

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**

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

**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report Date: 05/31/2016 Time: 13:35	
	2. <input type="checkbox"/> Manually submitted cost report	
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report	
	4. <input type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.	
Contractor use only	5. <input type="checkbox"/> Cost Report Status (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 01/01/2015 and ending 12/31/2015, 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		2,312,284	462,744	-218,658		1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF		74,651				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		2,386,935	462,744	-218,658		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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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 / 2015	To: 12 / 31 / 2015							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.	4,527	2,170		20	6,377		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.	54	196			130		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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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 is in effect in the cost reporting period.			37
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	38

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

**WORKSHEET S-2  
PART I**

		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	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	N	40
Prospective Payment System (PPS)-Capital		1	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N	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	
<b>Teaching Hospitals</b>					
56	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, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	N			60
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or 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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**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

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, indicate which program year began during this cost reporting period. (see instructions)				71

**Inpatient Rehabilitation Facility PPS**

		1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.	Y			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	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
87	Is this hospital a 'subclause (II)' LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter 'Y' for yes and 'N' for no.	N			87

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**WORKSHEET S-2  
PART I**

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/IID facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97

**Rural Providers**

		1	2		
105	Does this hospital qualify as a critical access hospital (CAH)?	N		105	
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106	
107	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			107	
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108	
		Physical	Occupational	Speech	Respiratory
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.				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, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	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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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**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 Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y	N	145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y			167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)				168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)	0.50			169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		09 / 01 / 2015	11 / 29 / 2015	170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)			N	171

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**

**WORKSHEET S-2  
PART II**

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

**COMPLETED BY ALL HOSPITALS**

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

		Y/N	Type	Date
<b>Financial Data and Reports</b>				
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	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
<b>Approved Educational Activities</b>			
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N	6
7	Are costs claimed for allied health programs? If yes, see instructions.	N	7
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	N	8
9	Are costs claimed for Interns and Residents in approved GME programs claimed on the current cost report? If yes, see instructions.	Y	9
10	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N	10
11	Are GME costs directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N	11

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
<b>PS&amp;R Report Data</b>					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16
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	17
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	18
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	19
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**

**WORKSHEET S-2  
PART II**

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

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

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

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

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

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

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

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

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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			18,653	4,518	39,082	1
2	HMO and other (see instructions)						5,310	6,397		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider						242	130		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			18,653	4,518	39,082	7
8	Intensive Care Unit	31	45	16,425			3,198	618	6,917	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						1,394	2,340	13
14	Total (see instructions)		291	106,215			21,851	6,530	48,339	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41	30	10,950			2,610	250	3,922	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					12,521		26,009	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								9,344	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)						167		230	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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)					5,177	1,522	12,474	1
2	HMO and other (see instructions)					1,522	1,410		2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider						11		4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)	96.86	1,237.69			5,177	1,522	12,474	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF	1.02	21.49			203	20	311	17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		27.86						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)	97.88	1,287.04						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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	85,477,670	85,477,670	2,880,655.00	29.67	1	
2	Non-physician anesthetist Part A						2	
3	Non-physician anesthetest Part B						3	
4	Physician-Part A - Administrative		234,425	234,425	2,083.00	112.54	4	
4.01	Physician-Part A - Teaching						4.01	
5	Physician-Part B						5	
6	Non-physician-Part B						6	
7	Interns & residents (in an approved program)	21	5,471,648	5,471,648	216,055.00	25.33	7	
7.01	Contracted interns & residents (in an approved program)		865,882	865,882	18,450.00	46.93	7.01	
8	Home office personnel						8	
9	SNF	44					9	
10	Excluded area salaries (see instructions)		4,971,054	-214,844	4,756,210	146,037.00	32.57	10
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11	Contract labor (see instructions)		10,780,201	10,780,201	226,225.00	47.65	11	
12	Contract management and administrative services						12	
13	Contract labor: Physician-Part A - Administrative		549,605	549,605	4,580.00	120.00	13	
14	Home office salaries & wage-related costs		16,253,041	16,253,041	379,954.00	42.78	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)		20,934,613	20,934,613			17	
18	Wage-related costs (other)(see instructions)						18	
19	Excluded areas		1,327,320	1,327,320			19	
20	Non-physician anesthetist Part A						20	
21	Non-physician anesthetist Part B						21	
22	Physician Part A - Administrative		65,421	65,421			22	
22.01	Physician Part A - Teaching						22.01	
23	Physician Part B						23	
24	Wage-related costs (RHC/FQHC)						24	
25	Interns & residents (in an approved program)		1,526,978	1,526,978			25	
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26	Employee Benefits Department		750,182	750,182	23,177.00	32.37	26	
27	Administrative & General		11,268,493	-364,938	10,903,555	376,818.00	28.94	27
28	Administrative & General under contract (see instructions)		150,453	150,453	602.00	249.92	28	
29	Maintenance & Repairs						29	
30	Operation of Plant		3,349,124	3,349,124	134,230.00	24.95	30	
31	Laundry & Linen Service		165,195	165,195	12,198.00	13.54	31	
32	Housekeeping		2,197,231	2,197,231	158,867.00	13.83	32	
33	Housekeeping under contract (see instructions)						33	
34	Dietary		2,203,707	-1,679,986	523,721	34,560.00	15.15	34
35	Dietary under contract (see instructions)						35	
36	Cafeteria			1,666,436	1,666,436	109,780.00	15.18	36
37	Maintenance of Personnel						37	
38	Nursing Administration		1,663,415	1,663,415	36,204.00	45.95	38	
39	Central Services and Supply		622,353	622,353	35,781.00	17.39	39	
40	Pharmacy		2,313,940	2,313,940	58,146.00	39.80	40	
41	Medical Records & Medical Records Library		1,989,572	1,989,572	74,161.00	26.83	41	
42	Social Service			593,332	593,332	18,074.00	32.83	42
43	Other General Service						43	

**Part III - Hospital Wage Index Summary**

1	Net salaries (see instructions)		79,290,593		79,290,593	2,646,752.00	29.96	1
2	Excluded area salaries (see instructions)		4,971,054	-214,844	4,756,210	146,037.00	32.57	2
3	Subtotal salaries (line 1 minus line 2)		74,319,539	214,844	74,534,383	2,500,715.00	29.81	3
4	Subtotal other wages & related costs (see instructions)		27,582,847		27,582,847	610,759.00	45.16	4
5	Subtotal wage-related costs (see instructions)		21,000,034		21,000,034		28.17%	5
6	Total (sum of lines 3 through 5)		122,902,420	214,844	123,117,264	3,111,474.00	39.57	6
7	Total overhead cost (see instructions)		26,673,665	214,844	26,888,509	1,072,598.00	25.07	7

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

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**HOSPITAL WAGE RELATED COSTS**

**WORKSHEET S-3  
PART IV**

**Part IV - Wage Related Cost**

**Part A - Core List**

		Amount Reported	
	<b>RETIREMENT COST</b>		
1	401K Employer Contributions		1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)	4,957,773	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)	9,784,221	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	1,051,581	10
11	Life Insurance (If employee is owner or beneficiary)	48,266	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	313,800	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	1,112,911	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	6,453,239	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	45,333	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	87,208	23
24	Total Wage Related cost (Sum of lines 1-23)	23,854,332	24

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

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	Supporting Exhibit for Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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

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

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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		3,526		1,636	5,162	1
2	Unduplicated Census Count (see instructions)		611.00		743.00	1,354.00	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	PEP only Episodes	Total (columns 1 through 4)	
		Without Outliers	With Outliers				
		1	2	3	4	5	
21	Skilled Nursing Visits	4,967	135	265	131	5,498	21
22	Skilled Nursing Visit Charges	918,895	24,975	49,025	24,050	1,016,945	22
23	Physical Therapy Visits	3,746	36	26	127	3,935	23
24	Physical Therapy Visit Charges	711,360	6,840	4,940	24,130	747,270	24
25	Occupational Therapy Visits	1,043	19	8	49	1,119	25
26	Occupational Therapy Visit Charges	190,550	3,515	1,480	9,065	204,610	26
27	Speech Pathology Visits	133	8	2	9	152	27
28	Speech Pathology Visit Charges	24,605	1,480	370	1,665	28,120	28
29	Medical Social Service Visits	47	2	1	4	54	29
30	Medical Social Service Visit Charges	11,045	470	235	940	12,690	30
31	Home Health Aide Visits	1,650	65	4	44	1,763	31
32	Home Health Aide Visit Charges	173,250	6,825	420	4,620	185,115	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	11,586	265	306	364	12,521	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	2,029,705	44,105	56,470	64,470	2,194,750	35
36	Total Number of Episodes (standard/non-outlier)	669		107	23	799	36
37	Total Number of Ourlier Episodes		4			4	37
38	Total Non-Routine Medical Supply Charges	37,470	3,927	5,551	1,747	48,695	38

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

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**HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA**

**WORKSHEET S-5**

**RENAL DIALYSIS STATISTICS**

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

**ESRD PPS**

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

**TRANSPLANT INFORMATION**

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

**EPOETIN**

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

**ARANESP**

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

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

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

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

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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)	0.235942	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	51,180,253	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	173,554,088	6
7	Medicaid cost (line 1 times line 6)	40,948,699	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.		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)		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	31,050,921		31,050,921	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	7,326,216		7,326,216	21
22	Partial payment by patients approved for charity care	3,105,092		3,105,092	22
23	Cost of charity care (line 21 minus line 22)	4,221,124		4,221,124	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)	3,186,616	26
27	Medicare bad debts for the entire hospital complex (see instructions)	1,796,469	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	1,390,147	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	327,994	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	4,549,118	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	4,549,118	31

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

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

**WORKSHEET A**

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- 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		8,114,212	8,114,212	6,346,121	14,460,333	-5,207,036	9,253,297	1
2	00200	Cap Rel Costs-Mvble Equip		5,416,477	5,416,477	833,149	6,249,626	10,674	6,260,300	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	750,182	-524,405	225,777	1,114,545	1,340,322	-4,351	1,335,971	4
5	00500	Administrative & General	11,268,493	64,185,018	75,453,511	-3,091,132	72,362,379	-15,699,819	56,662,560	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	3,349,124	12,838,937	16,188,061	-367,201	15,820,860	-1,208,713	14,612,147	7
8	00800	Laundry & Linen Service	165,195	1,135,769	1,300,964		1,300,964		1,300,964	8
9	00900	Housekeeping	2,197,231	1,595,978	3,793,209	-23,388	3,769,821		3,769,821	9
10	01000	Dietary	2,203,707	1,563,933	3,767,640	-2,969,425	798,215	-243,416	554,799	10
11	01100	Cafeteria				2,849,077	2,849,077	-973,745	1,875,332	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,663,415	501,259	2,164,674		2,164,674	-3,000	2,161,674	13
14	01400	Central Services & Supply	622,353	1,888,312	2,510,665	-1,502,250	1,008,415	-177,940	830,475	14
15	01500	Pharmacy	2,313,940	17,875,812	20,189,752	-16,780,112	3,409,640	-283,907	3,125,733	15
16	01600	Medical Records & Library	1,989,572	1,110,063	3,099,635		3,099,635	1,896,316	4,995,951	16
17	01700	Social Service				758,516	758,516		758,516	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	5,471,648	3,384,564	8,856,212	-3,384,564	5,471,648		5,471,648	21
22	02200	I&R Services-Other Prgm Costs Apprvd				3,384,564	3,384,564		3,384,564	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	16,293,147	7,716,712	24,009,859	-2,839,763	21,170,096	-1,349,563	19,820,533	30
31	03100	Intensive Care Unit	5,364,943	2,494,966	7,859,909		7,859,909		7,859,909	31
41	04100	Subprovider - IRF	1,425,743	521,428	1,947,171		1,947,171	-36,470	1,910,701	41
43	04300	Nursery				1,169,940	1,169,940		1,169,940	43
		<b>ANCILLARY SERVICE COST CENTERS</b>								
50	05000	Operating Room	4,546,756	11,412,020	15,958,776	-7,391,297	8,567,479	-334,178	8,233,301	50
50.01	05001	SURGICENTER								50.01
50.02	05002	SURGERY RECOVERY CENTER		1,882,543	1,882,543		1,882,543		1,882,543	50.02
51	05100	Recovery Room	1,307,914	258,384	1,566,298		1,566,298		1,566,298	51
53	05300	Anesthesiology		3,623,446	3,623,446		3,623,446	-3,193,890	429,556	53
54	05400	Radiology-Diagnostic	2,544,711	819,309	3,364,020	-85,248	3,278,772	-165,962	3,112,810	54
54.01	05401	BREAST DIAGNOSIS CENTER	796,262	575,143	1,371,405	66,150	1,437,555		1,437,555	54.01
55	05500	Radiology-Therapeutic	818,678	643,325	1,462,003		1,462,003		1,462,003	55
56	05600	Radioisotope	474,705	681,991	1,156,696	23,273	1,179,969		1,179,969	56
57	05700	CT Scan	862,579	818,211	1,680,790	19,735	1,700,525	-2,382	1,698,143	57
58	05800	MRI	494,445	542,074	1,036,519	35,254	1,071,773	-350	1,071,423	58
59	05900	Cardiac Catheterization	1,455,078	5,474,688	6,929,766	-4,168,901	2,760,865	-20,930	2,739,935	59
60	06000	Laboratory		9,886,123	9,886,123	60,000	9,946,123	-19,510	9,926,613	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	1,637,129	890,553	2,527,682	-560	2,527,122	-6,433	2,520,689	65
65.01	06501	SLEEP LAB	201,520	99,238	300,758	6,695	307,453	-8,224	299,229	65.01
66	06600	Physical Therapy	45,498	2,208,796	2,254,294		2,254,294		2,254,294	66
66.01	06601	OP PHYSICAL THERAPY		1,115,328	1,115,328		1,115,328		1,115,328	66.01
66.02	06602	OP THERAPY SERVICES		3,122,888	3,122,888		3,122,888		3,122,888	66.02
67	06700	Occupational Therapy		1,046,800	1,046,800		1,046,800		1,046,800	67
68	06800	Speech Pathology	346,850	105,119	451,969		451,969		451,969	68
69	06900	Electrocardiology	1,139,083	527,593	1,666,676	-427,802	1,238,874	-28,119	1,210,755	69
69.01	06901	EP LAB								69.01
69.02	03650	VASCULAR SERVICES	276,660	94,050	370,710	33,718	404,428		404,428	69.02
70	07000	Electroencephalography	86,227	37,014	123,241		123,241	-2,929	120,312	70
71	07100	Medical Supplies Charged to Patients				7,148,268	7,148,268		7,148,268	71
72	07200	Impl. Dev. Charged to Patients				5,945,177	5,945,177		5,945,177	72
73	07300	Drugs Charged to Patients				16,780,112	16,780,112		16,780,112	73
74	07400	Renal Dialysis		1,102,069	1,102,069		1,102,069		1,102,069	74
75	07500	ASC (Non-Distinct Part)	1,228,070	234,220	1,462,290		1,462,290		1,462,290	75
76	03951	WOUND CARE								76
76.01	03952	OP ONCOLOGY	643,409	240,428	883,837	1,835,923	2,719,760		2,719,760	76.01
76.97	07697	CARDIAC REHABILITATION	570,833	185,121	755,954	18,171	774,125	-1,084	773,041	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 ALLO- CATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	09000	Clinic	829,974	1,643,665	2,473,639		2,473,639	-128,587	2,345,052	90
90.01	09001	PERINATOLOGY CLINIC	23,823	-15,601	8,222		8,222	-6,643	1,579	90.01
90.02	09002	OCCUPATIONAL HEALTH CLINIC								90.02
91	09100	Emergency	6,523,462	3,464,190	9,987,652	509,302	10,496,954	-509,217	9,987,737	91
92	09200	Observation Beds (Non-Distinct Part)								92
		<b>OTHER REIMBURSABLE COST CENTERS</b>								
101	10100	Home Health Agency	2,404,798	1,817,968	4,222,766	-292,723	3,930,043		3,930,043	101
		<b>SPECIAL PURPOSE COST CENTERS</b>								
113	11300	Interest Expense		6,223,612	6,223,612	-6,223,612				113
116	11600	Hospice		61,818	61,818		61,818		61,818	116
118		SUBTOTALS (sum of lines 1-117)	84,337,157	190,641,161	274,978,318	-610,288	274,368,030	-27,709,408	246,658,622	118
		<b>NONREIMBURSABLE COST CENTERS</b>								
190	19000	Gift, Flower, Coffee Shop & Canteen	175	334,389	334,564		334,564		334,564	190
191	19100	Research	48,035	13,450	61,485		61,485		61,485	191
192	19200	Physicians' Private Offices	1,092,303	6,914,865	8,007,168	500,122	8,507,290		8,507,290	192
193	19300	Nonpaid Workers		5,809	5,809	110,166	115,975		115,975	193
194	07950	DEVELOPMENT		9,989	9,989		9,989		9,989	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)	85,477,670	197,919,663	283,397,333		283,397,333	-27,709,408	255,687,925	200

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

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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	RENT/LEASE EXPENSE	A	Cap Rel Costs-Mvble Equip	2		747,321	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
500	Total reclassifications					747,321	500
	Code Letter - A						
1	INTERNS RESIDENTS NON SALARY	B	I&R Services-Other Prgm Costs	22		3,384,564	1
500	Total reclassifications					3,384,564	500
	Code Letter - B						
1	COST OF CHARGEABLE MEDICAL SUPPLIES	C	Medical Supplies Charged to P	71		7,148,268	1
2							2
3							3
500	Total reclassifications					7,148,268	500
	Code Letter - C						
1	COST OF DRUGS SOLD	D	Drugs Charged to Patients	73		16,780,112	1
500	Total reclassifications					16,780,112	500
	Code Letter - D						
1	SOCIAL SERVICES	E	Social Service	17	593,332	165,184	1
500	Total reclassifications				593,332	165,184	500
	Code Letter - E						
1	INTEREST	F	Cap Rel Costs-Bldg & Fixt	1		6,223,612	1
2			Cap Rel Costs-Mvble Equip	2		90,007	2
3							3
4							4
500	Total reclassifications					6,313,619	500
	Code Letter - F						
1	CAFETERIA COSTS	G	Cafeteria	11	1,666,436	1,182,641	1
2			Nonpaid Workers	193	13,550	96,616	2
500	Total reclassifications				1,679,986	1,279,257	500
	Code Letter - G						
1	RADIOLOGY ADMIN COSTS	H	BREAST DIAGNOSIS CENTER	54.01	51,680	14,470	1
2			MRI	58	27,542	7,712	2
3			CT Scan	57	41,875	11,725	3
4			Radioisotope	56	18,182	5,091	4
500	Total reclassifications				139,279	38,998	500
	Code Letter - H						
1	PROFESSIONAL FEES	I	Operating Room	50		44,900	1
2			Radiology-Diagnostic	54		56,706	2
3			Laboratory	60		60,000	3
500	Total reclassifications					161,606	500
	Code Letter - I						
1	HHA OVERHEAD COSTS	J	Administrative & General	5	228,394	63,950	1
500	Total reclassifications				228,394	63,950	500
	Code Letter - J						
1	PROPERTY INSURANCE	K	Cap Rel Costs-Bldg & Fixt	1		252,516	1
500	Total reclassifications					252,516	500
	Code Letter - K						
1	NURSERY COSTS	L	Nursery	43	853,787	316,153	1
500	Total reclassifications				853,787	316,153	500
	Code Letter - L						
1	DIRECTOR FEES	M	Adults & Pediatrics	30		166,100	1
2			Operating Room	50		123,000	2
3			Electrocardiology	69		15,280	3

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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	
4			SLEEP LAB	65.01		10,000	4
5			Emergency	91		509,302	5
6			Radiology-Diagnostic	54		36,323	6
500	Total reclassifications					860,005	500
	Code Letter - M						
1	CARDIAC ADMIN	N	Cardiac Catheterization	59	228,887	162,033	1
2			VASCULAR SERVICES	69.02	19,742	13,976	2
3			CARDIAC REHABILITATION	76.97	10,639	7,532	3
500	Total reclassifications				259,268	183,541	500
	Code Letter - N						
1	EMPLOYEE BENEFITS ALLOCATIONS	P	Employee Benefits Department	4		1,114,545	1
500	Total reclassifications					1,114,545	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	CHICAGO HEIGHTS POB COSTS	S	Physicians' Private Offices	192		500,122	1
2							2
3							3
500	Total reclassifications					500,122	500
	Code Letter - S						
1	IMPLANT SUPPLY COSTS	T	Impl. Dev. Charged to Patient	72		5,945,177	1
2							2
500	Total reclassifications					5,945,177	500
	Code Letter - T						
	<b>GRAND TOTAL (Increases)</b>				<b>4,889,682</b>	<b>45,955,225</b>	

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

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

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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		236,288	9	
2			Operation of Plant	7		1,265	2	
3			Housekeeping	9		23,388	3	
4			Dietary	10		10,182	4	
5			Operating Room	50		438,505	5	
6			CT Scan	57		33,865	6	
7			SLEEP LAB	65.01		3,305	7	
8			Electrocardiology	69		273	8	
9			Home Health Agency	101		250	9	
500	Total reclassifications					747,321	500	
	Code letter - A							
1	INTERNS RESIDENTS NON SALARY	B	I&R Services-Salary & Fringes	21		3,384,564	1	
500	Total reclassifications					3,384,564	500	
	Code letter - B							
1	COST OF CHARGEABLE MEDICAL SUPPLIES	C	Central Services & Supply	14		1,502,250	1	
2			Operating Room	50		3,283,178	2	
3			Cardiac Catheterization	59		2,362,840	3	
500	Total reclassifications					7,148,268	500	
	Code letter - C							
1	COST OF DRUGS SOLD	D	Pharmacy	15		16,780,112	1	
500	Total reclassifications					16,780,112	500	
	Code letter - D							
1	SOCIAL SERVICES	E	Administrative & General	5	593,332	165,184	1	
500	Total reclassifications				593,332	165,184	500	
	Code letter - E							
1	INTEREST	F	Interest Expense	113		6,223,612	9	
2			Operating Room	50		89,318	9	
3			Respiratory Therapy	65		560	3	
4			Home Health Agency	101		129	4	
500	Total reclassifications					6,313,619	500	
	Code letter - F							
1	CAFETERIA COSTS	G	Dietary	10	1,679,986	1,279,257	1	
2							2	
500	Total reclassifications				1,679,986	1,279,257	500	
	Code letter - G							
1	RADIOLOGY ADMIN COSTS	H	Radiology-Diagnostic	54	139,279	38,998	1	
2							2	
3							3	
4							4	
500	Total reclassifications				139,279	38,998	500	
	Code letter - H							
1	PROFESSIONAL FEES	I	Administrative & General	5		161,606	1	
2							2	
3							3	
500	Total reclassifications					161,606	500	
	Code letter - I							
1	HHA OVERHEAD COSTS	J	Home Health Agency	101	228,394	63,950	1	
500	Total reclassifications				228,394	63,950	500	
	Code letter - J							
1	PROPERTY INSURANCE	K	Administrative & General	5		252,516	9	
500	Total reclassifications					252,516	500	
	Code letter - K							
1	NURSERY COSTS	L	Adults & Pediatrics	30	853,787	316,153	1	
500	Total reclassifications				853,787	316,153	500	
	Code letter - L							
1	DIRECTOR FEES	M	Administrative & General	5		860,005	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
500	Total reclassifications					860,005		500
	Code letter - M							
1	CARDIAC ADMIN	N	Electrocardiology	69	259,268	183,541		1
2								2
3								3
500	Total reclassifications				259,268	183,541		500
	Code letter - N							
1	EMPLOYEE BENEFITS ALLOCATIONS	P	Administrative & General	5		1,114,545		1
500	Total reclassifications					1,114,545		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	CHICAGO HEIGHTS POB COSTS	S	Cap Rel Costs-Bldg & Fixt	1		130,007	9	1
2			Cap Rel Costs-Mvble Equip	2		4,179	9	2
3			Operation of Plant	7		365,936		3
500	Total reclassifications					500,122		500
	Code letter - S							
1	IMPLANT SUPPLY COSTS	T	Operating Room	50		3,748,196		1
2			Cardiac Catheterization	59		2,196,981		2
500	Total reclassifications					5,945,177		500
	Code letter - T							
	GRAND TOTAL (Decreases)				4,889,682	45,955,225		

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

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

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**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	3,932,787	162,144		162,144		4,094,931		2
3	Buildings and Fixtures	115,080,743	44,707		44,707		115,125,450		3
4	Building Improvements	1,075,647					1,075,647		4
5	Fixed Equipment	93,733,900	1,101,652		1,101,652		94,835,552		5
6	Movable Equipment	81,298,084	8,194,488		8,194,488	2,889,569	86,603,003		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	302,441,661	9,502,991		9,502,991	2,889,569	309,055,083		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	302,441,661	9,502,991		9,502,991	2,889,569	309,055,083		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	8,114,212						8,114,212	1	
2	Cap Rel Costs-Mvble Equip	5,416,477						5,416,477	2	
3	Total (sum of lines 1-2)	13,530,689						13,530,689	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	9,253,297						9,253,297	1	
2	Cap Rel Costs-Mvble Equip	6,260,300						6,260,300	2	
3	Total (sum of lines 1-2)	15,513,597						15,513,597	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)	B	-142,571	Cap Rel Costs-Bldg & Fixt	1	9
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	
3	Investment income-other (chapter 2)					3
4	Trade, quantity, and time discounts (chapter 8)					4
5	Refunds and rebates of expenses (chapter 8)	B	-125,328	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	-10,259,862			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	3,241,984			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests	B	-973,745	Cafeteria	11	14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients	B	-177,940	Central Services & Supply	14	16
17	Sale of drugs to other than patients	B	-411,420	Pharmacy	15	17
18	Sale of medical records and abstracts	B	-3,724	Medical Records & Library	16	18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines	B	-34,669	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
27	Depreciation--movable equipment	A	14,694	Cap Rel Costs-Mvble Equip	2	9
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	-115,264	Administrative & General	5	33.15
33.17	PATIENT TV COSTS	A	-4,020	Cap Rel Costs-Mvble Equip	2	9
33.18	PATIENT TV COSTS/REPAIRS	A	-7,051	Administrative & General	5	33.18
33.19	PROPERTY TAXES	A	-1,192,076	Operation of Plant	7	33.19
33.45	1500 FEES	A	-27,025	Administrative & General	5	33.45
33.61	MARKETING COSTS	A	-1,842,131	Administrative & General	5	33.61
33.73	PRINT SHOP FEES	B	-713	Administrative & General	5	33.73
33.75	DIABETES COST	A	-28,372	Administrative & General	5	33.75
33.78	TELECOMMUNICATIONS REVENUE	B	-78,914	Administrative & General	5	33.78
33.79	BABY PHOTOS	B	-869	Adults & Pediatrics	30	33.79
33.82	RADIOLOGY PROGRAM FEES	B	-1,938	Radiology-Diagnostic	54	33.82
33.84	DONATIONS	A	-400	Administrative & General	5	33.84
33.85	PARKING REVENUES	B	-10,470	Operation of Plant	7	33.85
33.87	DUES LOBBYING	A	-1	Administrative & General	5	33.87
33.89	INTEREST EXPENSE	A	-983,410	Cap Rel Costs-Bldg & Fixt	1	9
33.95	EMPLOYEE BADGES	B	-366	Operation of Plant	7	33.95
33.98	SPECIAL FUNCTION MEALS	B	-5,878	Dietary	10	33.98
34	OTHER REVENUE	B	-6,255	Electrocardiology	69	34
34.01	DIETARY DISCOUNTS/REBATES	B	-202,869	Dietary	10	34.01
34.08	RENTAL REVENUE	B	-21,874	Cap Rel Costs-Bldg & Fixt	1	9
34.09	DISCOUNTS/REBATES	B	-5,801	Operation of Plant	7	34.09
34.17	RESEARCH COSTS	A	-68,651	Operating Room	50	34.17
35	MEDICAID TAX	A	-13,066,400	Administrative & General	5	35
35.12	EMT REVENUE	B	-4,351	Employee Benefits Department	4	35.12

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**ADJUSTMENTS TO EXPENSES**

**WORKSHEET A-8**

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED				
	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
35.13	CASHIERING REVENUE	B	-31,604	Administrative & General	5	35.13
35.15	DISCOUNTS REBATES	B	-20,930	Cardiac Catheterization	59	35.15
35.16	LOBBYING COSTS	A	-260,000	Administrative & General	5	35.16
35.19	DISCOUNTS REBATES	B	-62	Clinic	90	35.19
35.20	OTHER REVENUE	B	-9,579	Clinic	90	35.20
35.21	MEDICAL RECORDS REVENUE	B	-9,881	Administrative & General	5	35.21
35.22	OTHER REVENUE	B	-4,842	Administrative & General	5	35.22
35.23	OTHER REVENUE	B	-69	Operating Room	50	35.23
35.24	DISCOUNTS/REBATES	B	-70,995	Radiology-Diagnostic	54	35.24
36	MISC REVENUE	B	-3,000	Nursing Administration	13	36
37	DISCOUNTS/REBATES	B	-244,958	Operating Room	50	37
38	DISCOUNTS/REBATES	B	-19,510	Laboratory	60	38
39	DISCOUNTS/REBATES	B	-6,433	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)		-27,709,408			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 subscripits thereof.

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

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

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

**WORKSHEET A-8-1**

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

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
1	2	3	4	5	6	7	
1	1	Cap Rel Costs-Bldg & Fixt	INTEREST	2,664,852	6,237,590	-3,572,738	9 1
2	5	Administrative & General	ADMINISTRATIVE COSTS	25,065,671	20,271,924	4,793,747	2
3	15	Pharmacy	PHARMACY COSTS	502,850	375,337	127,513	3
3.01	16	Medical Records & Library	MEDICAL RECORDS	1,900,040		1,900,040	3.01
3.02	1	Cap Rel Costs-Bldg & Fixt	HO INTEREST INCOME	-6,578		-6,578	9 3.02
4							4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			30,126,835	26,884,851	3,241,984	5

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

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

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

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office			
			Name	Percentage of Ownership	Type of Business	
1	2	3	4	5	6	
6	B		SISTERS OF ST. FRANCIS HEALTH	100.00	HOSP MGMT	6
7	B	100.00	SURBURBAN HEIGHTS MEDICAL CENT			7
8						8
9						9
10						10

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

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

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5	Administrative & Gen AGGREGATE	5,124,049	4,769,624	354,425	154,100	3,083	228,409	11,420	1
2	30	Adults & Pediatrics AGGREGATE	1,451,230	1,285,130	166,100	154,100	1,384	102,536	5,127	2
3										3
4	41	Subprovider - IRF AGGREGATE	36,500		36,500	304	204	30	2	4
5	50	Operating Room AGGREGATE	123,000		123,000	208,000	1,025	102,500	5,125	5
6	53	Anesthesiology AGGREGATE	3,193,890	3,193,890						6
7	54	Radiology-Diagnostic AGGREGATE	93,029	93,029						7
8										8
9										9
10	69	Electrocardiology AGGREGATE	75,280		75,280	177,200	627	53,416	2,671	10
11	65.01	SLEEP LAB AGGREGATE	28,500		28,500	177,200	238	20,276	1,014	11
12	90	Clinic AGGREGATE	118,946	118,946						12
13	70	Electroencephalogram AGGREGATE	10,000		10,000	177,200	83	7,071	354	13
14	76.97	CARDIAC REHABILITATI AGGREGATE	3,725		3,725	177,200	31	2,641	132	14
15	90.01	PERINATOLOGY CLINIC AGGREGATE	23,000		23,000	177,200	192	16,357	818	15
16	91	Emergency AGGREGATE	509,302		509,302	177,200	1	85	4	16
17	58	MRI AGGREGATE	350	350						17
18	57	CT Scan AGGREGATE	2,382	2,382						18
19										19
20										20
200		<b>TOTAL</b>	10,793,183	9,463,351	1,329,832		6,868	533,321	26,667	200

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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 Disallowanc e	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5	Administrative & Gen	AGGREGATE				228,409	126,016	4,895,640	1
2	30	Adults & Pediatrics	AGGREGATE				102,536	63,564	1,348,694	2
3										3
4	41	Subprovider - IRF	AGGREGATE				30	36,470	36,470	4
5	50	Operating Room	AGGREGATE				102,500	20,500	20,500	5
6	53	Anesthesiology	AGGREGATE						3,193,890	6
7	54	Radiology-Diagnostic	AGGREGATE						93,029	7
8										8
9										9
10	69	Electrocardiology	AGGREGATE				53,416	21,864	21,864	10
11	65.01	SLEEP LAB	AGGREGATE				20,276	8,224	8,224	11
12	90	Clinic	AGGREGATE						118,946	12
13	70	Electroencephalogram	AGGREGATE				7,071	2,929	2,929	13
14	76.97	CARDIAC REHABILITATI	AGGREGATE				2,641	1,084	1,084	14
15	90.01	PERINATOLOGY CLINIC	AGGREGATE				16,357	6,643	6,643	15
16	91	Emergency	AGGREGATE				85	509,217	509,217	16
17	58	MRI	AGGREGATE						350	17
18	57	CT Scan	AGGRGATE						2,382	18
19										19
20										20
200		TOTAL					533,321	796,511	10,259,862	200

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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	9,253,297	9,253,297					1
2	Cap Rel Costs-Mvble Equip	6,260,300		6,260,300				2
4	Employee Benefits Department	1,335,971	144,064	97,466	1,577,501			4
5	Administrative & General	56,662,560	818,509	553,761	203,013	58,237,843	58,237,843	5
6	Maintenance & Repairs							6
7	Operation of Plant	14,612,147	1,568,258	1,061,001	62,357	17,303,763	5,103,745	7
8	Laundry & Linen Service	1,300,964	105,989	71,707	3,076	1,481,736	437,038	8
9	Housekeeping	3,769,821	107,977	73,052	40,910	3,991,760	1,177,370	9
10	Dietary	554,799	95,422	64,558	9,751	724,530	213,700	10
11	Cafeteria	1,875,332	225,870	152,812	31,027	2,285,041	673,973	11
12	Maintenance of Personnel							12
13	Nursing Administration	2,161,674	18,152	12,281	30,971	2,223,078	655,697	13
14	Central Services & Supply	830,475	254,497	172,180	11,588	1,268,740	374,215	14
15	Pharmacy	3,125,733	62,545	42,315	43,083	3,273,676	965,571	15
16	Medical Records & Library	4,995,951	96,667	65,400	37,044	5,195,062	1,532,284	16
17	Social Service	758,516	6,843	4,629	11,047	781,035	230,366	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,471,648	97,764	66,142	101,877	5,737,431	1,692,255	21
22	I&R Services-Other Prgm Costs Apprvd	3,384,564				3,384,564	998,277	22
23	Paramed Ed Prgm-(specify)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	Adults & Pediatrics	19,820,533	1,465,137	991,235	266,283	22,543,188	6,649,051	30
31	Intensive Care Unit	7,859,909	289,900	196,131	99,890	8,445,830	2,491,098	31
41	Subprovider - IRF	1,910,701	92,772	62,765	26,546	2,092,784	617,267	41
43	Nursery	1,169,940	57,747	39,069	15,897	1,282,653	378,319	43
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	8,233,301	778,160	526,463	84,656	9,622,580	2,838,180	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER	1,882,543				1,882,543	555,256	50.02
51	Recovery Room	1,566,298	1,222	827	24,352	1,592,699	469,767	51
53	Anesthesiology	429,556	59,860	40,498		529,914	156,298	53
54	Radiology-Diagnostic	3,112,810	390,817	264,406	44,787	3,812,820	1,124,591	54
54.01	BREAST DIAGNOSIS CENTER	1,437,555			15,788	1,453,343	428,664	54.01
55	Radiology-Therapeutic	1,462,003	196,294	132,802	15,243	1,806,342	532,781	55
56	Radioisotope	1,179,969	33,551	22,699	9,177	1,245,396	367,330	56
57	CT Scan	1,698,143	14,165	9,584	16,840	1,738,732	512,839	57
58	MRI	1,071,423			9,719	1,081,142	318,883	58
59	Cardiac Catheterization	2,739,935			31,354	2,771,289	817,392	59
60	Laboratory	9,926,613	264,470	178,927		10,370,010	3,058,634	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,520,689	31,918	21,594	30,482	2,604,683	768,251	65
65.01	SLEEP LAB	299,229	22,973	15,542	3,752	341,496	100,724	65.01
66	Physical Therapy	2,254,294	74,528	50,422	847	2,380,091	702,008	66
66.01	OP PHYSICAL THERAPY	1,115,328				1,115,328	328,966	66.01
66.02	OP THERAPY SERVICES	3,122,888				3,122,888	921,096	66.02
67	Occupational Therapy	1,046,800	110,205	74,559		1,231,564	363,250	67
68	Speech Pathology	451,969	1,725	1,167	6,458	461,319	136,066	68
69	Electrocardiology	1,210,755	174,429	118,009	16,381	1,519,574	448,198	69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES	404,428	65,229	44,131	5,519	519,307	153,170	69.02
70	Electroencephalography	120,312	20,814	14,082	1,605	156,813	46,252	70
71	Medical Supplies Charged to Patients	7,148,268				7,148,268	2,108,382	71
72	Impl. Dev. Charged to Patients	5,945,177				5,945,177	1,753,530	72
73	Drugs Charged to Patients	16,780,112				16,780,112	4,949,294	73
74	Renal Dialysis	1,102,069				1,102,069	325,055	74
75	ASC (Non-Distinct Part)	1,462,290	354,935	240,130	22,865	2,080,220	613,561	75
76	WOUND CARE							76
76.01	OP ONCOLOGY	2,719,760	6,386	4,320	33,124	2,763,590	815,121	76.01
76.97	CARDIAC REHABILITATION	773,041			10,826	783,867	231,202	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	2,345,052			15,453	2,360,505	696,231	90
90.01	PERINATOLOGY CLINIC	1,579			444	2,023	597	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	9,987,737	350,891	237,394	121,460	10,697,482	3,155,222	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency	3,930,043			40,522	3,970,565	1,171,118	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
116	Hospice	61,818	92,052	62,278		216,148	63,753	116
118	SUBTOTALS (sum of lines 1-117)	246,658,622	8,552,737	5,786,338	1,556,014	245,462,613	55,221,888	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	334,564	21,945	14,847	3	371,359	109,532	190
191	Research	61,485	76,128	51,504	894	190,011	56,044	191
192	Physicians' Private Offices	8,507,290	602,487	407,611	20,338	9,537,726	2,813,152	192
193	Nonpaid Workers	115,975			252	116,227	34,281	193
194	DEVELOPMENT	9,989				9,989	2,946	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)	255,687,925	9,253,297	6,260,300	1,577,501	255,687,925	58,237,843	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	22,407,508						7
8	Laundry & Linen Service	353,286	2,272,060					8
9	Housekeeping	359,912		5,529,042				9
10	Dietary	318,064		74,661	1,330,955			10
11	Cafeteria	752,875		176,727		3,888,616		11
12	Maintenance of Personnel							12
13	Nursing Administration	60,506		14,203		68,746	3,022,230	13
14	Central Services & Supply	848,298		199,126		67,943		14
15	Pharmacy	208,476		48,937		110,411		15
16	Medical Records & Library	322,215		75,635		140,821		16
17	Social Service	22,809		5,354		55,133		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	325,870		76,493		404,176		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	4,883,630	1,618,513	1,146,368	948,112	959,396	1,235,664	30
31	Intensive Care Unit	966,301	284,779	226,826	166,822	267,737	344,837	31
41	Subprovider - IRF	309,230	161,472	72,587	94,589	84,894	109,341	41
43	Nursery	192,483		45,183		39,779	51,234	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	2,593,786		608,855		292,890	377,232	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER							50.02
51	Recovery Room	4,074		956		57,968	74,661	51
53	Anesthesiology	199,528		46,836				53
54	Radiology-Diagnostic	1,302,681		305,786		135,427		54
54.01	BREAST DIAGNOSIS CENTER					57,213		54.01
55	Radiology-Therapeutic	654,291		153,586		38,864		55
56	Radioisotope	111,835		26,252		20,010		56
57	CT Scan	47,217		11,083		46,349		57
58	MRI					30,416		58
59	Cardiac Catheterization					73,892		59
60	Laboratory	881,540		206,929				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	106,389		24,973		103,913	133,837	65
65.01	SLEEP LAB	76,575		17,975		13,615		65.01
66	Physical Therapy	248,420		58,313		3,684		66
66.01	OP PHYSICAL THERAPY							66.01
66.02	OP THERAPY SERVICES							66.02
67	Occupational Therapy	367,337		86,227				67
68	Speech Pathology	5,750		1,350		13,886		68
69	Electrocardiology	581,410		136,478		48,278	62,181	69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES	217,424		51,037		10,582	13,630	69.02
70	Electroencephalography	69,378		16,285		7,026	9,049	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)	1,183,078		277,711		60,091	77,396	75
76	WOUND CARE							76
76.01	OP ONCOLOGY	21,286		4,996		32,955	42,445	76.01
76.97	CARDIAC REHABILITATION					30,311		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic					36,944		90
90.01	PERINATOLOGY CLINIC					1,099		90.01
90.02	OCCUPATIONAL HEALTH CLINIC							90.02
91	Emergency	1,169,599		274,547		381,006	490,723	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					110,046		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
116	Hospice	306,831	207,296	72,024	121,432			116
118	SUBTOTALS (sum of lines 1-117)	20,072,384	2,272,060	4,544,299	1,330,955	3,805,501	3,022,230	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	73,148		17,170				190
191	Research	253,751		59,564		3,946		191
192	Physicians' Private Offices	2,008,225		908,009		77,515		192
193	Nonpaid Workers					1,654		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)	22,407,508	2,272,060	5,529,042	1,330,955	3,888,616	3,022,230	202

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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	2,758,322						14
15	Pharmacy	4,755	4,611,826					15
16	Medical Records & Library			7,266,017				16
17	Social Service				1,094,697			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					8,236,225		21
22	I&R Services-Other Prgm Costs Apprvd						4,382,841	22
23	Paramed Ed Prgm-(specify)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	138,301	16,453	737,808	849,354	8,110,373	4,315,870	30
31	Intensive Care Unit	64,589	4,688	170,078	120,776			31
41	Subprovider - IRF	6,969	156	50,688	69,833	125,852	66,971	41
43	Nursery			32,326				43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	165,450	5,924	480,085				50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER			36,582				50.02
51	Recovery Room	2,585	116	84,967				51
53	Anesthesiology	49,654	22,007	160,986				53
54	Radiology-Diagnostic	10,800	1,553	312,329				54
54.01	BREAST DIAGNOSIS CENTER	26,009	19	66,581				54.01
55	Radiology-Therapeutic	1,829	106	102,614				55
56	Radioisotope	50,983	358	132,115				56
57	CT Scan	17,118	15,714	707,667				57
58	MRI	5,707	13,318	182,237				58
59	Cardiac Catheterization	13,259	10,640	299,814				59
60	Laboratory	118,250		704,629				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	46,619	15,085	141,650				65
65.01	SLEEP LAB	1,406		23,402				65.01
66	Physical Therapy	5,192	20	101,878				66
66.01	OP PHYSICAL THERAPY	1,387	15	47,861				66.01
66.02	OP THERAPY SERVICES	7,832	210	123,960				66.02
67	Occupational Therapy	3,489	57	47,343				67
68	Speech Pathology	198		14,638				68
69	Electrocardiology	1,631	1,064	200,055				69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES	340		35,012				69.02
70	Electroencephalography	985		11,745				70
71	Medical Supplies Charged to Patients	979,045		195,739				71
72	Impl. Dev. Charged to Patients	814,263		110,780				72
73	Drugs Charged to Patients		4,457,993	896,084				73
74	Renal Dialysis	1,423		29,537				74
75	ASC (Non-Distinct Part)	7,675	44	24,789				75
76	WOUND CARE							76
76.01	OP ONCOLOGY	5,164	3,384	52,157				76.01
76.97	CARDIAC REHABILITATION	302		18,869				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	5,671	31,113	35,710				90
90.01	PERINATOLOGY CLINIC	155	7	2,298				90.01
90.02	OCCUPATIONAL HEALTH CLINIC							90.02
91	Emergency	119,316	8,013	857,324	54,734			91

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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	9,411	165	33,480				101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
116	Hospice	4,563	1,026	200				116
118	SUBTOTALS (sum of lines 1-117)	2,692,325	4,609,248	7,266,017	1,094,697	8,236,225	4,382,841	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices	65,995	2,578					192
193	Nonpaid Workers	2						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)	2,758,322	4,611,826	7,266,017	1,094,697	8,236,225	4,382,841	202

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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	54,152,081	-12,426,243	41,725,838			30
31	Intensive Care Unit	13,554,361		13,554,361			31
41	Subprovider - IRF	3,862,633	-192,823	3,669,810			41
43	Nursery	2,021,977		2,021,977			43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	16,984,982		16,984,982			50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER	2,474,381		2,474,381			50.02
51	Recovery Room	2,287,793		2,287,793			51
53	Anesthesiology	1,165,223		1,165,223			53
54	Radiology-Diagnostic	7,005,987		7,005,987			54
54.01	BREAST DIAGNOSIS CENTER	2,031,829		2,031,829			54.01
55	Radiology-Therapeutic	3,290,413		3,290,413			55
56	Radioisotope	1,954,279		1,954,279			56
57	CT Scan	3,096,719		3,096,719			57
58	MRI	1,631,703		1,631,703			58
59	Cardiac Catheterization	3,986,286		3,986,286			59
60	Laboratory	15,339,992		15,339,992			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	3,945,400		3,945,400			65
65.01	SLEEP LAB	575,193		575,193			65.01
66	Physical Therapy	3,499,606		3,499,606			66
66.01	OP PHYSICAL THERAPY	1,493,557		1,493,557			66.01
66.02	OP THERAPY SERVICES	4,175,986		4,175,986			66.02
67	Occupational Therapy	2,099,267		2,099,267			67
68	Speech Pathology	633,207		633,207			68
69	Electrocardiology	2,998,869		2,998,869			69
69.01	EP LAB						69.01
69.02	VASCULAR SERVICES	1,000,502		1,000,502			69.02
70	Electroencephalography	317,533		317,533			70
71	Medical Supplies Charged to Patients	10,431,434		10,431,434			71
72	Impl. Dev. Charged to Patients	8,623,750		8,623,750			72
73	Drugs Charged to Patients	27,083,483		27,083,483			73
74	Renal Dialysis	1,458,084		1,458,084			74
75	ASC (Non-Distinct Part)	4,324,565		4,324,565			75
76	WOUND CARE						76
76.01	OP ONCOLOGY	3,741,098		3,741,098			76.01
76.97	CARDIAC REHABILITATION	1,064,551		1,064,551			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	3,166,174		3,166,174			90
90.01	PERINATOLOGY CLINIC	6,179		6,179			90.01
90.02	OCCUPATIONAL HEALTH CLINIC						90.02
91	Emergency	17,207,966		17,207,966			91

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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	5,294,785		5,294,785			101
	<b>SPECIAL PURPOSE COST CENTERS</b>						
113	Interest Expense						113
116	Hospice	993,273		993,273			116
118	SUBTOTALS (sum of lines 1-117)	238,975,101	-12,619,066	226,356,035			118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen	571,209		571,209			190
191	Research	563,316		563,316			191
192	Physicians' Private Offices	15,413,200		15,413,200			192
193	Nonpaid Workers	152,164		152,164			193
194	DEVELOPMENT	12,935		12,935			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)	255,687,925	-12,619,066	243,068,859			202

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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		144,064	97,466	241,530	241,530		4
5	Administrative & General	2,677,628	818,509	553,761	4,049,898	31,086	4,080,984	5
6	Maintenance & Repairs							6
7	Operation of Plant		1,568,258	1,061,001	2,629,259	9,548	357,634	7
8	Laundry & Linen Service		105,989	71,707	177,696	471	30,625	8
9	Housekeeping		107,977	73,052	181,029	6,264	82,502	9
10	Dietary		95,422	64,558	159,980	1,493	14,975	10
11	Cafeteria		225,870	152,812	378,682	4,751	47,227	11
12	Maintenance of Personnel							12
13	Nursing Administration		18,152	12,281	30,433	4,742	45,947	13
14	Central Services & Supply		254,497	172,180	426,677	1,774	26,222	14
15	Pharmacy		62,545	42,315	104,860	6,597	67,660	15
16	Medical Records & Library		96,667	65,400	162,067	5,672	107,372	16
17	Social Service		6,843	4,629	11,472	1,692	16,142	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		97,764	66,142	163,906	15,600	118,581	21
22	I&R Services-Other Prgm Costs Apprvd						69,952	22
23	Paramed Ed Prgm-(specify)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics		1,465,137	991,235	2,456,372	40,754	466,008	30
31	Intensive Care Unit		289,900	196,131	486,031	15,295	174,558	31
41	Subprovider - IRF		92,772	62,765	155,537	4,065	43,254	41
43	Nursery		57,747	39,069	96,816	2,434	26,510	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		778,160	526,463	1,304,623	12,963	198,879	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER						38,908	50.02
51	Recovery Room		1,222	827	2,049	3,729	32,918	51
53	Anesthesiology		59,860	40,498	100,358		10,952	53
54	Radiology-Diagnostic		390,817	264,406	655,223	6,858	78,803	54
54.01	BREAST DIAGNOSIS CENTER					2,417	30,038	54.01
55	Radiology-Therapeutic		196,294	132,802	329,096	2,334	37,333	55
56	Radioisotope		33,551	22,699	56,250	1,405	25,740	56
57	CT Scan		14,165	9,584	23,749	2,579	35,936	57
58	MRI					1,488	22,345	58
59	Cardiac Catheterization					4,801	57,277	59
60	Laboratory		264,470	178,927	443,397		214,327	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		31,918	21,594	53,512	4,667	53,834	65
65.01	SLEEP LAB		22,973	15,542	38,515	575	7,058	65.01
66	Physical Therapy		74,528	50,422	124,950	130	49,192	66
66.01	OP PHYSICAL THERAPY						23,052	66.01
66.02	OP THERAPY SERVICES						64,544	66.02
67	Occupational Therapy		110,205	74,559	184,764		25,454	67
68	Speech Pathology		1,725	1,167	2,892	989	9,535	68
69	Electrocardiology		174,429	118,009	292,438	2,508	31,407	69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES		65,229	44,131	109,360	845	10,733	69.02
70	Electroencephalography		20,814	14,082	34,896	246	3,241	70
71	Medical Supplies Charged to Patients						147,740	71
72	Impl. Dev. Charged to Patients						122,875	72
73	Drugs Charged to Patients						346,811	73
74	Renal Dialysis						22,778	74
75	ASC (Non-Distinct Part)		354,935	240,130	595,065	3,501	42,994	75
76	WOUND CARE							76
76.01	OP ONCOLOGY		6,386	4,320	10,706	5,072	57,118	76.01
76.97	CARDIAC REHABILITATION					1,658	16,201	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic					2,366	48,787	90
90.01	PERINATOLOGY CLINIC					68	42	90.01
90.02	OCCUPATIONAL HEALTH CLINIC							90.02

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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		350,891	237,394	588,285	18,598	221,096	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency					6,205	82,064	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
116	Hospice		92,052	62,278	154,330		4,467	116
118	SUBTOTALS (sum of lines 1-117)	2,677,628	8,552,737	5,786,338	17,016,703	238,240	3,869,648	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		21,945	14,847	36,792		7,675	190
191	Research		76,128	51,504	127,632	137	3,927	191
192	Physicians' Private Offices		602,487	407,611	1,010,098	3,114	197,126	192
193	Nonpaid Workers					39	2,402	193
194	DEVELOPMENT						206	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)	2,677,628	9,253,297	6,260,300	18,191,225	241,530	4,080,984	202

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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	2,996,441						7
8	Laundry & Linen Service	47,243	256,035					8
9	Housekeeping	48,129		317,924				9
10	Dietary	42,533		4,293	223,274			10
11	Cafeteria	100,678		10,162		541,500		11
12	Maintenance of Personnel							12
13	Nursing Administration	8,091		817		9,573	99,603	13
14	Central Services & Supply	113,439		11,450		9,461		14
15	Pharmacy	27,878		2,814		15,375		15
16	Medical Records & Library	43,088		4,349		19,610		16
17	Social Service	3,050		308		7,677		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	43,577		4,398		56,283		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	653,062	182,388	65,916	159,050	133,599	40,722	30
31	Intensive Care Unit	129,218	32,091	13,043	27,985	37,283	11,365	31
41	Subprovider - IRF	41,352	18,196	4,174	15,868	11,822	3,604	41
43	Nursery	25,740		2,598		5,539	1,689	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	346,854		35,010		40,786	12,432	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER							50.02
51	Recovery Room	545		55		8,072	2,461	51
53	Anesthesiology	26,682		2,693				53
54	Radiology-Diagnostic	174,201		17,583		18,859		54
54.01	BREAST DIAGNOSIS CENTER					7,967		54.01
55	Radiology-Therapeutic	87,495		8,831		5,412		55
56	Radioisotope	14,955		1,509		2,786		56
57	CT Scan	6,314		637		6,454		57
58	MRI					4,235		58
59	Cardiac Catheterization					10,290		59
60	Laboratory	117,884		11,899				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	14,227		1,436		14,470	4,411	65
65.01	SLEEP LAB	10,240		1,034		1,896		65.01
66	Physical Therapy	33,220		3,353		513		66
66.01	OP PHYSICAL THERAPY							66.01
66.02	OP THERAPY SERVICES							66.02
67	Occupational Therapy	49,122		4,958				67
68	Speech Pathology	769		78		1,934		68
69	Electrocardiology	77,749		7,848		6,723	2,049	69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES	29,075		2,935		1,474	449	69.02
70	Electroencephalography	9,278		936		978	298	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)	158,207		15,969		8,368	2,551	75
76	WOUND CARE							76
76.01	OP ONCOLOGY	2,846		287		4,589	1,399	76.01
76.97	CARDIAC REHABILITATION					4,221		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic					5,145		90
90.01	PERINATOLOGY CLINIC					153		90.01
90.02	OCCUPATIONAL HEALTH CLINIC							90.02
91	Emergency	156,404		15,787		53,056	16,173	91

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

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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 ADMINIS- TRATION	
		7	8	9	10	11	13	
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency					15,324		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
116	Hospice	41,031	23,360	4,141	20,371			116
118	SUBTOTALS (sum of lines 1-117)	2,684,176	256,035	261,301	223,274	529,927	99,603	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	9,782		987				190
191	Research	33,933		3,425		549		191
192	Physicians' Private Offices	268,550		52,211		10,794		192
193	Nonpaid Workers					230		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)	2,996,441	256,035	317,924	223,274	541,500	99,603	202

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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	589,023						14
15	Pharmacy	1,015	226,199					15
16	Medical Records & Library			342,158				16
17	Social Service				40,341			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					402,345		21
22	I&R Services-Other Prgm Costs Apprvd						69,952	22
23	Paramed Ed Prgm-(specify)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	29,533	807	34,777	31,300			30
31	Intensive Care Unit	13,792	230	8,017	4,451			31
41	Subprovider - IRF	1,488	8	2,389	2,573			41
43	Nursery			1,524				43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	35,330	291	22,629				50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER			1,724				50.02
51	Recovery Room	552	6	4,005				51
53	Anesthesiology	10,603	1,079	7,588				53
54	Radiology-Diagnostic	2,306	76	14,722				54
54.01	BREAST DIAGNOSIS CENTER	5,554	1	3,138				54.01
55	Radiology-Therapeutic	391	5	4,837				55
56	Radioisotope	10,887	18	6,227				56
57	CT Scan	3,655	771	33,356				57
58	MRI	1,219	653	8,590				58
59	Cardiac Catheterization	2,831	522	14,132				59
60	Laboratory	25,251		33,213				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	9,955	740	6,677				65
65.01	SLEEP LAB	300		1,103				65.01
66	Physical Therapy	1,109	1	4,802				66
66.01	OP PHYSICAL THERAPY	296	1	2,256				66.01
66.02	OP THERAPY SERVICES	1,672	10	5,843				66.02
67	Occupational Therapy	745	3	2,231				67
68	Speech Pathology	42		690				68
69	Electrocardiology	348	52	9,430				69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES	73		1,650				69.02
70	Electroencephalography	210		554				70
71	Medical Supplies Charged to Patients	209,076		9,226				71
72	Impl. Dev. Charged to Patients	173,879		5,222				72
73	Drugs Charged to Patients		218,654	41,911				73
74	Renal Dialysis	304		1,392				74
75	ASC (Non-Distinct Part)	1,639	2	1,168				75
76	WOUND CARE							76
76.01	OP ONCOLOGY	1,103	166	2,458				76.01
76.97	CARDIAC REHABILITATION	65		889				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	1,211	1,526	1,683				90
90.01	PERINATOLOGY CLINIC	33		108				90.01
90.02	OCCUPATIONAL HEALTH CLINIC							90.02
91	Emergency	25,479	393	40,410	2,017			91

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

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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	2,010	8	1,578				101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
113	Interest Expense							113
116	Hospice	974	50	9				116
118	SUBTOTALS (sum of lines 1-117)	574,930	226,073	342,158	40,341			118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices	14,093	126					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					402,345	69,952	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	589,023	226,199	342,158	40,341	402,345	69,952	202

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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	4,294,288		4,294,288			30
31	Intensive Care Unit	953,359		953,359			31
41	Subprovider - IRF	304,330		304,330			41
43	Nursery	162,850		162,850			43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,009,797		2,009,797			50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER	40,632		40,632			50.02
51	Recovery Room	54,392		54,392			51
53	Anesthesiology	159,955		159,955			53
54	Radiology-Diagnostic	968,631		968,631			54
54.01	BREAST DIAGNOSIS CENTER	49,115		49,115			54.01
55	Radiology-Therapeutic	475,734		475,734			55
56	Radioisotope	119,777		119,777			56
57	CT Scan	113,451		113,451			57
58	MRI	38,530		38,530			58
59	Cardiac Catheterization	89,853		89,853			59
60	Laboratory	845,971		845,971			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	163,929		163,929			65
65.01	SLEEP LAB	60,721		60,721			65.01
66	Physical Therapy	217,270		217,270			66
66.01	OP PHYSICAL THERAPY	25,605		25,605			66.01
66.02	OP THERAPY SERVICES	72,069		72,069			66.02
67	Occupational Therapy	267,277		267,277			67
68	Speech Pathology	16,929		16,929			68
69	Electrocardiology	430,552		430,552			69
69.01	EP LAB						69.01
69.02	VASCULAR SERVICES	156,594		156,594			69.02
70	Electroencephalography	50,637		50,637			70
71	Medical Supplies Charged to Patients	366,042		366,042			71
72	Impl. Dev. Charged to Patients	301,976		301,976			72
73	Drugs Charged to Patients	607,376		607,376			73
74	Renal Dialysis	24,474		24,474			74
75	ASC (Non-Distinct Part)	829,464		829,464			75
76	WOUND CARE						76
76.01	OP ONCOLOGY	85,744		85,744			76.01
76.97	CARDIAC REHABILITATION	23,034		23,034			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	60,718		60,718			90
90.01	PERINATOLOGY CLINIC	404		404			90.01
90.02	OCCUPATIONAL HEALTH CLINIC						90.02
91	Emergency	1,137,698		1,137,698			91

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FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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	107,189		107,189			101
	<b>SPECIAL PURPOSE COST CENTERS</b>						
113	Interest Expense						113
116	Hospice	248,733		248,733			116
118	SUBTOTALS (sum of lines 1-117)	15,935,100		15,935,100			118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen	55,236		55,236			190
191	Research	169,603		169,603			191
192	Physicians' Private Offices	1,556,112		1,556,112			192
193	Nonpaid Workers	2,671		2,671			193
194	DEVELOPMENT	206		206			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	472,297		472,297			200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	18,191,225		18,191,225			202

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT T 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	84,727,488				4
5	Administrative & General	71,650	71,650	10,903,555	-58,237,843	197,450,082		5
6	Maintenance & Repairs							6
7	Operation of Plant	137,281	137,281	3,349,124		17,303,763	588,466	7
8	Laundry & Linen Service	9,278	9,278	165,195		1,481,736	9,278	8
9	Housekeeping	9,452	9,452	2,197,231		3,991,760	9,452	9
10	Dietary	8,353	8,353	523,721		724,530	8,353	10
11	Cafeteria	19,772	19,772	1,666,436		2,285,041	19,772	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,589	1,589	1,663,415		2,223,078	1,589	13
14	Central Services & Supply	22,278	22,278	622,353		1,268,740	22,278	14
15	Pharmacy	5,475	5,475	2,313,940		3,273,676	5,475	15
16	Medical Records & Library	8,462	8,462	1,989,572		5,195,062	8,462	16
17	Social Service	599	599	593,332		781,035	599	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	8,558	8,558	5,471,648		5,737,431	8,558	21
22	I&R Services-Other Prgm Costs Apprvd					3,384,564		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	14,303,724		22,543,188	128,254	30
31	Intensive Care Unit	25,377	25,377	5,364,943		8,445,830	25,377	31
41	Subprovider - IRF	8,121	8,121	1,425,743		2,092,784	8,121	41
43	Nursery	5,055	5,055	853,787		1,282,653	5,055	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	68,118	68,118	4,546,756		9,622,580	68,118	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER					1,882,543		50.02
51	Recovery Room	107	107	1,307,914		1,592,699	107	51
53	Anesthesiology	5,240	5,240			529,914	5,240	53
54	Radiology-Diagnostic	34,211	34,211	2,405,432		3,812,820	34,211	54
54.01	BREAST DIAGNOSIS CENTER			847,942		1,453,343		54.01
55	Radiology-Therapeutic	17,183	17,183	818,678		1,806,342	17,183	55
56	Radioisotope	2,937	2,937	492,887		1,245,396	2,937	56
57	CT Scan	1,240	1,240	904,454		1,738,732	1,240	57
58	MRI			521,987		1,081,142		58
59	Cardiac Catheterization			1,683,965		2,771,289		59
60	Laboratory	23,151	23,151			10,370,010	23,151	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,794	2,794	1,637,129		2,604,683	2,794	65
65.01	SLEEP LAB	2,011	2,011	201,520		341,496	2,011	65.01
66	Physical Therapy	6,524	6,524	45,498		2,380,091	6,524	66
66.01	OP PHYSICAL THERAPY					1,115,328		66.01
66.02	OP THERAPY SERVICES					3,122,888		66.02
67	Occupational Therapy	9,647	9,647			1,231,564	9,647	67
68	Speech Pathology	151	151	346,850		461,319	151	68
69	Electrocardiology	15,269	15,269	879,815		1,519,574	15,269	69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES	5,710	5,710	296,402		519,307	5,710	69.02
70	Electroencephalography	1,822	1,822	86,227		156,813	1,822	70
71	Medical Supplies Charged to Patients					7,148,268		71
72	Impl. Dev. Charged to Patients					5,945,177		72
73	Drugs Charged to Patients					16,780,112		73
74	Renal Dialysis					1,102,069		74
75	ASC (Non-Distinct Part)	31,070	31,070	1,228,070		2,080,220	31,070	75
76	WOUND CARE							76
76.01	OP ONCOLOGY	559	559	1,779,045		2,763,590	559	76.01
76.97	CARDIAC REHABILITATION			581,472		783,867		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic			829,974		2,360,505		90
90.01	PERINATOLOGY CLINIC			23,823		2,023		90.01

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	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	6,523,462		10,697,482	30,716	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency			2,176,404		3,970,565		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
116	Hospice	8,058	8,058			216,148	8,058	116
118	SUBTOTALS (sum of lines 1-117)	748,683	748,683	83,573,425	-58,237,843	187,224,770	527,141	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	1,921	1,921	175		371,359	1,921	190
191	Research	6,664	6,664	48,035		190,011	6,664	191
192	Physicians' Private Offices	52,740	52,740	1,092,303		9,537,726	52,740	192
193	Nonpaid Workers			13,550		116,227		193
194	DEVELOPMENT					9,989		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)	9,253,297	6,260,300	1,577,501		58,237,843	22,407,508	202
203	Unit Cost Multiplier (Wkst. B, Part I)	11.423711	7.728689	0.018619		0.294950	38.077829	203
204	Cost to be allocated (Per Wkst. B, Part II)			241,530		4,080,984	2,996,441	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.002851		0.020668	5.091953	205

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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	55,186						8
9	Housekeeping		618,583					9
10	Dietary		8,353	165,558				10
11	Cafeteria		19,772		2,047,870			11
12	Maintenance of Personnel							12
13	Nursing Administration		1,589		36,204	1,235,749		13
14	Central Services & Supply		22,278		35,781		20,139,304	14
15	Pharmacy		5,475		58,146		34,720	15
16	Medical Records & Library		8,462		74,161			16
17	Social Service		599		29,035			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		8,558		212,852			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	39,312	128,254	117,936	505,247	505,247	1,009,777	30
31	Intensive Care Unit	6,917	25,377	20,751	140,999	140,999	471,583	31
41	Subprovider - IRF	3,922	8,121	11,766	44,708	44,708	50,884	41
43	Nursery		5,055		20,949	20,949		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		68,118		154,245	154,245	1,207,997	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER							50.02
51	Recovery Room		107		30,528	30,528	18,874	51
53	Anesthesiology		5,240				362,540	53
54	Radiology-Diagnostic		34,211		71,320		78,856	54
54.01	BREAST DIAGNOSIS CENTER				30,130		189,897	54.01
55	Radiology-Therapeutic		17,183		20,467		13,357	55
56	Radioisotope		2,937		10,538		372,243	56
57	CT Scan		1,240		24,409		124,981	57
58	MRI				16,018		41,665	58
59	Cardiac Catheterization				38,914		96,806	59
60	Laboratory		23,151				863,377	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		2,794		54,724	54,724	340,382	65
65.01	SLEEP LAB		2,011		7,170		10,269	65.01
66	Physical Therapy		6,524		1,940		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		7,313		1,446	68
69	Electrocardiology		15,269		25,425	25,425	11,906	69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES		5,710		5,573	5,573	2,485	69.02
70	Electroencephalography		1,822		3,700	3,700	7,190	70
71	Medical Supplies Charged to Patients						7,148,268	71
72	Impl. Dev. Charged to Patients						5,945,177	72
73	Drugs Charged to Patients							73
74	Renal Dialysis						10,393	74
75	ASC (Non-Distinct Part)		31,070		31,646	31,646	56,039	75
76	WOUND CARE							76
76.01	OP ONCOLOGY		559		17,355	17,355	37,701	76.01
76.97	CARDIAC REHABILITATION				15,963		2,207	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic				19,456		41,407	90
90.01	PERINATOLOGY CLINIC				579		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		200,650	200,650	871,159	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency				57,954		68,716	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
116	Hospice	5,035	8,058	15,105			33,315	116
118	SUBTOTALS (sum of lines 1-117)	55,186	508,411	165,558	2,004,099	1,235,749	19,657,439	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		1,921					190
191	Research		6,664		2,078			191
192	Physicians' Private Offices		101,587		40,822		481,852	192
193	Nonpaid Workers				871		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)	2,272,060	5,529,042	1,330,955	3,888,616	3,022,230	2,758,322	202
203	Unit Cost Multiplier (Wkst. B, Part I)	41.170949	8.938238	8.039207	1.898859	2.445667	0.136962	203
204	Cost to be allocated (Per Wkst. B, Part II)	256,035	317,924	223,274	541,500	99,603	589,023	204
205	Unit Cost Multiplier (Wkst. B, Part II)	4.639492	0.513955	1.348615	0.264421	0.080601	0.029247	205

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

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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		

<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	17,842,929					15
16	Medical Records & Library		959,370,398				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-(specify)						23
23.01	<b>RADIOLOGY PARAMEDICAL</b>						23.01
<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	63,657	97,413,273	52,652	184,954	184,954	30
31	Intensive Care Unit	18,136	22,455,511	7,487			31
41	Subprovider - IRF	602	6,692,323	4,329	2,870	2,870	41
43	Nursery		4,267,971				43
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	22,919	63,385,897				50
50.01	<b>SURGICENTER</b>						50.01
50.02	<b>SURGERY RECOVERY CENTER</b>		4,829,961				50.02
51	Recovery Room	447	11,218,199				51
53	Anesthesiology	85,143	21,255,104				53
54	Radiology-Diagnostic	6,008	41,236,993				54
54.01	<b>BREAST DIAGNOSIS CENTER</b>	75	8,790,696				54.01
55	Radiology-Therapeutic	412	13,548,236				55
56	Radioisotope	1,387	17,443,192				56
57	CT Scan	60,796	93,433,746				57
58	MRI	51,526	24,060,806				58
59	Cardiac Catheterization	41,167	39,584,666				59
60	Laboratory		93,032,626				60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	58,365	18,702,097				65
65.01	<b>SLEEP LAB</b>		3,089,822				65.01
66	Physical Therapy	79	13,451,016				66
66.01	<b>OP PHYSICAL THERAPY</b>	59	6,319,181				66.01
66.02	<b>OP THERAPY SERVICES</b>	811	16,366,558				66.02
67	Occupational Therapy	221	6,250,689				67
68	Speech Pathology		1,932,607				68
69	Electrocardiology	4,118	26,413,392				69
69.01	<b>EP LAB</b>						69.01
69.02	<b>VASCULAR SERVICES</b>		4,622,682				69.02
70	Electroencephalography		1,550,736				70
71	Medical Supplies Charged to Patients		25,843,548				71
72	Impl. Dev. Charged to Patients		14,626,377				72
73	Drugs Charged to Patients	17,247,754	118,344,362				73
74	Renal Dialysis		3,899,786				74
75	ASC (Non-Distinct Part)	169	3,272,842				75
76	<b>WOUND CARE</b>						76
76.01	<b>OP ONCOLOGY</b>	13,093	6,886,290				76.01
76.97	<b>CARDIAC REHABILITATION</b>		2,491,271				76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>						76.98
76.99	<b>LITHOTRIPSY</b>						76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	120,374	4,714,809				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	303,367					90.01
90.02	OCCUPATIONAL HEALTH CLINIC							90.02
91	Emergency	31,003	113,193,036	3,393				91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency	638	4,420,330					101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
116	Hospice	3,969	26,400					116
118	SUBTOTALS (sum of lines 1-117)	17,832,954	959,370,398	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)	4,611,826	7,266,017	1,094,697	8,236,225	4,382,841		202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.258468	0.007574	16.131460	43.850759	23.334829		203
204	Cost to be allocated (Per Wkst. B, Part II)	226,199	342,158	40,341	402,345	69,952		204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.012677	0.000357	0.594465	2.142138	0.372434		205

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FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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**POST STEPDOWN ADJUSTMENTS**

**WORKSHEET B-2**

		WORKSHEET		
DESCRIPTION		PART	LINE NO.	AMOUNT
1		2	3	4

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

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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	41,725,838		41,725,838	63,564	41,789,402	30
31	Intensive Care Unit	13,554,361		13,554,361		13,554,361	31
41	Subprovider - IRF	3,669,810		3,669,810	36,470	3,706,280	41
43	Nursery	2,021,977		2,021,977		2,021,977	43
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	16,984,982		16,984,982	20,500	17,005,482	50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER	2,474,381		2,474,381		2,474,381	50.02
51	Recovery Room	2,287,793		2,287,793		2,287,793	51
53	Anesthesiology	1,165,223		1,165,223		1,165,223	53
54	Radiology-Diagnostic	7,005,987		7,005,987		7,005,987	54
54.01	BREAST DIAGNOSIS CENTER	2,031,829		2,031,829		2,031,829	54.01
55	Radiology-Therapeutic	3,290,413		3,290,413		3,290,413	55
56	Radioisotope	1,954,279		1,954,279		1,954,279	56
57	CT Scan	3,096,719		3,096,719		3,096,719	57
58	MRI	1,631,703		1,631,703		1,631,703	58
59	Cardiac Catheterization	3,986,286		3,986,286		3,986,286	59
60	Laboratory	15,339,992		15,339,992		15,339,992	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	3,945,400		3,945,400		3,945,400	65
65.01	SLEEP LAB	575,193		575,193	8,224	583,417	65.01
66	Physical Therapy	3,499,606		3,499,606		3,499,606	66
66.01	OP PHYSICAL THERAPY	1,493,557		1,493,557		1,493,557	66.01
66.02	OP THERAPY SERVICES	4,175,986		4,175,986		4,175,986	66.02
67	Occupational Therapy	2,099,267		2,099,267		2,099,267	67
68	Speech Pathology	633,207		633,207		633,207	68
69	Electrocardiology	2,998,869		2,998,869	21,864	3,020,733	69
69.01	EP LAB						69.01
69.02	VASCULAR SERVICES	1,000,502		1,000,502		1,000,502	69.02
70	Electroencephalography	317,533		317,533	2,929	320,462	70
71	Medical Supplies Charged to Patients	10,431,434		10,431,434		10,431,434	71
72	Impl. Dev. Charged to Patients	8,623,750		8,623,750		8,623,750	72
73	Drugs Charged to Patients	27,083,483		27,083,483		27,083,483	73
74	Renal Dialysis	1,458,084		1,458,084		1,458,084	74
75	ASC (Non-Distinct Part)	4,324,565		4,324,565		4,324,565	75
76	WOUND CARE						76
76.01	OP ONCOLOGY	3,741,098		3,741,098		3,741,098	76.01
76.97	CARDIAC REHABILITATION	1,064,551		1,064,551	1,084	1,065,635	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	3,166,174		3,166,174		3,166,174	90
90.01	PERINATOLOGY CLINIC	6,179		6,179	6,643	12,822	90.01
90.02	OCCUPATIONAL HEALTH CLINIC						90.02
91	Emergency	17,207,966		17,207,966	509,217	17,717,183	91
92	Observation Beds (Non-Distinct Part)	8,063,405		8,063,405		8,063,405	92
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency	5,294,785		5,294,785		5,294,785	101
113	Interest Expense						113
116	Hospice	993,273		993,273		993,273	116
200	Subtotal (sum of lines 30 thru 199)	234,419,440		234,419,440	670,495	235,089,935	200
201	Less Observation Beds	8,063,405		8,063,405		8,063,405	201
202	Total (line 200 minus line 201)	226,356,035		226,356,035		227,026,530	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	83,054,584		83,054,584				30
31	Intensive Care Unit	22,455,511		22,455,511				31
41	Subprovider - IRF	6,692,323		6,692,323				41
43	Nursery	4,267,971		4,267,971				43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	22,896,263	40,489,634	63,385,897	0.267962	0.267962	0.268285	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER	4,829,961		4,829,961	0.512298	0.512298	0.512298	50.02
51	Recovery Room	3,435,691	7,782,508	11,218,199	0.203936	0.203936	0.203936	51
53	Anesthesiology	7,592,710	13,662,394	21,255,104	0.054821	0.054821	0.054821	53
54	Radiology-Diagnostic	15,074,174	26,162,819	41,236,993	0.169896	0.169896	0.169896	54
54.01	BREAST DIAGNOSIS CENTER	839	8,789,857	8,790,696	0.231134	0.231134	0.231134	54.01
55	Radiology-Therapeutic	674,109	12,874,127	13,548,236	0.242867	0.242867	0.242867	55
56	Radioisotope	3,447,141	13,996,051	17,443,192	0.112037	0.112037	0.112037	56
57	CT Scan	32,158,352	61,275,394	93,433,746	0.033143	0.033143	0.033143	57
58	MRI	6,162,728	17,898,078	24,060,806	0.067816	0.067816	0.067816	58
59	Cardiac Catheterization	18,059,790	21,524,876	39,584,666	0.100703	0.100703	0.100703	59
60	Laboratory	54,939,160	38,093,466	93,032,626	0.164888	0.164888	0.164888	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	16,762,948	1,939,149	18,702,097	0.210960	0.210960	0.210960	65
65.01	SLEEP LAB	8,008	3,081,814	3,089,822	0.186157	0.186157	0.188819	65.01
66	Physical Therapy	4,971,141	8,479,875	13,451,016	0.260174	0.260174	0.260174	66
66.01	OP PHYSICAL THERAPY	1,030	6,318,151	6,319,181	0.236353	0.236353	0.236353	66.01
66.02	OP THERAPY SERVICES	4,054	16,362,504	16,366,558	0.255154	0.255154	0.255154	66.02
67	Occupational Therapy	4,132,387	2,118,302	6,250,689	0.335846	0.335846	0.335846	67
68	Speech Pathology	1,586,658	345,949	1,932,607	0.327644	0.327644	0.327644	68
69	Electrocardiology	11,461,730	14,951,662	26,413,392	0.113536	0.113536	0.114364	69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES	1,886,787	2,735,895	4,622,682	0.216433	0.216433	0.216433	69.02
70	Electroencephalography	450,498	1,100,238	1,550,736	0.204763	0.204763	0.206652	70
71	Medical Supplies Charged to Patients	13,126,626	12,716,922	25,843,548	0.403638	0.403638	0.403638	71
72	Impl. Dev. Charged to Patients	10,127,969	4,498,408	14,626,377	0.589603	0.589603	0.589603	72
73	Drugs Charged to Patients	64,957,745	53,386,617	118,344,362	0.228853	0.228853	0.228853	73
74	Renal Dialysis	3,552,222	347,564	3,899,786	0.373888	0.373888	0.373888	74
75	ASC (Non-Distinct Part)	23,827	3,249,015	3,272,842	1.321349	1.321349	1.321349	75
76	WOUND CARE							76
76.01	OP ONCOLOGY	53,163	6,833,127	6,886,290	0.543268	0.543268	0.543268	76.01
76.97	CARDIAC REHABILITATION	4,598	2,486,673	2,491,271	0.427312	0.427312	0.427748	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	1,184	4,713,625	4,714,809	0.671538	0.671538	0.671538	90
90.01	PERINATOLOGY CLINIC	15,638	287,729	303,367	0.020368	0.020368	0.042266	90.01
90.02	OCCUPATIONAL HEALTH CLINIC							90.02
91	Emergency	25,985,432	87,207,604	113,193,036	0.152023	0.152023	0.156522	91
92	Observation Beds (Non-Distinct Part)	4,953,547	9,405,142	14,358,689	0.561570	0.561570	0.561570	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
101	Home Health Agency		4,420,330	4,420,330				101
113	Interest Expense							113
116	Hospice	26,400		26,400				116
200	Subtotal (sum of lines 30 thru 199)	449,834,899	509,535,499	959,370,398				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	449,834,899	509,535,499	959,370,398				202

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS**

**WORKSHEET D  
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	4,294,288		4,294,288	48,426	88.68	18,653	1,654,148	30
31	Intensive Care Unit	953,359		953,359	6,917	137.83	3,198	440,780	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	304,330		304,330	3,922	77.60	2,610	202,536	41
42	Subprovider I								42
43	Nursery	162,850		162,850	2,340	69.59			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	5,714,827		5,714,827	61,605		24,461	2,297,464	200

(A) Worksheet A line numbers

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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	2,009,797	63,385,897	0.031707	11,241,018	356,419	50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER	40,632	4,829,961	0.008412			50.02
51	Recovery Room	54,392	11,218,199	0.004849	1,346,112	6,527	51
53	Anesthesiology	159,955	21,255,104	0.007525	2,780,529	20,923	53
54	Radiology-Diagnostic	968,631	41,236,993	0.023489	7,001,912	164,468	54
54.01	BREAST DIAGNOSIS CENTER	49,115	8,790,696	0.005587	424	2	54.01
55	Radiology-Therapeutic	475,734	13,548,236	0.035114	329,143	11,558	55
56	Radioisotope	119,777	17,443,192	0.006867	1,671,194	11,476	56
57	CT Scan	113,451	93,433,746	0.001214	14,707,612	17,855	57
58	MRI	38,530	24,060,806	0.001601	2,753,712	4,409	58
59	Cardiac Catheterization	89,853	39,584,666	0.002270	9,193,647	20,870	59
60	Laboratory	845,971	93,032,626	0.009093	24,844,437	225,910	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	163,929	18,702,097	0.008765	8,238,257	72,208	65
65.01	SLEEP LAB	60,721	3,089,822	0.019652	7,937	156	65.01
66	Physical Therapy	217,270	13,451,016	0.016153	1,505,177	24,313	66
66.01	OP PHYSICAL THERAPY	25,605	6,319,181	0.004052	935	4	66.01
66.02	OP THERAPY SERVICES	72,069	16,366,558	0.004403	3,587	16	66.02
67	Occupational Therapy	267,277	6,250,689	0.042760	1,050,170	44,905	67
68	Speech Pathology	16,929	1,932,607	0.008760	592,954	5,194	68
69	Electrocardiology	430,552	26,413,392	0.016301	5,647,008	92,052	69
69.01	EP LAB						69.01
69.02	VASCULAR SERVICES	156,594	4,622,682	0.033875	1,014,390	34,362	69.02
70	Electroencephalography	50,637	1,550,736	0.032654	239,641	7,825	70
71	Medical Supplies Charged to Pat	366,042	25,843,548	0.014164	1,569,617	22,232	71
72	Impl. Dev. Charged to Patients	301,976	14,626,377	0.020646	4,111,833	84,893	72
73	Drugs Charged to Patients	607,376	118,344,362	0.005132	28,068,376	144,047	73
74	Renal Dialysis	24,474	3,899,786	0.006276	1,876,841	11,779	74
75	ASC (Non-Distinct Part)	829,464	3,272,842	0.253438	16,425	4,163	75
76	WOUND CARE						76
76.01	OP ONCOLOGY	85,744	6,886,290	0.012451			76.01
76.97	CARDIAC REHABILITATION	23,034	2,491,271	0.009246			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	60,718	4,714,809	0.012878	406	5	90
90.01	PERINATOLOGY CLINIC	404	303,367	0.001332			90.01
90.02	OCCUPATIONAL HEALTH CLINIC						90.02
91	Emergency	1,137,698	113,193,036	0.010051	11,906,565	119,673	91
92	Observation Beds (Non-Distinct)	828,595	14,358,689	0.057707	2,985,515	172,285	92
<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)	10,692,946	838,453,279		144,705,374	1,680,529	200

(A) Worksheet A line numbers

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**

**WORKSHEET D  
PART III**

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

(A)	Cost Center Description	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

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**

**WORKSHEET D  
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics (General Routine Care)	48,426		18,653	30
31	Intensive Care Unit	6,917		3,198	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	3,922		2,610	41
42	Subprovider I				42
43	Nursery	2,340			43
44	Skilled Nursing Facility				44
45	Nursing Facility				45
200	Total (lines 30-199)	61,605		24,461	200

(A) Worksheet A line numbers

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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/IID                     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	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
	<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 Pat							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							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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/IID                                     PPS  
 Applicable  Title XVIII, Part A                                     IPF                                     SNF                                     TEFRA  
 Boxes:  Title XIX                                     IRF                                     NF                                     Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	63,385,897			11,241,018		10,846,381		50
50.01	SURGICENTER								50.01
50.02	SURGERY RECOVERY CENTER	4,829,961							50.02
51	Recovery Room	11,218,199			1,346,112		1,926,767		51
53	Anesthesiology	21,255,104			2,780,529		3,334,304		53
54	Radiology-Diagnostic	41,236,993			7,001,912		4,280,948		54
54.01	BREAST DIAGNOSIS CENTER	8,790,696			424		763,147		54.01
55	Radiology-Therapeutic	13,548,236			329,143		3,755,684		55
56	Radioisotope	17,443,192			1,671,194		5,718,717		56
57	CT Scan	93,433,746			14,707,612		16,114,168		57
58	MRI	24,060,806			2,753,712		4,820,403		58
59	Cardiac Catheterization	39,584,666			9,193,647		12,779,256		59
60	Laboratory	93,032,626			24,844,437		6,911,862		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	18,702,097			8,238,257		609,473		65
65.01	SLEEP LAB	3,089,822			7,937		743,489		65.01
66	Physical Therapy	13,451,016			1,505,177		21,048		66
66.01	OP PHYSICAL THERAPY	6,319,181			935				66.01
66.02	OP THERAPY SERVICES	16,366,558			3,587		17		66.02
67	Occupational Therapy	6,250,689			1,050,170		30		67
68	Speech Pathology	1,932,607			592,954		28		68
69	Electrocardiology	26,413,392			5,647,008		5,933,624		69
69.01	EP LAB								69.01
69.02	VASCULAR SERVICES	4,622,682			1,014,390		877,199		69.02
70	Electroencephalography	1,550,736			239,641		268,421		70
71	Medical Supplies Charged to Pat	25,843,548			1,569,617		1,422,823		71
72	Impl. Dev. Charged to Patients	14,626,377			4,111,833		2,786,627		72
73	Drugs Charged to Patients	118,344,362			28,068,376		21,781,940		73
74	Renal Dialysis	3,899,786			1,876,841		173,726		74
75	ASC (Non-Distinct Part)	3,272,842			16,425		764,386		75
76	WOUND CARE								76
76.01	OP ONCOLOGY	6,886,290					3,249,303		76.01
76.97	CARDIAC REHABILITATION	2,491,271							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	4,714,809			406		90,997		90
90.01	PERINATOLOGY CLINIC	303,367					644		90.01
90.02	OCCUPATIONAL HEALTH CLINIC								90.02
91	Emergency	113,193,036			11,906,565		12,156,028		91
92	Observation Beds (Non-Distinct)	14,358,689			2,985,515		3,023,415		92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	838,453,279			144,705,374		125,154,855		200

(A) Worksheet A line numbers

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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/IID

(A)	Cost Center Description	Program Charges				Program Cost		
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	0.267962	10,846,381			2,906,418		50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER	0.512298						50.02
51	Recovery Room	0.203936	1,926,767			392,937		51
53	Anesthesiology	0.054821	3,334,304			182,790		53
54	Radiology-Diagnostic	0.169896	4,280,948			727,316		54
54.01	BREAST DIAGNOSIS CENTER	0.231134	763,147			176,389		54.01
55	Radiology-Therapeutic	0.242867	3,755,684			912,132		55
56	Radioisotope	0.112037	5,718,717			640,708		56
57	CT Scan	0.033143	16,114,168			534,072		57
58	MRI	0.067816	4,820,403			326,900		58
59	Cardiac Catheterization	0.100703	12,779,256			1,286,909		59
60	Laboratory	0.164888	6,911,862			1,139,683		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	0.210960	609,473			128,574		65
65.01	SLEEP LAB	0.186157	743,489			138,406		65.01
66	Physical Therapy	0.260174	21,048			5,476		66
66.01	OP PHYSICAL THERAPY	0.236353						66.01
66.02	OP THERAPY SERVICES	0.255154	17			4		66.02
67	Occupational Therapy	0.335846	30			10		67
68	Speech Pathology	0.327644	28			9		68
69	Electrocardiology	0.113536	5,933,624			673,680		69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES	0.216433	877,199			189,855		69.02
70	Electroencephalography	0.204763	268,421			54,963		70
71	Medical Supplies Charged to Pat	0.403638	1,422,823			574,305		71
72	Impl. Dev. Charged to Patients	0.589603	2,786,627			1,643,004		72
73	Drugs Charged to Patients	0.228853	21,781,940			4,984,862		73
74	Renal Dialysis	0.373888	173,726			64,954		74
75	ASC (Non-Distinct Part)	1.321349	764,386			1,010,021		75
76	WOUND CARE							76
76.01	OP ONCOLOGY	0.543268	3,249,303			1,765,242		76.01
76.97	CARDIAC REHABILITATION	0.427312						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	0.671538	90,997			61,108		90
90.01	PERINATOLOGY CLINIC	0.020368	644			13		90.01
90.02	OCCUPATIONAL HEALTH CLINIC							90.02
91	Emergency	0.152023	12,156,028			1,847,996		91
92	Observation Beds (Non-Distinct)	0.561570	3,023,415			1,697,859		92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Subtotal (see instructions)		125,154,855			24,066,595		200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)		125,154,855			24,066,595		202

(A) Worksheet A line numbers

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,009,797	63,385,897	0.031707	15,042	477	50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER	40,632	4,829,961	0.008412			50.02
51	Recovery Room	54,392	11,218,199	0.004849	3,918	19	51
53	Anesthesiology	159,955	21,255,104	0.007525	5,678	43	53
54	Radiology-Diagnostic	968,631	41,236,993	0.023489	182,665	4,291	54
54.01	BREAST DIAGNOSIS CENTER	49,115	8,790,696	0.005587			54.01
55	Radiology-Therapeutic	475,734	13,548,236	0.035114			55
56	Radioisotope	119,777	17,443,192	0.006867	1,940	13	56
57	CT Scan	113,451	93,433,746	0.001214	97,562	118	57
58	MRI	38,530	24,060,806	0.001601	25,269	40	58
59	Cardiac Catheterization	89,853	39,584,666	0.002270	6,468	15	59
60	Laboratory	845,971	93,032,626	0.009093	738,759	6,718	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	163,929	18,702,097	0.008765	259,718	2,276	65
65.01	SLEEP LAB	60,721	3,089,822	0.019652			65.01
66	Physical Therapy	217,270	13,451,016	0.016153	1,511,460	24,415	66
66.01	OP PHYSICAL THERAPY	25,605	6,319,181	0.004052			66.01
66.02	OP THERAPY SERVICES	72,069	16,366,558	0.004403			66.02
67	Occupational Therapy	267,277	6,250,689	0.042760	1,508,544	64,505	67
68	Speech Pathology	16,929	1,932,607	0.008760	358,206	3,138	68
69	Electrocardiology	430,552	26,413,392	0.016301	32,545	531	69
69.01	EP LAB						69.01
69.02	VASCULAR SERVICES	156,594	4,622,682	0.033875			69.02
70	Electroencephalography	50,637	1,550,736	0.032654	632	21	70
71	Medical Supplies Charged to Pat	366,042	25,843,548	0.014164	109,030	1,544	71
72	Impl. Dev. Charged to Patients	301,976	14,626,377	0.020646			72
73	Drugs Charged to Patients	607,376	118,344,362	0.005132	1,228,116	6,303	73
74	Renal Dialysis	24,474	3,899,786	0.006276			74
75	ASC (Non-Distinct Part)	829,464	3,272,842	0.253438			75
76	WOUND CARE						76
76.01	OP ONCOLOGY	85,744	6,886,290	0.012451			76.01
76.97	CARDIAC REHABILITATION	23,034	2,491,271	0.009246			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	60,718	4,714,809	0.012878	108	1	90
90.01	PERINATOLOGY CLINIC	404	303,367	0.001332			90.01
90.02	OCCUPATIONAL HEALTH CLINIC						90.02
91	Emergency	1,137,698	113,193,036	0.010051	2,047	21	91
92	Observation Beds (Non-Distinct		14,358,689				92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	9,864,351	838,453,279		6,087,707	114,489	200

(A) Worksheet A line numbers

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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/IID  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 Pat							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							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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/IID  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	63,385,897			15,042				50
50.01	SURGICENTER								50.01
50.02	SURGERY RECOVERY CENTER	4,829,961							50.02
51	Recovery Room	11,218,199			3,918				51
53	Anesthesiology	21,255,104			5,678				53
54	Radiology-Diagnostic	41,236,993			182,665				54
54.01	BREAST DIAGNOSIS CENTER	8,790,696							54.01
55	Radiology-Therapeutic	13,548,236							55
56	Radioisotope	17,443,192			1,940				56
57	CT Scan	93,433,746			97,562				57
58	MRI	24,060,806			25,269				58
59	Cardiac Catheterization	39,584,666			6,468				59
60	Laboratory	93,032,626			738,759				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	18,702,097			259,718				65
65.01	SLEEP LAB	3,089,822							65.01
66	Physical Therapy	13,451,016			1,511,460				66
66.01	OP PHYSICAL THERAPY	6,319,181							66.01
66.02	OP THERAPY SERVICES	16,366,558							66.02
67	Occupational Therapy	6,250,689			1,508,544				67
68	Speech Pathology	1,932,607			358,206				68
69	Electrocardiology	26,413,392			32,545				69
69.01	EP LAB								69.01
69.02	VASCULAR SERVICES	4,622,682							69.02
70	Electroencephalography	1,550,736			632				70
71	Medical Supplies Charged to Pat	25,843,548			109,030				71
72	Impl. Dev. Charged to Patients	14,626,377							72
73	Drugs Charged to Patients	118,344,362			1,228,116				73
74	Renal Dialysis	3,899,786							74
75	ASC (Non-Distinct Part)	3,272,842							75
76	WOUND CARE								76
76.01	OP ONCOLOGY	6,886,290							76.01
76.97	CARDIAC REHABILITATION	2,491,271							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	4,714,809			108				90
90.01	PERINATOLOGY CLINIC	303,367							90.01
90.02	OCCUPATIONAL HEALTH CLINIC								90.02
91	Emergency	113,193,036			2,047				91
92	Observation Beds (Non-Distinct)	14,358,689							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	838,453,279			6,087,707				200

(A) Worksheet A line numbers

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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/IID

(A)	Cost Center Description	Program Charges				Program Cost		
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	0.267962						50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER	0.512298						50.02
51	Recovery Room	0.203936						51
53	Anesthesiology	0.054821						53
54	Radiology-Diagnostic	0.169896						54
54.01	BREAST DIAGNOSIS CENTER	0.231134						54.01
55	Radiology-Therapeutic	0.242867						55
56	Radioisotope	0.112037						56
57	CT Scan	0.033143						57
58	MRI	0.067816						58
59	Cardiac Catheterization	0.100703						59
60	Laboratory	0.164888						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	0.210960						65
65.01	SLEEP LAB	0.186157						65.01
66	Physical Therapy	0.260174						66
66.01	OP PHYSICAL THERAPY	0.236353						66.01
66.02	OP THERAPY SERVICES	0.255154						66.02
67	Occupational Therapy	0.335846						67
68	Speech Pathology	0.327644						68
69	Electrocardiology	0.113536						69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES	0.216433						69.02
70	Electroencephalography	0.204763						70
71	Medical Supplies Charged to Pat	0.403638						71
72	Impl. Dev. Charged to Patients	0.589603						72
73	Drugs Charged to Patients	0.228853						73
74	Renal Dialysis	0.373888						74
75	ASC (Non-Distinct Part)	1.321349						75
76	WOUND CARE							76
76.01	OP ONCOLOGY	0.543268						76.01
76.97	CARDIAC REHABILITATION	0.427312						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	0.671538						90
90.01	PERINATOLOGY CLINIC	0.020368						90.01
90.02	OCCUPATIONAL HEALTH CLINIC							90.02
91	Emergency	0.152023						91
92	Observation Beds (Non-Distinct)	0.561570						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Subtotal (see instructions)							200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)							202

(A) Worksheet A line numbers

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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)	4,294,288		4,294,288	48,426	88.68	4,518	400,656	30
31	Intensive Care Unit	953,359		953,359	6,917	137.83	618	85,179	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	304,330		304,330	3,922	77.60	250	19,400	41
42	Subprovider I								42
43	Nursery	162,850		162,850	2,340	69.59	1,394	97,008	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	5,714,827		5,714,827	61,605		6,780	602,243	200

(A) Worksheet A line numbers

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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)  
 Applicable  Title XVIII, Part A  IPF  
 Boxes:  Title XIX  IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	2,009,797	63,385,897	0.031707			50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER	40,632	4,829,961	0.008412			50.02
51	Recovery Room	54,392	11,218,199	0.004849			51
53	Anesthesiology	159,955	21,255,104	0.007525			53
54	Radiology-Diagnostic	968,631	41,236,993	0.023489			54
54.01	BREAST DIAGNOSIS CENTER	49,115	8,790,696	0.005587			54.01
55	Radiology-Therapeutic	475,734	13,548,236	0.035114			55
56	Radioisotope	119,777	17,443,192	0.006867			56
57	CT Scan	113,451	93,433,746	0.001214			57
58	MRI	38,530	24,060,806	0.001601			58
59	Cardiac Catheterization	89,853	39,584,666	0.002270			59
60	Laboratory	845,971	93,032,626	0.009093			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	163,929	18,702,097	0.008765			65
65.01	SLEEP LAB	60,721	3,089,822	0.019652			65.01
66	Physical Therapy	217,270	13,451,016	0.016153			66
66.01	OP PHYSICAL THERAPY	25,605	6,319,181	0.004052			66.01
66.02	OP THERAPY SERVICES	72,069	16,366,558	0.004403			66.02
67	Occupational Therapy	267,277	6,250,689	0.042760			67
68	Speech Pathology	16,929	1,932,607	0.008760			68
69	Electrocardiology	430,552	26,413,392	0.016301			69
69.01	EP LAB						69.01
69.02	VASCULAR SERVICES	156,594	4,622,682	0.033875			69.02
70	Electroencephalography	50,637	1,550,736	0.032654			70
71	Medical Supplies Charged to Pat	366,042	25,843,548	0.014164			71
72	Impl. Dev. Charged to Patients	301,976	14,626,377	0.020646			72
73	Drugs Charged to Patients	607,376	118,344,362	0.005132			73
74	Renal Dialysis	24,474	3,899,786	0.006276			74
75	ASC (Non-Distinct Part)	829,464	3,272,842	0.253438			75
76	WOUND CARE						76
76.01	OP ONCOLOGY	85,744	6,886,290	0.012451			76.01
76.97	CARDIAC REHABILITATION	23,034	2,491,271	0.009246			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	60,718	4,714,809	0.012878			90
90.01	PERINATOLOGY CLINIC	404	303,367	0.001332			90.01
90.02	OCCUPATIONAL HEALTH CLINIC						90.02
91	Emergency	1,137,698	113,193,036	0.010051			91
92	Observation Beds (Non-Distinct	828,595	14,358,689	0.057707			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	10,692,946	838,453,279				200

(A) Worksheet A line numbers

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**

**WORKSHEET D  
PART III**

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

(A)	Cost Center Description	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

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**

**WORKSHEET D  
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	48,426		4,518		30
31	Intensive Care Unit	6,917		618		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	3,922		250		41
42	Subprovider I					42
43	Nursery	2,340		1,394		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	61,605		6,780		200

(A) Worksheet A line numbers

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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/IID                       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 Pat							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							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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/IID                       PPS  
 Applicable  Title XVIII, Part A                       IPF                       SNF                       TEFRA  
 Boxes:  Title XIX                       IRF                       NF                       Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	63,385,897							50
50.01	SURGICENTER								50.01
50.02	SURGERY RECOVERY CENTER	4,829,961							50.02
51	Recovery Room	11,218,199							51
53	Anesthesiology	21,255,104							53
54	Radiology-Diagnostic	41,236,993							54
54.01	BREAST DIAGNOSIS CENTER	8,790,696							54.01
55	Radiology-Therapeutic	13,548,236							55
56	Radioisotope	17,443,192							56
57	CT Scan	93,433,746							57
58	MRI	24,060,806							58
59	Cardiac Catheterization	39,584,666							59
60	Laboratory	93,032,626							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	18,702,097							65
65.01	SLEEP LAB	3,089,822							65.01
66	Physical Therapy	13,451,016							66
66.01	OP PHYSICAL THERAPY	6,319,181							66.01
66.02	OP THERAPY SERVICES	16,366,558							66.02
67	Occupational Therapy	6,250,689							67
68	Speech Pathology	1,932,607							68
69	Electrocardiology	26,413,392							69
69.01	EP LAB								69.01
69.02	VASCULAR SERVICES	4,622,682							69.02
70	Electroencephalography	1,550,736							70
71	Medical Supplies Charged to Pat	25,843,548							71
72	Impl. Dev. Charged to Patients	14,626,377							72
73	Drugs Charged to Patients	118,344,362							73
74	Renal Dialysis	3,899,786							74
75	ASC (Non-Distinct Part)	3,272,842							75
76	WOUND CARE								76
76.01	OP ONCOLOGY	6,886,290							76.01
76.97	CARDIAC REHABILITATION	2,491,271							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	4,714,809							90
90.01	PERINATOLOGY CLINIC	303,367							90.01
90.02	OCCUPATIONAL HEALTH CLINIC								90.02
91	Emergency	113,193,036							91
92	Observation Beds (Non-Distinct)	14,358,689							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	838,453,279							200

(A) Worksheet A line numbers

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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                     Hospital                     SUB (Other)                     Swing Bed SNF  
 Applicable  Title XVIII, Part B                     IPF                     SNF                     Swing Bed NF  
 Boxes:  Title XIX - O/P                     IRF                     NF                     ICF/IID

(A)	Cost Center Description	Program Charges				Program Cost		
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	0.267962						50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER	0.512298						50.02
51	Recovery Room	0.203936						51
53	Anesthesiology	0.054821						53
54	Radiology-Diagnostic	0.169896						54
54.01	BREAST DIAGNOSIS CENTER	0.231134						54.01
55	Radiology-Therapeutic	0.242867						55
56	Radioisotope	0.112037						56
57	CT Scan	0.033143						57
58	MRI	0.067816						58
59	Cardiac Catheterization	0.100703						59
60	Laboratory	0.164888						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	0.210960						65
65.01	SLEEP LAB	0.186157						65.01
66	Physical Therapy	0.260174						66
66.01	OP PHYSICAL THERAPY	0.236353						66.01
66.02	OP THERAPY SERVICES	0.255154						66.02
67	Occupational Therapy	0.335846						67
68	Speech Pathology	0.327644						68
69	Electrocardiology	0.113536						69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES	0.216433						69.02
70	Electroencephalography	0.204763						70
71	Medical Supplies Charged to Pat	0.403638						71
72	Impl. Dev. Charged to Patients	0.589603						72
73	Drugs Charged to Patients	0.228853						73
74	Renal Dialysis	0.373888						74
75	ASC (Non-Distinct Part)	1.321349						75
76	WOUND CARE							76
76.01	OP ONCOLOGY	0.543268						76.01
76.97	CARDIAC REHABILITATION	0.427312						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	0.671538						90
90.01	PERINATOLOGY CLINIC	0.020368						90.01
90.02	OCCUPATIONAL HEALTH CLINIC							90.02
91	Emergency	0.152023						91
92	Observation Beds (Non-Distinct	0.561570						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Subtotal (see instructions)							200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)							202

(A) Worksheet A line numbers

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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:  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	2,009,797	63,385,897	0.031707			50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER	40,632	4,829,961	0.008412			50.02
51	Recovery Room	54,392	11,218,199	0.004849			51
53	Anesthesiology	159,955	21,255,104	0.007525			53
54	Radiology-Diagnostic	968,631	41,236,993	0.023489			54
54.01	BREAST DIAGNOSIS CENTER	49,115	8,790,696	0.005587			54.01
55	Radiology-Therapeutic	475,734	13,548,236	0.035114			55
56	Radioisotope	119,777	17,443,192	0.006867			56
57	CT Scan	113,451	93,433,746	0.001214			57
58	MRI	38,530	24,060,806	0.001601			58
59	Cardiac Catheterization	89,853	39,584,666	0.002270			59
60	Laboratory	845,971	93,032,626	0.009093			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	163,929	18,702,097	0.008765			65
65.01	SLEEP LAB	60,721	3,089,822	0.019652			65.01
66	Physical Therapy	217,270	13,451,016	0.016153			66
66.01	OP PHYSICAL THERAPY	25,605	6,319,181	0.004052			66.01
66.02	OP THERAPY SERVICES	72,069	16,366,558	0.004403			66.02
67	Occupational Therapy	267,277	6,250,689	0.042760			67
68	Speech Pathology	16,929	1,932,607	0.008760			68
69	Electrocardiology	430,552	26,413,392	0.016301			69
69.01	EP LAB						69.01
69.02	VASCULAR SERVICES	156,594	4,622,682	0.033875			69.02
70	Electroencephalography	50,637	1,550,736	0.032654			70
71	Medical Supplies Charged to Pat	366,042	25,843,548	0.014164			71
72	Impl. Dev. Charged to Patients	301,976	14,626,377	0.020646			72
73	Drugs Charged to Patients	607,376	118,344,362	0.005132			73
74	Renal Dialysis	24,474	3,899,786	0.006276			74
75	ASC (Non-Distinct Part)	829,464	3,272,842	0.253438			75
76	WOUND CARE						76
76.01	OP ONCOLOGY	85,744	6,886,290	0.012451			76.01
76.97	CARDIAC REHABILITATION	23,034	2,491,271	0.009246			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	60,718	4,714,809	0.012878			90
90.01	PERINATOLOGY CLINIC	404	303,367	0.001332			90.01
90.02	OCCUPATIONAL HEALTH CLINIC						90.02
91	Emergency	1,137,698	113,193,036	0.010051			91
92	Observation Beds (Non-Distinct		14,358,689				92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	9,864,351	838,453,279				200

(A) Worksheet A line numbers

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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/IID  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
		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 Pat							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							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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/IID  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	63,385,897							50
50.01	SURGICENTER								50.01
50.02	SURGERY RECOVERY CENTER	4,829,961							50.02
51	Recovery Room	11,218,199							51
53	Anesthesiology	21,255,104							53
54	Radiology-Diagnostic	41,236,993							54
54.01	BREAST DIAGNOSIS CENTER	8,790,696							54.01
55	Radiology-Therapeutic	13,548,236							55
56	Radioisotope	17,443,192							56
57	CT Scan	93,433,746							57
58	MRI	24,060,806							58
59	Cardiac Catheterization	39,584,666							59
60	Laboratory	93,032,626							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	18,702,097							65
65.01	SLEEP LAB	3,089,822							65.01
66	Physical Therapy	13,451,016							66
66.01	OP PHYSICAL THERAPY	6,319,181							66.01
66.02	OP THERAPY SERVICES	16,366,558							66.02
67	Occupational Therapy	6,250,689							67
68	Speech Pathology	1,932,607							68
69	Electrocardiology	26,413,392							69
69.01	EP LAB								69.01
69.02	VASCULAR SERVICES	4,622,682							69.02
70	Electroencephalography	1,550,736							70
71	Medical Supplies Charged to Pat	25,843,548							71
72	Impl. Dev. Charged to Patients	14,626,377							72
73	Drugs Charged to Patients	118,344,362							73
74	Renal Dialysis	3,899,786							74
75	ASC (Non-Distinct Part)	3,272,842							75
76	WOUND CARE								76
76.01	OP ONCOLOGY	6,886,290							76.01
76.97	CARDIAC REHABILITATION	2,491,271							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	4,714,809							90
90.01	PERINATOLOGY CLINIC	303,367							90.01
90.02	OCCUPATIONAL HEALTH CLINIC								90.02
91	Emergency	113,193,036							91
92	Observation Beds (Non-Distinct)	14,358,689							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	838,453,279							200

(A) Worksheet A line numbers

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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:  Title XIX - O/P  IRF  NF  ICF/IID

(A)	Cost Center Description	Program Charges				Program Cost		
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	0.267962						50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER	0.512298						50.02
51	Recovery Room	0.203936						51
53	Anesthesiology	0.054821						53
54	Radiology-Diagnostic	0.169896						54
54.01	BREAST DIAGNOSIS CENTER	0.231134						54.01
55	Radiology-Therapeutic	0.242867						55
56	Radioisotope	0.112037						56
57	CT Scan	0.033143						57
58	MRI	0.067816						58
59	Cardiac Catheterization	0.100703						59
60	Laboratory	0.164888						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	0.210960						65
65.01	SLEEP LAB	0.186157						65.01
66	Physical Therapy	0.260174						66
66.01	OP PHYSICAL THERAPY	0.236353						66.01
66.02	OP THERAPY SERVICES	0.255154						66.02
67	Occupational Therapy	0.335846						67
68	Speech Pathology	0.327644						68
69	Electrocardiology	0.113536						69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES	0.216433						69.02
70	Electroencephalography	0.204763						70
71	Medical Supplies Charged to Pat	0.403638						71
72	Impl. Dev. Charged to Patients	0.589603						72
73	Drugs Charged to Patients	0.228853						73
74	Renal Dialysis	0.373888						74
75	ASC (Non-Distinct Part)	1.321349						75
76	WOUND CARE							76
76.01	OP ONCOLOGY	0.543268						76.01
76.97	CARDIAC REHABILITATION	0.427312						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	0.671538						90
90.01	PERINATOLOGY CLINIC	0.020368						90.01
90.02	OCCUPATIONAL HEALTH CLINIC							90.02
91	Emergency	0.152023						91
92	Observation Beds (Non-Distinct)	0.561570						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Subtotal (see instructions)							200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)							202

(A) Worksheet A line numbers

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0172**

**WORKSHEET D-1  
PART I**

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

**PART I - ALL PROVIDER COMPONENTS**

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	48,426	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	48,426	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)	39,082	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	18,653	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)	41,789,402	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)	41,789,402	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)	41,789,402	37

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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)						862.95	38
39	Program general inpatient routine service cost (line 9 x line 38)						16,096,606	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)						16,096,606	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	13,554,361	6,917	1,959.57	3,198	6,266,705		43
44	Coronary Care Unit							44
45	Burn Intensive Care Unit							45
46	Surgical Intensive Care Unit							46
47	Other Special Care (specify)							47

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						27,935,595	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						50,298,906	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						2,094,928	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						1,680,529	51
52	Total Program excludable cost (sum of lines 50 and 51)						3,775,457	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						46,523,449	53

**TARGET AMOUNT AND LIMIT COMPUTATION**

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

**PROGRAM INPATIENT ROUTINE SWING BED COST**

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

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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/IID                     PPS  
 Applicable  Title XVIII, Part A                     IPF                     SNF                     TEFRA  
 Boxes:  Title XIX - I/P                     IRF                     NF                     Other

**PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST**

87	Total observation bed days (see instructions)					9,344	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					862.95	88
89	Observation bed cost (line 87 x line 88) (see instructions)					8,063,405	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	4,294,288	41,789,402	0.102760	8,063,405	828,595	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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/IID  PPS  
 Applicable  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)	3,922	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,922	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)	3,922	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)	2,610	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)	3,706,280	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)	3,706,280	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)	3,706,280	37

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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)	945.00	38
39	Program general inpatient routine service cost (line 9 x line 38)	2,466,450	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)	2,466,450	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,565,155	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	4,031,605	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	202,536	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	114,489	51
52	Total Program excludable cost (sum of lines 50 and 51)	317,025	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	3,714,580	53

**TARGET AMOUNT AND LIMIT COMPUTATION**

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

**PROGRAM INPATIENT ROUTINE SWING BED COST**

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

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0172**

**WORKSHEET D-1  
PART I**

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

**PART I - ALL PROVIDER COMPONENTS**

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	48,426	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	48,426	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)	39,082	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	4,518	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)	2,340	15
16	Nursery days (title V or XIX only)	1,394	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)	41,725,838	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)	41,725,838	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)	41,725,838	37

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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)						861.64	38
39	Program general inpatient routine service cost (line 9 x line 38)						3,892,890	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)						3,892,890	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)	2,021,977	2,340	864.09	1,394	1,204,541		42
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit	13,554,361	6,917	1,959.57	618	1,211,014		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)						6,308,445	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						582,843	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)						582,843	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

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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/IID                     PPS  
 Applicable  Title XVIII, Part A                     IPF                     SNF                     TEFRA  
 Boxes:  Title XIX - I/P                     IRF                     NF                     Other

**PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST**

87	Total observation bed days (see instructions)					9,344	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 27)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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/IID  PPS  
 Applicable  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)	3,922	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,922	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)	3,922	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)	250	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)	3,669,810	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)	3,669,810	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)	3,669,810	37

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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)	935.70	38
39	Program general inpatient routine service cost (line 9 x line 38)	233,925	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)	233,925	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)	233,925	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	19,400	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)	19,400	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

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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/IID [ ] Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics		31,976,071		30
31	Intensive Care Unit		10,445,152		31
41	Subprovider - IRF				41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.268285	11,241,018	3,015,797	50
50.01	SURGICENTER				50.01
50.02	SURGERY RECOVERY CENTER	0.512298			50.02
51	Recovery Room	0.203936	1,346,112	274,521	51
53	Anesthesiology	0.054821	2,780,529	152,431	53
54	Radiology-Diagnostic	0.169896	7,001,912	1,189,597	54
54.01	BREAST DIAGNOSIS CENTER	0.231134	424	98	54.01
55	Radiology-Therapeutic	0.242867	329,143	79,938	55
56	Radioisotope	0.112037	1,671,194	187,236	56
57	CT Scan	0.033143	14,707,612	487,454	57
58	MRI	0.067816	2,753,712	186,746	58
59	Cardiac Catheterization	0.100703	9,193,647	925,828	59
60	Laboratory	0.164888	24,844,437	4,096,550	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.210960	8,238,257	1,737,943	65
65.01	SLEEP LAB	0.188819	7,937	1,499	65.01
66	Physical Therapy	0.260174	1,505,177	391,608	66
66.01	OP PHYSICAL THERAPY	0.236353	935	221	66.01
66.02	OP THERAPY SERVICES	0.255154	3,587	915	66.02
67	Occupational Therapy	0.335846	1,050,170	352,695	67
68	Speech Pathology	0.327644	592,954	194,278	68
69	Electrocardiology	0.114364	5,647,008	645,814	69
69.01	EP LAB				69.01
69.02	VASCULAR SERVICES	0.216433	1,014,390	219,547	69.02
70	Electroencephalography	0.206652	239,641	49,522	70
71	Medical Supplies Charged to Patients	0.403638	1,569,617	633,557	71
72	Impl. Dev. Charged to Patients	0.589603	4,111,833	2,424,349	72
73	Drugs Charged to Patients	0.228853	28,068,376	6,423,532	73
74	Renal Dialysis	0.373888	1,876,841	701,728	74
75	ASC (Non-Distinct Part)	1.321349	16,425	21,703	75
76	WOUND CARE				76
76.01	OP ONCOLOGY	0.543268			76.01
76.97	CARDIAC REHABILITATION	0.427748			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	0.671538	406	273	90
90.01	PERINATOLOGY CLINIC	0.042266			90.01
90.02	OCCUPATIONAL HEALTH CLINIC				90.02
91	Emergency	0.156522	11,906,565	1,863,639	91
92	Observation Beds (Non-Distinct Part)	0.561570	2,985,515	1,676,576	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		144,705,374	27,935,595	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		144,705,374		202

(A) Worksheet A line numbers

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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/IID [ ] Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
41	Subprovider - IRF		4,528,144		41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.268285	15,042	4,036	50
50.01	SURGICENTER				50.01
50.02	SURGERY RECOVERY CENTER	0.512298			50.02
51	Recovery Room	0.203936	3,918	799	51
53	Anesthesiology	0.054821	5,678	311	53
54	Radiology-Diagnostic	0.169896	182,665	31,034	54
54.01	BREAST DIAGNOSIS CENTER	0.231134			54.01
55	Radiology-Therapeutic	0.242867			55
56	Radioisotope	0.112037	1,940	217	56
57	CT Scan	0.033143	97,562	3,233	57
58	MRI	0.067816	25,269	1,714	58
59	Cardiac Catheterization	0.100703	6,468	651	59
60	Laboratory	0.164888	738,759	121,812	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.210960	259,718	54,790	65
65.01	SLEEP LAB	0.188819			65.01
66	Physical Therapy	0.260174	1,511,460	393,243	66
66.01	OP PHYSICAL THERAPY	0.236353			66.01
66.02	OP THERAPY SERVICES	0.255154			66.02
67	Occupational Therapy	0.335846	1,508,544	506,638	67
68	Speech Pathology	0.327644	358,206	117,364	68
69	Electrocardiology	0.114364	32,545	3,722	69
69.01	EP LAB				69.01
69.02	VASCULAR SERVICES	0.216433			69.02
70	Electroencephalography	0.206652	632	131	70
71	Medical Supplies Charged to Patients	0.403638	109,030	44,009	71
72	Impl. Dev. Charged to Patients	0.589603			72
73	Drugs Charged to Patients	0.228853	1,228,116	281,058	73
74	Renal Dialysis	0.373888			74
75	ASC (Non-Distinct Part)	1.321349			75
76	WOUND CARE				76
76.01	OP ONCOLOGY	0.543268			76.01
76.97	CARDIAC REHABILITATION	0.427748			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	0.671538	108	73	90
90.01	PERINATOLOGY CLINIC	0.042266			90.01
90.02	OCCUPATIONAL HEALTH CLINIC				90.02
91	Emergency	0.156522	2,047	320	91
92	Observation Beds (Non-Distinct Part)	0.561570			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		6,087,707	1,565,155	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		6,087,707		202

(A) Worksheet A line numbers

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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**INPATIENT ANCILLARY SERVICE COST APPORTIONMENT**

**COMPONENT CCN: 14-0172**

**WORKSHEET D-3**

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
41	Subprovider - IRF				41
43	Nursery				43
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.267962			50
50.01	SURGICENTER				50.01
50.02	SURGERY RECOVERY CENTER	0.512298			50.02
51	Recovery Room	0.203936			51
53	Anesthesiology	0.054821			53
54	Radiology-Diagnostic	0.169896			54
54.01	BREAST DIAGNOSIS CENTER	0.231134			54.01
55	Radiology-Therapeutic	0.242867			55
56	Radioisotope	0.112037			56
57	CT Scan	0.033143			57
58	MRI	0.067816			58
59	Cardiac Catheterization	0.100703			59
60	Laboratory	0.164888			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.210960			65
65.01	SLEEP LAB	0.186157			65.01
66	Physical Therapy	0.260174			66
66.01	OP PHYSICAL THERAPY	0.236353			66.01
66.02	OP THERAPY SERVICES	0.255154			66.02
67	Occupational Therapy	0.335846			67
68	Speech Pathology	0.327644			68
69	Electrocardiology	0.113536			69
69.01	EP LAB				69.01
69.02	VASCULAR SERVICES	0.216433			69.02
70	Electroencephalography	0.204763			70
71	Medical Supplies Charged to Patients	0.403638			71
72	Impl. Dev. Charged to Patients	0.589603			72
73	Drugs Charged to Patients	0.228853			73
74	Renal Dialysis	0.373888			74
75	ASC (Non-Distinct Part)	1.321349			75
76	WOUND CARE				76
76.01	OP ONCOLOGY	0.543268			76.01
76.97	CARDIAC REHABILITATION	0.427312			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	0.671538			90
90.01	PERINATOLOGY CLINIC	0.020368			90.01
90.02	OCCUPATIONAL HEALTH CLINIC				90.02
91	Emergency	0.152023			91
92	Observation Beds (Non-Distinct Part)	0.561570			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

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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:  Title XIX  IRF  NF  ICF/IID  Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
41	Subprovider - IRF				41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.267962			50
50.01	SURGICENTER				50.01
50.02	SURGERY RECOVERY CENTER	0.512298			50.02
51	Recovery Room	0.203936			51
53	Anesthesiology	0.054821			53
54	Radiology-Diagnostic	0.169896			54
54.01	BREAST DIAGNOSIS CENTER	0.231134			54.01
55	Radiology-Therapeutic	0.242867			55
56	Radioisotope	0.112037			56
57	CT Scan	0.033143			57
58	MRI	0.067816			58
59	Cardiac Catheterization	0.100703			59
60	Laboratory	0.164888			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.210960			65
65.01	SLEEP LAB	0.186157			65.01
66	Physical Therapy	0.260174			66
66.01	OP PHYSICAL THERAPY	0.236353			66.01
66.02	OP THERAPY SERVICES	0.255154			66.02
67	Occupational Therapy	0.335846			67
68	Speech Pathology	0.327644			68
69	Electrocardiology	0.113536			69
69.01	EP LAB				69.01
69.02	VASCULAR SERVICES	0.216433			69.02
70	Electroencephalography	0.204763			70
71	Medical Supplies Charged to Patients	0.403638			71
72	Impl. Dev. Charged to Patients	0.589603			72
73	Drugs Charged to Patients	0.228853			73
74	Renal Dialysis	0.373888			74
75	ASC (Non-Distinct Part)	1.321349			75
76	WOUND CARE				76
76.01	OP ONCOLOGY	0.543268			76.01
76.97	CARDIAC REHABILITATION	0.427312			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	0.671538			90
90.01	PERINATOLOGY CLINIC	0.020368			90.01
90.02	OCCUPATIONAL HEALTH CLINIC				90.02
91	Emergency	0.152023			91
92	Observation Beds (Non-Distinct Part)	0.561570			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

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

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

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	31,690,178			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	10,563,393			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)	417,749			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	9,981,427			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	265.40			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).	-13.86			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)	101.82			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	105.73			10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)	101.82			12
13	Total allowable FTE count for the prior year	97.66			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	85.86			14
15	Sum of lines 12 through 14 divided by 3	95.11			15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count	95.11			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.358365			19
20	Prior year resident to bed ratio (see instructions)	0.377270			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.358365			21
22	IME payment adjustment (see instructions)	7,533,347			22
22.01	IME payment adjustment - Managed Care (see instructions)	1,779,579			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)	3.91			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)	7,533,347			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	1,779,579			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)	0.2696			31
32	Sum of lines 30 and 31	0.3158			32
33	Allowable disproportionate share percentage (see instructions)	0.1527			33
34	Disproportionate share adjustment (see instructions)	1,613,031			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)	7,647,644,885			35
35.01	Factor 3 (see instructions)	0.000511065			35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,908,444	3,164,223		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,923,301	797,558		35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,720,859			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

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

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

		1	1.01	1.02	
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)	55,538,557			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)	57,318,136			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	4,412,195			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)	3,850,581			52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies	1,142			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)	65,582,054			59
60	Primary payer payments	19,121			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	65,562,933			61
62	Deductibles billed to program beneficiaries	4,231,444			62
63	Coinsurance billed to program beneficiaries	266,028			63
64	Allowable bad debts (see instructions)	1,548,497			64
65	Adjusted reimbursable bad debts (see instructions)	1,006,523			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	851,305			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	62,071,984			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)	-552,256			70
70.93	HVBP payment adjustment amount (see instructions)	-211,707			70.93
70.94	HRR adjustment amount (see instructions)	-727,550			70.94
71	Amount due provider (see instructions)	60,580,471			71
71.01	Sequestration adjustment (see instructions)	1,211,609			71.01
72	Interim payments	57,056,578			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	2,312,284			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	115,141			75

**TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)**

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

**HSP Bonus Payment Amount**

**Prior to 10/1      On or After 10/1**

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

**Prior to 10/1      On or After 10/1**

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

**HRR Adjustment for HSP Bonus Payment**

**Prior to 10/1      On or After 10/1**

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

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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)	24,066,595			2
3	PPS payments	23,761,873			3
4	Outlier payment (see instructions)	25,040			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)	23,786,913			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)	4,713,234			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)	19,073,679			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	1,706,142			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	20,779,821			30
31	Primary payer payments	1,973			31
32	Subtotal (line 30 minus line 31)	20,777,848			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)	1,215,301			34
35	Adjusted reimbursable bad debts (see instructions)	789,946			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	606,171			36
37	Subtotal (see instructions)	21,567,794			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)	21,567,460			40
40.01	Sequestration adjustment (see instructions)	431,349			40.01
41	Interim payments	20,673,367			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	462,744			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

**TO BE COMPLETED BY CONTRACTOR**

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

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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

		INPATIENT PART A		PART B			
DESCRIPTION		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT		
		1	2	3	4		
1	Total interim payments paid to provider		55,937,558		20,514,209	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	08/01/2015	510,853	08/01/2015	12,596	3.01
		.02	12/18/2015	608,167	12/18/2015	146,562	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		1,119,020		159,158	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)			57,056,578		20,673,367	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		2,312,284		462,744	6.01
		.02					6.02
7	Total Medicare program liability (see instructions)			59,368,862		21,136,111	7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)		8

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

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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	AMOUNT	mm/dd/yyyy	AMOUNT
		1	2	3	4
1	Total interim payments paid to provider		4,164,949		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)			4,129,369	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		74,651	6.01
		.02			6.02
7	Total Medicare program liability (see instructions)			4,204,020	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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FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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)	12,474	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	21,851	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	5,310	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	45,999	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	959,370,398	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	31,050,921	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)	1,301,252	8
9	Sequestration adjustment amount (see instructions)	26,025	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	1,275,227	10

**INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH**

30	Initial/interim HIT payment(s)	1,493,885	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	-218,658	32

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

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

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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)	3,711,944		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.013400		2
3	Inpatient Rehabilitation LIP payments (see instructions)	125,464		3
4	Outlier payments	120,180		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 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2)			5.01
6	New teaching program adjustment (see instructions)			6
7	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)	1.02		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)	1.02		9
10	Average daily census (see instructions)	10.745205		10
11	Teaching Adjustment Factor (see instructions)	0.096546		11
12	Teaching Adjustment (see instructions)	358,373		12
13	Total PPS Payment (see instructions)	4,315,961		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)	4,315,961		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	4,315,961		19
20	Deductibles	13,860		20
21	Subtotal (line 19 minus line 20)	4,302,101		21
22	Coinsurance	12,285		22
23	Subtotal (line 21 minus line 22)	4,289,816		23
24	Allowable bad debts (exclude bad debts for professional services) (see instructions)			24
25	Adjusted reimbursable bad debts (see instructions)			25
26	Allowable bad debts for dual eligible beneficiaries (see instructions)			26
27	Subtotal (sum of lines 23 and 25)	4,289,816		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)	4,289,816		32
32.01	Sequestration adjustment (see instructions)	85,796		32.01
33	Interim payments	4,129,369		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 33 and 34)	74,651		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			36

**TO BE COMPLETED BY CONTRACTOR**

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

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

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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/IID                                     TEFRA  
 Boxes:                                     SNF                                     Other

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
1	Inpatient hospital/SNF/NF services	6,308,445		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	6,308,445		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	6,308,445		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)	3,848,539		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)	3,848,539		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	<b>OTHER ADJUSTMENTS (REMOVE IP COSTS)</b>			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

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

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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/IID  TEFRA  
 Boxes:  SNF  Other

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
1	Inpatient hospital/SNF/NF services	233,925		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	233,925		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	233,925		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)	233,925		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)	233,925		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

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

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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

<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		128.25	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		10.23	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))		-13.86	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)		104.16	5	
6	Unweighted resident FTE count for allopathic and osteopathic programs for teh current year from your records (see instructions)		106.75	6	
7	Enter the lesser of line 5 or line 6		104.16	7	
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	47.32	50.72	98.04	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	46.17	49.49	95.66	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
11	Total weighted FTE count	46.17	49.49		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	38.75	51.45		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	26.29	52.71		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	37.07	51.22		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	37.07	51.22		17
18	Per resident amount	109,000.00	106,200.00		18
19	Approved amount for resident costs	4,040,630	5,439,564	9,480,194	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)			2.59	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)			9,480,194	25
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	24,628	5,552		26
27	Total inpatient days (see instructions)	50,151	50,151		27
28	Ratio of inpatient days to total inpatient days	0.491077	0.110706		28
29	Program direct GME amount	4,655,505	1,049,514		29
30	Reduction for direct GME payments for Medicare Advantage		148,296		30
31	Net Program direct GME amount			5,556,723	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)			3,899,786	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)			54,330,511	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)			19,121	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			54,311,390	41
<b>Part B Reasonable Cost</b>					
42	Reasonable cost (see instructions)			24,066,595	42
43	Primary payer payments (see instructions)			1,973	43
44	Total Part B reasonable cost (line 42 minus line 43)			24,064,622	44
45	Total reasonable cost (sum of lines 41 and 44)			78,376,012	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.692959	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.307041	47
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>					
48	Total program GME payment (line 31)			5,556,723	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			3,850,581	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			1,706,142	50

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

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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)	5,386	6,527		26
27	Total inpatient days (see instructions)	50,151	50,151		27
28	Ratio of inpatient days to total inpatient days	0.107396	0.130147		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

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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**BALANCE SHEET**

**WORKSHEET G**

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
<b>Assets</b> (Omit Cents)		1	2	3	4	
<b>CURRENT ASSETS</b>						
1	Cash on hand and in banks	233,498				1
2	Temporary investments	6,252,469				2
3	Notes receivable					3
4	Accounts receivable	53,414,370				4
5	Other receivables	36,401,629				5
6	Allowances for uncollectible notes and accounts receivable	-8,720,542				6
7	Inventory	7,346,446				7
8	Prepaid expenses	1,671,594				8
9	Other current assets	9,194,070				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	105,793,534				11
<b>FIXED ASSETS</b>						
12	Land	7,320,500				12
13	Land improvements	4,094,931				13
14	Accumulated depreciation	-3,284,191				14
15	Buildings	113,934,056				15
16	Accumulated depreciation	-55,370,613				16
17	Leasehold improvements	1,075,647				17
18	Accumulated depreciation	-512,689				18
19	Fixed equipment	98,031,430				19
20	Accumulated depreciation	-47,166,190				20
21	Audomobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	84,598,420				23
24	Accumulated depreciation	-71,975,408				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)	130,745,893				30
<b>OTHER ASSETS</b>						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	8,972,829				34
35	Total other assets (sum of lines 31-34)	8,972,829				35
36	Total assets (sum of lines 11, 30 and 35)	245,512,256				36
<b>Liabilities and Fund Balances</b> (Omit Cents)						
		1	2	3	4	
<b>CURRENT LIABILITIES</b>						
37	Accounts payable	17,864,901				37
38	Salaries, wages and fees payable	7,619,848				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	973,817				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	17,976,080				44
45	Total current liabilities (sum of lines 37 thru 44)	44,434,646				45
<b>LONG TERM LIABILITIES</b>						
46	Mortgage payable					46
47	Notes payable	1,225,526				47
48	Unsecured loans					48
49	Other long term liabilities	807,647				49
50	Total long term liabilities (sum of lines 46 thru 49)	2,033,173				50
51	Total liabilities (sum of lines 45 and 50)	46,467,819				51
<b>CAPITAL ACCOUNTS</b>						
52	General fund balance	199,044,437				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

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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**BALANCE SHEET**

**WORKSHEET G**

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

	<b>Assets</b>	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	(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)	199,044,437				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	245,512,256				60

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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**STATEMENT OF CHANGES IN FUND BALANCES**

**WORKSHEET G-1**

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	Fund balances at beginning of period		206,755,530			1
2	Net income (loss) (from Worksheet G-3, line 29)		5,607,651			2
3	Total (sum of line 1 and line 2)		212,363,181			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)		212,363,181			11
12	Deductions (debit adjustments) (specify)					12
13	TRANSFERS TO AFFILIATES	13,318,744				13
14						14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)		13,318,744			18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		199,044,437			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

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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**STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES**

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

**PART I - PATIENT REVENUES**

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
1	Hospital	76,557,789		76,557,789	1
2	Subprovider IPF				2
3	Subprovider IRF	6,692,323		6,692,323	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)	83,250,112		83,250,112	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	Intensive Care Unit	22,299,200		22,299,200	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)	22,299,200		22,299,200	16
17	Total inpatient routine care services (sum of lines 10 and 16)	105,549,312		105,549,312	17
18	Ancillary services	328,408,763	528,122,142	856,530,905	18
19	Outpatient services		4,138,151	4,138,151	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FOHC)				21
22	Home health agency		4,420,330	4,420,330	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	433,958,075	536,680,623	970,638,698	28

**PART II - OPERATING EXPENSES**

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		283,397,333	29
30	Add (specify)			30
31				31
32	LOSS ON DISPOSAL OF ASSETS	88,160		32
33	OTHER EXPENSES RECONCILING	24		33
34				34
35				35
36	Total additions (sum of lines 30-35)		88,184	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)		283,485,517	43

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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**STATEMENT OF REVENUES AND EXPENSES**

**WORKSHEET G-3**

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	970,638,698	1
2	Less contractual allowances and discounts on patients' accounts	694,414,141	2
3	Net patient revenues (line 1 minus line 2)	276,224,557	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	283,485,517	4
5	Net income from service to patients (line 3 minus line 4)	-7,260,960	5

**OTHER INCOME**

6	Contributions, donations, bequests, etc.	118,507	6
7	Income from investments	144,900	7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts	1,286,116	10
11	Rebates and refunds of expenses		11
12	Parking lot receipts	10,470	12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	972,729	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	130	17
18	Revenue from sale of medical records and abstracts	44,859	18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen	300,278	20
21	Rental of vending machines	34,669	21
22	Rental of hosptial space	1,204,493	22
23	Governmental appropriations		23
24	Other (RESTRICTED CONTRIBUTIONS)	5,327	24
24.0	Other (OTHER RENTAL REVENUNE)	1,260,390	24.0
1			1
24.0	Other (BILLING SERVICES)	350	24.0
2			2
24.0	Other (DIABETES CENTER)	1,311	24.0
3			3
24.0	Other (ANSWERING SERVICE REVENUE)	78,914	24.0
4			4
24.0	Other (EMERGENCY MEDICAL EDUCATION)	4,351	24.0
5			5
24.0	Other (HOSPICE REVENUE)	291,329	24.0
6			6
24.0	Other (OB/NURSERY OTHER REVENUES)	739	24.0
7			7
24.0	Other (OTHER MISCELLANEOUS REVENUE)	26,211	24.0
8			8
24.0	Other (DIETARY SPECIAL FUNCTIONS)	4,862	24.0
9			9
24.1	Other (RETAIL PHARMACY)	2,405,375	24.1
0			0
24.1	Other (FITNESS CENTER)	2,630,978	24.1
1			1
24.1	Other (THIRD PARTY AUDIT FEES)	713	24.1
2			2
24.1	Other (MEANINGFUL USE REVENUE)	1,793,885	24.1
3			3
24.1	Other (ACA MEDICAID REVENUE)	10,282	24.1
4			4
24.1	Other (OTHER NON-OPERATING EXPENSES)	-58,100	24.1
5			5
24.1	Other (INCOME ON EQUITY IN NO-CONSOL AFFIL)	294,543	24.1
6			6
25	Total other income (sum of lines 6-24)	12,868,611	25
26	Total (line 5 plus line 25)	5,607,651	26
29	Net income (or loss) for the period (line 26 minus line 28)	5,607,651	29

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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	670,407	187,714	1,155		222,283	5
	<b>HHA REIMBURSABLE SERVICES</b>						
6	Skilled Nursing Care	1,484,764	415,734	46,268			6
7	Physical Therapy	115,178	32,250	4,020	590,137		7
8	Occupational Therapy				177,859		8
9	Speech Pathology	24,235	6,786	368	19,367		9
10	Medical Social Services				10,200		10
11	Home Health Aide	110,215	30,860	13,223			11
12	Supplies (see instructions)					59,743	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)	2,404,799	673,344	65,034	797,563	282,026	24

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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	1,081,559	-292,723	788,836		788,836	5
	<b>HHA REIMBURSABLE SERVICES</b>						
6	Skilled Nursing Care	1,946,766		1,946,766		1,946,766	6
7	Physical Therapy	741,585		741,585		741,585	7
8	Occupational Therapy	177,859		177,859		177,859	8
9	Speech Pathology	50,756		50,756		50,756	9
10	Medical Social Services	10,200		10,200		10,200	10
11	Home Health Aide	154,298		154,298		154,298	11
12	Supplies (see instructions)	59,743		59,743		59,743	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)	4,222,766	-292,723	3,930,043		3,930,043	24

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

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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	788,836				5
	<b>HHA REIMBURSABLE SERVICES</b>					
6	Skilled Nursing Care	1,946,766				6
7	Physical Therapy	741,585				7
8	Occupational Therapy	177,859				8
9	Speech Pathology	50,756				9
10	Medical Social Services	10,200				10
11	Home Health Aide	154,298				11
12	Supplies (see instructions)	59,743				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)	3,930,043				24

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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		788,836	788,836		5
	<b>HHA REIMBURSABLE SERVICES</b>					
6	Skilled Nursing Care		1,946,766	488,882	2,435,648	6
7	Physical Therapy		741,585	186,231	927,816	7
8	Occupational Therapy		177,859	44,665	222,524	8
9	Speech Pathology		50,756	12,746	63,502	9
10	Medical Social Services		10,200	2,561	12,761	10
11	Home Health Aide		154,298	38,748	193,046	11
12	Supplies (see instructions)		59,743	15,003	74,746	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)		3,930,043		3,930,043	24

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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					-788,836	3,141,207	5
<b>HHA REIMBURSABLE SERVICES</b>								
6	Skilled Nursing Care						1,946,766	6
7	Physical Therapy						741,585	7
8	Occupational Therapy						177,859	8
9	Speech Pathology						50,756	9
10	Medical Social Services						10,200	10
11	Home Health Aide						154,298	11
12	Supplies (see instructions)						59,743	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)					-788,836	3,141,207	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						788,836	25
26	Unit Cost Multiplier						0.251125	26

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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				8,230	8,230	2,427	1
2	Skilled Nursing Care	2,435,648			27,645	2,463,293	726,549	2
3	Physical Therapy	927,816			2,144	929,960	274,292	3
4	Occupational Therapy	222,524				222,524	65,633	4
5	Speech Pathology	63,502			451	63,953	18,863	5
6	Medical Social Services	12,761				12,761	3,764	6
7	Home Health Aide	193,046			2,052	195,098	57,544	7
8	Supplies	74,746				74,746	22,046	8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	3,930,043			40,522	3,970,565	1,171,118	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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						21,184	1
2	Skilled Nursing Care						72,015	2
3	Physical Therapy						4,212	3
4	Occupational Therapy							4
5	Speech Pathology						475	5
6	Medical Social Services							6
7	Home Health Aide						12,160	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)						110,046	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

- (1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
- (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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	NURSING ADMINIS- TRATION	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12	13	14	15	16	17	
1	Administrative and General				165			1
2	Skilled Nursing Care					16,096		2
3	Physical Therapy					11,219		3
4	Occupational Therapy					2,770		4
5	Speech Pathology					380		5
6	Medical Social Services					151		6
7	Home Health Aide					1,981		7
8	Supplies			9,411		883		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)			9,411	165	33,480		20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

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

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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.

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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	32,006		32,006			1
2	Skilled Nursing Care	3,277,953		3,277,953	19,935	3,297,888	2
3	Physical Therapy	1,219,683		1,219,683	7,418	1,227,101	3
4	Occupational Therapy	290,927		290,927	1,769	292,696	4
5	Speech Pathology	83,671		83,671	509	84,180	5
6	Medical Social Services	16,676		16,676	101	16,777	6
7	Home Health Aide	266,783		266,783	1,623	268,406	7
8	Supplies	107,086		107,086	651	107,737	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)	5,294,785		5,294,785	32,006	5,294,785	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.				0.006082		21

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

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

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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			442,012		8,230		1
2	Skilled Nursing Care			1,484,764		2,463,293		2
3	Physical Therapy			115,178		929,960		3
4	Occupational Therapy					222,524		4
5	Speech Pathology			24,235		63,953		5
6	Medical Social Services					12,761		6
7	Home Health Aide			110,215		195,098		7
8	Supplies					74,746		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)			2,176,404		3,970,565		20
21	Total cost to be allocated			40,522		1,171,118		21
22	Unit Cost Multiplier			0.018619		0.294950		22
22	Unit Cost Multiplier							22

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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					11,156		1
2	Skilled Nursing Care					37,926		2
3	Physical Therapy					2,218		3
4	Occupational Therapy							4
5	Speech Pathology					250		5
6	Medical Social Services							6
7	Home Health Aide					6,404		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)					57,954		20
21	Total cost to be allocated					110,046		21
22	Unit Cost Multiplier					1.898851		22
22	Unit Cost Multiplier							22

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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				2,125,095			2
3	Physical Therapy				1,481,240			3
4	Occupational Therapy				365,745			4
5	Speech Pathology				50,135			5
6	Medical Social Services				19,975			6
7	Home Health Aide				261,555			7
8	Supplies		68,716		116,585			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	4,420,330			20
21	Total cost to be allocated		9,411	165	33,480			21
22	Unit Cost Multiplier			0.258621				22
22	Unit Cost Multiplier		0.136955		0.007574			22

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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	3,297,888		3,297,888	12,350	267.04	1
2	Physical Therapy	3	1,227,101		1,227,101	8,532	143.82	2
3	Occupational Therapy	4	292,696		292,696	2,148	136.26	3
4	Speech Pathology	5	84,180		84,180	303	277.82	4
5	Medical Social Services	6	16,777		16,777	95	176.60	5
6	Home Health Aide	7	268,406		268,406	2,581	103.99	6
7	Total (sum of lines 1-6)		5,187,048		5,187,048	26,009		7

Limitation Cost Computation					
	Patient Services	CBSA No.	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1	2	3	4
8	Skilled Nursing Care	16974		5,498	
9	Physical Therapy	16974		3,935	
10	Occupational Therapy	16974		1,119	
11	Speech Pathology	16974		152	
12	Medical Social Services	16974		54	
13	Home Health Aide	16974		1,763	
14	Total (sum of lines 8-13)			12,521	

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	107,737		107,737	116,585	0.924107	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	0.260174			col. 2, line 2	1
1.01	OP PHYSICAL THERAPY	66.01	0.236353			col. 2, line 2	1.01
1.02	OP THERAPY SERVICES	66.02	0.255154			col. 2, line 2	1.02
2	Occupational Therapy	67	0.335846			col. 2, line 3	2
3	Speech Pathology	68	0.327644			col. 2, line 4	3
4	Medical Supplies Charged to Pat	71	0.403638			col. 2, line 15	4
5	Drugs Charged to Patients	73	0.228853			col. 2, line 16	5

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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		5,498			1,468,186		1,468,186	1
2	Physical Therapy		3,935			565,932		565,932	2
3	Occupational Therapy		1,119			152,475		152,475	3
4	Speech Pathology		152			42,229		42,229	4
5	Medical Social Services		54			9,536		9,536	5
6	Home Health Aide		1,763			183,334		183,334	6
7	Total (sum of lines 1-6)		12,521			2,421,692		2,421,692	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			48,695			44,999	15
16	Cost of Drugs							16

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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		2,185,022	11
12	Total PPS Reimbursement - Full Episodes with Outliers		25,218	12
13	Total PPS Reimbursement - LUPA Episodes		47,441	13
14	Total PPS Reimbursement - PEP Episodes		40,790	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)		2,298,471	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		2,298,471	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		2,298,471	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)		2,298,471	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		2,298,471	31
31.01	Sequestration adjustment (see instructions)		45,970	31.01
32	Interim payments (see instructions)		2,252,501	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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				2,252,501
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.				1
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)				2
		.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)				2,252,501
<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)				5.01
		.01			5.02
	Program	.02			5.03
	To	.03			5.04
	Provider	.04			5.05
		.05			5.06
		.06			5.07
		.07			5.08
		.08			5.09
		.09			5.10
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	To	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determine net settlement amount (balance due) based on the cost report (see instructions)	.01			6.01
		.02			6.02
7	<b>TOTAL MEDICARE PROGRAM LIABILITY</b> (see instructions)				2,252,501
8	Name of Contractor	Contractor Number		NPR Date: Month, Day, Year	
					8

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

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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2015 To: 12/31/2015	Run Date: 05/31/2016 Run Time: 13:35 Version: 2015.10 (03/22/2016)
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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	3,380,884	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	9,946	2
2.01	Model 4 BPCI Capital DRG outlier payments		2.01
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	126.65	3
4	Number of interns & residents (see instructions)	95.11	4
5	Indirect medical education percentage (see instructions)	23.61	5
6	Indirect medical education adjustment (see instructions)	798,227	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)	0.2696	8
9	Sum of lines 7 and 8	0.3158	9
10	Allowable disproportionate share percentage (see instructions)	0.0660	10
11	Disproportionate share adjustment (see instructions)	223,138	11
12	Total prospective capital payments (see instructions)	4,412,195	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	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)						202