

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

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

PART I - COST REPORT STATUS

Provider use only		1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report 4. <input type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.	Date: 05/31/2017 Time: 11:59
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 01/01/2016 and ending 12/31/2016, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(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		1,617,573	34,279	-54,403		1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF		93,499	-1			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		1,711,072	34,278	-54,403		200

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 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 / 2016	To: 12 / 31 / 2016								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	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	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.	2,820	2,515	63		7,132		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.	48	177			22		25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1						26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1						27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.							37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPSS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N						37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				38

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

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

Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	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 osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

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

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**

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

Rural Providers

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

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	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
122	Does the cost report contain state health or similar taxes? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

Transplant Center Information

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

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**WORKSHEET S-2
PART I**

All Providers

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

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

141	Name:	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)	0.25			169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07 / 01 / 2016	09 / 28 / 2016		170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0		171

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

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

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

		Y/N	Y/N	
Approved Educational Activities				
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	
Bad Debts			
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12
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	13
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

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

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

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

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

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

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, INC.			42
43	Phone number: 708 466-7240	E-mail Address: MICHAEL.CADDICK@SRINC.ORG		43

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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	241	87,657			16,619	8,257	36,587	1
2	HMO and other (see instructions)						5,041	7,148		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider						258	48		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)		241	87,657			16,619	8,257	36,587	7
8	Intensive Care Unit	31	35	12,810			3,026	418	6,805	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						2,595	2,605	13
14	Total (see instructions)		276	100,467			19,645	11,270	45,997	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41	30	10,980			1,919	199	2,882	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					12,689		22,649	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)		306							27
28	Observation Bed Days								10,401	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							187	244	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					4,639	2,108	11,460	1
2	HMO and other (see instructions)					1,032			2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)	98.04	1,374.91			4,639	2,108	11,460	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF	1.00	20.55			166	20	250	17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		21.87						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)	99.04	1,417.33						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

KPMG LLP Compu-Max 2552-10

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HOSPITAL WAGE INDEX INFORMATION

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

Part II - Wage Data

	Wkst A Line No.	Amount Reported	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		
SALARIES								
1	Total salaries (see instructions)	200	89,803,525		89,803,525	2,859,822.00	31.40	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetest Part B							3
4	Physician-Part A - Administrative		198,775		198,775	1,707.00	116.45	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	5,652,174		5,652,174	6,803.00	830.84	7
7.01	Contracted interns & residents (in an approved program)		834,135		834,135	23,832.00	35.00	7.01
8	Home office and/or related organization personnel		1,341,147		1,341,147	1.00	1,341,147.00	8
9	SNF	44						9
10	Excluded area salaries (see instructions)		4,702,414	-191,774	4,510,640	222,804.00	20.24	10
OTHER WAGES & RELATED COSTS								
11	Contract labor (see instructions)		9,722,302		9,722,302	224,503.00	43.31	11
12	Contract management and administrative services							12
13	Contract labor: Physician-Part A - Administrative		361,230		361,230	3,011.00	119.97	13
14	Home office salaries & wage-related costs							14
14.01	Home office salaries		13,053,283		13,053,283	312,193.00	41.81	14.01
14.02	Related organization salaries							14.02
15	Home office: Physician Part A - Administrative							15
16	Home office & Contract Physicians Part A - Teaching							16
WAGE-RELATED COSTS								
17	Wage-related costs (core)(see instructions)		22,111,122		22,111,122			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		1,284,184		1,284,184			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B							21
22	Physician Part A - Administrative		55,325		55,325			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)		1,573,173		1,573,173			25
25.50	Home office wage-related		3,911,021		3,911,021			25.50
25.51	Related organization wage-related							25.51
25.52	Home office: Physician Part A - Administrative - wage-related							25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related							25.53
OVERHEAD COSTS - DIRECT SALARIES								
26	Employee Benefits Department		376,221		376,221	12,076.00	31.15	26
27	Administrative & General		13,158,476	-299,544	12,858,932	421,436.00	30.51	27
28	Administrative & General under contract (see instructions)		353,375		353,375	6,127.00	57.68	28
29	Maintenance & Repairs							29
30	Operation of Plant		2,527,386		2,527,386	81,068.00	31.18	30
31	Laundry & Linen Service		182,143		182,143	13,199.00	13.80	31
32	Housekeeping		2,318,327		2,318,327	162,726.00	14.25	32
33	Housekeeping under contract (see instructions)							33
34	Dietary		2,311,089	-1,679,753	631,336	39,514.00	15.98	34
35	Dietary under contract (see instructions)							35
36	Cafeteria			1,671,125	1,671,125	104,593.00	15.98	36
37	Maintenance of Personnel							37
38	Nursing Administration		1,419,398		1,419,398	31,792.00	44.65	38
39	Central Services and Supply		657,002		657,002	35,638.00	18.44	39
40	Pharmacy		2,661,422		2,661,422	67,421.00	39.47	40
41	Medical Records & Medical Records Library		2,054,681		2,054,681	19,874.00	103.39	41
42	Social Service			499,946	499,946	15,655.00	31.94	42
43	Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		82,329,444		82,329,444	2,835,313.00	29.04	1
2	Excluded area salaries (see instructions)		4,702,414	-191,774	4,510,640	222,804.00	20.24	2
3	Subtotal salaries (line 1 minus line 2)		77,627,030	191,774	77,818,804	2,612,509.00	29.79	3
4	Subtotal other wages & related costs (see instructions)		23,136,815		23,136,815	539,707.00	42.87	4
5	Subtotal wage-related costs (see instructions)		26,077,468		26,077,468		33.51%	5
6	Total (sum of lines 3 through 5)		126,841,313	191,774	127,033,087	3,152,216.00	40.30	6
7	Total overhead cost (see instructions)		28,019,520	191,774	28,211,294	1,011,119.00	27.90	7

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions		1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)	6,835,443	3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)		8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	1,313,717	8.02
8.03	Health Insurance (Purchased)	5,200,357	8.03
9	Prescription Drug Plan	3,039,102	9
10	Dental, Hearing and Vision Plan	1,066,290	10
11	Life Insurance (If employee is owner or beneficiary)	35,332	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	607,628	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance		15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	6,727,364	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	116,788	19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	81,783	23
24	Total Wage Related cost (Sum of lines 1-23)	25,023,804	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

	Component	Contract Labor	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

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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		4,160		1,285	5,445	1
2	Unduplicated Census Count (see instructions)		600.00		173.00	773.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	Enter the number of hours in your normal work week 40.00	Number of Employees (Full Time Equivalent)				
		Staff	Contract	Total		
		1	2	3		
3	Administrator and Assistant Administrator(s)				3	
4	Director(s) and Assistant Director(s)				4	
5	Other Administrative Personnel				5	
6	Direct Nursing Service		11.61		11.61	6
7	Nursing Supervisor					7
8	Physical Therapy Service		0.99	4.26	5.25	8
9	Physical Therapy Supervisor					9
10	Occupational Therapy Service		0.31	1.42	1.73	10
11	Occupational Therapy Supervisor					11
12	Speech Pathology Service		0.23		0.23	12
13	Speech Pathology Supervisor					13
14	Medical Social Service			0.08	0.08	14
15	Medical Social Service Supervisor					15
16	Home Health Aide		2.62		2.62	16
17	Home Health Aide Supervisor					17
18	Other (specify)					18

HOME HEALTH AGENCY CBSA CODES

19	Enter the number of CBSAs where you provided services during the cost reporting period.		1	19
20	List those CBSA code(s) serviced during this cost reporting period (line 20 contains the first code).		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	4,923	233	263	70	5,489	21
22	Skilled Nursing Visit Charges	1,053,348	49,243	56,740	14,633	1,173,964	22
23	Physical Therapy Visits	3,956	27	18	53	4,054	23
24	Physical Therapy Visit Charges	850,872	5,606	3,924	11,526	871,928	24
25	Occupational Therapy Visits	1,401	12	6	36	1,455	25
26	Occupational Therapy Visit Charges	299,808	2,583	1,308	7,815	311,514	26
27	Speech Pathology Visits	82	5	1	10	98	27
28	Speech Pathology Visit Charges	17,678	1,090	218	2,180	21,166	28
29	Medical Social Service Visits	52	2	3	1	58	29
30	Medical Social Service Visit Charges	14,335	517	846	235	15,933	30
31	Home Health Aide Visits	1,456	65	4	10	1,535	31
32	Home Health Aide Visit Charges	186,927	517	528	1,320	189,292	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	11,870	344	295	180	12,689	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	2,422,968	59,556	63,564	37,709	2,583,797	35
36	Total Number of Episodes (standard/non-outlier)	629		109	11	749	36
37	Total Number of Ourlier Episodes		8			8	37
38	Total Non-Routine Medical Supply Charges	49,029	2,318	3,786	253	55,386	38

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)		0.218941	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		73,515,981	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		238,327,404	6
7	Medicaid cost (line 1 times line 6)		52,179,640	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	27,853,682	3,160,008	31,013,690	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	6,098,313	691,855	6,790,168	21
22	Partial payment by patients approved for charity care	835,610	158,000	993,610	22
23	Cost of charity care (line 21 minus line 22)	5,262,703	533,855	5,796,558	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)		3,297,263	26
27	Medicare bad debts for the entire hospital complex (see instructions)		1,693,101	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		1,604,162	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		351,217	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)		6,147,775	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,147,775	31

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		16,651,766	16,651,766	5,917,437	22,569,203	-172,172	22,397,031	1
2	00200	Cap Rel Costs-Mvble Equip				7,451,515	7,451,515	11,221	7,462,736	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	376,221	-2,810,840	-2,434,619	2,992,139	557,520	1,946,207	2,503,727	4
5	00500	Administrative & General	13,158,476	68,844,543	82,003,019	-10,465,523	71,537,496	-22,129,073	49,408,423	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	2,527,386	12,311,539	14,838,925	-174,628	14,664,297	-1,048,121	13,616,176	7
8	00800	Laundry & Linen Service	182,143	1,006,802	1,188,945		1,188,945		1,188,945	8
9	00900	Housekeeping	2,318,327	1,735,311	4,053,638	-25,793	4,027,845		4,027,845	9
10	01000	Dietary	2,311,089	1,595,216	3,906,305	-2,853,873	1,052,432	-301,617	750,815	10
11	01100	Cafeteria				2,824,610	2,824,610	-1,034,746	1,789,864	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,419,398	431,491	1,850,889		1,850,889		1,850,889	13
14	01400	Central Services & Supply	657,002	1,912,104	2,569,106	-1,896,897	672,209	-145,585	526,624	14
15	01500	Pharmacy	2,661,422	16,430,640	19,092,062	-15,662,890	3,429,172	-555,705	2,873,467	15
16	01600	Medical Records & Library	2,054,681	1,213,443	3,268,124		3,268,124	2,052,430	5,320,554	16
17	01700	Social Service				639,931	639,931		639,931	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	5,652,174		5,652,174		5,652,174		5,652,174	21
22	02200	I&R Services-Other Prgm Costs Apprvd		3,559,493	3,559,493		3,559,493	-834,050	2,725,443	22
23	02300	Paramed Ed Prgm-(specify)								23
23.01	02301	RADIOLOGY PARAMEDICAL								23.01
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	17,282,638	7,960,244	25,242,882	-3,780,008	21,462,874	-1,890,618	19,572,256	30
31	03100	Intensive Care Unit	5,380,750	2,678,737	8,059,487	48,750	8,108,237	-16,426	8,091,811	31
41	04100	Subprovider - IRF	1,401,890	522,840	1,924,730		1,924,730	-14,823	1,909,907	41
43	04300	Nursery				1,227,477	1,227,477		1,227,477	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	4,612,475	11,379,516	15,991,991	-7,661,844	8,330,147	-44,079	8,286,068	50
50.01	05001	SURGICENTER								50.01
50.02	05002	SURGERY RECOVERY CENTER		1,370,380	1,370,380	-202,407	1,167,973		1,167,973	50.02
51	05100	Recovery Room	1,250,033	256,985	1,507,018		1,507,018		1,507,018	51
53	05300	Anesthesiology		3,857,830	3,857,830		3,857,830	-3,415,937	441,893	53
54	05400	Radiology-Diagnostic	2,502,015	828,403	3,330,418	-190,747	3,139,671	-67,765	3,071,906	54
54.01	05401	BREAST DIAGNOSIS CENTER	837,537	530,589	1,368,126	-14,486	1,353,640		1,353,640	54.01
55	05500	Radiology-Therapeutic	827,887	689,243	1,517,130		1,517,130		1,517,130	55
56	05600	Radioisotope	457,702	887,630	1,345,332	33,052	1,378,384		1,378,384	56
57	05700	CT Scan	994,461	727,896	1,722,357	-131,769	1,590,588		1,590,588	57
58	05800	MRI	561,622	658,076	1,219,698	-80,455	1,139,243		1,139,243	58
59	05900	Cardiac Catheterization	1,521,958	5,887,198	7,409,156	-4,500,613	2,908,543	-18,670	2,889,873	59
60	06000	Laboratory		10,208,273	10,208,273	52,000	10,260,273	-7,097	10,253,176	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	1,815,523	955,012	2,770,535	-352,995	2,417,540	-15,411	2,402,129	65
65.01	06501	SLEEP LAB	284,440	120,826	405,266	4,865	410,131	-8,702	401,429	65.01
66	06600	Physical Therapy	36,390	2,326,991	2,363,381	29,000	2,392,381	-28,915	2,363,466	66
66.01	06601	OP PHYSICAL THERAPY		1,690,323	1,690,323		1,690,323		1,690,323	66.01
66.02	06602	OP THERAPY SERVICES		2,991,792	2,991,792	-566,933	2,424,859		2,424,859	66.02
67	06700	Occupational Therapy		936,016	936,016		936,016		936,016	67
68	06800	Speech Pathology	377,672	118,108	495,780		495,780		495,780	68
69	06900	Electrocardiology	1,245,425	533,070	1,778,495	-413,709	1,364,786	-5,850	1,358,936	69
69.01	06901	EP LAB								69.01
69.02	03650	VASCULAR SERVICES	265,883	78,609	344,492	42,457	386,949		386,949	69.02
70	07000	Electroencephalography	91,884	42,053	133,937		133,937		133,937	70
71	07100	Medical Supplies Charged to Patients				9,526,636	9,526,636		9,526,636	71
72	07200	Impl. Dev. Charged to Patients				4,763,509	4,763,509		4,763,509	72
73	07300	Drugs Charged to Patients				14,993,718	14,993,718		14,993,718	73
74	07400	Renal Dialysis		1,186,246	1,186,246		1,186,246		1,186,246	74
75	07500	ASC (Non-Distinct Part)	1,358,997	273,588	1,632,585		1,632,585		1,632,585	75
76	03951	WOUND CARE								76
76.01	03952	OP ONCOLOGY	682,964	258,576	941,540	3,163,965	4,105,505		4,105,505	76.01
76.97	07697	CARDIAC REHABILITATION	681,022	208,805	889,827	25,830	915,657	-1,676	913,981	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	1,452,525	1,034,924	2,487,449	-5,211	2,482,238	-139,748	2,342,490	90
90.01	09001	DIABETES CENTER								90.01
91	09100	Emergency	7,260,989	3,401,056	10,662,045	468,996	11,131,041	-468,911	10,662,130	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
101	10100	Home Health Agency	2,127,424	1,497,530	3,624,954	-256,514	3,368,440		3,368,440	101

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		SPECIAL PURPOSE COST CENTERS								
113	11300	Interest Expense		5,185,007	5,185,007	-5,185,007				113
118		SUBTOTALS (sum of lines 1-117)	88,630,425	194,163,880	282,794,305	-216,415	282,577,890	-28,355,839	254,222,051	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen	26,067	308,298	334,365		334,365		334,365	190
191	19100	Research	49,028	13,728	62,756		62,756		62,756	191
192	19200	Physicians' Private Offices	1,098,005	5,115,021	6,213,026	201,831	6,414,857	-138,250	6,276,607	192
193	19300	Nonpaid Workers		9,868	9,868	14,584	24,452		24,452	193
194	07950	DEVELOPMENT		17,386	17,386		17,386		17,386	194
194.01	07951	SENIOR FRIENDS								194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS								194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS								194.03
200		TOTAL (sum of lines 118-199)	89,803,525	199,628,181	289,431,706		289,431,706	-28,494,089	260,937,617	200

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	RENT/LEASE EXPENSE	A	Cap Rel Costs-Bldg & Fixt	1		520,466	1
2			Cap Rel Costs-Mvble Equip	2		2,143,367	2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
500	Total reclassifications					2,663,833	500
	Code Letter - A						
1	CHARGEABLE SUPPLIES	B	Medical Supplies Charged to P	71		8,027,621	1
2							2
3							3
4							4
5							5
6							6
500	Total reclassifications					8,027,621	500
	Code Letter - B						
1	COST OF CHARGEABLE MEDICAL SUPPLIES	C	Medical Supplies Charged to P	71		1,499,015	1
500	Total reclassifications					1,499,015	500
	Code Letter - C						
1	COST OF DRUGS SOLD	D	Drugs Charged to Patients	73		14,993,718	1
500	Total reclassifications					14,993,718	500
	Code Letter - D						
1	SOCIAL SERVICES	E	Social Service	17	499,946	139,985	1
500	Total reclassifications				499,946	139,985	500
	Code Letter - E						
1	INTEREST	F	Cap Rel Costs-Bldg & Fixt	1		5,185,007	1
500	Total reclassifications					5,185,007	500
	Code Letter - F						
1	CAFETERIA COSTS	G	Cafeteria	11	1,671,125	1,153,485	1
2			Nonpaid Workers	193	8,628	5,956	2
500	Total reclassifications				1,679,753	1,159,441	500
	Code Letter - G						
1	RADIOLOGY ADMIN COSTS	H	BREAST DIAGNOSIS CENTER	54.01	71,602	20,048	1
2			MRI	58	40,514	11,344	2
3			CT Scan	57	61,793	17,302	3
4			Radioisotope	56	25,822	7,230	4
500	Total reclassifications				199,731	55,924	500
	Code Letter - H						
1	PROFESSIONAL FEES	I	Operating Room	50		15,000	1
2			Radiology-Diagnostic	54		37,854	2
3			Laboratory	60		52,000	3
500	Total reclassifications					104,854	500
	Code Letter - I						
1	HHA OVERHEAD COSTS	J	Administrative & General	5	200,402	56,112	1
500	Total reclassifications				200,402	56,112	500
	Code Letter - J						
1	PROPERTY INSURANCE	K	Cap Rel Costs-Bldg & Fixt	1		240,810	1
500	Total reclassifications					240,810	500
	Code Letter - K						
1	NURSERY COSTS	L	Nursery	43	883,337	344,140	1
500	Total reclassifications				883,337	344,140	500
	Code Letter - L						
1	DIRECTOR FEES	M	Adults & Pediatrics	30		611,434	1
2			Intensive Care Unit	31		48,750	2
3			Operating Room	50		11,000	3
4			Radiology-Diagnostic	54		27,054	4
5			SLEEP LAB	65.01		10,000	5
6			Physical Therapy	66		29,000	6
7			Electrocardiology	69		20,880	7

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION(S)		CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
8	1	2	3	4	5	8	
		Emergency	91		468,996	8	
500	Total reclassifications				1,227,114	500	
	Code Letter - M						
1	CARDIAC ADMIN	N	Cardiac Catheterization	59	221,740	144,562	1
2			VASCULAR SERVICES	69.02	25,701	16,756	2
3			CARDIAC REHABILITATION	76.97	15,636	10,194	3
500	Total reclassifications				263,077	171,512	500
	Code Letter - N						
1	DEPREICATION EXPENSE	O	Cap Rel Costs-Mvble Equip	2		5,308,148	1
500	Total reclassifications					5,308,148	500
	Code Letter - O						
1	ONCOLOGY COSTS	P	OP ONCOLOGY	76.01	2,165,430	998,535	1
500	Total reclassifications				2,165,430	998,535	500
	Code Letter - P						
1	EXCESS BNEEFITS ALLOCATED	Q	Employee Benefits Department	4		2,992,139	1
500	Total reclassifications					2,992,139	500
	Code Letter - Q						
1	CHICAGO HEIGHTS POB COSTS	S	Physicians' Private Offices	192		201,831	1
2							2
500	Total reclassifications					201,831	500
	Code Letter - S						
1	IMPLANT SUPPLY COSTS	T	Impl. Dev. Charged to Patient	72		4,763,509	1
2							2
500	Total reclassifications					4,763,509	500
	Code Letter - T						
	GRAND TOTAL (Increases)				5,891,676	50,133,248	

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

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES							
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.		
		1	6	7	8	9	10		
1	RENT/LEASE EXPENSE	A	Administrative & General	5		209,041	9	1	
2			Operation of Plant	7		1,643	9	2	
3			Housekeeping	9		25,793		3	
4			Dietary	10		14,679		4	
5			Central Services & Supply	14		397,882		5	
6			Pharmacy	15		669,172		6	
7			Operating Room	50		565,937		7	
8			SURGERY RECOVERY CENTER	50.02		202,407		8	
9			SLEEP LAB	65.01		5,135		9	
10			OP THERAPY SERVICES	66.02		566,933		10	
11			Clinic	90		5,211		11	
500	Total reclassifications					2,663,833		500	
	Code letter - A								
1	CHARGEABLE SUPPLIES	B	Operating Room	50		3,468,380		1	
2			BREAST DIAGNOSIS CENTER	54.01		106,136		2	
3			CT Scan	57		210,864		3	
4			MRI	58		132,313		4	
5			Cardiac Catheterization	59		3,756,933		5	
6			Respiratory Therapy	65		352,995		6	
500	Total reclassifications					8,027,621		500	
	Code letter - B								
1	COST OF CHARGEABLE MEDICAL SUPPLIES	C	Central Services & Supply	14		1,499,015		1	
500	Total reclassifications					1,499,015		500	
	Code letter - C								
1	COST OF DRUGS SOLD	D	Pharmacy	15		14,993,718		1	
500	Total reclassifications					14,993,718		500	
	Code letter - D								
1	SOCIAL SERVICES	E	Administrative & General	5	499,946	139,985		1	
500	Total reclassifications				499,946	139,985		500	
	Code letter - E								
1	INTEREST	F	Interest Expense	113		5,185,007	9	1	
500	Total reclassifications					5,185,007		500	
	Code letter - F								
1	CAFETERIA COSTS	G	Dietary	10	1,679,753	1,159,441		1	
2								2	
500	Total reclassifications				1,679,753	1,159,441		500	
	Code letter - G								
1	RADIOLOGY ADMIN COSTS	H	Radiology-Diagnostic	54	199,731	55,924		1	
2								2	
3								3	
4								4	
500	Total reclassifications				199,731	55,924		500	
	Code letter - H								
1	PROFESSIONAL FEES	I	Administrative & General	5		104,854		1	
2								2	
3								3	
500	Total reclassifications					104,854		500	
	Code letter - I								
1	HHA OVERHEAD COSTS	J	Home Health Agency	101	200,402	56,112		1	
500	Total reclassifications				200,402	56,112		500	
	Code letter - J								
1	PROPERTY INSURANCE	K	Administrative & General	5		240,810	9	1	
500	Total reclassifications					240,810		500	
	Code letter - K								
1	NURSERY COSTS	L	Adults & Pediatrics	30	883,337	344,140		1	
500	Total reclassifications				883,337	344,140		500	
	Code letter - L								
1	DIRECTOR FEES	M	Administrative & General	5		1,227,114		1	
2								2	
3								3	
4								4	
5								5	
6								6	

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
7							7	
8							8	
500	Total reclassifications					1,227,114	500	
	Code letter - M							
1	CARDIAC ADMIN	N	Electrocardiology	69	263,077	171,512	1	
2							2	
3							3	
500	Total reclassifications				263,077	171,512	500	
	Code letter - N							
1	DEPREICATION EXPENSE	O	Administrative & General	5		5,308,148	9	
500	Total reclassifications					5,308,148	500	
	Code letter - O							
1	ONCOLOGY COSTS	P	Adults & Pediatrics	30	2,165,430	998,535	1	
500	Total reclassifications				2,165,430	998,535	500	
	Code letter - P							
1	EXCESS BNEEFITS ALLOCATED	Q	Administrative & General	5		2,992,139	1	
500	Total reclassifications					2,992,139	500	
	Code letter - Q							
1	CHICAGO HEIGHTS POB COSTS	S	Cap Rel Costs-Bldg & Fixt	1		28,846	9	
2			Operation of Plant	7		172,985	2	
500	Total reclassifications					201,831	500	
	Code letter - S							
1	IMPLANT SUPPLY COSTS	T	Operating Room	50		3,653,527	1	
2			Cardiac Catheterization	59		1,109,982	2	
500	Total reclassifications					4,763,509	500	
	Code letter - T							
	GRAND TOTAL (Decreases)				5,891,676	50,133,248		

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

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RECONCILIATION OF CAPITAL COST CENTERS

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

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	7,320,500					7,320,500		1
2	Land Improvements	4,094,931	165,292		165,292		4,260,223		2
3	Buildings and Fixtures	113,305,176	81,200		81,200	713,145	112,673,231		3
4	Building Improvements								4
5	Fixed Equipment	97,731,475	4,006,276		4,006,276	6,480	101,731,271		5
6	Movable Equipment	86,603,002	7,402,872		7,402,872	7,216,713	86,789,161		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	309,055,084	11,655,640		11,655,640	7,936,338	312,774,386		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	309,055,084	11,655,640		11,655,640	7,936,338	312,774,386		10

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

	Description	SUMMARY OF CAPITAL							Total (1) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	16,651,766						16,651,766	1	
2	Cap Rel Costs-Mvble Equip								2	
3	Total (sum of lines 1-2)	16,651,766						16,651,766	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 Equip				0.000000					2
3	Total (sum of lines 1-2)				0.000000					3

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	22,397,031						22,397,031	1	
2	Cap Rel Costs-Mvble Equip	7,462,736						7,462,736	2	
3	Total (sum of lines 1-2)	29,859,767						29,859,767	3	

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

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref.
				COST CENTER	LINE#		
1	Investment income-buildings & fixtures (chapter 2)	B	-237,639	Cap Rel Costs-Bldg & Fixt	1	9	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2		2
3	Investment income-other (chapter 2)						3
4	Trade, quantity, and time discounts (chapter 8)						4
5	Refunds and rebates of expenses (chapter 8)	B	-210,881	Administrative & General	5		5
6	Rental of provider space by suppliers (chapter 8)						6
7	Telephone services (pay stations excl) (chapter 21)						7
8	Television and radio service (chapter 21)						8
9	Parking lot (chapter 21)						9
10	Provider-based physician adjustment	Wkst A-8-2	-12,566,798				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	4,207,836				12
13	Laundry and linen service						13
14	Cafeteria - employees and guests						14
15	Rental of quarters to employees & others						15
16	Sale of medical and surgical supplies to other than patients	B	-145,585	Central Services & Supply	14		16
17	Sale of drugs to other than patients	B	-197,303	Pharmacy	15		17
18	Sale of medical records and abstracts	B	-38,293	Medical Records & Library	16		18
19	Nursing school (tuition,fees,books,etc.)						19
20	Vending machines	B	-52,957	Dietary	10		20
21	Income from imposition of interest, finance or penalty charges (chapter 21)						21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments						22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65		23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66		24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114		25
26	Depreciation--buildings & fixtures	A	-479,865	Cap Rel Costs-Bldg & Fixt	1	9	26
27	Depreciation--movable equipment	A	14,694	Cap Rel Costs-Mvble Equip	2	9	27
28	Non-physician anesthetist			Nonphysician Anesthetists	19		28
29	Physicians' assistant						29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67		30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68		31
32	CAH HIT Adj for Depreciation						32
33							33
33.05	CAFETERIA REVENUE	B	-1,034,746	Cafeteria	11		33.05
33.15	PATIENT PHONE COSTS	A	-184,478	Administrative & General	5		33.15
33.17	PATIENT TV COSTS	A	-3,473	Cap Rel Costs-Mvble Equip	2	9	33.17
33.18	PATIENT TV COSTS/REPAIRS	A	-6,395	Administrative & General	5		33.18
33.19	PROPERTY TAXES	A	-1,047,804	Operation of Plant	7		33.19
33.20	PROPERTY TAXES	A	-208,388	Administrative & General	5		33.20
33.44	PHYSICIAN FEES	A	-138,250	Physicians' Private Offices	192		33.44
33.45	1500 FEES	A	-8,956	Administrative & General	5		33.45
33.61	MARKETING COSTS	A	-1,686,423	Administrative & General	5		33.61
33.73	PRINT SHOP FEES	B	92	Administrative & General	5		33.73
33.78	TELECOMMUNICATIONS REVENUE	B	-83,300	Administrative & General	5		33.78
33.79	BABY PHOTOS	B	-613	Adults & Pediatrics	30		33.79
33.82	RADIOLOGY PROGRAM FEES	B	-2,857	Radiology-Diagnostic	54		33.82
33.87	NON-ALLOWABLE ADMIN EXPENSES	A	-59,080	Administrative & General	5		33.87
33.89	INTEREST EXPENSE	A	-1,641,310	Cap Rel Costs-Bldg & Fixt	1	9	33.89
33.95	EMPLOYEE BADGES	B	-194	Operation of Plant	7		33.95
33.98	SPECIAL FUNCTION MEALS	B	-2,869	Dietary	10		33.98
34	OTHER REVENUE	B	-5,850	Electrocardiology	69		34
34.01	DIETARY DISCOUNTS/REBATES	B	-245,706	Dietary	10		34.01
34.08	RENTAL REVENUE	B	-12,485	Cap Rel Costs-Bldg & Fixt	1	9	34.08
34.09	OTHER MISCELLANEOUS REVENUE	B	-13,618	Administrative & General	5		34.09
34.10	MISC REVENUE	B	-123	Operation of Plant	7		34.10
34.11	MEDICAID TAX	A	-13,947,408	Administrative & General	5		34.11
34.17	RESEARCH COSTS	A	-33,179	Operating Room	50		34.17
34.18	OTHER REVENUE	B	-85	Dietary	10		34.18
34.19	PENSION COSTS	A	1,946,207	Employee Benefits Department	4		34.19
35							35
35.15	MISC REVENUE	B	-18,670	Cardiac Catheterization	59		35.15
35.16	LOBBYING COSTS	A	-331,926	Administrative & General	5		35.16
35.17	DISCOUNTS REBATES	A	-15,411	Respiratory Therapy	65		35.17
36							36
37							37

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref.
				COST CENTER	LINE#		
		1	2	3	4	5	
38							38
39							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)		-28,494,089				50

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

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

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

WORKSHEET A-8-1

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

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	1	Cap Rel Costs-Bldg & Fixt	CAPITAL REALTED COSTS	3,413,586		3,413,586	9	1
2	15	Pharmacy	HOME OFFICE PHARMACY COST	523,298	881,700	-358,402		2
3	5	Administrative & General	ADMIN/INFO SVCS	22,166,959	21,890,571	276,388		3
3.01	1	Cap Rel Costs-Bldg & Fixt	HOME OFFICE INTEREST INCO	3,970,548	5,185,007	-1,214,459	9	3.01
3.02	16	Medical Records & Library	MEDICAL RECORDS COSTS	2,090,723		2,090,723		3.02
4								4
5		TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12		32,165,114	27,957,278	4,207,836		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	SURBURBAN HEIGHTS MEDICAL CENT	100.00				7
8							8
9							9
10							10

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

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

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	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	5,749,892	5,629,892	120,000	177,200	1,000	85,192	4,260	1
2	30	Adults & Pediatrics AGGREGATE	1,941,717	1,352,708	589,009	154,100	698	51,712	2,586	2
3	31	Intensive Care Unit AGGREGATE	48,750		48,750	165,600	406	32,324	1,616	3
4	41	Subprovider - IRF AGGREGATE	51,200		51,200	177,200	427	36,377	1,819	4
5	50	Operating Room AGGREGATE	11,000		11,000	208,000	1	100	5	5
6	22	I&R Services-Other P AGGREGATE	834,135		834,135	177,200	1	85	4	6
7	54	Radiology-Diagnostic AGGREGATE	64,908	64,908						7
8	60	Laboratory AGGREGATE	52,000		52,000	215,700	433	44,903	2,245	8
9	66	Physical Therapy AGGREGATE	29,000		29,000	177,200	1	85	4	9
10	69	Electrocardiology AGGREGATE	20,880		20,880	177,200	340	28,965	1,448	10
11	65.01	SLEEP LAB AGGREGATE	30,000		30,000	177,200	250	21,298	1,065	11
12	90	Clinic AGGREGATE	139,748	139,748						12
13										13
14	76.97	CARDIAC REHABILITATI AGGREGATE	5,850		5,850	177,200	49	4,174	209	14
15	53	Anesthesiology AGGREGATE	3,415,937	3,415,937						15
16	91	Emergency AGGREGATE	468,996		468,996	177,200	1	85	4	16
17										17
18										18
19										19
20										20
200		TOTAL	12,864,013	10,603,193	2,260,820		3,607	305,300	15,265	200

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5	Administrative & Gen AGGREGATE					85,192	34,808	5,664,700	1
2	30	Adults & Pediatrics AGGREGATE					51,712	537,297	1,890,005	2
3	31	Intensive Care Unit AGGREGATE					32,324	16,426	16,426	3
4	41	Subprovider - IRF AGGREGATE					36,377	14,823	14,823	4
5	50	Operating Room AGGREGATE					100	10,900	10,900	5
6	22	I&R Services-Other P AGGREGATE					85	834,050	834,050	6
7	54	Radiology-Diagnostic AGGREGATE							64,908	7
8	60	Laboratory AGGREGATE					44,903	7,097	7,097	8
9	66	Physical Therapy AGGREGATE					85	28,915	28,915	9
10	69	Electrocardiology AGGREGATE					28,965			10
11	65.01	SLEEP LAB AGGREGATE					21,298	8,702	8,702	11
12	90	Clinic AGGREGATE							139,748	12
13										13
14	76.97	CARDIAC REHABILITATI AGGREGATE					4,174	1,676	1,676	14
15	53	Anesthesiology AGGREGATE							3,415,937	15
16	91	Emergency AGGREGATE					85	468,911	468,911	16
17										17
18										18
19										19
20										20
200		TOTAL					305,300	1,963,605	12,566,798	200

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	22,397,031	22,397,031					1
2	Cap Rel Costs-Mvble Equip	7,462,736		7,462,736				2
4	Employee Benefits Department	2,503,727	348,699	116,187	2,968,613			4
5	Administrative & General	49,408,423	1,886,834	628,697	426,865	52,350,819	52,350,819	5
6	Maintenance & Repairs							6
7	Operation of Plant	13,616,176	3,795,872	1,264,790	83,899	18,760,737	4,708,551	7
8	Laundry & Linen Service	1,188,945	256,540	85,480	6,046	1,537,011	385,757	8
9	Housekeeping	4,027,845	261,351	87,083	76,959	4,453,238	1,117,669	9
10	Dietary	750,815	230,964	76,958	20,958	1,079,695	270,981	10
11	Cafeteria	1,789,864	546,703	182,163	55,475	2,574,205	646,071	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,850,889	43,936	14,640	47,118	1,956,583	491,061	13
14	Central Services & Supply	526,624	615,995	205,251	21,810	1,369,680	343,761	14
15	Pharmacy	2,873,467	151,386	50,442	88,349	3,163,644	794,008	15
16	Medical Records & Library	5,320,554	233,978	77,962	68,207	5,700,701	1,430,756	16
17	Social Service	639,931	16,563	5,519	16,596	678,609	170,317	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,652,174	236,632	78,846	187,630	6,155,282	1,544,847	21
22	I&R Services-Other Prgm Costs Apprvd	2,725,443				2,725,443	684,029	22
23	Paramed Ed Prgm-(specify)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	19,572,256	3,640,588	1,213,051	472,494	24,898,389	6,248,883	30
31	Intensive Care Unit	8,091,811	701,684	233,802	178,619	9,205,916	2,310,492	31
41	Subprovider - IRF	1,909,907	224,549	74,820	46,537	2,255,813	566,162	41
43	Nursery	1,227,477	139,773	46,573	29,323	1,443,146	362,199	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	8,286,068	1,883,489	627,582	153,116	10,950,255	2,748,284	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER	1,167,973				1,167,973	293,137	50.02
51	Recovery Room	1,507,018	2,959	986	41,496	1,552,459	389,635	51
53	Anesthesiology	441,893	144,888	48,277		635,058	159,386	53
54	Radiology-Diagnostic	3,071,906	945,947	315,192	76,427	4,409,472	1,106,685	54
54.01	BREAST DIAGNOSIS CENTER	1,353,640			30,180	1,383,820	347,310	54.01
55	Radiology-Therapeutic	1,517,130	475,117	158,310	27,483	2,178,040	546,642	55
56	Radioisotope	1,378,384	81,209	27,059	16,051	1,502,703	377,147	56
57	CT Scan	1,590,588	34,286	11,424	35,063	1,671,361	419,477	57
58	MRI	1,139,243			19,989	1,159,232	290,943	58
59	Cardiac Catheterization	2,889,873	157,884	52,607	57,884	3,158,248	792,654	59
60	Laboratory	10,253,176	640,134	213,294		11,106,604	2,787,524	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,402,129	77,255	25,742	60,268	2,565,394	643,860	65
65.01	SLEEP LAB	401,429	55,605	18,528	9,442	485,004	121,726	65.01
66	Physical Therapy	2,363,466	180,391	60,107	1,208	2,605,172	653,843	66
66.01	OP PHYSICAL THERAPY	1,690,323				1,690,323	424,236	66.01
66.02	OP THERAPY SERVICES	2,424,859				2,424,859	608,589	66.02
67	Occupational Therapy	936,016	266,743	88,879		1,291,638	324,174	67
68	Speech Pathology	495,780	4,175	1,391	12,537	513,883	128,974	68
69	Electrocardiology	1,358,936	422,194	140,676	32,610	1,954,416	490,517	69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES	386,949			9,679	396,628	99,545	69.02
70	Electroencephalography	133,937	50,379	16,786	3,050	204,152	51,238	70
71	Medical Supplies Charged to Patients	9,526,636				9,526,636	2,390,986	71
72	Impl. Dev. Charged to Patients	4,763,509				4,763,509	1,195,541	72
73	Drugs Charged to Patients	14,993,718				14,993,718	3,763,108	73
74	Renal Dialysis	1,186,246				1,186,246	297,723	74
75	ASC (Non-Distinct Part)	1,632,585	859,097	286,253	45,113	2,823,048	708,526	75
76	WOUND CARE							76
76.01	OP ONCOLOGY	4,105,505	15,457	5,150	94,555	4,220,667	1,059,299	76.01
76.97	CARDIAC REHABILITATION	913,981			23,126	937,107	235,194	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	2,342,490			48,218	2,390,708	600,018	90
90.01	DIABETES CENTER							90.01
91	Emergency	10,662,130	849,309	282,992	241,036	12,035,467	3,020,649	91
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
101	Home Health Agency	3,368,440			63,969	3,432,409	861,463	101
SPECIAL PURPOSE COST CENTERS								
113	Interest Expense							113

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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	
118	SUBTOTALS (sum of lines 1-117)	254,222,051	20,478,565	6,823,499	2,929,385	251,625,120	50,013,577	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	334,365	53,116	17,698	865	406,044	101,909	190
191	Research	62,756	184,262	61,397	1,628	310,043	77,814	191
192	Physicians' Private Offices	6,276,607	1,681,088	560,142	36,449	8,554,286	2,146,946	192
193	Nonpaid Workers	24,452			286	24,738	6,209	193
194	DEVELOPMENT	17,386				17,386	4,364	194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	260,937,617	22,397,031	7,462,736	2,968,613	260,937,617	52,350,819	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 ADMINIS- TRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	23,469,288						7
8	Laundry & Linen Service	367,894	2,290,662					8
9	Housekeeping	374,794		5,945,701				9
10	Dietary	331,216		79,847	1,761,739			10
11	Cafeteria	784,005		189,002		4,193,283		11
12	Maintenance of Personnel							12
13	Nursing Administration	63,008		15,189		62,576	2,588,417	13
14	Central Services & Supply	883,374		212,958		70,146		14
15	Pharmacy	217,096		52,336		132,705		15
16	Medical Records & Library	335,538		80,889		39,118		16
17	Social Service	23,752		5,726		30,814		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	339,344		81,807		627,455		21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	5,220,818	1,674,920	1,258,599	1,288,172	1,045,835	1,074,186	30
31	Intensive Care Unit	1,006,257	309,463	242,581	238,007	286,506	294,272	31
41	Subprovider - IRF	322,016	131,061	77,629	100,800	84,143	86,424	41
43	Nursery	200,442		48,321		43,350	44,525	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	2,701,036		651,147		300,142	308,278	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER							50.02
51	Recovery Room	4,243		1,023		55,366	56,867	51
53	Anesthesiology	207,778		50,090				53
54	Radiology-Diagnostic	1,356,545		327,026		134,435		54
54.01	BREAST DIAGNOSIS CENTER					59,830		54.01
55	Radiology-Therapeutic	681,346		164,254		39,242		55
56	Radioisotope	116,459		28,075		21,577		56
57	CT Scan	49,169		11,853		51,634		57
58	MRI					33,855		58
59	Cardiac Catheterization	226,415		54,582		78,183		59
60	Laboratory	917,991		221,303				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	110,789		26,708		108,093	111,023	65
65.01	SLEEP LAB	79,741		19,223		18,754		65.01
66	Physical Therapy	258,692		62,364		3,043		66
66.01	OP PHYSICAL THERAPY							66.01
66.02	OP THERAPY SERVICES					2		66.02
67	Occupational Therapy	382,526		92,217				67
68	Speech Pathology	5,987		1,443		14,979		68
69	Electrocardiology	605,451		145,958		53,337	54,783	69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES					11,011		69.02
70	Electroencephalography	72,247		17,417		7,899	8,113	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)	1,231,997		297,001		66,046	67,837	75
76	WOUND CARE							76
76.01	OP ONCOLOGY	22,166		5,344		35,057	36,008	76.01
76.97	CARDIAC REHABILITATION					37,071		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic					39,437		90
90.01	DIABETES CENTER							90.01
91	Emergency	1,217,960		293,617		434,327	446,101	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency					89,526		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	20,718,092	2,115,444	4,815,529	1,626,979	4,115,494	2,588,417	118
	NONREIMBURSABLE COST CENTERS							

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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 ADMINIS- TRATION	
		7	8	9	10	11	13	
190	Gift, Flower, Coffee Shop & Canteen	76,172		18,363				190
191	Research	264,243		63,702		4,088		191
192	Physicians' Private Offices	2,410,781	175,218	1,048,107	134,760	72,638		192
193	Nonpaid Workers					1,063		193
194	DEVELOPMENT							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	23,469,288	2,290,662	5,945,701	1,761,739	4,193,283	2,588,417	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
		14	15	16	17	21	22	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply	2,879,919						14
15	Pharmacy		4,359,789					15
16	Medical Records & Library			7,587,002				16
17	Social Service				909,218			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					8,748,735		21
22	I&R Services-Other Prgm Costs Apprvd						3,409,472	22
23	Paramed Ed Prgm-(specify)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	139,939	6,650	691,680	684,087	8,615,052	3,357,374	30
31	Intensive Care Unit	73,427	2,518	166,075	126,394			31
41	Subprovider - IRF	5,171	40	36,793	53,529	133,683	52,098	41
43	Nursery			36,261				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	153,127	4,613	447,727				50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER			24,104				50.02
51	Recovery Room	2,543	10	77,968				51
53	Anesthesiology	55,138	8,133	172,956				53
54	Radiology-Diagnostic	11,581	352	300,734				54
54.01	BREAST DIAGNOSIS CENTER	3,846	1	70,377				54.01
55	Radiology-Therapeutic	1,693	296	88,724				55
56	Radioisotope	87,643	737	145,212				56
57	CT Scan	6	912	702,530				57
58	MRI		349	177,259				58
59	Cardiac Catheterization	613	2,033	299,545				59
60	Laboratory	109,012		740,300				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		18,609	372,567				65
65.01	SLEEP LAB	1,489		30,602				65.01
66	Physical Therapy	2,125	38	104,274				66
66.01	OP PHYSICAL THERAPY	2,599	79	70,155				66.01
66.02	OP THERAPY SERVICES	4,943	389	105,287				66.02
67	Occupational Therapy	2,775		42,912				67
68	Speech Pathology	250		14,807				68
69	Electrocardiology	2,305	158	203,517				69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES	571		34,720				69.02
70	Electroencephalography	1,265		11,158				70
71	Medical Supplies Charged to Patients	1,276,014		259,302				71
72	Impl. Dev. Charged to Patients	665,777		104,376				72
73	Drugs Charged to Patients	52,338	4,264,872	927,355				73
74	Renal Dialysis	1,726		31,807				74
75	ASC (Non-Distinct Part)	7,625		28,856				75
76	WOUND CARE							76
76.01	OP ONCOLOGY	5,841	4,661	138,045				76.01
76.97	CARDIAC REHABILITATION	373		21,122				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,820	28,144	14,534				90
90.01	DIABETES CENTER							90.01
91	Emergency	139,848	5,623	860,502	45,208			91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	14,240	1,559	32,859				101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	2,827,663	4,350,776	7,587,002	909,218	8,748,735	3,409,472	118
	NONREIMBURSABLE COST CENTERS							

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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	
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices	52,254	9,013					192
193	Nonpaid Workers	2						193
194	DEVELOPMENT							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,879,919	4,359,789	7,587,002	909,218	8,748,735	3,409,472	202

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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		
	GENERAL SERVICE COST CENTERS					
1	Cap Rel Costs-Bldg & Fixt					1
2	Cap Rel Costs-Mvble Equip					2
4	Employee Benefits Department					4
5	Administrative & General					5
6	Maintenance & Repairs					6
7	Operation of Plant					7
8	Laundry & Linen Service					8
9	Housekeeping					9
10	Dietary					10
11	Cafeteria					11
12	Maintenance of Personnel					12
13	Nursing Administration					13
14	Central Services & Supply					14
15	Pharmacy					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
	INPATIENT ROUTINE SERV COST CENTERS					
30	Adults & Pediatrics	56,204,584	-11,972,426	44,232,158		30
31	Intensive Care Unit	14,261,908		14,261,908		31
41	Subprovider - IRF	3,905,362	-185,781	3,719,581		41
43	Nursery	2,178,244		2,178,244		43
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	18,264,609		18,264,609		50
50.01	SURGICENTER					50.01
50.02	SURGERY RECOVERY CENTER	1,485,214		1,485,214		50.02
51	Recovery Room	2,140,114		2,140,114		51
53	Anesthesiology	1,288,539		1,288,539		53
54	Radiology-Diagnostic	7,646,830		7,646,830		54
54.01	BREAST DIAGNOSIS CENTER	1,865,184		1,865,184		54.01
55	Radiology-Therapeutic	3,700,237		3,700,237		55
56	Radioisotope	2,279,553		2,279,553		56
57	CT Scan	2,906,942		2,906,942		57
58	MRI	1,661,638		1,661,638		58
59	Cardiac Catheterization	4,612,273		4,612,273		59
60	Laboratory	15,882,734		15,882,734		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	3,957,043		3,957,043		65
65.01	SLEEP LAB	756,539		756,539		65.01
66	Physical Therapy	3,689,551		3,689,551		66
66.01	OP PHYSICAL THERAPY	2,187,392		2,187,392		66.01
66.02	OP THERAPY SERVICES	3,144,069		3,144,069		66.02
67	Occupational Therapy	2,136,242		2,136,242		67
68	Speech Pathology	680,323		680,323		68
69	Electrocardiology	3,510,442		3,510,442		69
69.01	EP LAB					69.01
69.02	VASCULAR SERVICES	542,475		542,475		69.02
70	Electroencephalography	373,489		373,489		70
71	Medical Supplies Charged to Patients	13,452,938		13,452,938		71
72	Impl. Dev. Charged to Patients	6,729,203		6,729,203		72
73	Drugs Charged to Patients	24,001,391		24,001,391		73
74	Renal Dialysis	1,517,502		1,517,502		74
75	ASC (Non-Distinct Part)	5,230,936		5,230,936		75
76	WOUND CARE					76
76.01	OP ONCOLOGY	5,527,088		5,527,088		76.01
76.97	CARDIAC REHABILITATION	1,230,867		1,230,867		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic	3,074,661		3,074,661		90
90.01	DIABETES CENTER					90.01
91	Emergency	18,499,302		18,499,302		91
92	Observation Beds (Non-Distinct Part)					92
	OTHER REIMBURSABLE COST CENTERS					
101	Home Health Agency	4,432,056		4,432,056		101
	SPECIAL PURPOSE COST CENTERS					
113	Interest Expense					113
118	SUBTOTALS (sum of lines 1-117)	244,957,474	-12,158,207	232,799,267		118
	NONREIMBURSABLE COST CENTERS					

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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			
190	Gift, Flower, Coffee Shop & Canteen	602,488		602,488			190
191	Research	719,890		719,890			191
192	Physicians' Private Offices	14,604,003		14,604,003			192
193	Nonpaid Workers	32,012		32,012			193
194	DEVELOPMENT	21,750		21,750			194
194.01	SENIOR FRIENDS						194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS						194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS						194.03
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	260,937,617	-12,158,207	248,779,410			202

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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 DEPARTMENT	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		348,699	116,187	464,886	464,886		4
5	Administrative & General	2,677,628	1,886,834	628,697	5,193,159	66,841	5,260,000	5
6	Maintenance & Repairs							6
7	Operation of Plant		3,795,872	1,264,790	5,060,662	13,137	473,090	7
8	Laundry & Linen Service		256,540	85,480	342,020	947	38,759	8
9	Housekeeping		261,351	87,083	348,434	12,051	112,297	9
10	Dietary		230,964	76,958	307,922	3,282	27,227	10
11	Cafeteria		546,703	182,163	728,866	8,687	64,914	11
12	Maintenance of Personnel							12
13	Nursing Administration		43,936	14,640	58,576	7,378	49,339	13
14	Central Services & Supply		615,995	205,251	821,246	3,415	34,539	14
15	Pharmacy		151,386	50,442	201,828	13,834	79,778	15
16	Medical Records & Library		233,978	77,962	311,940	10,680	143,755	16
17	Social Service		16,563	5,519	22,082	2,599	17,112	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		236,632	78,846	315,478	29,380	155,218	21
22	I&R Services-Other Prgm Costs Apprvd						68,727	22
23	Paramed Ed Prgm-(specify)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		3,640,588	1,213,051	4,853,639	74,029	627,926	30
31	Intensive Care Unit		701,684	233,802	935,486	27,969	232,146	31
41	Subprovider - IRF		224,549	74,820	299,369	7,287	56,885	41
43	Nursery		139,773	46,573	186,346	4,592	36,392	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		1,883,489	627,582	2,511,071	23,976	276,133	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER						29,453	50.02
51	Recovery Room		2,959	986	3,945	6,498	39,148	51
53	Anesthesiology		144,888	48,277	193,165		16,014	53
54	Radiology-Diagnostic		945,947	315,192	1,261,139	11,967	111,194	54
54.01	BREAST DIAGNOSIS CENTER					4,726	34,896	54.01
55	Radiology-Therapeutic		475,117	158,310	633,427	4,303	54,924	55
56	Radioisotope		81,209	27,059	108,268	2,513	37,894	56
57	CT Scan		34,286	11,424	45,710	5,490	42,147	57
58	MRI					3,130	29,232	58
59	Cardiac Catheterization		157,884	52,607	210,491	9,064	79,642	59
60	Laboratory		640,134	213,294	853,428		280,075	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		77,255	25,742	102,997	9,437	64,692	65
65.01	SLEEP LAB		55,605	18,528	74,133	1,479	12,230	65.01
66	Physical Therapy		180,391	60,107	240,498	189	65,695	66
66.01	OP PHYSICAL THERAPY						42,625	66.01
66.02	OP THERAPY SERVICES						61,148	66.02
67	Occupational Therapy		266,743	88,879	355,622		32,571	67
68	Speech Pathology		4,175	1,391	5,566	1,963	12,959	68
69	Electrocardiology		422,194	140,676	562,870	5,106	49,285	69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES					1,516	10,002	69.02
70	Electroencephalography		50,379	16,786	67,165	478	5,148	70
71	Medical Supplies Charged to Patients						240,233	71
72	Impl. Dev. Charged to Patients						120,121	72
73	Drugs Charged to Patients						378,097	73
74	Renal Dialysis						29,914	74
75	ASC (Non-Distinct Part)		859,097	286,253	1,145,350	7,064	71,189	75
76	WOUND CARE							76
76.01	OP ONCOLOGY		15,457	5,150	20,607	14,806	106,433	76.01
76.97	CARDIAC REHABILITATION					3,621	23,631	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic					7,550	60,286	90
90.01	DIABETES CENTER							90.01
91	Emergency		849,309	282,992	1,132,301	37,743	303,498	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency					10,017	86,555	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	2,677,628	20,478,565	6,823,499	29,979,692	458,744	5,025,168	118
	NONREIMBURSABLE COST CENTERS							

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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 DEPARTMENT	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
190	Gift, Flower, Coffee Shop & Canteen		53,116	17,698	70,814	135	10,239	190
191	Research		184,262	61,397	245,659	255	7,818	191
192	Physicians' Private Offices		1,681,088	560,142	2,241,230	5,707	215,713	192
193	Nonpaid Workers					45	624	193
194	DEVELOPMENT						438	194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,677,628	22,397,031	7,462,736	32,537,395	464,886	5,260,000	202

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FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	5,546,889						7
8	Laundry & Linen Service	86,951	468,677					8
9	Housekeeping	88,581		561,363				9
10	Dietary	78,282		7,539	424,252			10
11	Cafeteria	185,297		17,845		1,005,609		11
12	Maintenance of Personnel							12
13	Nursing Administration	14,892		1,434		15,007	146,626	13
14	Central Services & Supply	208,783		20,106		16,822		14
15	Pharmacy	51,310		4,941		31,824		15
16	Medical Records & Library	79,303		7,637		9,381		16
17	Social Service	5,614		541		7,390		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	80,203		7,724		150,472		21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,233,922	342,694	118,831	310,210	250,807	60,849	30
31	Intensive Care Unit	237,825	63,317	22,903	57,316	68,708	16,670	31
41	Subprovider - IRF	76,108	26,816	7,329	24,274	20,179	4,896	41
43	Nursery	47,374		4,562		10,396	2,522	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	638,381		61,478		71,978	17,463	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER							50.02
51	Recovery Room	1,003		97		13,278	3,221	51
53	Anesthesiology	49,108		4,729				53
54	Radiology-Diagnostic	320,615		30,876		32,239		54
54.01	BREAST DIAGNOSIS CENTER					14,348		54.01
55	Radiology-Therapeutic	161,034		15,508		9,411		55
56	Radioisotope	27,525		2,651		5,174		56
57	CT Scan	11,621		1,119		12,383		57
58	MRI					8,119		58
59	Cardiac Catheterization	53,512		5,153		18,749		59
60	Laboratory	216,964		20,894				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	26,185		2,522		25,922	6,289	65
65.01	SLEEP LAB	18,846		1,815		4,497		65.01
66	Physical Therapy	61,141		5,888		730		66
66.01	OP PHYSICAL THERAPY							66.01
66.02	OP THERAPY SERVICES							66.02
67	Occupational Therapy	90,409		8,707				67
68	Speech Pathology	1,415		136		3,592		68
69	Electrocardiology	143,096		13,781		12,791	3,103	69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES					2,641		69.02
70	Electroencephalography	17,075		1,644		1,894	460	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)	291,178		28,041		15,839	3,843	75
76	WOUND CARE							76
76.01	OP ONCOLOGY	5,239		505		8,407	2,040	76.01
76.97	CARDIAC REHABILITATION					8,890		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic					9,458		90
90.01	DIABETES CENTER							90.01
91	Emergency	287,861		27,722		104,158	25,270	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency					21,470		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	4,896,653	432,827	454,658	391,800	986,954	146,626	118
	NONREIMBURSABLE COST CENTERS							

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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	
190	Gift, Flower, Coffee Shop & Canteen	18,003		1,734				190
191	Research	62,453		6,014		980		191
192	Physicians' Private Offices	569,780	35,850	98,957	32,452	17,420		192
193	Nonpaid Workers					255		193
194	DEVELOPMENT							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	5,546,889	468,677	561,363	424,252	1,005,609	146,626	202

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FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply	1,104,911						14
15	Pharmacy		383,515					15
16	Medical Records & Library			562,696				16
17	Social Service				55,338			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					738,475		21
22	I&R Services-Other Prgm Costs Apprvd						68,727	22
23	Paramed Ed Prgm-(specify)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	53,689	585	51,282	41,635			30
31	Intensive Care Unit	28,171	222	12,313	7,693			31
41	Subprovider - IRF	1,984	3	2,728	3,258			41
43	Nursery			2,688				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	58,749	406	33,195				50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER			1,787				50.02
51	Recovery Room	976	1	5,781				51
53	Anesthesiology	21,154	715	12,823				53
54	Radiology-Diagnostic	4,443	31	22,297				54
54.01	BREAST DIAGNOSIS CENTER	1,476		5,218				54.01
55	Radiology-Therapeutic	649	26	6,578				55
56	Radioisotope	33,625	65	10,766				56
57	CT Scan	2	80	52,087				57
58	MRI		31	13,142				58
59	Cardiac Catheterization	235	179	22,209				59
60	Laboratory	41,824		54,887				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		1,637	27,623				65
65.01	SLEEP LAB	571		2,269				65.01
66	Physical Therapy	815	3	7,731				66
66.01	OP PHYSICAL THERAPY	997	7	5,201				66.01
66.02	OP THERAPY SERVICES	1,896	34	7,806				66.02
67	Occupational Therapy	1,065		3,182				67
68	Speech Pathology	96		1,098				68
69	Electrocardiology	884	14	15,089				69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES	219		2,574				69.02
70	Electroencephalography	485		827				70
71	Medical Supplies Charged to Patients	489,556		19,225				71
72	Impl. Dev. Charged to Patients	255,434		7,739				72
73	Drugs Charged to Patients	20,080	375,165	68,940				73
74	Renal Dialysis	662		2,358				74
75	ASC (Non-Distinct Part)	2,926		2,139				75
76	WOUND CARE							76
76.01	OP ONCOLOGY	2,241	410	10,235				76.01
76.97	CARDIAC REHABILITATION	143		1,566				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	698	2,476	1,078				90
90.01	DIABETES CENTER							90.01
91	Emergency	53,654	495	63,799	2,752			91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	5,463	137	2,436				101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	1,084,862	382,722	562,696	55,338			118
	NONREIMBURSABLE COST CENTERS							

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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	
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices	20,048	793					192
193	Nonpaid Workers	1						193
194	DEVELOPMENT							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross Foot Adjustments					738,475	68,727	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,104,911	383,515	562,696	55,338	738,475	68,727	202

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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		
	GENERAL SERVICE COST CENTERS					
1	Cap Rel Costs-Bldg & Fixt					1
2	Cap Rel Costs-Mvble Equip					2
4	Employee Benefits Department					4
5	Administrative & General					5
6	Maintenance & Repairs					6
7	Operation of Plant					7
8	Laundry & Linen Service					8
9	Housekeeping					9
10	Dietary					10
11	Cafeteria					11
12	Maintenance of Personnel					12
13	Nursing Administration					13
14	Central Services & Supply					14
15	Pharmacy					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
	INPATIENT ROUTINE SERV COST CENTERS					
30	Adults & Pediatrics	8,020,098		8,020,098		30
31	Intensive Care Unit	1,710,739		1,710,739		31
41	Subprovider - IRF	531,116		531,116		41
43	Nursery	294,872		294,872		43
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	3,692,830		3,692,830		50
50.01	SURGICENTER					50.01
50.02	SURGERY RECOVERY CENTER	31,240		31,240		50.02
51	Recovery Room	73,948		73,948		51
53	Anesthesiology	297,708		297,708		53
54	Radiology-Diagnostic	1,794,801		1,794,801		54
54.01	BREAST DIAGNOSIS CENTER	60,664		60,664		54.01
55	Radiology-Therapeutic	885,860		885,860		55
56	Radioisotope	228,481		228,481		56
57	CT Scan	170,639		170,639		57
58	MRI	53,654		53,654		58
59	Cardiac Catheterization	399,234		399,234		59
60	Laboratory	1,468,072		1,468,072		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	267,304		267,304		65
65.01	SLEEP LAB	115,840		115,840		65.01
66	Physical Therapy	382,690		382,690		66
66.01	OP PHYSICAL THERAPY	48,830		48,830		66.01
66.02	OP THERAPY SERVICES	70,884		70,884		66.02
67	Occupational Therapy	491,556		491,556		67
68	Speech Pathology	26,825		26,825		68
69	Electrocardiology	806,019		806,019		69
69.01	EP LAB					69.01
69.02	VASCULAR SERVICES	16,952		16,952		69.02
70	Electroencephalography	95,176		95,176		70
71	Medical Supplies Charged to Patients	749,014		749,014		71
72	Impl. Dev. Charged to Patients	383,294		383,294		72
73	Drugs Charged to Patients	842,282		842,282		73
74	Renal Dialysis	32,934		32,934		74
75	ASC (Non-Distinct Part)	1,567,569		1,567,569		75
76	WOUND CARE					76
76.01	OP ONCOLOGY	170,923		170,923		76.01
76.97	CARDIAC REHABILITATION	37,851		37,851		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic	81,546		81,546		90
90.01	DIABETES CENTER					90.01
91	Emergency	2,039,253		2,039,253		91
92	Observation Beds (Non-Distinct Part)					92
	OTHER REIMBURSABLE COST CENTERS					
101	Home Health Agency	126,078		126,078		101
	SPECIAL PURPOSE COST CENTERS					
113	Interest Expense					113
118	SUBTOTALS (sum of lines 1-117)	28,066,776		28,066,776		118
	NONREIMBURSABLE COST CENTERS					

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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			
190	Gift, Flower, Coffee Shop & Canteen	100,925		100,925			190
191	Research	323,179		323,179			191
192	Physicians' Private Offices	3,237,950		3,237,950			192
193	Nonpaid Workers	925		925			193
194	DEVELOPMENT	438		438			194
194.01	SENIOR FRIENDS						194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS						194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS						194.03
200	Cross Foot Adjustments	807,202		807,202			200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	32,537,395		32,537,395			202

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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	
	GENERAL SERVICE COST CENTERS							
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	89,427,304				4
5	Administrative & General	68,239	68,239	12,858,932	-52,350,819	208,586,798		5
6	Maintenance & Repairs							6
7	Operation of Plant	137,281	137,281	2,527,386		18,760,737	591,877	7
8	Laundry & Linen Service	9,278	9,278	182,143		1,537,011	9,278	8
9	Housekeeping	9,452	9,452	2,318,327		4,453,238	9,452	9
10	Dietary	8,353	8,353	631,336		1,079,695	8,353	10
11	Cafeteria	19,772	19,772	1,671,125		2,574,205	19,772	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,589	1,589	1,419,398		1,956,583	1,589	13
14	Central Services & Supply	22,278	22,278	657,002		1,369,680	22,278	14
15	Pharmacy	5,475	5,475	2,661,422		3,163,644	5,475	15
16	Medical Records & Library	8,462	8,462	2,054,681		5,700,701	8,462	16
17	Social Service	599	599	499,946		678,609	599	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	8,558	8,558	5,652,174		6,155,282	8,558	21
22	I&R Services-Other Prgm Costs Apprvd					2,725,443		22
23	Paramed Ed Prgm-(specify)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	131,665	131,665	14,233,871		24,898,389	131,665	30
31	Intensive Care Unit	25,377	25,377	5,380,750		9,205,916	25,377	31
41	Subprovider - IRF	8,121	8,121	1,401,890		2,255,813	8,121	41
43	Nursery	5,055	5,055	883,337		1,443,146	5,055	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	68,118	68,118	4,612,475		10,950,255	68,118	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER					1,167,973		50.02
51	Recovery Room	107	107	1,250,033		1,552,459	107	51
53	Anesthesiology	5,240	5,240			635,058	5,240	53
54	Radiology-Diagnostic	34,211	34,211	2,302,284		4,409,472	34,211	54
54.01	BREAST DIAGNOSIS CENTER			909,139		1,383,820		54.01
55	Radiology-Therapeutic	17,183	17,183	827,887		2,178,040	17,183	55
56	Radioisotope	2,937	2,937	483,524		1,502,703	2,937	56
57	CT Scan	1,240	1,240	1,056,254		1,671,361	1,240	57
58	MRI			602,136		1,159,232		58
59	Cardiac Catheterization	5,710	5,710	1,743,698		3,158,248	5,710	59
60	Laboratory	23,151	23,151			11,106,604	23,151	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,794	2,794	1,815,523		2,565,394	2,794	65
65.01	SLEEP LAB	2,011	2,011	284,440		485,004	2,011	65.01
66	Physical Therapy	6,524	6,524	36,390		2,605,172	6,524	66
66.01	OP PHYSICAL THERAPY					1,690,323		66.01
66.02	OP THERAPY SERVICES					2,424,859		66.02
67	Occupational Therapy	9,647	9,647			1,291,638	9,647	67
68	Speech Pathology	151	151	377,672		513,883	151	68
69	Electrocardiology	15,269	15,269	982,348		1,954,416	15,269	69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES			291,584		396,628		69.02
70	Electroencephalography	1,822	1,822	91,884		204,152	1,822	70
71	Medical Supplies Charged to Patients					9,526,636		71
72	Impl. Dev. Charged to Patients					4,763,509		72
73	Drugs Charged to Patients					14,993,718		73
74	Renal Dialysis					1,186,246		74
75	ASC (Non-Distinct Part)	31,070	31,070	1,358,997		2,823,048	31,070	75
76	WOUND CARE							76
76.01	OP ONCOLOGY	559	559	2,848,394		4,220,667	559	76.01
76.97	CARDIAC REHABILITATION			696,658		937,107		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			1,452,525		2,390,708		90
90.01	DIABETES CENTER							90.01
91	Emergency	30,716	30,716	7,260,989		12,035,467	30,716	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency			1,927,022		3,432,409		101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	740,625	740,625	88,245,576	-52,350,819	199,274,301	522,494	118
	NONREIMBURSABLE COST CENTERS							

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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	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
190	Gift, Flower, Coffee Shop & Canteen	1,921	1,921	26,067		406,044	1,921	190
191	Research	6,664	6,664	49,028		310,043	6,664	191
192	Physicians' Private Offices	60,798	60,798	1,098,005		8,554,286	60,798	192
193	Nonpaid Workers			8,628		24,738		193
194	DEVELOPMENT					17,386		194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	22,397,031	7,462,736	2,968,613		52,350,819	23,469,288	202
203	Unit Cost Multiplier (Wkst. B, Part I)	27.650382	9.213163	0.033196		0.250979	39.652306	203
204	Cost to be allocated (Per Wkst. B, Part II)			464,886		5,260,000	5,546,889	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.005198		0.025217	9.371692	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA PROD FTE'S	NURSING ADMINIS- TRATION NURS DIRECT FTE	CENTRAL SERVICES * SUPPLY COSTED REQUI	
		8	9	10	11	13	14	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service	50,371						8
9	Housekeeping		621,994					9
10	Dietary		8,353	319,613				10
11	Cafeteria		19,772		2,130,408			11
12	Maintenance of Personnel							12
13	Nursing Administration		1,589		31,792	1,280,344		13
14	Central Services & Supply		22,278		35,638		20,605,250	14
15	Pharmacy		5,475		67,421			15
16	Medical Records & Library		8,462		19,874			16
17	Social Service		599		15,655			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		8,558		318,780			21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	36,831	131,665	233,699	531,339	531,339	1,001,239	30
31	Intensive Care Unit	6,805	25,377	43,179	145,560	145,560	525,356	31
41	Subprovider - IRF	2,882	8,121	18,287	42,749	42,749	36,994	41
43	Nursery		5,055		22,024	22,024		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		68,118		152,488	152,488	1,095,598	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER							50.02
51	Recovery Room		107		28,129	28,129	18,195	51
53	Anesthesiology		5,240				394,500	53
54	Radiology-Diagnostic		34,211		68,300		82,859	54
54.01	BREAST DIAGNOSIS CENTER				30,397		27,518	54.01
55	Radiology-Therapeutic		17,183		19,937		12,111	55
56	Radioisotope		2,937		10,962		627,072	56
57	CT Scan		1,240		26,233		42	57
58	MRI				17,200			58
59	Cardiac Catheterization		5,710		39,721		4,386	59
60	Laboratory		23,151				779,962	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		2,794		54,917	54,917		65
65.01	SLEEP LAB		2,011		9,528		10,652	65.01
66	Physical Therapy		6,524		1,546		15,207	66
66.01	OP PHYSICAL THERAPY						18,597	66.01
66.02	OP THERAPY SERVICES				1		35,365	66.02
67	Occupational Therapy		9,647				19,852	67
68	Speech Pathology		151		7,610		1,788	68
69	Electrocardiology		15,269		27,098	27,098	16,493	69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES				5,594		4,086	69.02
70	Electroencephalography		1,822		4,013	4,013	9,051	70
71	Medical Supplies Charged to Patients						9,129,608	71
72	Impl. Dev. Charged to Patients						4,763,509	72
73	Drugs Charged to Patients						374,469	73
74	Renal Dialysis						12,349	74
75	ASC (Non-Distinct Part)		31,070		33,555	33,555	54,558	75
76	WOUND CARE							76
76.01	OP ONCOLOGY		559		17,811	17,811	41,793	76.01
76.97	CARDIAC REHABILITATION				18,834		2,668	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic				20,036		13,023	90
90.01	DIABETES CENTER							90.01
91	Emergency		30,716		220,661	220,661	1,000,586	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency				45,484		101,886	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	46,518	503,764	295,165	2,090,887	1,280,344	20,231,372	118
	NONREIMBURSABLE COST CENTERS							

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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 ADMINIS- TRATION NURS DIRECT FTE	CENTRAL SERVICES * SUPPLY COSTED REQUI	
		8	9	10	11	13	14	
190	Gift, Flower, Coffee Shop & Canteen		1,921					190
191	Research		6,664		2,077			191
192	Physicians' Private Offices	3,853	109,645	24,448	36,904		373,866	192
193	Nonpaid Workers				540		12	193
194	DEVELOPMENT							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	2,290,662	5,945,701	1,761,739	4,193,283	2,588,417	2,879,919	202
203	Unit Cost Multiplier (Wkst. B, Part I)	45.475809	9.559097	5.512101	1.968300	2.021657	0.139766	203
204	Cost to be allocated (Per Wkst. B, Part II)	468,677	561,363	424,252	1,005,609	146,626	1,104,911	204
205	Unit Cost Multiplier (Wkst. B, Part II)	9.304501	0.902522	1.327393	0.472026	0.114521	0.053623	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy	15,327,423					15
16	Medical Records & Library		1,063,294,942				16
17	Social Service			48,952			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	RADIOLOGY PARAMEDICAL						23.01
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	23,379	96,941,788	36,831	184,954	184,954	30
31	Intensive Care Unit	8,854	23,276,166	6,805			31
41	Subprovider - IRF	139	5,156,685	2,882	2,870	2,870	41
43	Nursery		5,082,138				43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	16,219	62,750,769				50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER		3,378,325				50.02
51	Recovery Room	36	10,927,526				51
53	Anesthesiology	28,593	24,240,535				53
54	Radiology-Diagnostic	1,238	42,149,184				54
54.01	BREAST DIAGNOSIS CENTER	2	9,863,693				54.01
55	Radiology-Therapeutic	1,039	12,435,030				55
56	Radioisotope	2,592	20,352,034				56
57	CT Scan	3,207	98,462,576				57
58	MRI	1,226	24,843,555				58
59	Cardiac Catheterization	7,149	41,982,483				59
60	Laboratory		103,756,125				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	65,423	52,216,881				65
65.01	SLEEP LAB		4,289,057				65.01
66	Physical Therapy	133	14,614,394				66
66.01	OP PHYSICAL THERAPY	279	9,832,557				66.01
66.02	OP THERAPY SERVICES	1,368	14,756,468				66.02
67	Occupational Therapy		6,014,333				67
68	Speech Pathology		2,075,312				68
69	Electrocardiology	557	28,523,720				69
69.01	EP LAB						69.01
69.02	VASCULAR SERVICES		4,866,112				69.02
70	Electroencephalography		1,563,797				70
71	Medical Supplies Charged to Patients		36,342,207				71
72	Impl. Dev. Charged to Patients		14,628,720				72
73	Drugs Charged to Patients	14,993,718	129,917,310				73
74	Renal Dialysis		4,457,862				74
75	ASC (Non-Distinct Part)		4,044,264				75
76	WOUND CARE						76
76.01	OP ONCOLOGY	16,387	19,347,606				76.01
76.97	CARDIAC REHABILITATION		2,960,322				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	98,945	2,037,030				90
90.01	DIABETES CENTER						90.01
91	Emergency	19,770	120,603,001	2,434			91
92	Observation Beds (Non-Distinct Part)						92
OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	5,482	4,605,377				101
SPECIAL PURPOSE COST CENTERS							

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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		
118	SUBTOTALS (sum of lines 1-117)	15,295,735	1,063,294,942	48,952	187,824	187,824		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices	31,688						192
193	Nonpaid Workers							193
194	DEVELOPMENT							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	4,359,789	7,587,002	909,218	8,748,735	3,409,472		202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.284444	0.007135	18.573664	46.579431	18.152483		203
204	Cost to be allocated (Per Wkst. B, Part II)	383,515	562,696	55,338	738,475	68,727		204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.025021	0.000529	1.130454	3.931739	0.365912		205

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	44,232,158		44,232,158	537,297	44,769,455	30
31	Intensive Care Unit	14,261,908		14,261,908	16,426	14,278,334	31
41	Subprovider - IRF	3,719,581		3,719,581	14,823	3,734,404	41
43	Nursery	2,178,244		2,178,244		2,178,244	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	18,264,609		18,264,609	10,900	18,275,509	50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER	1,485,214		1,485,214		1,485,214	50.02
51	Recovery Room	2,140,114		2,140,114		2,140,114	51
53	Anesthesiology	1,288,539		1,288,539		1,288,539	53
54	Radiology-Diagnostic	7,646,830		7,646,830		7,646,830	54
54.01	BREAST DIAGNOSIS CENTER	1,865,184		1,865,184		1,865,184	54.01
55	Radiology-Therapeutic	3,700,237		3,700,237		3,700,237	55
56	Radioisotope	2,279,553		2,279,553		2,279,553	56
57	CT Scan	2,906,942		2,906,942		2,906,942	57
58	MRI	1,661,638		1,661,638		1,661,638	58
59	Cardiac Catheterization	4,612,273		4,612,273		4,612,273	59
60	Laboratory	15,882,734		15,882,734	7,097	15,889,831	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	3,957,043		3,957,043		3,957,043	65
65.01	SLEEP LAB	756,539		756,539	8,702	765,241	65.01
66	Physical Therapy	3,689,551		3,689,551	28,915	3,718,466	66
66.01	OP PHYSICAL THERAPY	2,187,392		2,187,392		2,187,392	66.01
66.02	OP THERAPY SERVICES	3,144,069		3,144,069		3,144,069	66.02
67	Occupational Therapy	2,136,242		2,136,242		2,136,242	67
68	Speech Pathology	680,323		680,323		680,323	68
69	Electrocardiology	3,510,442		3,510,442		3,510,442	69
69.01	EP LAB						69.01
69.02	VASCULAR SERVICES	542,475		542,475		542,475	69.02
70	Electroencephalography	373,489		373,489		373,489	70
71	Medical Supplies Charged to Patients	13,452,938		13,452,938		13,452,938	71
72	Impl. Dev. Charged to Patients	6,729,203		6,729,203		6,729,203	72
73	Drugs Charged to Patients	24,001,391		24,001,391		24,001,391	73
74	Renal Dialysis	1,517,502		1,517,502		1,517,502	74
75	ASC (Non-Distinct Part)	5,230,936		5,230,936		5,230,936	75
76	WOUND CARE						76
76.01	OP ONCOLOGY	5,527,088		5,527,088		5,527,088	76.01
76.97	CARDIAC REHABILITATION	1,230,867		1,230,867	1,676	1,232,543	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	3,074,661		3,074,661		3,074,661	90
90.01	DIABETES CENTER						90.01
91	Emergency	18,499,302		18,499,302	468,911	18,968,213	91
92	Observation Beds (Non-Distinct Part)	9,909,865		9,909,865		9,909,865	92
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency	4,432,056		4,432,056		4,432,056	101
113	Interest Expense						113
200	Subtotal (sum of lines 30 thru 199)	242,709,132		242,709,132	1,094,747	243,803,879	200
201	Less Observation Beds	9,909,865		9,909,865		9,909,865	201
202	Total (line 200 minus line 201)	232,799,267		232,799,267		233,894,014	202

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8				
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	80,730,583		80,730,583				30
31	Intensive Care Unit	23,276,166		23,276,166				31
41	Subprovider - IRF	5,156,685		5,156,685				41
43	Nursery	5,082,138		5,082,138				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	20,842,753	41,908,016	62,750,769	0.291066	0.291066	0.291240	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER	3,371,636	6,689	3,378,325	0.439630	0.439630	0.439630	50.02
51	Recovery Room	3,581,782	7,345,744	10,927,526	0.195846	0.195846	0.195846	51
53	Anesthesiology	7,929,054	16,311,481	24,240,535	0.053156	0.053156	0.053156	53
54	Radiology-Diagnostic	15,307,644	26,841,540	42,149,184	0.181423	0.181423	0.181423	54
54.01	BREAST DIAGNOSIS CENTER	1,554	9,862,139	9,863,693	0.189096	0.189096	0.189096	54.01
55	Radiology-Therapeutic	863,282	11,571,748	12,435,030	0.297566	0.297566	0.297566	55
56	Radioisotope	3,329,638	17,022,396	20,352,034	0.112006	0.112006	0.112006	56
57	CT Scan	32,162,935	66,299,641	98,462,576	0.029523	0.029523	0.029523	57
58	MRI	6,169,031	18,674,524	24,843,555	0.066884	0.066884	0.066884	58
59	Cardiac Catheterization	20,318,820	21,663,663	41,982,483	0.109862	0.109862	0.109862	59
60	Laboratory	58,624,637	45,131,488	103,756,125	0.153078	0.153078	0.153146	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	46,546,772	5,670,109	52,216,881	0.075781	0.075781	0.075781	65
65.01	SLEEP LAB	19,244	4,269,813	4,289,057	0.176388	0.176388	0.178417	65.01
66	Physical Therapy	4,752,339	9,862,055	14,614,394	0.252460	0.252460	0.254439	66
66.01	OP PHYSICAL THERAPY	3,649	9,828,908	9,832,557	0.222464	0.222464	0.222464	66.01
66.02	OP THERAPY SERVICES	4,904	14,751,564	14,756,468	0.213064	0.213064	0.213064	66.02
67	Occupational Therapy	3,959,041	2,055,292	6,014,333	0.355192	0.355192	0.355192	67
68	Speech Pathology	1,648,008	427,304	2,075,312	0.327817	0.327817	0.327817	68
69	Electrocardiology	11,999,652	16,524,068	28,523,720	0.123071	0.123071	0.123071	69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES	2,040,954	2,825,158	4,866,112	0.111480	0.111480	0.111480	69.02
70	Electroencephalography	405,768	1,158,029	1,563,797	0.238835	0.238835	0.238835	70
71	Medical Supplies Charged to Patients	18,876,832	17,465,375	36,342,207	0.370174	0.370174	0.370174	71
72	Impl. Dev. Charged to Patients	10,618,781	4,009,939	14,628,720	0.459999	0.459999	0.459999	72
73	Drugs Charged to Patients	70,396,525	59,520,785	129,917,310	0.184744	0.184744	0.184744	73
74	Renal Dialysis	3,822,885	634,977	4,457,862	0.340410	0.340410	0.340410	74
75	ASC (Non-Distinct Part)	32,391	4,011,873	4,044,264	1.293421	1.293421	1.293421	75
76	WOUND CARE							76
76.01	OP ONCOLOGY	89,734	19,257,872	19,347,606	0.285673	0.285673	0.285673	76.01
76.97	CARDIAC REHABILITATION	4,408	2,955,914	2,960,322	0.415788	0.415788	0.416354	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	15,801	2,021,229	2,037,030	1.509384	1.509384	1.509384	90
90.01	DIABETES CENTER							90.01
91	Emergency	26,167,215	94,435,786	120,603,001	0.153390	0.153390	0.157278	91
92	Observation Beds (Non-Distinct Part)	4,470,509	11,740,696	16,211,205	0.611297	0.611297	0.611297	92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		4,605,377	4,605,377				101
113	Interest Expense							113
200	Subtotal (sum of lines 30 thru 199)	492,623,750	570,671,192	1,063,294,942				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	492,623,750	570,671,192	1,063,294,942				202

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	8,020,098		8,020,098	46,988	170.68	16,619	2,836,531	30
31	Intensive Care Unit	1,710,739		1,710,739	6,805	251.39	3,026	760,706	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	531,116		531,116	2,882	184.29	1,919	353,653	41
42	Subprovider I								42
43	Nursery	294,872		294,872	2,605	113.19			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	10,556,825		10,556,825	59,280		21,564	3,950,890	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0172

WORKSHEET D
PART II

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	3,692,830	62,750,769	0.058849	8,406,749	494,729	50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER	31,240	3,378,325	0.009247			50.02
51	Recovery Room	73,948	10,927,526	0.006767	1,319,708	8,930	51
53	Anesthesiology	297,708	24,240,535	0.012281	2,773,484	34,061	53
54	Radiology-Diagnostic	1,794,801	42,149,184	0.042582	6,754,360	287,614	54
54.01	BREAST DIAGNOSIS CENTER	60,664	9,863,693	0.006150	1,445	9	54.01
55	Radiology-Therapeutic	885,860	12,435,030	0.071239	339,079	24,156	55
56	Radioisotope	228,481	20,352,034	0.011226	1,610,569	18,080	56
57	CT Scan	170,639	98,462,576	0.001733	14,884,108	25,794	57
58	MRI	53,654	24,843,555	0.002160	2,645,007	5,713	58
59	Cardiac Catheterization	399,234	41,982,483	0.009510	9,646,937	91,742	59
60	Laboratory	1,468,072	103,756,125	0.014149	25,410,216	359,529	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	267,304	52,216,881	0.005119	21,657,917	110,867	65
65.01	SLEEP LAB	115,840	4,289,057	0.027008	14,629	395	65.01
66	Physical Therapy	382,690	14,614,394	0.026186	1,569,148	41,090	66
66.01	OP PHYSICAL THERAPY	48,830	9,832,557	0.004966	1,145	6	66.01
66.02	OP THERAPY SERVICES	70,884	14,756,468	0.004804	3,640	17	66.02
67	Occupational Therapy	491,556	6,014,333	0.081731	1,122,020	91,704	67
68	Speech Pathology	26,825	2,075,312	0.012926	608,352	7,864	68
69	Electrocardiology	806,019	28,523,720	0.028258	5,963,359	168,513	69
69.01	EP LAB						69.01
69.02	VASCULAR SERVICES	16,952	4,866,112	0.003484	1,069,949	3,728	69.02
70	Electroencephalography	95,176	1,563,797	0.060862	202,772	12,341	70
71	Medical Supplies Charged to Pat	749,014	36,342,207	0.020610	5,849,212	120,552	71
72	Impl. Dev. Charged to Patients	383,294	14,628,720	0.026201	4,641,975	121,624	72
73	Drugs Charged to Patients	842,282	129,917,310	0.006483	29,098,274	188,644	73
74	Renal Dialysis	32,934	4,457,862	0.007388	2,042,159	15,087	74
75	ASC (Non-Distinct Part)	1,567,569	4,044,264	0.387603	17,035	6,603	75
76	WOUND CARE						76
76.01	OP ONCOLOGY	170,923	19,347,606	0.008834			76.01
76.97	CARDIAC REHABILITATION	37,851	2,960,322	0.012786	1,953	25	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	81,546	2,037,030	0.040032	818	33	90
90.01	DIABETES CENTER						90.01
91	Emergency	2,039,253	120,603,001	0.016909	12,645,892	213,829	91
92	Observation Beds (Non-Distinct	1,775,273	16,211,205	0.109509	2,065,879	226,232	92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	19,159,146	944,443,993		162,367,790	2,679,511	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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
	INPATIENT ROUTINE SERVICE COST CENTERS					
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 CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

	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)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	46,988		16,619		30
31	Intensive Care Unit	6,805		3,026		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	2,882		1,919		41
42	Subprovider I					42
43	Nursery	2,605				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	59,280		21,564		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							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
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	DIABETES CENTER							90.01
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
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 CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0172

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7		8		9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	62,750,769			8,406,749		10,872,617		50
50.01	SURGICENTER								50.01
50.02	SURGERY RECOVERY CENTER	3,378,325							50.02
51	Recovery Room	10,927,526			1,319,708		1,782,964		51
53	Anesthesiology	24,240,535			2,773,484		4,057,999		53
54	Radiology-Diagnostic	42,149,184			6,754,360		4,677,712		54
54.01	BREAST DIAGNOSIS CENTER	9,863,693			1,445		944,173		54.01
55	Radiology-Therapeutic	12,435,030			339,079		4,189,454		55
56	Radioisotope	20,352,034			1,610,569		6,639,376		56
57	CT Scan	98,462,576			14,884,108		18,507,631		57
58	MRI	24,843,555			2,645,007		5,272,143		58
59	Cardiac Catheterization	41,982,483			9,646,937		11,294,631		59
60	Laboratory	103,756,125			25,410,216		8,384,530		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	52,216,881			21,657,917		1,068,872		65
65.01	SLEEP LAB	4,289,057			14,629		1,084,161		65.01
66	Physical Therapy	14,614,394			1,569,148		71,012		66
66.01	OP PHYSICAL THERAPY	9,832,557			1,145		34,356		66.01
66.02	OP THERAPY SERVICES	14,756,468			3,640		49,302		66.02
67	Occupational Therapy	6,014,333			1,122,020		68,816		67
68	Speech Pathology	2,075,312			608,352		34,683		68
69	Electrocardiology	28,523,720			5,963,359		5,470,870		69
69.01	EP LAB								69.01
69.02	VASCULAR SERVICES	4,866,112			1,069,949		1,058,305		69.02
70	Electroencephalography	1,563,797			202,772		299,740		70
71	Medical Supplies Charged to Pat	36,342,207			5,849,212		3,805,872		71
72	Impl. Dev. Charged to Patients	14,628,720			4,641,975		2,428,281		72
73	Drugs Charged to Patients	129,917,310			29,098,274		15,727,853		73
74	Renal Dialysis	4,457,862			2,042,159		374,184		74
75	ASC (Non-Distinct Part)	4,044,264			17,035		1,059,488		75
76	WOUND CARE								76
76.01	OP ONCOLOGY	19,347,606					8,144,071		76.01
76.97	CARDIAC REHABILITATION	2,960,322			1,953		1,275,576		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	2,037,030			818		73,533		90
90.01	DIABETES CENTER								90.01
91	Emergency	120,603,001			12,645,892		14,371,229		91
92	Observation Beds (Non-Distinct	16,211,205			2,065,879		3,431,304		92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	944,443,993			162,367,790		136,554,738		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.291066	10,872,617			3,164,649			50
50.01	SURGICENTER								50.01
50.02	SURGERY RECOVERY CENTER	0.439630							50.02
51	Recovery Room	0.195846	1,782,964			349,186			51
53	Anesthesiology	0.053156	4,057,999			215,707			53
54	Radiology-Diagnostic	0.181423	4,677,712			848,645			54
54.01	BREAST DIAGNOSIS CENTER	0.189096	944,173			178,539			54.01
55	Radiology-Therapeutic	0.297566	4,189,454			1,246,639			55
56	Radioisotope	0.112006	6,639,376			743,650			56
57	CT Scan	0.029523	18,507,631			546,401			57
58	MRI	0.066884	5,272,143			352,622			58
59	Cardiac Catheterization	0.109862	11,294,631			1,240,851			59
60	Laboratory	0.153078	8,384,530	473		1,283,487	72		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.075781	1,068,872			81,000			65
65.01	SLEEP LAB	0.176388	1,084,161			191,233			65.01
66	Physical Therapy	0.252460	71,012			17,928			66
66.01	OP PHYSICAL THERAPY	0.222464	34,356			7,643			66.01
66.02	OP THERAPY SERVICES	0.213064	49,302			10,504			66.02
67	Occupational Therapy	0.355192	68,816			24,443			67
68	Speech Pathology	0.327817	34,683			11,370			68
69	Electrocardiology	0.123071	5,470,870			673,305			69
69.01	EP LAB								69.01
69.02	VASCULAR SERVICES	0.111480	1,058,305			117,980			69.02
70	Electroencephalography	0.238835	299,740			71,588			70
71	Medical Supplies Charged to Pat	0.370174	3,805,872			1,408,835			71
72	Impl. Dev. Charged to Patients	0.459999	2,428,281			1,117,007			72
73	Drugs Charged to Patients	0.184744	15,727,853	680	53,395	2,905,626	126	9,864	73
74	Renal Dialysis	0.340410	374,184			127,376			74
75	ASC (Non-Distinct Part)	1.293421	1,059,488			1,370,364			75
76	WOUND CARE								76
76.01	OP ONCOLOGY	0.285673	8,144,071			2,326,541			76.01
76.97	CARDIAC REHABILITATION	0.415788	1,275,576			530,369			76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	1.509384	73,533			110,990			90
90.01	DIABETES CENTER								90.01
91	Emergency	0.153390	14,371,229			2,204,403			91
92	Observation Beds (Non-Distinct	0.611297	3,431,304			2,097,546			92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		136,554,738	1,153	53,395	25,576,427	198	9,864	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		136,554,738	1,153	53,395	25,576,427	198	9,864	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	3,692,830	62,750,769	0.058849			50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER	31,240	3,378,325	0.009247			50.02
51	Recovery Room	73,948	10,927,526	0.006767			51
53	Anesthesiology	297,708	24,240,535	0.012281			53
54	Radiology-Diagnostic	1,794,801	42,149,184	0.042582	119,783	5,101	54
54.01	BREAST DIAGNOSIS CENTER	60,664	9,863,693	0.006150			54.01
55	Radiology-Therapeutic	885,860	12,435,030	0.071239			55
56	Radioisotope	228,481	20,352,034	0.011226	4,373	49	56
57	CT Scan	170,639	98,462,576	0.001733	62,007	107	57
58	MRI	53,654	24,843,555	0.002160	21,205	46	58
59	Cardiac Catheterization	399,234	41,982,483	0.009510			59
60	Laboratory	1,468,072	103,756,125	0.014149	579,936	8,206	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	267,304	52,216,881	0.005119	703,293	3,600	65
65.01	SLEEP LAB	115,840	4,289,057	0.027008			65.01
66	Physical Therapy	382,690	14,614,394	0.026186	1,190,609	31,177	66
66.01	OP PHYSICAL THERAPY	48,830	9,832,557	0.004966			66.01
66.02	OP THERAPY SERVICES	70,884	14,756,468	0.004804			66.02
67	Occupational Therapy	491,556	6,014,333	0.081731	1,220,253	99,732	67
68	Speech Pathology	26,825	2,075,312	0.012926	297,053	3,840	68
69	Electrocardiology	806,019	28,523,720	0.028258	17,130	484	69
69.01	EP LAB						69.01
69.02	VASCULAR SERVICES	16,952	4,866,112	0.003484			69.02
70	Electroencephalography	95,176	1,563,797	0.060862	1,348	82	70
71	Medical Supplies Charged to Pat	749,014	36,342,207	0.020610	82,772	1,706	71
72	Impl. Dev. Charged to Patients	383,294	14,628,720	0.026201			72
73	Drugs Charged to Patients	842,282	129,917,310	0.006483	698,534	4,529	73
74	Renal Dialysis	32,934	4,457,862	0.007388	70,515	521	74
75	ASC (Non-Distinct Part)	1,567,569	4,044,264	0.387603			75
76	WOUND CARE						76
76.01	OP ONCOLOGY	170,923	19,347,606	0.008834			76.01
76.97	CARDIAC REHABILITATION	37,851	2,960,322	0.012786			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	81,546	2,037,030	0.040032			90
90.01	DIABETES CENTER						90.01
91	Emergency	2,039,253	120,603,001	0.016909	1,978	33	91
92	Observation Beds (Non-Distinct		16,211,205				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	17,383,873	944,443,993		5,070,789	159,213	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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	
	ANCILLARY SERVICE COST CENTERS							
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
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	DIABETES CENTER							90.01
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
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 CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	62,750,769							50
50.01	SURGICENTER								50.01
50.02	SURGERY RECOVERY CENTER	3,378,325							50.02
51	Recovery Room	10,927,526							51
53	Anesthesiology	24,240,535							53
54	Radiology-Diagnostic	42,149,184			119,783		550		54
54.01	BREAST DIAGNOSIS CENTER	9,863,693							54.01
55	Radiology-Therapeutic	12,435,030							55
56	Radioisotope	20,352,034			4,373				56
57	CT Scan	98,462,576			62,007				57
58	MRI	24,843,555			21,205				58
59	Cardiac Catheterization	41,982,483							59
60	Laboratory	103,756,125			579,936				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	52,216,881			703,293				65
65.01	SLEEP LAB	4,289,057							65.01
66	Physical Therapy	14,614,394			1,190,609				66
66.01	OP PHYSICAL THERAPY	9,832,557							66.01
66.02	OP THERAPY SERVICES	14,756,468							66.02
67	Occupational Therapy	6,014,333			1,220,253				67
68	Speech Pathology	2,075,312			297,053				68
69	Electrocardiology	28,523,720			17,130				69
69.01	EP LAB								69.01
69.02	VASCULAR SERVICES	4,866,112							69.02
70	Electroencephalography	1,563,797			1,348				70
71	Medical Supplies Charged to Pat	36,342,207			82,772				71
72	Impl. Dev. Charged to Patients	14,628,720							72
73	Drugs Charged to Patients	129,917,310			698,534				73
74	Renal Dialysis	4,457,862			70,515				74
75	ASC (Non-Distinct Part)	4,044,264							75
76	WOUND CARE								76
76.01	OP ONCOLOGY	19,347,606							76.01
76.97	CARDIAC REHABILITATION	2,960,322							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	2,037,030							90
90.01	DIABETES CENTER								90.01
91	Emergency	120,603,001			1,978				91
92	Observation Beds (Non-Distinct	16,211,205							92
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	944,443,993			5,070,789		550		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	0.291066						50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER	0.439630						50.02
51	Recovery Room	0.195846						51
53	Anesthesiology	0.053156						53
54	Radiology-Diagnostic	0.181423	550			100		54
54.01	BREAST DIAGNOSIS CENTER	0.189096						54.01
55	Radiology-Therapeutic	0.297566						55
56	Radioisotope	0.112006						56
57	CT Scan	0.029523						57
58	MRI	0.066884						58
59	Cardiac Catheterization	0.109862						59
60	Laboratory	0.153078						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	0.075781						65
65.01	SLEEP LAB	0.176388						65.01
66	Physical Therapy	0.252460						66
66.01	OP PHYSICAL THERAPY	0.222464						66.01
66.02	OP THERAPY SERVICES	0.213064						66.02
67	Occupational Therapy	0.355192						67
68	Speech Pathology	0.327817						68
69	Electrocardiology	0.123071						69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES	0.111480						69.02
70	Electroencephalography	0.238835						70
71	Medical Supplies Charged to Pat	0.370174						71
72	Impl. Dev. Charged to Patients	0.459999						72
73	Drugs Charged to Patients	0.184744						73
74	Renal Dialysis	0.340410						74
75	ASC (Non-Distinct Part)	1.293421						75
76	WOUND CARE							76
76.01	OP ONCOLOGY	0.285673						76.01
76.97	CARDIAC REHABILITATION	0.415788						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1.509384						90
90.01	DIABETES CENTER							90.01
91	Emergency	0.153390						91
92	Observation Beds (Non-Distinct	0.611297						92
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)		550			100		200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)		550			100		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	8,020,098		8,020,098	46,988	170.68	8,257	1,409,305	30
31	Intensive Care Unit	1,710,739		1,710,739	6,805	251.39	418	105,081	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	531,116		531,116	2,882	184.29	199	36,674	41
42	Subprovider I								42
43	Nursery	294,872		294,872	2,605	113.19	2,595	293,728	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	10,556,825		10,556,825	59,280		11,469	1,844,788	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0172

WORKSHEET D
PART II

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)
		1	2	3	4	5
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	3,692,830	62,750,769	0.058849		50
50.01	SURGICENTER					50.01
50.02	SURGERY RECOVERY CENTER	31,240	3,378,325	0.009247		50.02
51	Recovery Room	73,948	10,927,526	0.006767		51
53	Anesthesiology	297,708	24,240,535	0.012281		53
54	Radiology-Diagnostic	1,794,801	42,149,184	0.042582		54
54.01	BREAST DIAGNOSIS CENTER	60,664	9,863,693	0.006150		54.01
55	Radiology-Therapeutic	885,860	12,435,030	0.071239		55
56	Radioisotope	228,481	20,352,034	0.011226		56
57	CT Scan	170,639	98,462,576	0.001733		57
58	MRI	53,654	24,843,555	0.002160		58
59	Cardiac Catheterization	399,234	41,982,483	0.009510		59
60	Laboratory	1,468,072	103,756,125	0.014149		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	267,304	52,216,881	0.005119		65
65.01	SLEEP LAB	115,840	4,289,057	0.027008		65.01
66	Physical Therapy	382,690	14,614,394	0.026186		66
66.01	OP PHYSICAL THERAPY	48,830	9,832,557	0.004966		66.01
66.02	OP THERAPY SERVICES	70,884	14,756,468	0.004804		66.02
67	Occupational Therapy	491,556	6,014,333	0.081731		67
68	Speech Pathology	26,825	2,075,312	0.012926		68
69	Electrocardiology	806,019	28,523,720	0.028258		69
69.01	EP LAB					69.01
69.02	VASCULAR SERVICES	16,952	4,866,112	0.003484		69.02
70	Electroencephalography	95,176	1,563,797	0.060862		70
71	Medical Supplies Charged to Pat	749,014	36,342,207	0.020610		71
72	Impl. Dev. Charged to Patients	383,294	14,628,720	0.026201		72
73	Drugs Charged to Patients	842,282	129,917,310	0.006483		73
74	Renal Dialysis	32,934	4,457,862	0.007388		74
75	ASC (Non-Distinct Part)	1,567,569	4,044,264	0.387603		75
76	WOUND CARE					76
76.01	OP ONCOLOGY	170,923	19,347,606	0.008834		76.01
76.97	CARDIAC REHABILITATION	37,851	2,960,322	0.012786		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic	81,546	2,037,030	0.040032		90
90.01	DIABETES CENTER					90.01
91	Emergency	2,039,253	120,603,001	0.016909		91
92	Observation Beds (Non-Distinct	1,775,273	16,211,205	0.109509		92
	OTHER REIMBURSABLE COST CENTERS					
200	Total (sum of lines 50-199)	19,159,146	944,443,993			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
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 CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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

	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)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	46,988		8,257		30
31	Intensive Care Unit	6,805		418		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	2,882		199		41
42	Subprovider I					42
43	Nursery	2,605		2,595		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	59,280		11,469		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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 Non Physician Anesth- etist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							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
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	DIABETES CENTER							90.01
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
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 CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	62,750,769							50
50.01	SURGICENTER								50.01
50.02	SURGERY RECOVERY CENTER	3,378,325							50.02
51	Recovery Room	10,927,526							51
53	Anesthesiology	24,240,535							53
54	Radiology-Diagnostic	42,149,184							54
54.01	BREAST DIAGNOSIS CENTER	9,863,693							54.01
55	Radiology-Therapeutic	12,435,030							55
56	Radioisotope	20,352,034							56
57	CT Scan	98,462,576							57
58	MRI	24,843,555							58
59	Cardiac Catheterization	41,982,483							59
60	Laboratory	103,756,125							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	52,216,881							65
65.01	SLEEP LAB	4,289,057							65.01
66	Physical Therapy	14,614,394							66
66.01	OP PHYSICAL THERAPY	9,832,557							66.01
66.02	OP THERAPY SERVICES	14,756,468							66.02
67	Occupational Therapy	6,014,333							67
68	Speech Pathology	2,075,312							68
69	Electrocardiology	28,523,720							69
69.01	EP LAB								69.01
69.02	VASCULAR SERVICES	4,866,112							69.02
70	Electroencephalography	1,563,797							70
71	Medical Supplies Charged to Pat	36,342,207							71
72	Impl. Dev. Charged to Patients	14,628,720							72
73	Drugs Charged to Patients	129,917,310							73
74	Renal Dialysis	4,457,862							74
75	ASC (Non-Distinct Part)	4,044,264							75
76	WOUND CARE								76
76.01	OP ONCOLOGY	19,347,606							76.01
76.97	CARDIAC REHABILITATION	2,960,322							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	2,037,030							90
90.01	DIABETES CENTER								90.01
91	Emergency	120,603,001							91
92	Observation Beds (Non-Distinct	16,211,205							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	944,443,993							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0172

WORKSHEET D
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.291066							50
50.01	SURGICENTER								50.01
50.02	SURGERY RECOVERY CENTER	0.439630							50.02
51	Recovery Room	0.195846							51
53	Anesthesiology	0.053156							53
54	Radiology-Diagnostic	0.181423							54
54.01	BREAST DIAGNOSIS CENTER	0.189096							54.01
55	Radiology-Therapeutic	0.297566							55
56	Radioisotope	0.112006							56
57	CT Scan	0.029523							57
58	MRI	0.066884							58
59	Cardiac Catheterization	0.109862							59
60	Laboratory	0.153078							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.075781							65
65.01	SLEEP LAB	0.176388							65.01
66	Physical Therapy	0.252460							66
66.01	OP PHYSICAL THERAPY	0.222464							66.01
66.02	OP THERAPY SERVICES	0.213064							66.02
67	Occupational Therapy	0.355192							67
68	Speech Pathology	0.327817							68
69	Electrocardiology	0.123071							69
69.01	EP LAB								69.01
69.02	VASCULAR SERVICES	0.111480							69.02
70	Electroencephalography	0.238835							70
71	Medical Supplies Charged to Pat	0.370174							71
72	Impl. Dev. Charged to Patients	0.459999							72
73	Drugs Charged to Patients	0.184744							73
74	Renal Dialysis	0.340410							74
75	ASC (Non-Distinct Part)	1.293421							75
76	WOUND CARE								76
76.01	OP ONCOLOGY	0.285673							76.01
76.97	CARDIAC REHABILITATION	0.415788							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	1.509384							90
90.01	DIABETES CENTER								90.01
91	Emergency	0.153390							91
92	Observation Beds (Non-Distinct)	0.611297							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	3,692,830	62,750,769	0.058849			50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER	31,240	3,378,325	0.009247			50.02
51	Recovery Room	73,948	10,927,526	0.006767			51
53	Anesthesiology	297,708	24,240,535	0.012281			53
54	Radiology-Diagnostic	1,794,801	42,149,184	0.042582			54
54.01	BREAST DIAGNOSIS CENTER	60,664	9,863,693	0.006150			54.01
55	Radiology-Therapeutic	885,860	12,435,030	0.071239			55
56	Radioisotope	228,481	20,352,034	0.011226			56
57	CT Scan	170,639	98,462,576	0.001733			57
58	MRI	53,654	24,843,555	0.002160			58
59	Cardiac Catheterization	399,234	41,982,483	0.009510			59
60	Laboratory	1,468,072	103,756,125	0.014149			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	267,304	52,216,881	0.005119			65
65.01	SLEEP LAB	115,840	4,289,057	0.027008			65.01
66	Physical Therapy	382,690	14,614,394	0.026186			66
66.01	OP PHYSICAL THERAPY	48,830	9,832,557	0.004966			66.01
66.02	OP THERAPY SERVICES	70,884	14,756,468	0.004804			66.02
67	Occupational Therapy	491,556	6,014,333	0.081731			67
68	Speech Pathology	26,825	2,075,312	0.012926			68
69	Electrocardiology	806,019	28,523,720	0.028258			69
69.01	EP LAB						69.01
69.02	VASCULAR SERVICES	16,952	4,866,112	0.003484			69.02
70	Electroencephalography	95,176	1,563,797	0.060862			70
71	Medical Supplies Charged to Pat	749,014	36,342,207	0.020610			71
72	Impl. Dev. Charged to Patients	383,294	14,628,720	0.026201			72
73	Drugs Charged to Patients	842,282	129,917,310	0.006483			73
74	Renal Dialysis	32,934	4,457,862	0.007388			74
75	ASC (Non-Distinct Part)	1,567,569	4,044,264	0.387603			75
76	WOUND CARE						76
76.01	OP ONCOLOGY	170,923	19,347,606	0.008834			76.01
76.97	CARDIAC REHABILITATION	37,851	2,960,322	0.012786			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	81,546	2,037,030	0.040032			90
90.01	DIABETES CENTER						90.01
91	Emergency	2,039,253	120,603,001	0.016909			91
92	Observation Beds (Non-Distinct		16,211,205				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	17,383,873	944,443,993				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							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
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	DIABETES CENTER							90.01
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
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 CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	62,750,769							50
50.01	SURGICENTER								50.01
50.02	SURGERY RECOVERY CENTER	3,378,325							50.02
51	Recovery Room	10,927,526							51
53	Anesthesiology	24,240,535							53
54	Radiology-Diagnostic	42,149,184							54
54.01	BREAST DIAGNOSIS CENTER	9,863,693							54.01
55	Radiology-Therapeutic	12,435,030							55
56	Radioisotope	20,352,034							56
57	CT Scan	98,462,576							57
58	MRI	24,843,555							58
59	Cardiac Catheterization	41,982,483							59
60	Laboratory	103,756,125							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	52,216,881							65
65.01	SLEEP LAB	4,289,057							65.01
66	Physical Therapy	14,614,394							66
66.01	OP PHYSICAL THERAPY	9,832,557							66.01
66.02	OP THERAPY SERVICES	14,756,468							66.02
67	Occupational Therapy	6,014,333							67
68	Speech Pathology	2,075,312							68
69	Electrocardiology	28,523,720							69
69.01	EP LAB								69.01
69.02	VASCULAR SERVICES	4,866,112							69.02
70	Electroencephalography	1,563,797							70
71	Medical Supplies Charged to Pat	36,342,207							71
72	Impl. Dev. Charged to Patients	14,628,720							72
73	Drugs Charged to Patients	129,917,310							73
74	Renal Dialysis	4,457,862							74
75	ASC (Non-Distinct Part)	4,044,264							75
76	WOUND CARE								76
76.01	OP ONCOLOGY	19,347,606							76.01
76.97	CARDIAC REHABILITATION	2,960,322							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	2,037,030							90
90.01	DIABETES CENTER								90.01
91	Emergency	120,603,001							91
92	Observation Beds (Non-Distinct	16,211,205							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	944,443,993							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T172

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.291066							50
50.01	SURGICENTER								50.01
50.02	SURGERY RECOVERY CENTER	0.439630							50.02
51	Recovery Room	0.195846							51
53	Anesthesiology	0.053156							53
54	Radiology-Diagnostic	0.181423							54
54.01	BREAST DIAGNOSIS CENTER	0.189096							54.01
55	Radiology-Therapeutic	0.297566							55
56	Radioisotope	0.112006							56
57	CT Scan	0.029523							57
58	MRI	0.066884							58
59	Cardiac Catheterization	0.109862							59
60	Laboratory	0.153078							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.075781							65
65.01	SLEEP LAB	0.176388							65.01
66	Physical Therapy	0.252460							66
66.01	OP PHYSICAL THERAPY	0.222464							66.01
66.02	OP THERAPY SERVICES	0.213064							66.02
67	Occupational Therapy	0.355192							67
68	Speech Pathology	0.327817							68
69	Electrocardiology	0.123071							69
69.01	EP LAB								69.01
69.02	VASCULAR SERVICES	0.111480							69.02
70	Electroencephalography	0.238835							70
71	Medical Supplies Charged to Pat	0.370174							71
72	Impl. Dev. Charged to Patients	0.459999							72
73	Drugs Charged to Patients	0.184744							73
74	Renal Dialysis	0.340410							74
75	ASC (Non-Distinct Part)	1.293421							75
76	WOUND CARE								76
76.01	OP ONCOLOGY	0.285673							76.01
76.97	CARDIAC REHABILITATION	0.415788							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	1.509384							90
90.01	DIABETES CENTER								90.01
91	Emergency	0.153390							91
92	Observation Beds (Non-Distinct)	0.611297							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0172

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	46,988	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	46,988	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)	36,587	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)	16,619	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)	44,769,455	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)	44,769,455	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)	44,769,455	37

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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

38	Adjusted general inpatient routine service cost per diem (see instructions)					952.78	38
39	Program general inpatient routine service cost (line 9 x line 38)					15,834,251	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)					15,834,251	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
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	14,278,334	6,805	2,098.21	3,026	6,349,183	43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					27,119,905	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					49,303,339	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,597,237	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,679,511	51
52	Total Program excludable cost (sum of lines 50 and 51)					6,276,748	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					43,026,591	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 CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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)					10,401	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					952.78	88
89	Observation bed cost (line 87 x line 88) (see instructions)					9,909,865	89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	8,020,098	44,769,455	0.179142	9,909,865	1,775,273	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

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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 [XX] PPS
 Applicable [XX] Title XVIII, Part A [] IPF [] SNF [] TEFRA
 Boxes: [] Title XIX - I/P [XX] IRF [] NF [] Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,882	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,882	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)	2,882	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)	1,919	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)	3,734,404	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)	3,734,404	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)	3,734,404	37

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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)	1,295.77	38
39	Program general inpatient routine service cost (line 9 x line 38)	2,486,583	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)	2,486,583	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,187,756	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	3,674,339	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	353,653	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	159,213	51
52	Total Program excludable cost (sum of lines 50 and 51)	512,866	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	3,161,473	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 CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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)	46,988	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	46,988	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)	36,587	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)	8,257	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)	2,605	15
16	Nursery days (title V or XIX only)	2,595	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)	44,232,158	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)	44,232,158	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)	44,232,158	37

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0172

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
38	Adjusted general inpatient routine service cost per diem (see instructions)					941.35	38	
39	Program general inpatient routine service cost (line 9 x line 38)					7,772,727	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)					7,772,727	41	
42	Nursery (Titles V and XIX only)	2,178,244	2,605	836.18	2,595	2,169,887	42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	14,261,908	6,805	2,095.80	418	876,044	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)					10,818,658	49	

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,808,114	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)					1,808,114	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 CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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)					10,401	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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)	2,882	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,882	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)	2,882	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)	199	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)	3,719,581	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)	3,719,581	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)	3,719,581	37

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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)	1,290.62	38
39	Program general inpatient routine service cost (line 9 x line 38)	256,833	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)	256,833	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)	256,833	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	36,674	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)	36,674	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 CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		30,400,097		30
31	Intensive Care Unit		10,397,655		31
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.291240	8,406,749	2,448,382	50
50.01	SURGICENTER				50.01
50.02	SURGERY RECOVERY CENTER	0.439630			50.02
51	Recovery Room	0.195846	1,319,708	258,460	51
53	Anesthesiology	0.053156	2,773,484	147,427	53
54	Radiology-Diagnostic	0.181423	6,754,360	1,225,396	54
54.01	BREAST DIAGNOSIS CENTER	0.189096	1,445	273	54.01
55	Radiology-Therapeutic	0.297566	339,079	100,898	55
56	Radioisotope	0.112006	1,610,569	180,393	56
57	CT Scan	0.029523	14,884,108	439,424	57
58	MRI	0.066884	2,645,007	176,909	58
59	Cardiac Catheterization	0.109862	9,646,937	1,059,832	59
60	Laboratory	0.153146	25,410,216	3,891,473	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.075781	21,657,917	1,641,259	65
65.01	SLEEP LAB	0.178417	14,629	2,610	65.01
66	Physical Therapy	0.254439	1,569,148	399,252	66
66.01	OP PHYSICAL THERAPY	0.222464	1,145	255	66.01
66.02	OP THERAPY SERVICES	0.213064	3,640	776	66.02
67	Occupational Therapy	0.355192	1,122,020	398,533	67
68	Speech Pathology	0.327817	608,352	199,428	68
69	Electrocardiology	0.123071	5,963,359	733,917	69
69.01	EP LAB				69.01
69.02	VASCULAR SERVICES	0.111480	1,069,949	119,278	69.02
70	Electroencephalography	0.238835	202,772	48,429	70
71	Medical Supplies Charged to Patients	0.370174	5,849,212	2,165,226	71
72	Impl. Dev. Charged to Patients	0.459999	4,641,975	2,135,304	72
73	Drugs Charged to Patients	0.184744	29,098,274	5,375,732	73
74	Renal Dialysis	0.340410	2,042,159	695,171	74
75	ASC (Non-Distinct Part)	1.293421	17,035	22,033	75
76	WOUND CARE				76
76.01	OP ONCOLOGY	0.285673			76.01
76.97	CARDIAC REHABILITATION	0.416354	1,953	813	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	1.509384	818	1,235	90
90.01	DIABETES CENTER				90.01
91	Emergency	0.157278	12,645,892	1,988,921	91
92	Observation Beds (Non-Distinct Part)	0.611297	2,065,879	1,262,866	92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		162,367,790	27,119,905	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		162,367,790		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
41	Subprovider - IRF		3,432,685		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.291240			50
50.01	SURGICENTER				50.01
50.02	SURGERY RECOVERY CENTER	0.439630			50.02
51	Recovery Room	0.195846			51
53	Anesthesiology	0.053156			53
54	Radiology-Diagnostic	0.181423	119,783	21,731	54
54.01	BREAST DIAGNOSIS CENTER	0.189096			54.01
55	Radiology-Therapeutic	0.297566			55
56	Radioisotope	0.112006	4,373	490	56
57	CT Scan	0.029523	62,007	1,831	57
58	MRI	0.066884	21,205	1,418	58
59	Cardiac Catheterization	0.109862			59
60	Laboratory	0.153146	579,936	88,815	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.075781	703,293	53,296	65
65.01	SLEEP LAB	0.178417			65.01
66	Physical Therapy	0.254439	1,190,609	302,937	66
66.01	OP PHYSICAL THERAPY	0.222464			66.01
66.02	OP THERAPY SERVICES	0.213064			66.02
67	Occupational Therapy	0.355192	1,220,253	433,424	67
68	Speech Pathology	0.327817	297,053	97,379	68
69	Electrocardiology	0.123071	17,130	2,108	69
69.01	EP LAB				69.01
69.02	VASCULAR SERVICES	0.111480			69.02
70	Electroencephalography	0.238835	1,348	322	70
71	Medical Supplies Charged to Patients	0.370174	82,772	30,640	71
72	Impl. Dev. Charged to Patients	0.459999			72
73	Drugs Charged to Patients	0.184744	698,534	129,050	73
74	Renal Dialysis	0.340410	70,515	24,004	74
75	ASC (Non-Distinct Part)	1.293421			75
76	WOUND CARE				76
76.01	OP ONCOLOGY	0.285673			76.01
76.97	CARDIAC REHABILITATION	0.416354			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	1.509384			90
90.01	DIABETES CENTER				90.01
91	Emergency	0.157278	1,978	311	91
92	Observation Beds (Non-Distinct Part)	0.611297			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		5,070,789	1,187,756	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		5,070,789		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
41	Subprovider - IRF				41
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.291066			50
50.01	SURGICENTER				50.01
50.02	SURGERY RECOVERY CENTER	0.439630			50.02
51	Recovery Room	0.195846			51
53	Anesthesiology	0.053156			53
54	Radiology-Diagnostic	0.181423			54
54.01	BREAST DIAGNOSIS CENTER	0.189096			54.01
55	Radiology-Therapeutic	0.297566			55
56	Radioisotope	0.112006			56
57	CT Scan	0.029523			57
58	MRI	0.066884			58
59	Cardiac Catheterization	0.109862			59
60	Laboratory	0.153078			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.075781			65
65.01	SLEEP LAB	0.176388			65.01
66	Physical Therapy	0.252460			66
66.01	OP PHYSICAL THERAPY	0.222464			66.01
66.02	OP THERAPY SERVICES	0.213064			66.02
67	Occupational Therapy	0.355192			67
68	Speech Pathology	0.327817			68
69	Electrocardiology	0.123071			69
69.01	EP LAB				69.01
69.02	VASCULAR SERVICES	0.111480			69.02
70	Electroencephalography	0.238835			70
71	Medical Supplies Charged to Patients	0.370174			71
72	Impl. Dev. Charged to Patients	0.459999			72
73	Drugs Charged to Patients	0.184744			73
74	Renal Dialysis	0.340410			74
75	ASC (Non-Distinct Part)	1.293421			75
76	WOUND CARE				76
76.01	OP ONCOLOGY	0.285673			76.01
76.97	CARDIAC REHABILITATION	0.415788			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	1.509384			90
90.01	DIABETES CENTER				90.01
91	Emergency	0.153390			91
92	Observation Beds (Non-Distinct Part)	0.611297			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.291066			50
50.01	SURGICENTER				50.01
50.02	SURGERY RECOVERY CENTER	0.439630			50.02
51	Recovery Room	0.195846			51
53	Anesthesiology	0.053156			53
54	Radiology-Diagnostic	0.181423			54
54.01	BREAST DIAGNOSIS CENTER	0.189096			54.01
55	Radiology-Therapeutic	0.297566			55
56	Radioisotope	0.112006			56
57	CT Scan	0.029523			57
58	MRI	0.066884			58
59	Cardiac Catheterization	0.109862			59
60	Laboratory	0.153078			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.075781			65
65.01	SLEEP LAB	0.176388			65.01
66	Physical Therapy	0.252460			66
66.01	OP PHYSICAL THERAPY	0.222464			66.01
66.02	OP THERAPY SERVICES	0.213064			66.02
67	Occupational Therapy	0.355192			67
68	Speech Pathology	0.327817			68
69	Electrocardiology	0.123071			69
69.01	EP LAB				69.01
69.02	VASCULAR SERVICES	0.111480			69.02
70	Electroencephalography	0.238835			70
71	Medical Supplies Charged to Patients	0.370174			71
72	Impl. Dev. Charged to Patients	0.459999			72
73	Drugs Charged to Patients	0.184744			73
74	Renal Dialysis	0.340410			74
75	ASC (Non-Distinct Part)	1.293421			75
76	WOUND CARE				76
76.01	OP ONCOLOGY	0.285673			76.01
76.97	CARDIAC REHABILITATION	0.415788			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	1.509384			90
90.01	DIABETES CENTER				90.01
91	Emergency	0.153390			91
92	Observation Beds (Non-Distinct Part)	0.611297			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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)	29,729,806			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	10,281,713			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)	910,975			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	9,810,568			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	246.08			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)	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).	-12.66			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)	103.02			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	113.24			10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)	103.02			12
13	Total allowable FTE count for the prior year	101.82			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	97.66			14
15	Sum of lines 12 through 14 divided by 3	100.83			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	100.83			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.409745			19
20	Prior year resident to bed ratio (see instructions)	0.406629			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.406629			21
22	IME payment adjustment (see instructions)	8,004,384			22
22.01	IME payment adjustment - Managed Care (see instructions)	1,962,624			22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)	10.22			24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)	8,004,384			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	1,962,624			29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0491			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2710			31
32	Sum of lines 30 and 31	0.3201			32
33	Allowable disproportionate share percentage (see instructions)	0.1562			33
34	Disproportionate share adjustment (see instructions)	1,562,450			34
	Uncompensated Care Adjustment				
		Prior to	(1.01)	On or after	
		October 1 (1.00)		October 1 (2.00)	
35	Total uncompensated care amount (see instructions)	6,406,145,534		5,977,483,147	35
35.01	Factor 3 (see instructions)	0.000493936		0.000508134	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,164,226		3,037,362	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,368,847		765,582	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,134,429			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by 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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
47	Subtotal (see instructions)	53,623,757			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)	55,586,381			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	4,334,712			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)	3,862,518			52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies	1,036			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)	63,784,647			59
60	Primary payer payments	8,803			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	63,775,844			61
62	Deductibles billed to program beneficiaries	3,933,720			62
63	Coinsurance billed to program beneficiaries	246,540			63
64	Allowable bad debts (see instructions)	1,511,908			64
65	Adjusted reimbursable bad debts (see instructions)	982,740			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	907,533			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	60,578,324			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 (specify) (see instructions)				70
70.93	HVBP payment adjustment amount (see instructions)	-251,170			70.93
70.94	HRR adjustment amount (see instructions)	-928,405			70.94
70.99	HAC adjustment amount (see instructions)	587,426			70.99
71	Amount due provider (see instructions)	58,811,323			71
71.01	Sequestration adjustment (see instructions)	1,176,226			71.01
72	Interim payments	56,017,524			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	1,617,573			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	151,043			75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

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

HSP Bonus Payment Amount

Prior to 10/1 On or After 10/1

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

Prior to 10/1 On or After 10/1

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

HRR Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

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

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HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION

EXHIBIT 5

	(Amt. from Wkst. E, Pt. A or L Pt. I)	Prior to 10/1		On or after 10/1		Total (cols. 2 and 3)	
	(1)	(2)	(2.01)	(3)	(3.01)	(4)	
1	DRG Amounts Other Than Outlier Payments						1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	29,729,806	29,729,806			29,729,806	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	10,281,713		10,281,713		10,281,713	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1						1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1						1.04
2	Outlier payments for discharges	910,975	740,349		170,626	910,975	2
2.01	Outlier payment for discharges for Model 4 BPCI						2.01
3	Operating outlier reconciliation						3
4	Managed Care Simulated Payments	9,810,568	7,623,434		2,187,134	9,810,568	4
	Indirect Medical Education Adjustment						
5	Amount from Worksheet E Part A, line 21	0.406629	0.406629		0.406629		5
6	IME payment adjustment	8,004,384	5,947,507		2,056,877	8,004,384	6
6.01	IME payment adjustment for managed care	1,962,624	1,525,083		437,541	1,962,624	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7	IME payment adjustment factor						7
8	IME add-on adjustment amount						8
8.01	IME payment adjustment add-on for managed care						8.01
9	Total IME payment (sum of lines 6 and 8)	8,004,384	5,947,507		2,056,877	8,004,384	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	1,962,624	1,525,083		437,541	1,962,624	9.01
	Disproportionate Share Adjustment						
10	Allowable disproportionate share percentage	0.1562	0.1562	0.1562	0.1562	0.1562	10
11	Disproportionate share adjustment	1,562,450	1,160,949		401,501	1,562,450	11
11.01	Uncompensated care payments	3,134,429	2,368,847		765,582	3,134,429	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12	Total ESRD additional payment						12
13	Subtotal	53,623,757	39,947,458		13,676,299	53,623,757	13
14	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.)						14
15	Total payment for inpatient operating costs SCH and MDH only	55,586,381	41,472,541		14,113,840	55,586,381	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	4,334,712	3,209,707		1,125,005	4,334,712	16
17	Special add-on payments for new technologies	1,036	1,036			1,036	17
	DO NOT USE THIS LINE						17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG						17.02
18	Capital outlier reconciliation adjustment amount						18
19	SUBTOTAL		44,683,284		15,238,845	59,922,129	19
20	Capital DRG other than outlier	3,216,876	2,384,679		832,197	3,216,876	20
20.01	Model 4 BPCI Capital DRG other than outlier						20.01
21	Capital DRG outlier payments	35,357	22,583		12,774	35,357	21
21.01	Model 4 BPCI Capital DRG outlier payments						21.01
22	Indirect medical education percentage	26,9600	26,9600		26,9600		22
23	Indirect medical education adjustment	867,270	642,910		224,360	867,270	23
24	Allowable disproportionate share percentage	0.0669	0.0669		0.0669		24
25	Disproportionate share adjustment	215,209	159,535		55,674	215,209	25
26	Total prospective capital payments	4,334,712	3,209,707		1,125,005	4,334,712	26
27							27
28	Low volume adjustment prior to October 1						28
29	Low volume adjustment on or after October 1						29
30	HVBP payment adjustment	-251,170	-201,327		-49,843	-251,170	30
30.01	HVBP payment adjustment for HSP bonus payment						30.01
31	HRR adjustment	-928,405	-633,290		-295,115	-928,405	31
31.01	HRR adjustment for HSP bonus payment						31.01
32	HAC Reduction Program adjustment		438,487		148,939	587,426	32

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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)	10,062			1
2	Medical and other services reimbursed under OPPS (see instructions)	25,576,427			2
3	PPS payments	21,312,435			3
4	Outlier payment (see instructions)	96,070			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)	10,062			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	54,548			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)	54,548			14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)	54,548			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	44,486			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)	10,062			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	21,408,505			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	4,197,910			26
27	Subtotal ((lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)	17,220,657			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	1,865,629			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	19,086,286			30
31	Primary payer payments	2,135			31
32	Subtotal (line 30 minus line 31)	19,084,151			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	1,092,863			34
35	Adjusted reimbursable bad debts (see instructions)	710,361			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	617,894			36
37	Subtotal (see instructions)	19,794,512			37
38	MSP-LCC reconciliation amount from PS&R	1,331			38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	19,793,181			40
40.01	Sequestration adjustment (see instructions)	395,864			40.01
41	Interim payments	19,363,038			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	34,279			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 CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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 OPPTS (see instructions)	100			2
3	PPS payments	62			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	85			6
7	Sum of line 3 and line 4 divided by line 6	0.7294			7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	62			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	12			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)	50			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)	50			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	50			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)	50			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	50			40
40.01	Sequestration adjustment (see instructions)	1			40.01
41	Interim payments	50			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-1			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 CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0172

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B			
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4		
1	Total interim payments paid to provider		54,473,529		19,316,807	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	08/23/2016	673,483		3.01	
		.02	12/29/2016	870,512	12/29/2016	66,334	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		08/23/2016	20,103	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		1,543,995		46,231	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)			56,017,524		19,363,038	4
TO BE COMPLETED BY CONTRACTOR							
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)						
		.01					5.01
		.02					5.02
		Program	.03				5.03
		to	.04				5.04
		Provider	.05				5.05
			.06				5.06
			.07				5.07
			.08				5.08
			.09				5.09
			.10				5.10
			.50				5.50
			.51				5.51
		Provider	.52				5.52
		to	.53				5.53
		Program	.54				5.54
			.55				5.55
			.56				5.56
			.57				5.57
			.58				5.58
			.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99					5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01		1,617,573		34,279	6.01
		.02					6.02
7	Total Medicare program liability (see instructions)			57,635,097		19,397,317	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 CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-T172

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		3,373,742		50
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			3.01
		.02			3.02
	Program	.03			3.03
	to	.04			3.04
	Provider	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
	Provider	.52			3.52
	to	.53			3.53
	Program	.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,373,742		50
TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01	93,499		6.01
		.02			-1
7	Total Medicare program liability (see instructions)		3,467,241		49
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 CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check applicable box: Hospital CAH

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	11,460	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	19,645	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	5,041	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	43,392	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	1,063,294,942	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	31,013,690	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)	595,112	8
9	Sequestration adjustment amount (see instructions)	11,902	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	583,210	10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

30	Initial/interim HIT payment(s)	637,613	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	-54,403	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

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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)	3,033,488		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.013900		2
3	Inpatient Rehabilitation LIP payments (see instructions)	92,825		3
4	Outlier payments	40,713		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)	1.00		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)	1.00		9
10	Average daily census (see instructions)	7.874317		10
11	Teaching Adjustment Factor (see instructions)	0.129193		11
12	Teaching Adjustment (see instructions)	391,905		12
13	Total PPS Payment (see instructions)	3,558,931		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)	3,558,931		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	3,558,931		19
20	Deductibles	19,320		20
21	Subtotal (line 19 minus line 20)	3,539,611		21
22	Coinsurance	1,610		22
23	Subtotal (line 21 minus line 22)	3,538,001		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)	3,538,001		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)	3,538,001		32
32.01	Sequestration adjustment (see instructions)	70,760		32.01
33	Interim payments	3,373,742		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 33 and 34)	93,499		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	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services	10,818,658	1
2	Medical and other services		2
3	Organ acquisition (certified transplant centers only)		3
4	Subtotal (sum of lines 1, 2 and 3)	10,818,658	4
5	Inpatient primary payer payments		5
6	Outpatient primary payer payments		6
7	Subtotal (line 4 less sum of lines 5 and 6)	10,818,658	7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
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
CUSTOMARY CHARGES			
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(c)		14
15	Ratio of line 13 to line 14 (not to exceed 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)	8,358,752	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
PROSPECTIVE PAYMENT AMOUNT			
22	Other than outlier payments		22
23	Outlier payments		23
24	Program capital payments		24
25	Capital exception payments (see instructions)		25
26	Routine and ancillary service other pass through costs		26
27	Subtotal (sum of lines 22 through 26)		27
28	Customary charges (Titles V or XIX PPS covered services only)		28
29	Titles V or XIX (sum of lines 21 and 27)	2,459,906	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	Excess of reasonable cost (from line 18)	8,358,752	30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	2,459,906	31
32	Deductibles		32
33	Coinsurance		33
34	Allowable bad debts (see instructions)		34
35	Utilization review		35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)	2,459,906	36
37	OTHER ADJUSTMENTS (REMOVE IP COSTS)		37
38	Subtotal (line 36 ± line 37)	2,459,906	38
39	Direct graduate medical education payments (from Wkst. E-4)		39
40	Total amount payable to the provider (sum of lines 38 and 39)	2,459,906	40
41	Interim payments	2,459,906	41
42	Balance due provider/program (line 40 minus line 41)		42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		43

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			128.25	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))			-12.66	4
4.01	ACA §5503 increase to the direct GME FTE cap (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)			105.36	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			114.24	6
7	Enter the lesser of line 5 or line 6			105.36	7
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	50.51	55.05	105.56	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	46.58	50.77	97.35	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
10.01	Unweighted dental and podiatric resident FTE count for the current year				10.01
11	Total weighted FTE count	46.58	50.77		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	46.17	49.49		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	38.75	51.45		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	43.83	50.57		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
15.01	Unweighted adjustment for residents in initial years of new programs				15.01
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
16.01	Unweighted adjustment for residents displaced by program or hospital closure				16.01
17	Adjusted rolling average FTE count	43.83	50.57		17
18	Per resident amount	109,696.30	106,697.96		18
19	Approved amount for resident costs	4,807,989	5,395,716	10,203,705	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)			8.88	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)			10,203,705	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	21,564	5,299		26
27	Total inpatient days (see instructions)	46,518	46,518		27
28	Ratio of inpatient days to total inpatient days	0.463562	0.113913		28
29	Program direct GME amount	4,730,050	1,162,335		29
30	Reduction for direct GME payments for Medicare Advantage		164,238		30
31	Net Program direct GME amount			5,728,147	31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			4,457,862	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
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
Part A Reasonable Cost					
37	Reasonable cost (see instructions)			52,977,678	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)			8,803	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			52,968,875	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			25,586,589	42
43	Primary payer payments (see instructions)			2,135	43
44	Total Part B reasonable cost (line 42 minus line 43)			25,584,454	44
45	Total reasonable cost (sum of lines 41 and 44)			78,553,329	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.674305	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.325695	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			5,728,147	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			3,862,518	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			1,865,629	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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			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 cap (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 the current year from your records (see instructions)			6
7	Enter the lesser of line 5 or line 6			7
		Primary Care	Other	Total
		1	2	3
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00
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
10	Weighted dental and podiatric resident FTE count for the current year		0.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year			
11	Total weighted FTE count	0.00	0.00	
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00	
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00	
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00	
15	Adjustment for residents in initial years of new programs	0.00	0.00	
15.01	Unweighted adjustment for residents in initial years of new programs			
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure			
17	Adjusted rolling average FTE count	0.00	0.00	
18	Per resident amount	0.00	0.00	
19	Approved amount for resident costs			
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			
21	Direct GME FTE unweighted resident count over cap (see instructions)			
22	Allowable additional direct GME FTE resident count (see instructions)			
23	Enter the locality adjustment national average per resident amount (see instructions)			
24	Multiply line 22 times line 23			
25	Total direct GME amount (sum of lines 19 and 24)			
COMPUTATION OF PROGRAM PATIENT LOAD				
		Inpatient Part A	Managed Care	
26	Inpatient days (see instructions)	9,061	7,196	26
27	Total inpatient days (see instructions)	46,518	46,518	27
28	Ratio of inpatient days to total inpatient days	0.194785	0.154693	28
29	Program direct GME amount			29
30	Reduction for direct GME payments for Medicare Advantage			30
31	Net Program direct GME amount			31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			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
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
Part A Reasonable Cost				
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
Part B Reasonable Cost				
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
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	Total program GME payment (line 31)			48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			50

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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
Assets (Omit Cents)		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	469,287				1
2	Temporary investments	8,566,306				2
3	Notes receivable					3
4	Accounts receivable	58,957,897				4
5	Other receivables	13,593,540				5
6	Allowances for uncollectible notes and accounts receivable	-10,111,851				6
7	Inventory	7,084,726				7
8	Prepaid expenses	1,692,347				8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	80,252,252				11
FIXED ASSETS						
12	Land	7,320,500				12
13	Land improvements	4,260,223				13
14	Accumulated depreciation	-3,424,189				14
15	Buildings	113,220,912				15
16	Accumulated depreciation	-88,551,294				16
17	Leasehold improvements	1,075,647				17
18	Accumulated depreciation	-717,765				18
19	Fixed equipment	100,107,944				19
20	Accumulated depreciation	-25,824,818				20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	86,789,161				23
24	Accumulated depreciation	-69,551,219				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)	124,705,102				30
OTHER ASSETS						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	23,798,861				34
35	Total other assets (sum of lines 31-34)	23,798,861				35
36	Total assets (sum of lines 11, 30 and 35)	228,756,215				36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	19,359,767				37
38	Salaries, wages and fees payable	8,395,309				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	1,212,726				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	19,481,582				44
45	Total current liabilities (sum of lines 37 thru 44)	48,449,384				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable	1,936,941				47
48	Unsecured loans					48
49	Other long term liabilities	2,346,465				49
50	Total long term liabilities (sum of lines 46 thru 49)	4,283,406				50
51	Total liabilities (sum of lines 45 and 50)	52,732,790				51
CAPITAL ACCOUNTS						
52	General fund balance	176,023,425				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	176,023,425				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	228,756,215				60

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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		199,024,427		1
2	Net income (loss) (from Worksheet G-3, line 29)		-551,977		2
3	Total (sum of line 1 and line 2)		198,472,450		3
4	Additions (credit adjustments) (specify)				4
5	CONTR PPE	226,995			5
6					6
7					7
8					8
9					9
10	Total additions (sum of lines 4-9)		226,995		10
11	Subtotal (line 3 plus line 10)		198,699,445		11
12	Deductions (debit adjustments) (specify)				12
13	TRANSFERS TO AFFILIATES	22,676,020			13
14					14
15					15
16					16
17					17
18	Total deductions (sum of lines 12-17)		22,676,020		18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		176,023,425		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	CONTR PPE				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

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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	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	74,295,171		74,295,171	1
2	Subprovider IPF				2
3	Subprovider IRF	5,082,138		5,082,138	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)	79,377,309		79,377,309	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	123,122,426		123,122,426	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)	123,122,426		123,122,426	16
17	Total inpatient routine care services (sum of lines 10 and 16)	202,499,735		202,499,735	17
18	Ancillary services	278,476,109	580,321,153	858,797,262	18
19	Outpatient services		2,021,229	2,021,229	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		4,111,962	4,111,962	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	PHYSICIANS REVENUE		7,880,837	7,880,837	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	480,975,844	594,335,181	1,075,311,025	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		289,431,706	29
30	LOSS ON SALE OF ASSETS	779,528		30
31	COMMUNITY BENEFIT	557,470		31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)		1,336,998	36
37	Deduct (specify)			37
38		-13		38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)		-13	42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		290,768,691	43

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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	1,075,311,025	1
2	Less contractual allowances and discounts on patients' accounts	793,757,307	2
3	Net patient revenues (line 1 minus line 2)	281,553,718	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	290,768,691	4
5	Net income from service to patients (line 3 minus line 4)	-9,214,973	5

OTHER INCOME

6	Contributions, donations, bequests, etc.	6,273	6
7	Income from investments	162,375	7
8	Revenues from telephone and other miscellaneous communication services	83,300	8
9	Revenue from television and radio service		9
10	Purchase discounts	1,211,199	10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	1,034,746	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to other than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen	255,614	20
21	Rental of vending machines	52,957	21
22	Rental of hospital space	450,714	22
23	Governmental appropriations		23
24	Other (specify)		24
24.01	Other (EMERGENCY MEDICAL TECHNICIAN REVENUE)		24.01
24.02	Other (BILLING SERVICES)		24.02
24.03	Other (HOSPICE)	243,806	24.03
24.04	Other (RESEARCH)		24.04
24.05	Other (RADIOLOGY REVENUE)	2,857	24.05
24.06	Other (RENTAL REVENUE)	2,592,582	24.06
24.10	Other (RETAIL PHARMACY)		24.10
24.11		2,747,591	24.11
24.15	Other (LOSS ON INVESTMENT IN SUBSIDIARY)	-468,899	24.15
24.16	Other (UNREALIZED LOSS ON INVESTMENTS)	-4,632	24.16
24.17	Other (MEANINGFUL USE REVENUE)	169,705	24.17
24.18	Other (ASSETS RELEASED FROM REST OR OPERAT)		24.18
24.19	Other (OTHER MISCELLANEOUS REVENUE, NET)	122,808	24.19
25	Total other income (sum of lines 6-24)	8,662,996	25
26	Total (line 5 plus line 25)	-551,977	26
29	Net income (or loss) for the period (line 26 minus line 28)	-551,977	29

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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	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	711,470	212,572			17,001	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	1,112,247	332,216	42,026			6
7	Physical Therapy	118,155	35,302	3,303	506,388		7
8	Occupational Therapy	33,077	9,883	1,239	169,110		8
9	Speech Pathology	51,305	15,329	628			9
10	Medical Social Services				9,500		10
11	Home Health Aide	101,170	30,228	11,222			11
12	Supplies (see instructions)					101,583	12
13	Drugs						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	2,127,424	635,530	58,418	684,998	118,584	24

KPMG LLP Compu-Max 2552-10

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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)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	941,043	-256,514	684,529		684,529	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	1,486,489		1,486,489		1,486,489	6
7	Physical Therapy	663,148		663,148		663,148	7
8	Occupational Therapy	213,309		213,309		213,309	8
9	Speech Pathology	67,262		67,262		67,262	9
10	Medical Social Services	9,500		9,500		9,500	10
11	Home Health Aide	142,620		142,620		142,620	11
12	Supplies (see instructions)	101,583		101,583		101,583	12
13	Drugs						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	3,624,954	-256,514	3,368,440		3,368,440	24

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

KPMG LLP Compu-Max 2552-10

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7267

WORKSHEET H-1
PART I

		CAPITAL RELATED COSTS			
		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE
		0	1	2	3
GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures				1
2	Capital Related-Movable Equipment				2
3	Plant Operation & Maintenance				3
4	Transportation (see instructions)				4
5	Administrative and General	684,529			5
HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care	1,486,489			6
7	Physical Therapy	663,148			7
8	Occupational Therapy	213,309			8
9	Speech Pathology	67,262			9
10	Medical Social Services	9,500			10
11	Home Health Aide	142,620			11
12	Supplies (see instructions)	101,583			12
13	Drugs				13
14	DME				14
HHA NONREIMBURSABLE SERVICES					
15	Home Dialysis Aide Services				15
16	Respiratory Therapy				16
17	Private Duty Nursing				17
18	Clinic				18
19	Health Promotion Activities				19
20	Day Care Program				20
21	Home Delivered Means Program				21
22	Homemaker Service				22
23	All Others				23
23.50	Telemedicine				23.50
24	Totals (sum of lines 1-23)	3,368,440			24

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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	
	GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General		684,529	684,529		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		1,486,489	379,128	1,865,617	6
7	Physical Therapy		663,148	169,135	832,283	7
8	Occupational Therapy		213,309	54,404	267,713	8
9	Speech Pathology		67,262	17,155	84,417	9
10	Medical Social Services		9,500	2,423	11,923	10
11	Home Health Aide		142,620	36,375	178,995	11
12	Supplies (see instructions)		101,583	25,909	127,492	12
13	Drugs					13
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing					17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)		3,368,440		3,368,440	24

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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	
GENERAL SERVICE COST CENTERS								
1	Capital Related-Bldgs. and Fixtures							1
2	Capital Related-Movable Equipment							2
3	Plant Operation & Maintenance							3
4	Transportation (see instructions)							4
5	Administrative and General					-684,529	2,683,911	5
HHA REIMBURSABLE SERVICES								
6	Skilled Nursing Care						1,486,489	6
7	Physical Therapy						663,148	7
8	Occupational Therapy						213,309	8
9	Speech Pathology						67,262	9
10	Medical Social Services						9,500	10
11	Home Health Aide						142,620	11
12	Supplies (see instructions)						101,583	12
13	Drugs							13
14	DME							14
HHA NONREIMBURSABLE SERVICES								
15	Home Dialysis Aide Services							15
16	Respiratory Therapy							16
17	Private Duty Nursing							17
18	Clinic							18
19	Health Promotion Activities							19
20	Day Care Program							20
21	Home Delivered Means Program							21
22	Homemaker Service							22
23	All Others							23
23.50	Telemedicine							23.50
24	Totals (sum of lines 1-23)					-684,529	2,683,911	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						684,529	25
26	Unit Cost Multiplier						0.255049	26

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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				16,965	16,965	4,258	1
2	Skilled Nursing Care	1,865,617			36,923	1,902,540	477,498	2
3	Physical Therapy	832,283			3,922	836,205	209,870	3
4	Occupational Therapy	267,713			1,098	268,811	67,466	4
5	Speech Pathology	84,417			1,703	86,120	21,614	5
6	Medical Social Services	11,923				11,923	2,992	6
7	Home Health Aide	178,995			3,358	182,353	45,767	7
8	Supplies	127,492				127,492	31,998	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)	3,368,440			63,969	3,432,409	861,463	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 CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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						24,988	1
2	Skilled Nursing Care						47,512	2
3	Physical Therapy						4,065	3
4	Occupational Therapy						1,299	4
5	Speech Pathology						947	5
6	Medical Social Services							6
7	Home Health Aide						10,715	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)						89,526	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 CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7267

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	MAIN- TENANCE OF PERSONNEL 12	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES * SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
1	Administrative and General				1,559			1
2	Skilled Nursing Care					15,845		2
3	Physical Therapy					10,522		3
4	Occupational Therapy					3,453		4
5	Speech Pathology					303		5
6	Medical Social Services					126		6
7	Home Health Aide					1,754		7
8	Supplies			14,240		856		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)			14,240	1,559	32,859		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 CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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 CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (cols 23 +/- 24) 26	ALLOCATED HHA A&G (see PtII) 27	TOTAL HHA COSTS 28		
1	Administrative and General	47,770		47,770				1
2	Skilled Nursing Care	2,443,395		2,443,395	26,623	2,470,018		2
3	Physical Therapy	1,060,662		1,060,662	11,557	1,072,219		3
4	Occupational Therapy	341,029		341,029	3,716	344,745		4
5	Speech Pathology	108,984		108,984	1,187	110,171		5
6	Medical Social Services	15,041		15,041	164	15,205		6
7	Home Health Aide	240,589		240,589	2,621	243,210		7
8	Supplies	174,586		174,586	1,902	176,488		8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	4,432,056		4,432,056	47,770	4,432,056		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.				0.010896			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 CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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			511,068		16,965		1
2	Skilled Nursing Care			1,112,247		1,902,540		2
3	Physical Therapy			118,155		836,205		3
4	Occupational Therapy			33,077		268,811		4
5	Speech Pathology			51,305		86,120		5
6	Medical Social Services					11,923		6
7	Home Health Aide			101,170		182,353		7
8	Supplies					127,492		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)			1,927,022		3,432,409		20
21	Total cost to be allocated			63,969		861,463		21
22	Unit Cost Multiplier			0.033196		0.250979		22
22	Unit Cost Multiplier							22

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7267

WORKSHEET H-2
PART II

	HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA PROD FTE'S	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED	
		7	8	9	10	11	12	
1	Administrative and General					12,695		1
2	Skilled Nursing Care					24,139		2
3	Physical Therapy					2,065		3
4	Occupational Therapy					660		4
5	Speech Pathology					481		5
6	Medical Social Services							6
7	Home Health Aide					5,444		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)					45,484		20
21	Total cost to be allocated					89,526		21
22	Unit Cost Multiplier					1.968297		22
22	Unit Cost Multiplier							22

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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			5,482				1
2	Skilled Nursing Care				2,220,885			2
3	Physical Therapy				1,474,644			3
4	Occupational Therapy				483,970			4
5	Speech Pathology				42,464			5
6	Medical Social Services				17,625			6
7	Home Health Aide				245,883			7
8	Supplies		101,886		119,906			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)		101,886	5,482	4,605,377			20
21	Total cost to be allocated		14,240	1,559	32,859			21
22	Unit Cost Multiplier			0.284385				22
22	Unit Cost Multiplier		0.139764		0.007135			22

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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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 CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7267

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

Check applicable box: Title V Title XVIII Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation							
	Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA COSTS (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
		1	2	3	4	5	
1	Skilled Nursing Care	2	2,470,018		2,470,018	10,733	230.13
2	Physical Therapy	3	1,072,219		1,072,219	7,199	148.94
3	Occupational Therapy	4	344,745		344,745	2,369	145.52
4	Speech Pathology	5	110,171		110,171	253	435.46
5	Medical Social Services	6	15,205		15,205	86	176.80
6	Home Health Aide	7	243,210		243,210	2,009	121.06
7	Total (sum of lines 1-6)		4,255,568		4,255,568	22,649	

Limitation Cost Computation				Program Visits		
	Patient Services	CBSA No.	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1	2	3	4	
8	Skilled Nursing Care	16974		5,489		8
9	Physical Therapy	16974		4,054		9
10	Occupational Therapy	16974		1,455		10
11	Speech Pathology	16974		98		11
12	Medical Social Services	16974		58		12
13	Home Health Aide	16974		1,535		13
14	Total (sum of lines 8-13)			12,689		14

Supplies and Drugs Cost Computations							
	Other Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
		1	2	3	4	5	
15	Cost of Medical Supplies	8	176,488		176,488	119,906	1.471886
16	Cost of Drugs	9					

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

		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charges (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated
		1	2	3	4	5
1	Physical Therapy	66	0.252460			col. 2, line 2
1.01	OP PHYSICAL THERAPY	66.01	0.222464			col. 2, line 2
1.02	OP THERAPY SERVICES	66.02	0.213064			col. 2, line 2
2	Occupational Therapy	67	0.355192			col. 2, line 3
3	Speech Pathology	68	0.327817			col. 2, line 4
4	Medical Supplies Charged to Pat	71	0.370174			col. 2, line 15
5	Drugs Charged to Patients	73	0.184744			col. 2, line 16

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 11:59 Version: 2017.01 (05/23/2017)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7267

WORKSHEET H-3
PARTS I & II

Check applicable box: Title V Title XVIII Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation		Program Visits			Cost of Services				
		Part B			Part B			Total Program Cost (sum of cols 9-10)	
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	12		
1 Skilled Nursing Care		5,489			1,263,184		1,263,184	1	
2 Physical Therapy		4,054			603,803		603,803	2	
3 Occupational Therapy		1,455			211,732		211,732	3	
4 Speech Pathology		98			42,675		42,675	4	
5 Medical Social Services		58			10,254		10,254	5	
6 Home Health Aide		1,535			185,827		185,827	6	
7 Total (sum of lines 1-6)		12,689			2,317,475		2,317,475	7	

Supplies and Drugs Cost Computations		Program Covered Charges			Cost of Services				
		Part B			Part B			Total Program Cost (sum of cols 9-10)	
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	12		
15 Cost of Medical Supplies			55,386			81,522		136,908	15
16 Cost of Drugs									16

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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 14-7267

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

Check applicable box: Title V Title XVIII Title XIX

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

	Description	Part B		
		Part A 1	Not Subject to Deductibles & Coinsurance 2	
	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		2,122,655	11
12	Total PPS Reimbursement - Full Episodes with Outliers		30,703	12
13	Total PPS Reimbursement - LUPA Episodes		47,871	13
14	Total PPS Reimbursement - PEP Episodes		22,648	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)		2,223,877	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		2,223,877	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		2,223,877	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)		2,223,877	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		2,223,877	31
31.01	Sequestration adjustment (see instructions)		44,477	31.01
32	Interim payments (see instructions)		2,179,400	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

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ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES HHA CCN: 14-7267

WORKSHEET H-5

	DESCRIPTION	Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1	2	3	4	
1	Total interim payments paid to provider				2,179,400	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero.					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				3.01
		.02				3.02
	Program	.03				3.03
	To	.04				3.04
	Provider	.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
	Provider	.52				3.52
	To	.53				3.53
	Program	.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99				3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)				2,179,400	4
	TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				5.01
		.02				5.02
	Program	.03				5.03
	To	.04				5.04
	Provider	.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	Provider	.52				5.52
	To	.53				5.53
	Program	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determine net settlement amount (balance due) based on the cost report (see instructions)	.01				6.01
		.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)				2,179,400	7
8	Name of Contractor		Contractor Number		NPR Date: Month, Day, Year	8

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

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0172

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	Capital DRG other than outlier	3,216,876	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	35,357	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)	119.22	3
4	Number of interns & residents (see instructions)	100.83	4
5	Indirect medical education percentage (see instructions)	26.96	5
6	Indirect medical education adjustment (see instructions)	867,270	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0491	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.2710	8
9	Sum of lines 7 and 8	0.3201	9
10	Allowable disproportionate share percentage (see instructions)	0.0669	10
11	Disproportionate share adjustment (see instructions)	215,209	11
12	Total prospective capital payments (see instructions)	4,334,712	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	
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						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
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
41	Subprovider - IRF						41
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
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
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
90.01	DIABETES CENTER						90.01
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency						101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						

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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		
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices							192
193	Nonpaid Workers							193
194	DEVELOPMENT							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202