP PHYSICAL THERAPY	5,757,355							66.01
66.02	OP THERAPY SERVICES	16,181,497							66.02
67	Occupational Therapy	5,211,336							67
68	Speech Pathology	1,913,309							68
69	Electrocardiology	24,259,131							69
69.01	EP LAB	4,088,924							69.01
69.02	VASCULAR SERVICES								69.02
70	Electroencephalography	1,428,969							70
71	Medical Supplies Charged to Patients	15,083,725							71
72	Impl. Dev. Charged to Patients	20,119,495							72
73	Drugs Charged to Patients	97,923,582							73
74	Renal Dialysis	4,351,925							74
75	ASC (Non-Distinct Part)	3,354,206							75
76	WOUND CARE								76
76.01	OP ONCOLOGY	15,140,792							76.01
76.97	CARDIAC REHABILITATION	2,137,564							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	4,548,124							90
90.01	PERINATOLOGY CLINIC	23,789							90.01
90.02	OCCUPATIONAL HEALTH CLINIC								90.02
91	Emergency	106,809,709							91
92	Observation Beds (Non-Distinct Part)	20,697,224							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	805,387,035							200

(A) Worksheet A line numbers

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0172

WORKSHEET D  
PART V

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

(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.)
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	0.256786						50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER	0.459888						50.02
51	Recovery Room	0.191314						51
53	Anesthesiology	0.056560						53
54	Radiology-Diagnostic	0.164124						54
54.01	BREAST DIAGNOSIS CENTER	0.235908						54.01
55	Radiology-Therapeutic	0.243218						55
56	Radioisotope	0.113737						56
57	CT Scan	0.032788						57
58	MRI	0.060578						58
59	Cardiac Catheterization	0.129393						59
60	Laboratory	0.163597						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	0.199253						65
65.01	SLEEP LAB	0.185221						65.01
66	Physical Therapy	0.278261						66
66.01	OP PHYSICAL THERAPY	0.248014						66.01
66.02	OP THERAPY SERVICES	0.231385						66.02
67	Occupational Therapy	0.333303						67
68	Speech Pathology	0.313547						68
69	Electrocardiology	0.111023						69
69.01	EP LAB	0.193643						69.01
69.02	VASCULAR SERVICES							69.02
70	Electroencephalography	0.208026						70
71	Medical Supplies Charged to Patients	0.341972						71
72	Impl. Dev. Charged to Patients	0.537401						72
73	Drugs Charged to Patients	0.267127						73
74	Renal Dialysis	0.289769						74
75	ASC (Non-Distinct Part)	1.167963						75
76	WOUND CARE							76
76.01	OP ONCOLOGY	0.250876						76.01
76.97	CARDIAC REHABILITATION	0.455256						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	0.547947						90
90.01	PERINATOLOGY CLINIC	3.289840						90.01
90.02	OCCUPATIONAL HEALTH CLINIC							90.02
91	Emergency	0.140757						91
92	Observation Beds (Non-Distinct Part)	0.425076						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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T172

WORKSHEET D  
PART II

Check [ ] Title v [ ] Hospital [ ] SUB (Other)  
 Applicable [ ] Title XVIII, Part A [ ] IPF  
 Boxes: [XX] Title XIX [XX] 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	1,302,526	63,147,855	0.020627			50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER	37,979	5,464,338	0.006950			50.02
51	Recovery Room	43,784	11,504,341	0.003806			51
53	Anesthesiology	100,189	19,130,040	0.005237			53
54	Radiology-Diagnostic	626,628	41,653,251	0.015044			54
54.01	BREAST DIAGNOSIS CENTER	37,731	8,214,985	0.004593			54.01
55	Radiology-Therapeutic	302,427	12,068,008	0.025060			55
56	Radioisotope	77,636	15,407,103	0.005039			56
57	CT Scan	80,921	87,937,533	0.000920			57
58	MRI	27,976	23,026,948	0.001215			58
59	Cardiac Catheterization	236,869	46,066,256	0.005142			59
60	Laboratory	579,168	89,398,954	0.006478			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	122,441	20,695,971	0.005916			65
65.01	SLEEP LAB	39,613	2,935,479	0.013495			65.01
66	Physical Therapy	138,039	9,705,317	0.014223			66
66.01	OP PHYSICAL THERAPY	22,089	5,757,355	0.003837			66.01
66.02	OP THERAPY SERVICES	58,409	16,181,497	0.003610			66.02
67	Occupational Therapy	168,546	5,211,336	0.032342			67
68	Speech Pathology	13,023	1,913,309	0.006807			68
69	Electrocardiology	273,843	24,259,131	0.011288			69
69.01	EP LAB	97,567	4,088,924	0.023861			69.01
69.02	VASCULAR SERVICES						69.02
70	Electroencephalography	32,268	1,428,969	0.022581			70
71	Medical Supplies Charged to Patients	118,075	15,083,725	0.007828			71
72	Impl. Dev. Charged to Patients	246,296	20,119,495	0.012242			72
73	Drugs Charged to Patients	492,059	97,923,582	0.005025			73
74	Renal Dialysis	19,411	4,351,925	0.004460			74
75	ASC (Non-Distinct Part)	523,114	3,354,206	0.155958			75
76	WOUND CARE						76
76.01	OP ONCOLOGY	80,516	15,140,792	0.005318			76.01
76.97	CARDIAC REHABILITATION	17,887	2,137,564	0.008368			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	42,717	4,548,124	0.009392			90
90.01	PERINATOLOGY CLINIC	1,211	23,789	0.050906			90.01
90.02	OCCUPATIONAL HEALTH CLINIC						90.02
91	Emergency	742,830	106,809,709	0.006955			91
92	Observation Beds (Non-Distinct Part)		20,697,224				92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	6,703,788	805,387,035				200

(A) Worksheet A line numbers

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-T172

WORKSHEET D  
PART IV

Check [ ] Title v [ ] Hospital [ ] SUB (Other) [ ] ICF/MR [ ] PPS  
 Applicable [ ] Title XVIII, Part A [ ] IPF [ ] SNF [ ] TEFRA  
 Boxes: [XX] Title XIX [XX] IRF [ ] NF [XX] Other

(A)	Cost Center Description	1	2	3	4	5	6
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room						50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER						50.02
51	Recovery Room						51
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	BREAST DIAGNOSIS CENTER						54.01
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy						65
65.01	SLEEP LAB						65.01
66	Physical Therapy						66
66.01	OP PHYSICAL THERAPY						66.01
66.02	OP THERAPY SERVICES						66.02
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
69.01	EP LAB						69.01
69.02	VASCULAR SERVICES						69.02
70	Electroencephalography						70
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
75	ASC (Non-Distinct Part)						75
76	WOUND CARE						76
76.01	OP ONCOLOGY						76.01
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
90.01	PERINATOLOGY CLINIC						90.01
90.02	OCCUPATIONAL HEALTH CLINIC						90.02
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)						200

(A) Worksheet A line numbers

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-T172

WORKSHEET D  
PART IV

Check [ ] Title v [ ] Hospital [ ] SUB (Other) [ ] ICF/MR [ ] PPS  
 Applicable [ ] Title XVIII, Part A [ ] IPF [ ] SNF [ ] TEFRA  
 Boxes: [XX] Title XIX [XX] IRF [ ] NF [XX] 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)	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	63,147,855							50
50.01	SURGICENTER								50.01
50.02	SURGERY RECOVERY CENTER	5,464,338							50.02
51	Recovery Room	11,504,341							51
53	Anesthesiology	19,130,040							53
54	Radiology-Diagnostic	41,653,251							54
54.01	BREAST DIAGNOSIS CENTER	8,214,985							54.01
55	Radiology-Therapeutic	12,068,008							55
56	Radioisotope	15,407,103							56
57	CT Scan	87,937,533							57
58	MRI	23,026,948							58
59	Cardiac Catheterization	46,066,256							59
60	Laboratory	89,398,954							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	20,695,971							65
65.01	SLEEP LAB	2,935,479							65.01
66	Physical Therapy	9,705,317							66
66.01	OP PHYSICAL THERAPY	5,757,355							66.01
66.02	OP THERAPY SERVICES	16,181,497							66.02
67	Occupational Therapy	5,211,336							67
68	Speech Pathology	1,913,309							68
69	Electrocardiology	24,259,131							69
69.01	EP LAB	4,088,924							69.01
69.02	VASCULAR SERVICES								69.02
70	Electroencephalography	1,428,969							70
71	Medical Supplies Charged to Patients	15,083,725							71
72	Impl. Dev. Charged to Patients	20,119,495							72
73	Drugs Charged to Patients	97,923,582							73
74	Renal Dialysis	4,351,925							74
75	ASC (Non-Distinct Part)	3,354,206							75
76	WOUND CARE								76
76.01	OP ONCOLOGY	15,140,792							76.01
76.97	CARDIAC REHABILITATION	2,137,564							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	4,548,124							90
90.01	PERINATOLOGY CLINIC	23,789							90.01
90.02	OCCUPATIONAL HEALTH CLINIC								90.02
91	Emergency	106,809,709							91
92	Observation Beds (Non-Distinct Part)	20,697,224							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	805,387,035							200

(A) Worksheet A line numbers

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T172

WORKSHEET D  
PART V

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

(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.)
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	0.256786						50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER	0.459888						50.02
51	Recovery Room	0.191314						51
53	Anesthesiology	0.056560						53
54	Radiology-Diagnostic	0.164124						54
54.01	BREAST DIAGNOSIS CENTER	0.235908						54.01
55	Radiology-Therapeutic	0.243218						55
56	Radioisotope	0.113737						56
57	CT Scan	0.032788						57
58	MRI	0.060578						58
59	Cardiac Catheterization	0.129393						59
60	Laboratory	0.163597						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	0.199253						65
65.01	SLEEP LAB	0.185221						65.01
66	Physical Therapy	0.278261						66
66.01	OP PHYSICAL THERAPY	0.248014						66.01
66.02	OP THERAPY SERVICES	0.231385						66.02
67	Occupational Therapy	0.333303						67
68	Speech Pathology	0.313547						68
69	Electrocardiology	0.111023						69
69.01	EP LAB	0.193643						69.01
69.02	VASCULAR SERVICES							69.02
70	Electroencephalography	0.208026						70
71	Medical Supplies Charged to Patients	0.341972						71
72	Impl. Dev. Charged to Patients	0.537401						72
73	Drugs Charged to Patients	0.267127						73
74	Renal Dialysis	0.289769						74
75	ASC (Non-Distinct Part)	1.167963						75
76	WOUND CARE							76
76.01	OP ONCOLOGY	0.250876						76.01
76.97	CARDIAC REHABILITATION	0.455256						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	0.547947						90
90.01	PERINATOLOGY CLINIC	3.289840						90.01
90.02	OCCUPATIONAL HEALTH CLINIC							90.02
91	Emergency	0.140757						91
92	Observation Beds (Non-Distinct Part)	0.425076						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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0172

WORKSHEET D-1  
PART I

Check [ ] Title V - I/P [XX] Hospital [ ] SUB (Other) [ ] ICF/MR [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)	53,447	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	53,447	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	41,716	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)	21,615	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	40,083,725	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	40,083,725	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	40,083,725	37

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0172

WORKSHEET D-1  
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						749.97	38
39	Program general inpatient routine service cost (line 9 x line 38)						16,210,602	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)						16,210,602	41
		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		
42	Nursery (Titles V and XIX only)							42
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit	12,739,536	7,432	1,714.15	4,173	7,153,148		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)						29,300,149	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						52,663,899	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						1,493,062	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						1,232,235	51
52	Total Program excludable cost (sum of lines 50 and 51)						2,725,297	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						49,938,602	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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0172

WORKSHEET D-1  
PARTS III & IV

Check  Title V - I/P                     Hospital                     SUB (Other)                     ICF/MR                     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)					11,731	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					749.97	88
89	Observation bed cost (line 87 x line 88) (see instructions)					8,797,898	89
		Cost	Routine Cost (from line 27)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	2,807,662	40,083,725	0.070045	8,797,898	616,249	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T172

WORKSHEET D-1  
PART I

Check [ ] Title V - I/P [ ] Hospital [ ] SUB (Other) [ ] ICF/MR [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)	4,007	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,007	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)	4,007	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)	2,720	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)	3,360,912	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)	3,360,912	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)	3,360,912	37

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T172

WORKSHEET D-1  
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	838.76	38
39	Program general inpatient routine service cost (line 9 x line 38)	2,281,427	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	2,281,427	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,528,075	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	3,809,502	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	135,157	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	88,299	51
52	Total Program excludable cost (sum of lines 50 and 51)	223,456	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	3,586,046	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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0172

WORKSHEET D-1  
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	53,447	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	53,447	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	41,716	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	5,323	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)	2,461	15
16	Nursery days (title V or XIX only)	1,782	16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	40,052,808	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	40,052,808	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	40,052,808	37

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0172

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)					749.39	38	
39	Program general inpatient routine service cost (line 9 x line 38)					3,989,003	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)					3,989,003	41	
42	Nursery (Titles V and XIX only)	1,916,692	2,461	778.83	1,782	1,387,875	42	
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit	12,739,536	7,432	1,714.15	729	1,249,615	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)						48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					6,626,493	49	

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					420,643	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51
52	Total Program excludable cost (sum of lines 50 and 51)					420,643	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0172

WORKSHEET D-1  
PARTS III & IV

Check  Title V - I/P                     Hospital                     SUB (Other)                     ICF/MR                     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)					11,731	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 27)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T172

WORKSHEET D-1  
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,007	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,007	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)	4,007	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)	203	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)	3,353,791	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)	3,353,791	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)	3,353,791	37

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T172

WORKSHEET D-1  
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	836.98	38
39	Program general inpatient routine service cost (line 9 x line 38)	169,907	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)	169,907	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	169,907	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	10,087	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51
52	Total Program excludable cost (sum of lines 50 and 51)	10,087	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)		53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0172

WORKSHEET D-3

Check [ ] Title V [XX] Hospital [ ] SUB (Other) [ ] Swing Bed SNF [XX] PPS  
 Applicable [XX] Title XVIII, Part A [ ] IPF [ ] SNF [ ] Swing Bed NF [ ] TEFRA  
 Boxes: [ ] Title XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] 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		35,063,511		30
31	Intensive Care Unit		12,470,572		31
41	Subprovider - IRF				41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.262772	9,998,966	2,627,448	50
50.01	SURGICENTER				50.01
50.02	SURGERY RECOVERY CENTER	0.459888			50.02
51	Recovery Room	0.191314	1,470,865	281,397	51
53	Anesthesiology	0.056560	2,767,597	156,535	53
54	Radiology-Diagnostic	0.164124	7,861,247	1,290,219	54
54.01	BREAST DIAGNOSIS CENTER	0.235926	6,101	1,439	54.01
55	Radiology-Therapeutic	0.243218	521,071	126,734	55
56	Radioisotope	0.113737	1,569,635	178,526	56
57	CT Scan	0.032788	14,522,888	476,176	57
58	MRI	0.060578	2,578,888	156,224	58
59	Cardiac Catheterization	0.129393	11,200,958	1,449,326	59
60	Laboratory	0.163597	25,984,439	4,250,976	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.199698	9,638,702	1,924,830	65
65.01	SLEEP LAB	0.189353	6,105	1,156	65.01
66	Physical Therapy	0.278261	1,529,669	425,647	66
66.01	OP PHYSICAL THERAPY	0.248014			66.01
66.02	OP THERAPY SERVICES	0.231385			66.02
67	Occupational Therapy	0.333303	1,080,209	360,037	67
68	Speech Pathology	0.313547	657,484	206,152	68
69	Electrocardiology	0.111801	5,640,484	630,612	69
69.01	EP LAB	0.193643	950,709	184,098	69.01
69.02	VASCULAR SERVICES				69.02
70	Electroencephalography	0.208026	220,354	45,839	70
71	Medical Supplies Charged to Patients	0.341972	3,342,798	1,143,143	71
72	Impl. Dev. Charged to Patients	0.537401	5,329,794	2,864,237	72
73	Drugs Charged to Patients	0.267127	24,628,951	6,579,058	73
74	Renal Dialysis	0.289769	2,463,897	713,961	74
75	ASC (Non-Distinct Part)	1.167963	20,243	23,643	75
76	WOUND CARE				76
76.01	OP ONCOLOGY	0.250876	98,468	24,703	76.01
76.97	CARDIAC REHABILITATION	0.455832			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	0.547947	2,336	1,280	90
90.01	PERINATOLOGY CLINIC	3.289840			90.01
90.02	OCCUPATIONAL HEALTH CLINIC				90.02
91	Emergency	0.146623	11,391,292	1,670,225	91
92	Observation Beds (Non-Distinct Part)	0.425076	3,544,137	1,506,528	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		149,028,287	29,300,149	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		149,028,287		202

(A) Worksheet A line numbers

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T172

WORKSHEET D-3

Check [ ] Title V [ ] Hospital [ ] SUB (Other) [ ] Swing Bed SNF [XX] PPS  
 Applicable [XX] Title XVIII, Part A [ ] IPF [ ] SNF [ ] Swing Bed NF [ ] TEFRA  
 Boxes: [ ] Title XIX [XX] IRF [ ] NF [ ] ICF/MR [ ] 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		4,407,171		41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.262772	76,281	20,045	50
50.01	SURGICENTER				50.01
50.02	SURGERY RECOVERY CENTER	0.459888			50.02
51	Recovery Room	0.191314	6,330	1,211	51
53	Anesthesiology	0.056560	7,686	435	53
54	Radiology-Diagnostic	0.164124	114,684	18,822	54
54.01	BREAST DIAGNOSIS CENTER	0.235926			54.01
55	Radiology-Therapeutic	0.243218			55
56	Radioisotope	0.113737	6,545	744	56
57	CT Scan	0.032788	127,370	4,176	57
58	MRI	0.060578	50,497	3,059	58
59	Cardiac Catheterization	0.129393	2,287	296	59
60	Laboratory	0.163597	698,567	114,283	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.199698	244,274	48,781	65
65.01	SLEEP LAB	0.189353			65.01
66	Physical Therapy	0.278261	1,507,056	419,355	66
66.01	OP PHYSICAL THERAPY	0.248014			66.01
66.02	OP THERAPY SERVICES	0.231385			66.02
67	Occupational Therapy	0.333303	1,522,984	507,615	67
68	Speech Pathology	0.313547	359,810	112,817	68
69	Electrocardiology	0.111801	30,556	3,416	69
69.01	EP LAB	0.193643	897	174	69.01
69.02	VASCULAR SERVICES				69.02
70	Electroencephalography	0.208026	4,267	888	70
71	Medical Supplies Charged to Patients	0.341972	42,164	14,419	71
72	Impl. Dev. Charged to Patients	0.537401	833	448	72
73	Drugs Charged to Patients	0.267127	832,441	222,367	73
74	Renal Dialysis	0.289769	116,824	33,852	74
75	ASC (Non-Distinct Part)	1.167963	562	656	75
76	WOUND CARE				76
76.01	OP ONCOLOGY	0.250876			76.01
76.97	CARDIAC REHABILITATION	0.455832			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	0.547947			90
90.01	PERINATOLOGY CLINIC	3.289840			90.01
90.02	OCCUPATIONAL HEALTH CLINIC				90.02
91	Emergency	0.146623	1,472	216	91
92	Observation Beds (Non-Distinct Part)	0.425076			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		5,754,387	1,528,075	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		5,754,387		202

(A) Worksheet A line numbers

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0172

WORKSHEET D-3

Check [ ] Title v [XX] Hospital [ ] SUB (Other) [ ] Swing Bed SNF [ ] PPS  
 Applicable [ ] Title XVIII, Part A [ ] IPF [ ] SNF [ ] Swing Bed NF [ ] TEFRA  
 Boxes: [XX] Title XIX [ ] IRF [ ] NF [ ] ICF/MR [XX] 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				41
43	Nursery				43
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.256786			50
50.01	SURGICENTER				50.01
50.02	SURGERY RECOVERY CENTER	0.459888			50.02
51	Recovery Room	0.191314			51
53	Anesthesiology	0.056560			53
54	Radiology-Diagnostic	0.164124			54
54.01	BREAST DIAGNOSIS CENTER	0.235908			54.01
55	Radiology-Therapeutic	0.243218			55
56	Radioisotope	0.113737			56
57	CT Scan	0.032788			57
58	MRI	0.060578			58
59	Cardiac Catheterization	0.129393			59
60	Laboratory	0.163597			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.199253			65
65.01	SLEEP LAB	0.185221			65.01
66	Physical Therapy	0.278261			66
66.01	OP PHYSICAL THERAPY	0.248014			66.01
66.02	OP THERAPY SERVICES	0.231385			66.02
67	Occupational Therapy	0.333303			67
68	Speech Pathology	0.313547			68
69	Electrocardiology	0.111023			69
69.01	EP LAB	0.193643			69.01
69.02	VASCULAR SERVICES				69.02
70	Electroencephalography	0.208026			70
71	Medical Supplies Charged to Patients	0.341972			71
72	Impl. Dev. Charged to Patients	0.537401			72
73	Drugs Charged to Patients	0.267127			73
74	Renal Dialysis	0.289769			74
75	ASC (Non-Distinct Part)	1.167963			75
76	WOUND CARE				76
76.01	OP ONCOLOGY	0.250876			76.01
76.97	CARDIAC REHABILITATION	0.455256			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	0.547947			90
90.01	PERINATOLOGY CLINIC	3.289840			90.01
90.02	OCCUPATIONAL HEALTH CLINIC				90.02
91	Emergency	0.140757			91
92	Observation Beds (Non-Distinct Part)	0.425076			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T172

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: [XX] Title XIX [XX] IRF [ ] NF [ ] ICF/MR [XX] 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				41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.256786			50
50.01	SURGICENTER				50.01
50.02	SURGERY RECOVERY CENTER	0.459888			50.02
51	Recovery Room	0.191314			51
53	Anesthesiology	0.056560			53
54	Radiology-Diagnostic	0.164124			54
54.01	BREAST DIAGNOSIS CENTER	0.235908			54.01
55	Radiology-Therapeutic	0.243218			55
56	Radioisotope	0.113737			56
57	CT Scan	0.032788			57
58	MRI	0.060578			58
59	Cardiac Catheterization	0.129393			59
60	Laboratory	0.163597			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.199253			65
65.01	SLEEP LAB	0.185221			65.01
66	Physical Therapy	0.278261			66
66.01	OP PHYSICAL THERAPY	0.248014			66.01
66.02	OP THERAPY SERVICES	0.231385			66.02
67	Occupational Therapy	0.333303			67
68	Speech Pathology	0.313547			68
69	Electrocardiology	0.111023			69
69.01	EP LAB	0.193643			69.01
69.02	VASCULAR SERVICES				69.02
70	Electroencephalography	0.208026			70
71	Medical Supplies Charged to Patients	0.341972			71
72	Impl. Dev. Charged to Patients	0.537401			72
73	Drugs Charged to Patients	0.267127			73
74	Renal Dialysis	0.289769			74
75	ASC (Non-Distinct Part)	1.167963			75
76	WOUND CARE				76
76.01	OP ONCOLOGY	0.250876			76.01
76.97	CARDIAC REHABILITATION	0.455256			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	0.547947			90
90.01	PERINATOLOGY CLINIC	3.289840			90.01
90.02	OCCUPATIONAL HEALTH CLINIC				90.02
91	Emergency	0.140757			91
92	Observation Beds (Non-Distinct Part)	0.425076			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	34,766,774			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	11,588,925			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)	484,098			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	7,434,084			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	258.86			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)	124.92			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)	9.24			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).	-18.02			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)	97.66			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	97.71			10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)	97.66			12
13	Total allowable FTE count for the prior year	85.86			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	80.83			14
15	Sum of lines 12 through 14 divided by 3	88.12			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	88.12			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.340416			19
20	Prior year resident to bed ratio (see instructions)	0.294570			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.294570			21
22	IME payment adjustment (see instructions)	8,004,135			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)	0.05			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)	8,004,135			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)	0.0462			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2441			31
32	Sum of lines 30 and 31	0.2903			32
33	Allowable disproportionate share percentage (see instructions)	0.1316			33
34	Disproportionate share adjustment (see instructions)	1,525,103			34
		<b>Prior to October 1</b>	<b>On or after October 1</b>		
	<b>Uncompensated Care Adjustment</b>				
35	Total uncompensated care amount (see instructions)	9,046,380,143			35
35.01	Factor 3 (see instructions)	0.000614470			35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	5,558,729	3,908,441		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	4,157,624	985,142		35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	5,142,766			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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	61,511,801			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)	61,511,801			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	4,680,403			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)	3,613,776			52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies				54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)				58
59	Total (sum of amounts on lines 49 through 58)	69,805,980			59
60	Primary payer payments	7,379			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	69,798,601			61
62	Deductibles billed to program beneficiaries	4,411,360			62
63	Coinsurance billed to program beneficiaries	283,864			63
64	Allowable bad debts (see instructions)	1,999,511			64
65	Adjusted reimbursable bad debts (see instructions)	1,299,682			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,067,090			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	66,403,059			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 (ADJUSTMENTS)	-148,889			70
70.93	HVBP payment adjustment amount (see instructions)	-49,604			70.93
70.94	HRR adjustment amount (see instructions)	-522,762			70.94
71	Amount due provider (see instructions)	65,681,804			71
71.01	Sequestration adjustment (see instructions)	1,313,636			71.01
72	Interim payments	61,624,614			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	2,743,554			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	280,791			75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

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

HSP Bonus Payment Amount

Prior to 10/1      On or After 10/1

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

Prior to 10/1      On or After 10/1

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

HRR Adjustment for HSP Bonus Payment

Prior to 10/1      On or After 10/1

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION

EXHIBIT 5

	(Amt. from Wkst. E, Pt. A or L Pt. I)	Prior to 10/1	(2.01)	On or after 10/1	(3.01)	Total (cols. 2 and 3)	
	(1)	(2)	(2.01)	(3)	(3.01)	(4)	
1	DRG Amounts Other Than Outlier Payments						1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1						1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1						1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1						1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1						1.04
2	Outlier payments for discharges						2
2.01	Outlier payment for discharges for Model 4 BPCI						2.01
3	Operating outlier reconciliation						3
4	Managed Care Simulated Payments						4
	<b>Indirect Medical Education Adjustment</b>						
5	Amount from Worksheet E Part A, line 21						5
6	IME payment adjustment						6
6.01	IME payment adjustment for managed care						6.01
	<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>						
7	IME payment adjustment factor						7
8	IME add-on adjustment amount						8
8.01	IME payment adjustment add-on for managed care						8.01
9	Total IME payment (sum of lines 6 and 8)						9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)						9.01
	<b>Disproportionate Share Adjustment</b>						
10	Allowable disproportionate share percentage						10
11	Disproportionate share adjustment						11
11.01	Uncompensated care payments						11.01
	<b>Additional payment for high percentage of ESRD beneficiary discharges</b>						
12	Total ESRD additional payment						12
13	Subtotal						13
14	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.)						14
15	Total payment for inpatient operating costs SCH and MDH only						15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)						16
17	Special add-on payments for new technologies						17
17.01	Net organ acquisition cost (Wkst. D-4 Pt. III, col 1, line 69)						17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG						17.02
18	Capital outlier reconciliation adjustment amount						18
19	<b>SUBTOTAL</b>						19
20	Capital DRG other than outlier						20
20.01	Model 4 BPCI Capital DRG other than outlier						20.01
21	Capital DRG outlier payments						21
21.01	Model 4 BPCI Capital DRG outlier payments						21.01
22	Indirect medical education percentage						22
23	Indirect medical education adjustment						23
24	Allowable disproportionate share percentage						24
25	Disproportionate share adjustment						25
26	Total prospective capital payments						26
27							27
28	Low volume adjustment prior to October 1						28
29	Low volume adjustment on or after October 1						29
30	HVBP payment adjustment						30
30.01	HVBP payment adjustment for HSP bonus payment						30.01
31	HRR adjustment						31
31.01	HRR adjustment for HSP bonus payment						31.01
32	HAC Reduction Program adjustment						32

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0172

WORKSHEET E  
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (see instructions)	24,634,439			2
3	PPS payments	25,010,492			3
4	Outlier payment (see instructions)	38,747			4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	<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)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	25,049,239			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)	5,131,116			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)	19,918,123			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	1,574,763			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	21,492,886			30
31	Primary payer payments	28,420			31
32	Subtotal (line 30 minus line 31)	21,464,466			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)	1,201,754			34
35	Adjusted reimbursable bad debts (see instructions)	781,140			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	841,953			36
37	Subtotal (see instructions)	22,245,606			37
38	MSP-LCC reconciliation amount from PS&R	334			38
39	Other adjustments (FDO EFFECT)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	22,245,272			40
40.01	Sequestration adjustment (see instructions)	444,905			40.01
41	Interim payments	21,399,702			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	400,665			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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T172

WORKSHEET E  
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (see instructions)				2
3	PPS payments				3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)	0.850			5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	<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)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)				24
	<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)				27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)				30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)				32
	<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)				37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments ( )				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)				40
40.01	Sequestration adjustment (see instructions)				40.01
41	Interim payments				41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0172

WORKSHEET E-1  
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B			
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4		
1	Total interim payments paid to provider		60,644,612		21,187,749	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	09/15/2014	628,293	09/15/2014	170,228	3.01
		.02	12/09/2014	351,709	12/09/2014	41,725	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		980,002		211,953	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)			61,624,614		21,399,702	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	Determined net settlement amount (balance due) based on the cost report (1)	.01		4,057,190		845,570	6.01
		.02					6.02
7	Total Medicare program liability (see instructions)			65,681,804		22,245,272	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.

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-T172

WORKSHEET E-1  
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		4,319,927			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	09/15/2014	35,580		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		-35,580		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)			4,284,347		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	Determined net settlement amount (balance due) based on the cost report (1)	.01		93,842		6.01
		.02				6.02
7	Total Medicare program liability (see instructions)			4,378,189		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.

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT**

**WORKSHEET E-1  
PART II**

Check  Hospital  CAH  
applicable box:

**TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS**

**HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION**

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	12,753	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	25,788	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	3,904	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	49,148	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	917,927,251	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	21,037,911	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)	2,003,663	8
9	Sequestration adjustment amount (see instructions)	40,073	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	1,963,590	10

**INPATIENT HOSPITAL SERVICES UNDER PPS & CAH**

30	Initial/interim HIT payment(s)	2,269,706	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	-306,116	32

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T172

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)	3,912,690		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.013400		2
3	Inpatient Rehabilitation LIP payments (see instructions)	122,467		3
4	Outlier payments	26,995		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)	1.30		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 §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)	0.97		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)	0.97		9
10	Average daily census (see instructions)	10.978082		10
11	Teaching Adjustment Factor (see instructions)	0.089861		11
12	Teaching Adjustment (see instructions)	351,598		12
13	Total PPS Payment (see instructions)	4,413,750		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)	4,413,750		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	4,413,750		19
20	Deductibles	32,800		20
21	Subtotal (line 19 minus line 20)	4,380,950		21
22	Coinsurance	6,384		22
23	Subtotal (line 21 minus line 22)	4,374,566		23
24	Allowable bad debts (exclude bad debts for professional services) (see instructions)	5,574		24
25	Adjusted reimbursable bad debts (see instructions)	3,623		25
26	Allowable bad debts for dual eligible beneficiaries (see instructions)	4,606		26
27	Subtotal (sum of lines 23 and 25)	4,378,189		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)			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)	4,378,189		32
32.01	Sequestration adjustment (see instructions)	87,564		32.01
33	Interim payments	4,284,347		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 33 and 34)	6,278		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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0172

WORKSHEET E-3  
PART VII

Check  Title V  Hospital  NF  PPS  
 Applicable  Title XIX  SUB (Other)  ICF/MR  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	Inpatient hospital/SNF/NF services	6,626,493		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	6,626,493		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	6,626,493		7
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>REASONABLE CHARGES</b>				
8	Routine service charges	2,459,906		8
9	Ancillary service charges			9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)	2,459,906		12
<b>CUSTOMARY CHARGES</b>				
13	Amount actually collected from patients liable for payment for services on a cahрге basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)	2,459,906		16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	4,166,587		18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)	2,459,906		21
<b>PROSPECTIVE PAYMENT AMOUNT</b>				
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)	2,459,906		29
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30	Excess of reasonable cost (from line 18)	4,166,587		30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	2,459,906		31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)	2,459,906		36
37	OTHER ADJUSTMENTS (REMOVE IP COSTS)			37
38	Subtotal (line 36 ± line 37)	2,459,906		38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)	2,459,906		40
41	Interim payments	2,459,906		41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T172

WORKSHEET E-3  
PART VII

Check  Title V  Hospital  NF  PPS  
 Applicable  Title XIX  Subprovider IRF  ICF/MR  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	Inpatient hospital/SNF/NF services	169,907		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	169,907		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	169,907		7
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>REASONABLE CHARGES</b>				
8	Routine service charges			8
9	Ancillary service charges			9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)			12
<b>CUSTOMARY CHARGES</b>				
13	Amount actually collected from patients liable for payment for services on a cahрге basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)			16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	169,907		18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)			21
<b>PROSPECTIVE PAYMENT AMOUNT</b>				
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)			29
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30	Excess of reasonable cost (from line 18)	169,907		30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)			31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)			38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)			40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

Check [ ] Title V  
Applicable [XX] Title XVIII  
Box: [ ] Title XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996		128.25	
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)		2	
3	Amount of reduction to Direct GME cap under §422 of MMA		10.23	
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)		3.01	
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))		-18.05	
4.01	ACA §5503 increase to the direct GME FTE cal (see instructions for cost reporting periods straddling 7/1/2011)		4.01	
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)		4.02	
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)		99.97	
6	Unweighted resident FTE count for allopathic and osteopathic programs for teh current year from your records (see instructions)		98.65	
7	Enter the lesser of line 5 or line 6		98.65	
		Primary Care 1	Other 2	Total 3
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	38.75	51.45	90.20
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	38.75	51.45	90.20
10	Weighted dental and podiatric resident FTE count for the current year		0.00	
11	Total weighted FTE count	38.75	51.45	
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	26.29	52.71	
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	17.61	58.02	
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	27.55	54.06	
15	Adjustment for residents in initial years of new programs	0.00	0.00	
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00	
17	Adjusted rolling average FTE count	27.55	54.06	
18	Per resident amount	107,674.71	104,741.92	
19	Approved amount for resident costs	2,966,438	5,662,348	8,628,786
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			
21	Direct GME FTE unweighted resident count over cap (see instructions)			
22	Allowable additional direct GME FTE resident count (see instructions)			
23	Enter the locality adjustment national average per resident amount (see instructions)			
24	Multiply line 22 times line 23			
25	Total direct GME amount (sum of lines 19 and 24)			8,628,786
COMPUTATION OF PROGRAM PATIENT LOAD				
26	Inpatient days (see instructions)	28,596	4,122	
27	Total inpatient days (see instructions)	53,443	53,443	
28	Ratio of inpatient days to total inpatient days	0.535075	0.077129	
29	Program direct GME amount	4,617,048	665,530	
30	Reduction for direct GME payments for Medicare Advantage		94,039	
31	Net Program direct GME amount			5,188,539
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			4,351,925
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			
35	Medicare outpatient ESRD charges (see instructions)			
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
Part A Reasonable Cost				
37	Reasonable cost (see instructions)			56,473,401
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			
39	Cost of physicians' services in a teaching hospital (see instructions)			
40	Primary payer payments (see instructions)			7,379
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			56,466,022
Part B Reasonable Cost				
42	Reasonable cost (see instructions)			24,634,439
43	Primary payer payments (see instructions)			28,420
44	Total Part B reasonable cost (line 42 minus line 43)			24,606,019
45	Total reasonable cost (sum of lines 41 and 44)			81,072,041
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.696492
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.303508
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	Total program GME payment (line 31)			5,188,539
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			3,613,776
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			1,574,763

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

**WORKSHEET E-4**

Check  Title V  
 Applicable  Title XVIII  
 Box:  Title XIX

<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			1	
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)			2	
3	Amount of reduction to Direct GME cap under §422 of MMA			3	
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)			3.01	
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			4	
4.01	ACA §5503 increase to the direct GME FTE cal (see instructions for cost reporting periods straddling 7/1/2011)			4.01	
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			4.02	
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			5	
6	Unweighted resident FTE count for allopathic and osteopathic programs for teh current year from your records (see instructions)			6	
7	Enter the lesser of line 5 or line 6			7	
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.00	0.00	0.00	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
11	Total weighted FTE count	0.00	0.00		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
17	Adjusted rolling average FTE count	0.00	0.00		17
18	Per resident amount	0.00	0.00		18
19	Approved amount for resident costs				19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)				21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)				25
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	6,255	4,899		26
27	Total inpatient days (see instructions)	53,443	53,443		27
28	Ratio of inpatient days to total inpatient days	0.117041	0.091668		28
29	Program direct GME amount				29
30	Reduction for direct GME payments for Medicare Advantage				30
31	Net Program direct GME amount				31
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>					
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)				33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
<b>APPORTIONMENT OF MEDICARE REASONABLE COST OF GME</b>					
<b>Part A Reasonable Cost</b>					
37	Reasonable cost (see instructions)				37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)				40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)				41
<b>Part B Reasonable Cost</b>					
42	Reasonable cost (see instructions)				42
43	Primary payer payments (see instructions)				43
44	Total Part B reasonable cost (line 42 minus line 43)				44
45	Total reasonable cost (sum of lines 41 and 44)				45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)				46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)				47
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>					
48	Total program GME payment (line 31)				48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)				49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)				50

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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
<b>Assets</b> (Omit Cents)		1	2	3	4	
<b>CURRENT ASSETS</b>						
1	Cash on hand and in banks	472,156				1
2	Temporary investments	10,248,778				2
3	Notes receivable					3
4	Accounts receivable	59,773,394				4
5	Other receivables	29,059,730				5
6	Allowances for uncollectible notes and accounts receivable	-16,478,517				6
7	Inventory	7,374,035				7
8	Prepaid expenses	1,942,492				8
9	Other current assets	1,204,469				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	93,596,537				11
<b>FIXED ASSETS</b>						
12	Land	7,320,500				12
13	Land improvements	3,932,787				13
14	Accumulated depreciation	-3,144,658				14
15	Buildings	113,934,056				15
16	Accumulated depreciation	-51,691,871				16
17	Leasehold improvements	1,075,647				17
18	Accumulated depreciation	-307,614				18
19	Fixed equipment	94,880,586				19
20	Accumulated depreciation	-45,144,464				20
21	Audomobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	81,298,085				23
24	Accumulated depreciation	-67,288,806				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)	134,864,248				30
<b>OTHER ASSETS</b>						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	7,520,574				34
35	Total other assets (sum of lines 31-34)	7,520,574				35
36	Total assets (sum of lines 11, 30 and 35)	235,981,359				36
<b>Liabilities and Fund Balances</b> (Omit Cents)						
		1	2	3	4	
<b>CURRENT LIABILITIES</b>						
37	Accounts payable	18,054,022				37
38	Salaries, wages and fees payable	7,224,229				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)					40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	15,200,110				44
45	Total current liabilities (sum of lines 37 thru 44)	40,478,361				45
<b>LONG TERM LIABILITIES</b>						
46	Mortgage payable					46
47	Notes payable	2,151,240				47
48	Unsecured loans					48
49	Other long term liabilities	-13,403,772				49
50	Total long term liabilities (sum of lines 46 thru 49)	-11,252,532				50
51	Total liabilities (sum of lines 45 and 50)	29,225,829				51
<b>CAPITAL ACCOUNTS</b>						
52	General fund balance	206,755,530				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

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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	
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)	206,755,530				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	235,981,359				60

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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**STATEMENT OF CHANGES IN FUND BALANCES**

**WORKSHEET G-1**

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	Fund balances at beginning of period		210,341,018			1
2	Net income (loss) (from Worksheet G-3, line 29)		2,931,015			2
3	Total (sum of line 1 and line 2)		213,272,033			3
4	Additions (credit adjustments) (specify)					4
5						5
6						6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)		213,272,033			11
12	Deductions (debit adjustments) (specify)					12
13	TRANSFERS TO AFFILIATES	6,516,503				13
14						14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)		6,516,503			18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		206,755,530			19

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
1	Hospital	69,026,139		69,026,139	1
2	Subprovider IPF				2
3	Subprovider IRF	6,453,219		6,453,219	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)	75,479,358		75,479,358	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	Intensive Care Unit	21,874,210		21,874,210	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)	21,874,210		21,874,210	16
17	Total inpatient routine care services (sum of lines 10 and 16)	97,353,568		97,353,568	17
18	Ancillary services	312,179,894	502,812,563	814,992,457	18
19	Outpatient services		4,444,872	4,444,872	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FOHC)				21
22	Home health agency		5,577,169	5,577,169	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	<b>PHYSICIANS REVENUE</b>	2,127,173	8,017,023	10,144,196	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	411,660,635	520,851,627	932,512,262	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		280,363,612	29
30	Add (specify)			30
31				31
32	LOSS ON DISPOSAL OF ASSETS	602,673		32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)		602,673	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)		280,966,285	43

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	932,512,262	1
2	Less contractual allowances and discounts on patients' accounts	663,156,461	2
3	Net patient revenues (line 1 minus line 2)	269,355,801	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	280,966,285	4
5	Net income from service to patients (line 3 minus line 4)	-11,610,484	5

OTHER INCOME

6	Contributions, donations, bequests, etc.	1,166,467	6
7	Income from investments	159,864	7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts	1,331,929	10
11	Rebates and refunds of expenses		11
12	Parking lot receipts	58,396	12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	857,559	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	39,387	18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen	322,679	20
21	Rental of vending machines	28,108	21
22	Rental of hosptial space	2,506,622	22
23	Governmental appropriations		23
24	Other (specify)		24
24.0	Other (EMERGENCY MEDICAL TECHNICIAN REVENU)		24.0
1			1
24.0	Other (BILLING SERVICES)		24.0
2			2
24.0	Other (DIABETES CENTER)	5,260	24.0
3			3
24.0	Other (ANSWERING SERVICE REVENUE)	88,340	24.0
4			4
24.0	Other (RADIOLOGY REVENUE)		24.0
5			5
24.0	Other (HOSPICE REVENUE)	246,246	24.0
6			6
24.0	Other (OB/NURSERY OTHER REVENUES)		24.0
7			7
24.0	Other (OTHER NON OPERATING REVENUE)		24.0
8			8
24.0	Other (DIETARY SPECIAL FUNCTIONS)		24.0
9			9
24.1	Other (RETAIL PHARMACY)	2,402,888	24.1
0			0
24.1	Other (FITNESS CENTER)	2,680,027	24.1
1			1
24.1	Other (THIRD PARTY AUDIT FEES)		24.1
2			2
24.1	Other (EKG OTHER REVENUE)		24.1
3			3
24.1	Other (SENIOR SERVICES)		24.1
4			4
24.1	Other (OTHER NON-OPERATING EXPENSES)		24.1
5			5
24.1	Other (UNREALIZED GAIN ON INVESTMENTS)		24.1
6			6
24.1	Other (MEANINGFUL USE REVENUE)	2,593,781	24.1
7			7
24.1	Other (ASSETS RELEASED FROM REST OR OPERAT)		24.1
8			8
24.1	Other (OTHER MISCELLANEOUS REVENUE, NET)	53,946	24.1
9			9
25	Total other income (sum of lines 6-24)	14,541,499	25
26	Total (line 5 plus line 25)	2,931,015	26
29	Net income (or loss) for the period (line 26 minus line 28)	2,931,015	29

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7267

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	794,156	222,365	489		106,693	5
	<b>HHA REIMBURSABLE SERVICES</b>						
6	Skilled Nursing Care	1,479,748	414,330	64,703			6
7	Physical Therapy	74,612	20,891	987	707,180		7
8	Occupational Therapy	14,444	4,044		194,049		8
9	Speech Pathology	7,527	2,107	37	27,607		9
10	Medical Social Services	583	163		15,400		10
11	Home Health Aide	177,448	49,685	17,894			11
12	Supplies (see instructions)					68,716	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)	2,548,518	713,585	84,110	944,236	175,409	24

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7267

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENT S	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	1,123,703	-317,107	806,596	-442	806,154	5
	<b>HHA REIMBURSABLE SERVICES</b>						
6	Skilled Nursing Care	1,958,781		1,958,781		1,958,781	6
7	Physical Therapy	803,670		803,670		803,670	7
8	Occupational Therapy	212,537		212,537		212,537	8
9	Speech Pathology	37,278		37,278		37,278	9
10	Medical Social Services	16,146		16,146		16,146	10
11	Home Health Aide	245,027		245,027		245,027	11
12	Supplies (see instructions)	68,716		68,716		68,716	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)	4,465,858	-317,107	4,148,751	-442	4,148,309	24

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

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7267

WORKSHEET H-1  
PART I

		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	CAPITAL RELATED COSTS			
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANC E	
		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	806,154				5
	<b>HHA REIMBURSABLE SERVICES</b>					
6	Skilled Nursing Care	1,958,781				6
7	Physical Therapy	803,670				7
8	Occupational Therapy	212,537				8
9	Speech Pathology	37,278				9
10	Medical Social Services	16,146				10
11	Home Health Aide	245,027				11
12	Supplies (see instructions)	68,716				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)	4,148,309				24

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7267

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		806,154	806,154		5
	<b>HHA REIMBURSABLE SERVICES</b>					
6	Skilled Nursing Care		1,958,781	472,472	2,431,253	6
7	Physical Therapy		803,670	193,852	997,522	7
8	Occupational Therapy		212,537	51,266	263,803	8
9	Speech Pathology		37,278	8,992	46,270	9
10	Medical Social Services		16,146	3,895	20,041	10
11	Home Health Aide		245,027	59,102	304,129	11
12	Supplies (see instructions)		68,716	16,575	85,291	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)		4,148,309		4,148,309	24

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 14-7267

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					-806,154	3,342,155	5	
<b>HHA REIMBURSABLE SERVICES</b>								
6 Skilled Nursing Care						1,958,781	6	
7 Physical Therapy						803,670	7	
8 Occupational Therapy						212,537	8	
9 Speech Pathology						37,278	9	
10 Medical Social Services						16,146	10	
11 Home Health Aide						245,027	11	
12 Supplies (see instructions)						68,716	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)					-806,154	3,342,155	24	
25 Cost To Be Allocated (per Worksheet H-1, Part I)						806,154	25	
26 Unit Cost Multiplier						0.241208	26	

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7267

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINIS- TRATIVE & GENERAL	
		0	1	2	4	4A	5	
1	Administrative and General				1,072	1,072	278	1
2	Skilled Nursing Care	2,431,253			2,931	2,434,184	631,975	2
3	Physical Therapy	997,522			148	997,670	259,020	3
4	Occupational Therapy	263,803			29	263,832	68,497	4
5	Speech Pathology	46,270			15	46,285	12,017	5
6	Medical Social Services	20,041			1	20,042	5,203	6
7	Home Health Aide	304,129			352	304,481	79,051	7
8	Supplies	85,291				85,291	22,144	8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	4,148,309			4,548	4,152,857	1,078,185	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.

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7267

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
1	Administrative and General						19,232	1
2	Skilled Nursing Care						56,673	2
3	Physical Therapy						2,535	3
4	Occupational Therapy						502	4
5	Speech Pathology						183	5
6	Medical Social Services						20	6
7	Home Health Aide						15,003	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)						94,148	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.

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7267

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	MAIN- TENANCE OF PERSONNEL 12	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES * SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
1	Administrative and General				142			1
2	Skilled Nursing Care					16,982		2
3	Physical Therapy					9,894		3
4	Occupational Therapy					2,625		4
5	Speech Pathology					389		5
6	Medical Social Services					193		6
7	Home Health Aide					2,512		7
8	Supplies			6,493		748		8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)			6,493	142	33,343		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.

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7267

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	RADIOLOGY PARAMEDICA	
		19	20	21	22	23	23.01	
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.

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7267

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	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	
		24	25	26	27	28	
1	Administrative and General	20,724		20,724			1
2	Skilled Nursing Care	3,139,814		3,139,814	12,174	3,151,988	2
3	Physical Therapy	1,269,119		1,269,119	4,922	1,274,041	3
4	Occupational Therapy	335,456		335,456	1,301	336,757	4
5	Speech Pathology	58,874		58,874	228	59,102	5
6	Medical Social Services	25,458		25,458	99	25,557	6
7	Home Health Aide	401,047		401,047	1,555	402,602	7
8	Supplies	114,676		114,676	445	115,121	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)	5,365,168		5,365,168	20,724	5,365,168	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.				0.003878		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.

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7267

WORKSHEET H-2  
PART II

	HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
		1	2	4	4A	5	6	
1	Administrative and General			541,280		1,072		1
2	Skilled Nursing Care			1,479,748		2,434,184		2
3	Physical Therapy			74,612		997,670		3
4	Occupational Therapy			14,444		263,832		4
5	Speech Pathology			7,527		46,285		5
6	Medical Social Services			583		20,042		6
7	Home Health Aide			177,448		304,481		7
8	Supplies					85,291		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)			2,295,642		4,152,857		20
21	Total cost to be allocated			4,548		1,078,185		21
22	Unit Cost Multiplier			0.001981		0.259625		22
22	Unit Cost Multiplier							22

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7267

WORKSHEET H-2  
PART II

	HHA COST CENTER	OPERATION OF PLANT  SQUARE FEET	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE- KEEPING  SQUARE FEET	DIETARY  MEALS SERVED	CAFETERIA  PROD FTE'S	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	
		7	8	9	10	11	12	
1	Administrative and General					12,329		1
2	Skilled Nursing Care					36,330		2
3	Physical Therapy					1,625		3
4	Occupational Therapy					322		4
5	Speech Pathology					117		5
6	Medical Social Services					13		6
7	Home Health Aide					9,618		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)					60,354		20
21	Total cost to be allocated					94,148		21
22	Unit Cost Multiplier					1,559930		22
22	Unit Cost Multiplier							22

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7267

WORKSHEET H-2  
PART II

	HHA COST CENTER	NURSING ADMINIS- TRATION NURS DIRECT FTE	CENTRAL SERVICES * SUPPLY COSTED REQUI	PHARMACY  COSTED REQUI	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE  TIME SPENT	NONPHYSIC. ANESTHET.  ASSIGNED TIME	
		13	14	15	16	17	19	
1	Administrative and General			638				1
2	Skilled Nursing Care				2,856,959			2
3	Physical Therapy				1,664,590			3
4	Occupational Therapy				441,595			4
5	Speech Pathology				65,490			5
6	Medical Social Services				32,426			6
7	Home Health Aide				422,625			7
8	Supplies		68,716		125,914			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)		68,716	638	5,609,599			20
21	Total cost to be allocated		6,493	142	33,343			21
22	Unit Cost Multiplier			0.222571				22
22	Unit Cost Multiplier		0.094490		0.005944			22

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7267

WORKSHEET H-2  
PART II

	HHA COST CENTER	NURSING SCHOOL ASSIGNED TIME	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME	RADIOLOGY PARAMEDICA TIME SPENT	
		20	21	22	23	23.01	
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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7267

WORKSHEET H-3  
PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation								
	Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA COSTS (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		1	2	3	4	5		
1	Skilled Nursing Care	2	3,151,988		3,151,988	15,593	202.14	1
2	Physical Therapy	3	1,274,041		1,274,041	8,732	145.90	2
3	Occupational Therapy	4	336,757		336,757	2,364	142.45	3
4	Speech Pathology	5	59,102		59,102	354	166.95	4
5	Medical Social Services	6	25,557		25,557	143	178.72	5
6	Home Health Aide	7	402,602		402,602	4,032	99.85	6
7	Total (sum of lines 1-6)		5,250,047		5,250,047	31,218		7

Limitation Cost Computation						
				Program Visits		
				PART B		
	Patient Services	CBSA No.	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1	2	3	4	
8	Skilled Nursing Care	16974		9,396		8
9	Physical Therapy	16974		5,023		9
10	Occupational Therapy	16974		1,498		10
11	Speech Pathology	16974		158		11
12	Medical Social Services	16974		78		12
13	Home Health Aide	16974		3,152		13
14	Total (sum of lines 8-13)			19,305		14

Supplies and Drugs Cost Computations								
	Other Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		1	2	3	4	5		
15	Cost of Medical Supplies	8	115,121		115,121	240,422	0.478829	15
16	Cost of Drugs	9						16

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	5	
1	Physical Therapy	66	0.278261			col. 2, line 2	1
1.01	OP PHYSICAL THERAPY	66.01	0.248014			col. 2, line 2	1.01
1.02	OP THERAPY SERVICES	66.02	0.231385			col. 2, line 2	1.02
2	Occupational Therapy	67	0.333303			col. 2, line 3	2
3	Speech Pathology	68	0.313547			col. 2, line 4	3
4	Medical Supplies Charged to Pat	71	0.341972			col. 2, line 15	4
5	Drugs Charged to Patients	73	0.267127			col. 2, line 16	5

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7267

WORKSHEET H-3  
PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation		Program Visits			Cost of Services				
		Part B			Part B				
	Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Total Program Cost (sum of cols 9-10)	
		6	7	8	9	10	11	12	
1	Skilled Nursing Care		9,396			1,899,307		1,899,307	1
2	Physical Therapy		5,023			732,856		732,856	2
3	Occupational Therapy		1,498			213,390		213,390	3
4	Speech Pathology		158			26,378		26,378	4
5	Medical Social Services		78			13,940		13,940	5
6	Home Health Aide		3,152			314,727		314,727	6
7	Total (sum of lines 1-6)		19,305			3,200,598		3,200,598	7

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 14-7267

WORKSHEET H-4  
PARTS I & II

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

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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	Description	Part A Services 1	Part B Services 2	
10	Total reasonable cost (see instructions)			10
11	Total PPS Reimbursement - Full Episodes without Outliers		2,842,694	11
12	Total PPS Reimbursement - Full Episodes with Outliers		35,139	12
13	Total PPS Reimbursement - LUPA Episodes		50,870	13
14	Total PPS Reimbursement - PEP Episodes		33,610	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers			15
16	Total PPS Outlier Reimbursement - PSP Episodes			16
17	Total Other Payments			17
18	DME Payments			18
19	Oxygen Payments			19
20	Prosthetic and Orthotic Payments			20
21	Part B deductibles billed to Medicare patients (exclude coinsurance)			21
22	Subtotal (sum of lines 10 thru 20 minus line 21)		2,962,313	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		2,962,313	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		2,962,313	26
27	Reimbursable bad debts (from your records)			27
28	Reimbursable bad debts for dual eligible (see instructions)			28
29	Total costs - current cost reporting period (line 26 plus line 27)		2,962,313	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		2,962,313	31
31.01	Sequestration adjustment (see instructions)		59,247	31.01
32	Interim payments (see instructions)		2,903,066	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

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ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA CCN: 14-7267

WORKSHEET H-5

DESCRIPTION	Part A		Part B		
	mm/dd/yyyy 1	Amount 2	mm/dd/yyyy 3	Amount 4	
1 Total interim payments paid to provider				2,903,066	1
2 Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero.					2
3 List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
	.01				3.01
	.02				3.02
	Program .03				3.03
	To .04				3.04
	Provider .05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.10				3.10
	.50				3.50
	.51				3.51
	Provider .52				3.52
	To .53				3.53
	Program .54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99				3.99
4 Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)				2,903,066	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			59,247	6.01
	.02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (see instructions)				2,962,313	7
8 Name of Contractor	Contractor Number		NPR Date: Month, Day, Year		8

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

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0172

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	3,704,818	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	4,552	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)	135.44	3
4	Number of interns & residents (see instructions)	88.12	4
5	Indirect medical education percentage (see instructions)	20.15	5
6	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)	746,521	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0462	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.2441	8
9	Sum of lines 7 and 8	0.2903	9
10	Allowable disproportionate share percentage (see instructions)	0.0606	10
11	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)	224,512	11
12	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	4,680,403	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	<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
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
23.01	RADIOLOGY PARAMEDICAL						23.01
	<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
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER						50.02
51	Recovery Room						51
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	BREAST DIAGNOSIS CENTER						54.01
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy						65
65.01	SLEEP LAB						65.01
66	Physical Therapy						66
66.01	OP PHYSICAL THERAPY						66.01
66.02	OP THERAPY SERVICES						66.02
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
69.01	EP LAB						69.01
69.02	VASCULAR SERVICES						69.02
70	Electroencephalography						70
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
75	ASC (Non-Distinct Part)						75
76	WOUND CARE						76
76.01	OP ONCOLOGY						76.01
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
90.01	PERINATOLOGY CLINIC						90.01
90.02	OCCUPATIONAL HEALTH CLINIC						90.02

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		0	2A	24	25	26	
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>						
113	Interest Expense						113
116	Hospice						116
118	SUBTOTALS (sum of lines 1-117)						118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen						190
191	Research						191
192	Physicians' Private Offices						192
193	Nonpaid Workers						193
194	DEVELOPMENT						194
194.0 1	SENIOR FRIENDS						194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS						194.0 2
194.0 3	OTHER NONREIMBURSABLE COST CENTERS						194.0 3
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)						202

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	Non CMS worksheet <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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**REPORT 97 - UTILIZATION STATISTICS - HOSPITAL**

	COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
		PART A	PART B	INPATIENT	OUTPAT-IENT	INPATIENT	OUTPAT-IENT		
		1	2	3	4	5	6	7	
	<b>UTILIZATION PERCENTAGES BASED ON DAYS</b>								
30	Adults & Pediatrics	40.44		9.96				50.40	30
31	Intensive Care Unit	56.15		9.81				65.96	31
43	Nursery			72.41				72.41	43
	<b>UTILIZATION PERCENTAGES BASED ON CHARGES</b>								
50	Operating Room	15.83	19.22					35.05	50
51	Recovery Room	12.79	21.09					33.88	51
53	Anesthesiology	14.47	17.14					31.61	53
54	Radiology-Diagnostic	18.87	10.77					29.64	54
54.01	BREAST DIAGNOSIS CENTER	0.07	10.36					10.43	54.01
55	Radiology-Therapeutic	4.32	31.34					35.66	55
56	Radioisotope	10.19	34.77					44.96	56
57	CT Scan	16.52	17.71					34.23	57
58	MRI	11.20	20.01					31.21	58
59	Cardiac Catheterization	24.31	31.65					55.96	59
60	Laboratory	29.07	7.88					36.95	60
65	Respiratory Therapy	46.57	3.91					50.48	65
65.01	SLEEP LAB	0.21	24.38					24.59	65.01
66	Physical Therapy	15.76	0.33					16.09	66
67	Occupational Therapy	20.73						20.73	67
68	Speech Pathology	34.36						34.36	68
69	Electrocardiology	23.25	23.59					46.84	69
69.01	EP LAB	23.25	21.72					44.97	69.01
70	Electroencephalography	15.42	16.80					32.22	70
71	Medical Supplies Charged to Pat	22.16	10.58					32.74	71
72	Impl. Dev. Charged to Patients	26.49	16.07					42.56	72
73	Drugs Charged to Patients	25.15	18.40					43.55	73
74	Renal Dialysis	56.62	6.82					63.44	74
75	ASC (Non-Distinct Part)	0.60	28.66					29.26	75
76.01	OP ONCOLOGY	0.65	47.15					47.80	76.01
90	Clinic	0.05	2.10					2.15	90
90.01	PERINATOLOGY CLINIC		3.73					3.73	90.01
91	Emergency	10.67	11.36					22.03	91
92	Observation Beds (Non-Distinct	17.12	17.66					34.78	92
200	TOTAL CHARGES	18.50	16.10					34.60	200

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	Non CMS worksheet <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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**REPORT 97 - UTILIZATION STATISTICS - SUBPROVIDER-IRF**

	COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
		PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
		1	2	3	4	5	6	7	
	<b>UTILIZATION PERCENTAGES BASED ON DAYS</b>								
41	Subprovider - IRF	67.88		5.07				72.95	41
	<b>UTILIZATION PERCENTAGES BASED ON CHARGES</b>								
50	Operating Room	0.12						0.12	50
51	Recovery Room	0.06						0.06	51
53	Anesthesiology	0.04						0.04	53
54	Radiology-Diagnostic	0.28						0.28	54
56	Radioisotope	0.04						0.04	56
57	CT Scan	0.14						0.14	57
58	MRI	0.22						0.22	58
60	Laboratory	0.78						0.78	60
65	Respiratory Therapy	1.18						1.18	65
66	Physical Therapy	15.53						15.53	66
67	Occupational Therapy	29.22						29.22	67
68	Speech Pathology	18.81						18.81	68
69	Electrocardiology	0.13						0.13	69
69.01	EP LAB	0.02						0.02	69.01
70	Electroencephalography	0.30						0.30	70
71	Medical Supplies Charged to Pat	0.28						0.28	71
73	Drugs Charged to Patients	0.85						0.85	73
74	Renal Dialysis	2.68						2.68	74
75	ASC (Non-Distinct Part)	0.02						0.02	75
200	TOTAL CHARGES	0.71						0.71	200

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	Non CMS worksheet CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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REPORT 98 - COST ALLOCATION SUMMARY

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt	3,587,453	1.50	-3,587,453	-3.56			1
2	Cap Rel Costs-Mvble Equip	5,911,087	2.47	-5,911,087	-5.86			2
3	Other Cap Rel Costs							3
4	Employee Benefits Department	18,660	0.01	-18,660	-0.02			4
5	Administrative & General	48,434,214	20.25	-48,434,214	-48.04			5
6	Maintenance & Repairs							6
7	Operation of Plant	15,529,490	6.49	-15,529,490	-15.40			7
8	Laundry & Linen Service	1,334,119	0.56	-1,334,119	-1.32			8
9	Housekeeping	4,182,861	1.75	-4,182,861	-4.15			9
10	Dietary	963,376	0.40	-963,376	-0.96			10
11	Cafeteria	1,597,794	0.67	-1,597,794	-1.58			11
12	Maintenance of Personnel							12
13	Nursing Administration	2,481,725	1.04	-2,481,725	-2.46			13
14	Central Services & Supply	1,249,163	0.52	-1,249,163	-1.24			14
15	Pharmacy	2,815,863	1.18	-2,815,863	-2.79			15
16	Medical Records & Library	3,825,860	1.60	-3,825,860	-3.79			16
17	Social Service	667,001	0.28	-667,001	-0.66			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	4,886,558	2.04	-4,886,558	-4.85			21
22	I&R Services-Other Prgm Costs Apprvd	3,342,610	1.40	-3,342,610	-3.32			22
23	Paramed Ed Prgm-(specify)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics	20,644,962	8.63	30,436,996	30.19	51,081,958	21.36	30
31	Intensive Care Unit	7,802,269	3.26	4,937,267	4.90	12,739,536	5.33	31
41	Subprovider - IRF	1,824,936	0.76	1,699,999	1.69	3,524,935	1.47	41
43	Nursery	1,182,888	0.49	733,804	0.73	1,916,692	0.80	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	8,624,462	3.61	7,591,003	7.53	16,215,465	6.78	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER	1,969,240	0.82	543,744	0.54	2,512,984	1.05	50.02
51	Recovery Room	1,576,921	0.66	624,016	0.62	2,200,937	0.92	51
53	Anesthesiology	473,567	0.20	608,436	0.60	1,082,003	0.45	53
54	Radiology-Diagnostic	3,472,221	1.45	3,364,059	3.34	6,836,280	2.86	54
54.01	BREAST DIAGNOSIS CENTER	1,445,981	0.60	491,999	0.49	1,937,980	0.81	54.01
55	Radiology-Therapeutic	1,415,047	0.59	1,520,114	1.51	2,935,161	1.23	55
56	Radioisotope	1,135,050	0.47	617,306	0.61	1,752,356	0.73	56
57	CT Scan	1,761,317	0.74	1,122,016	1.11	2,883,333	1.21	57
58	MRI	965,655	0.40	429,276	0.43	1,394,931	0.58	58
59	Cardiac Catheterization	3,509,499	1.47	2,451,164	2.43	5,960,663	2.49	59
60	Laboratory	10,007,094	4.18	4,618,301	4.58	14,625,395	6.12	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,801,213	1.17	1,322,512	1.31	4,123,725	1.72	65
65.01	SLEEP LAB	310,022	0.13	233,690	0.23	543,712	0.23	65.01
66	Physical Therapy	1,778,073	0.74	922,534	0.91	2,700,607	1.13	66
66.01	OP PHYSICAL THERAPY	1,105,657	0.46	322,248	0.32	1,427,905	0.60	66.01
66.02	OP THERAPY SERVICES	2,891,645	1.21	852,511	0.85	3,744,156	1.57	66.02
67	Occupational Therapy	886,872	0.37	850,081	0.84	1,736,953	0.73	67
68	Speech Pathology	450,171	0.19	149,741	0.15	599,912	0.25	68
69	Electrocardiology	1,198,778	0.50	1,494,543	1.48	2,693,321	1.13	69
69.01	EP LAB	316,129	0.13	475,661	0.47	791,790	0.33	69.01
69.02	VASCULAR SERVICES							69.02
70	Electroencephalography	127,846	0.05	169,417	0.17	297,263	0.12	70
71	Medical Supplies Charged to Patients	3,743,067	1.57	1,415,146	1.40	5,158,213	2.16	71
72	Impl. Dev. Charged to Patients	7,896,388	3.30	2,915,843	2.89	10,812,231	4.52	72
73	Drugs Charged to Patients	17,247,754	7.21	8,910,295	8.84	26,158,049	10.94	73
74	Renal Dialysis	979,818	0.41	281,235	0.28	1,261,053	0.53	74
75	ASC (Non-Distinct Part)	1,484,896	0.62	2,432,693	2.41	3,917,589	1.64	75
76	WOUND CARE							76

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	Non CMS worksheet <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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**REPORT 98 - COST ALLOCATION SUMMARY**

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
76.01	OP ONCOLOGY	2,704,591	1.13	1,093,870	1.08	3,798,461	1.59	76.01
76.97	CARDIAC REHABILITATION	742,290	0.31	230,848	0.23	973,138	0.41	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
90	Clinic	1,907,306	0.80	584,826	0.58	2,492,132	1.04	90
90.01	PERINATOLOGY CLINIC	61,718	0.03	16,544	0.02	78,262	0.03	90.01
90.02	OCCUPATIONAL HEALTH CLINIC							90.02
91	Emergency	9,194,258	3.84	5,839,993	5.79	15,034,251	6.29	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
101	Home Health Agency	4,148,309	1.73	1,216,859	1.21	5,365,168	2.24	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
116	Hospice	237,000	0.10	839,612	0.83	1,076,612	0.45	116
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	301,243	0.13	195,060	0.19	496,303	0.21	190
191	Research	60,338	0.03	424,095	0.42	484,433	0.20	191
192	Physicians' Private Offices	7,933,055	3.32	5,843,483	5.80	13,776,538	5.76	192
193	Nonpaid Workers	12,028	0.01	3,792		15,820	0.01	193
194	DEVELOPMENT	4,628		1,202		5,830		194
194.0 1	SENIOR FRIENDS							194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS							194.0 2
194.0 3	OTHER NONREIMBURSABLE COST CENTERS							194.0 3
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	<b>TOTAL</b>	239,164,036	100.00			239,164,036	100.00	202

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	Non CMS worksheet CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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**REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS**

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	TOTAL CHARGES	RATIO OF CAPITAL COSTS TO CHARGES	INPATIENT PROGRAM CHARGES	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	1,302,526	63,147,855	0.020627	9,998,966	206,249	50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER	37,979	5,464,338	0.006950			50.02
51	Recovery Room	43,784	11,504,341	0.003806	1,470,865	5,598	51
53	Anesthesiology	100,189	19,130,040	0.005237	2,767,597	14,494	53
54	Radiology-Diagnostic	626,628	41,653,251	0.015044	7,861,247	118,265	54
54.01	BREAST DIAGNOSIS CENTER	37,731	8,214,985	0.004593	6,101	28	54.01
55	Radiology-Therapeutic	302,427	12,068,008	0.025060	521,071	13,058	55
56	Radioisotope	77,636	15,407,103	0.005039	1,569,635	7,909	56
57	CT Scan	80,921	87,937,533	0.000920	14,522,888	13,361	57
58	MRI	27,976	23,026,948	0.001215	2,578,888	3,133	58
59	Cardiac Catheterization	236,869	46,066,256	0.005142	11,200,958	57,595	59
60	Laboratory	579,168	89,398,954	0.006478	25,984,439	168,327	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	122,441	20,695,971	0.005916	9,638,702	57,023	65
65.01	SLEEP LAB	39,613	2,935,479	0.013495	6,105	82	65.01
66	Physical Therapy	138,039	9,705,317	0.014223	1,529,669	21,756	66
66.01	OP PHYSICAL THERAPY	22,089	5,757,355	0.003837			66.01
66.02	OP THERAPY SERVICES	58,409	16,181,497	0.003610			66.02
67	Occupational Therapy	168,546	5,211,336	0.032342	1,080,209	34,936	67
68	Speech Pathology	13,023	1,913,309	0.006807	657,484	4,475	68
69	Electrocardiology	273,843	24,259,131	0.011288	5,640,484	63,670	69
69.01	EP LAB	97,567	4,088,924	0.023861	950,709	22,685	69.01
69.02	VASCULAR SERVICES						69.02
70	Electroencephalography	32,268	1,428,969	0.022581	220,354	4,976	70
71	Medical Supplies Charged to Pat	118,075	15,083,725	0.007828	3,342,798	26,167	71
72	Impl. Dev. Charged to Patients	246,296	20,119,495	0.012242	5,329,794	65,247	72
73	Drugs Charged to Patients	492,059	97,923,582	0.005025	24,628,951	123,760	73
74	Renal Dialysis	19,411	4,351,925	0.004460	2,463,897	10,989	74
75	ASC (Non-Distinct Part)	523,114	3,354,206	0.155958	20,243	3,157	75
76	WOUND CARE						76
76.01	OP ONCOLOGY	80,516	15,140,792	0.005318	98,468	524	76.01
76.97	CARDIAC REHABILITATION	17,887	2,137,564	0.008368			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	42,717	4,548,124	0.009392	2,336	22	90
90.01	PERINATOLOGY CLINIC	1,211	23,789	0.050906			90.01
90.02	OCCUPATIONAL HEALTH CLINIC						90.02
91	Emergency	742,830	106,809,709	0.006955	11,391,292	79,226	91
92	Observation Beds (Non-Distinct	616,249	20,697,224	0.029774	3,544,137	105,523	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	TOTAL	7,320,037	805,387,035		149,028,287	1,232,235	200

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	Non CMS worksheet <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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**REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS**

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	SWING-BED ADJUSTMENT AMOUNT	REDUCED CAPITAL RELATED COST	TOTAL PATIENT DAYS	PER DIEM	INPATIENT PROGRAM DAYS	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	6	7	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics	2,807,662		2,807,662	53,447	52.53	21,615	1,135,436	30
31	Intensive Care Unit	636,890		636,890	7,432	85.70	4,173	357,626	31
200	TOTAL	3,444,552		3,444,552	60,879		25,788	1,493,062	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	1,493,062
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	1,232,235
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	2,725,297
MEDICARE DISCHARGES (Worksheet S-3, Part I, line 14, column 13)	5,663
MEDICARE PATIENT DAYS (Worksheet S-3, Part I, line 14, column 6 - Worksheet S-3, Part I, line 5, column 6)	25,788
PER DISCHARGE CAPITAL COSTS	481.25

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	Non CMS worksheet <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 06/01/2015 Run Time: 10:39 Version: 2015.03 (05/22/2015)
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**I. COST TO CHARGE RATIO FOR PPS HOSPITALS**

1. TOTAL PROGRAM (Title XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (Worksheet D-1, Part II, line 53)	49,938,602
2. HOSPITAL PART A TITLE XVIII CHARGES (sum of inpatient charges and ancillary charges on Worksheet D-3 for hospital Title XVIII component)	196,562,370
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.254

**COST TO CHARGE RATIO FOR REHAB SUBPROVIDER**

1. TOTAL MEDICARE COSTS (Worksheet D-1, Part II, line 49 - (Worksheet D, Part III, column 9, line 41 + Worksheet D, Part IV, column 11, line 200))	3,809,502
2. TOTAL MEDICARE CHARGES (Worksheet D-3, line 41, column 2 plus Worksheet D-3, line 202, column 2)	10,161,558
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.375

**II. COST TO CHARGE RATIO FOR CAPITAL**

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (Worksheet D, Part I, lines 30-35, column 7 + Worksheet D, Part II, line 200, column 5)	2,725,297
2. RATIO OF COST TO CHARGES (line II-1 / line I-2)	0.014

**III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES**

1. TOTAL PROGRAM (Title XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, columns 2, 2.01, 2.02 x column 1 less lines 61, 66-68, 74, 94, 95 & 96)	24,539,466
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, line 202, columns 2, 2.01, & 2.02 less lines 61, 66-68, 74, 94, 95 & 96)	129,329,249
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.190