

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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: 05/31/2018 Time: 10:49
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.	

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN ST. JAMES HEALTH (14-0172) (Provider Name(s) and Number(s)) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) _____
Chief Financial 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		1,007,744	318,367			1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF		62,486	49			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		1,070,230	318,416			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 / 2017	To: 12 / 31 / 2017								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.	2,202	1,472	31	45	6,712	225	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)(i) or (ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	N	N	39
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)	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
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	Y	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
		NAHE 413.85 Y/N 1	Worksheet A Line # 2	Pass-Through Qualification Criteria Code 3	
60	Are you claiming nursing and allied health education (NAHE) costs for any program(s) that meet the criteria under 42 CFR 413.85? (see instructions)	N			60
		Y/N 1	IME 4	Direct GME 5	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

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

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

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

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

62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	10.00			62
62.01	Enter the number of FTE residents that rotated from a teaching health center (THC) into your hospital in this cost reporting period of HRSA THC program. (see instructions)				62.01

Teaching Hospitals that Claim Residents in Nonprovider Settings

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

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	8.05	54.29	0.129131	64

Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
65	INTERNAL MEDICINE	1400	3.84	15.54	0.198142

Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	8.05	54.29	0.129131	66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
67					67

Inpatient Psychiatric Facility PPS

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

Inpatient Rehabilitation Facility PPS

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2 PART I

Title V and XIX Services		V	XIX	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	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
98	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.06

Rural Providers		1	2	
105	Does this hospital qualify as a CAH?	N		105
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106
107	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions) 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
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	109
			Speech	Respiratory

		1	2	
110	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110
111	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: 'A' for Ambulance services; 'B' for additional beds; and/or 'C' for tele-health services.	1	2	111

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, chapter 22, section 2208.1.	N		115	
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N		116	
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N		117	
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118	
			Premiums	Paid Losses	Self Insurance
118.01	List amounts of malpractice premiums and paid losses:				118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N	N	120	
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y		121	
122	Does the cost report contain state health care related taxes as defined in §1983(w)(3) of the Act? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N		122	

Transplant Center Information

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

All Providers

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

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

141	Name:	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	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)	9.99				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 / 2017	09 / 28 / 2017			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

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/19/2018	N	17
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	18
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21

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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	87,965			17,395	1,685	36,005	1
2	HMO and other (see instructions)						6,124	6,712		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider						155	292		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	87,965			17,395	1,685	36,005	7
8	Intensive Care Unit	31	35	12,775			3,304	1,685	7,406	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						380	2,711	13
14	Total (see instructions)		276	100,740			20,699	3,750	46,122	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41	30	10,950			1,925	82	2,812	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					16,563		25,437	22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30							61	24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		306							27
28	Observation Bed Days								13,726	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							225	307	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33
33.01	LTCH site neutral days and discharges									33.01

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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)					4,753	2,108	11,137	1
2	HMO and other (see instructions)					1,231			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)	111.96	1,386.45			4,753	2,108	11,137	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF	1.03	22.32			171	20	245	17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		23.10						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)	112.99	1,431.87						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32.01
33	LTCH non-covered days								33
33.01	LTCH site neutral days and discharges								33.01

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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	93,420,650		93,420,650	2,978,296.00	31.37
2	Non-physician anesthetist Part A						
3	Non-physician anesthetest Part B						
4	Physician-Part A - Administrative		183,863		183,863	1,178.00	156.08
4.01	Physician-Part A - Teaching						
5	Physician-Part B						
6	Non-physician-Part B						
7	Interns & residents (in an approved program)	21	5,440,545	-486,808	4,953,737	195,357.00	25.36
7.01	Contracted interns & residents (in an approved program)		992,550		992,550	39,663.00	25.02
8	Home office and/or related organization personnel		1,047,777		1,047,777	1.00	1,047,777.00
9	SNF	44					
10	Excluded area salaries (see instructions)		5,170,473	-142,568	5,027,905	143,140.00	35.13
OTHER WAGES & RELATED COSTS							
11	Contract labor (see instructions)		11,609,656		11,609,656	250,293.00	46.38
12	Contract management and administrative services						
13	Contract labor: Physician-Part A - Administrative		388,488		388,488	3,237.00	120.01
14	Home office salaries & wage-related costs						
14.01	Home office salaries		13,764,330		13,764,330	377,572.00	36.45
14.02	Related organization salaries						
15	Home office: Physician Part A - Administrative						
16	Home office & Contract Physicians Part A - Teaching						
WAGE-RELATED COSTS							
17	Wage-related costs (core)(see instructions)		26,434,790		26,434,790		
18	Wage-related costs (other)(see instructions)						
19	Excluded areas		1,596,437		1,596,437		
20	Non-physician anesthetist Part A						
21	Non-physician anesthetist Part B						
22	Physician Part A - Administrative		58,379		58,379		
22.01	Physician Part A - Teaching						
23	Physician Part B						
24	Wage-related costs (RHC/FQHC)						
25	Interns & residents (in an approved program)		1,572,888		1,572,888		
25.50	Home office wage-related		6,089,161		6,089,161		
25.51	Related organization wage-related						
25.52	Home office: Physician Part A - Administrative - wage-related						
25.53	Home office & Contract Physicians Part A - Teaching - wage-related						
OVERHEAD COSTS - DIRECT SALARIES							
26	Employee Benefits Department		555,382		555,382	13,907.00	39.94
27	Administrative & General		13,305,077	-315,210	12,989,867	433,632.00	29.96
28	Administrative & General under contract (see instructions)		704,824		704,824	5,521.00	127.66
29	Maintenance & Repairs						
30	Operation of Plant		2,555,600		2,555,600	83,550.00	30.59
31	Laundry & Linen Service		178,032		178,032	13,240.00	13.45
32	Housekeeping		2,402,092		2,402,092	165,665.00	14.50
33	Housekeeping under contract (see instructions)						
34	Dietary		2,395,219	-1,890,213	505,006	30,768.00	16.41
35	Dietary under contract (see instructions)						
36	Cafeteria			1,874,047	1,874,047	114,177.00	16.41
37	Maintenance of Personnel						
38	Nursing Administration		1,442,983		1,442,983	32,364.00	44.59
39	Central Services and Supply		705,483		705,483	35,958.00	19.62
40	Pharmacy		2,775,958		2,775,958	69,383.00	40.01
41	Medical Records & Medical Records Library		2,315,694		2,315,694	21,825.00	106.10
42	Social Service			473,944	473,944	14,444.00	32.81
43	Other General Service						

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		86,644,602	486,808	87,131,410	2,748,796.00	31.70
2	Excluded area salaries (see instructions)		5,170,473	-142,568	5,027,905	143,140.00	35.13
3	Subtotal salaries (line 1 minus line 2)		81,474,129	629,376	82,103,505	2,605,656.00	31.51
4	Subtotal other wages & related costs (see instructions)		25,762,474		25,762,474	631,102.00	40.82
5	Subtotal wage-related costs (see instructions)		32,582,330		32,582,330		39.68%
6	Total (sum of lines 3 through 5)		139,818,933	629,376	140,448,309	3,236,758.00	43.39
7	Total overhead cost (see instructions)		29,336,344	142,568	29,478,912	1,034,434.00	28.50

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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)	6,364,659	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)	10,757,567	8.02
8.03	Health Insurance (Purchased)	2,819	8.03
9	Prescription Drug Plan	3,318,026	9
10	Dental, Hearing and Vision Plan	1,095,232	10
11	Life Insurance (If employee is owner or beneficiary)	68,389	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	749,981	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	209,687	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	6,899,987	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	62,625	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	83,522	23
24	Total Wage Related cost (Sum of lines 1-23)	29,612,494	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	11,609,656	165,464	1
2	Hospital	11,609,656	165,464	2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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		339		182	521	1
2	Unduplicated Census Count (see instructions)		731.00		392.00	1,123.00	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)	2.00		2.00	3
4	Director(s) and Assistant Director(s)				4
5	Other Administrative Personnel	3.95		3.95	5
6	Direct Nursing Service	12.68		12.68	6
7	Nursing Supervisor				7
8	Physical Therapy Service	0.99	5.79	6.78	8
9	Physical Therapy Supervisor				9
10	Occupational Therapy Service	0.52	1.22	1.74	10
11	Occupational Therapy Supervisor				11
12	Speech Pathology Service	0.35		0.35	12
13	Speech Pathology Supervisor				13
14	Medical Social Service		0.06	0.06	14
15	Medical Social Service Supervisor				15
16	Home Health Aide	2.61		2.61	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	5,919	800	283	203	7,205	21
22	Skilled Nursing Visit Charges	2,065,820	275,916	97,596	63,916	2,503,248	22
23	Physical Therapy Visits	5,144	409	50	100	5,703	23
24	Physical Therapy Visit Charges	1,864,597	145,313	15,123	35,658	2,060,691	24
25	Occupational Therapy Visits	1,388	232	10	36	1,666	25
26	Occupational Therapy Visit Charges	503,232	84,695	3,710	11,761	603,398	26
27	Speech Pathology Visits	157	76		2	235	27
28	Speech Pathology Visit Charges	58,247	27,431		742	86,420	28
29	Medical Social Service Visits	39	4		1	44	29
30	Medical Social Service Visit Charges	16,474	2,150		430	19,054	30
31	Home Health Aide Visits	1,253	394	3	60	1,710	31
32	Home Health Aide Visit Charges	214,596	67,310	519	10,084	292,509	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	13,900	1,915	346	402	16,563	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	4,722,966	602,815	116,948	122,591	5,565,320	35
36	Total Number of Episodes (standard/non-outlier)	792		123	27	942	36
37	Total Number of Ourlier Episodes		47		3	50	37
38	Total Non-Routine Medical Supply Charges	143,995	33,565	11,586	4,781	193,927	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)		0.219185	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		54,312,825	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 and/or supplemental payments from Medicaid?		Y	4
5	If line 4 is no, enter DSH and/or supplemental payments from Medicaid			5
6	Medicaid charges		255,615,756	6
7	Medicaid cost (line 1 times line 6)		56,027,139	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.		1,714,314	8

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

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

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

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

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

17	Private grants, donations, or endowment income restricted to 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)		1,714,314	19

Uncompensated care (see instructions for each line)

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Charity care charges and uninsured discounts for the entire facility (see instructions)	26,874,330	3,720,707	30,595,037	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,890,450	3,720,707	9,611,157	21
22	Payments received from patients for amounts previously written off as charity care				22
23	Cost of charity care (line 21 minus line 22)	5,890,450	3,720,707	9,611,157	23
24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24
25	If line 24 is yes, charges for patient days beyond the indigent care program's length of stay limit				25
26	Total bad debt expense for the entire hospital complex (see instructions)			23,654,390	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,906,989	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,933,829	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			20,720,561	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			5,568,476	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			15,179,633	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			16,893,947	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		12,585,005	12,585,005	5,766,546	18,351,551	1,083,444	19,434,995	1
2	00200	Cap Rel Costs-Mvble Equip		5,724,721	5,724,721	935,595	6,660,316	11,047	6,671,363	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	555,382	1,840,742	2,396,124		2,396,124	1,946,207	4,342,331	4
5	00500	Administrative & General	13,305,077	73,983,711	87,288,788	-1,539,813	85,748,975	-19,551,258	66,197,717	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	2,555,600	11,009,359	13,564,959	-339,758	13,225,201	-858,672	12,366,529	7
8	00800	Laundry & Linen Service	178,032	1,030,460	1,208,492		1,208,492		1,208,492	8
9	00900	Housekeeping	2,402,092	1,730,550	4,132,642	-22,196	4,110,446		4,110,446	9
10	01000	Dietary	2,395,219	1,652,432	4,047,651	-3,228,452	819,199	-289,864	529,335	10
11	01100	Cafeteria				3,166,929	3,166,929	-1,040,655	2,126,274	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,442,983	436,180	1,879,163		1,879,163		1,879,163	13
14	01400	Central Services & Supply	705,483	1,913,293	2,618,776	-1,501,917	1,116,859	-182,849	934,010	14
15	01500	Pharmacy	2,775,958	18,210,987	20,986,945	-16,779,861	4,207,084	-191,410	4,015,674	15
16	01600	Medical Records & Library	2,315,694	1,520,495	3,836,189		3,836,189	1,848,711	5,684,900	16
17	01700	Social Service				606,175	606,175		606,175	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	5,440,545		5,440,545	899,802	6,340,347		6,340,347	21
22	02200	I&R Services-Other Prgm Costs Apprvd		3,818,282	3,818,282	-899,802	2,918,480	-1,762,444	1,156,036	22
23	02300	Paramed Ed Prgm-(specify)								23
23.01	02301	RADIOLOGY PARAMEDICAL								23.01
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	18,741,965	8,098,505	26,840,470	-4,741,796	22,098,674	-1,367,915	20,730,759	30
31	03100	Intensive Care Unit	6,191,042	3,373,699	9,564,741	-119,211	9,445,530	-3,926	9,441,604	31
41	04100	Subprovider - IRF	1,570,148	509,955	2,080,103		2,080,103	-885	2,079,218	41
43	04300	Nursery				1,293,127	1,293,127		1,293,127	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	4,452,747	11,759,550	16,212,297	-7,976,133	8,236,164	-611,693	7,624,471	50
50.01	05001	SURGICENTER								50.01
50.02	05002	SURGERY RECOVERY CENTER		1,044,076	1,044,076	-264,632	779,444	-1,140	778,304	50.02
51	05100	Recovery Room	997,490	252,708	1,250,198		1,250,198		1,250,198	51
53	05300	Anesthesiology		3,854,294	3,854,294	-183,895	3,670,399	-3,437,283	233,116	53
54	05400	Radiology-Diagnostic	2,509,431	866,787	3,376,218	-378,955	2,997,263	-119,297	2,877,966	54
54.01	05401	BREAST DIAGNOSIS CENTER	619,714	435,366	1,055,080	37,647	1,092,727		1,092,727	54.01
55	05500	Radiology-Therapeutic	762,387	777,652	1,540,039		1,540,039		1,540,039	55
56	05600	Radioisotope	497,020	641,323	1,138,343	55,060	1,193,403		1,193,403	56
57	05700	CT Scan	949,650	1,047,209	1,996,859	-42,258	1,954,601	-3,425	1,951,176	57
58	05800	MRI	624,439	568,920	1,193,359	86,218	1,279,577		1,279,577	58
59	05900	Cardiac Catheterization	1,601,734	5,633,930	7,235,664	-4,309,184	2,926,480	-18,670	2,907,810	59
60	06000	Laboratory		10,598,941	10,598,941		10,598,941	-25,062	10,573,879	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	1,927,759	1,044,761	2,972,520	-347,092	2,625,428	-7,218	2,618,210	65
65.01	06501	SLEEP LAB	321,046	132,731	453,777	3,166	456,943	-9,080	447,863	65.01
66	06600	Physical Therapy	37,081	2,384,133	2,421,214	-282	2,420,932		2,420,932	66
66.01	06601	OP PHYSICAL THERAPY		1,735,423	1,735,423		1,735,423		1,735,423	66.01
66.02	06602	OP THERAPY SERVICES		2,986,040	2,986,040	-595,297	2,390,743		2,390,743	66.02
67	06700	Occupational Therapy		968,924	968,924		968,924		968,924	67
68	06800	Speech Pathology	358,052	117,091	475,143		475,143		475,143	68
69	06900	Electrocardiology	1,368,884	459,126	1,828,010	-409,478	1,418,532	-5,807	1,412,725	69
69.01	06901	EP LAB								69.01
69.02	03650	VASCULAR SERVICES	289,950	87,502	377,452	45,346	422,798		422,798	69.02
70	07000	Electroencephalography	119,242	43,232	162,474		162,474		162,474	70
71	07100	Medical Supplies Charged to Patients				9,353,500	9,353,500		9,353,500	71
72	07200	Impl. Dev. Charged to Patients				6,037,074	6,037,074		6,037,074	72
73	07300	Drugs Charged to Patients				16,779,861	16,779,861		16,779,861	73
74	07400	Renal Dialysis		1,363,894	1,363,894		1,363,894		1,363,894	74
75	07500	ASC (Non-Distinct Part)	1,551,737	321,635	1,873,372		1,873,372		1,873,372	75
76	03951	WOUND CARE								76
76.01	03952	OP ONCOLOGY	610,818	223,774	834,592	3,511,163	4,345,755	-17,369	4,328,386	76.01
76.97	07697	CARDIAC REHABILITATION	681,300	211,641	892,941	24,200	917,141	-1,402	915,739	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	1,463,470	1,349,844	2,813,314		2,813,314	-85,155	2,728,159	90
90.01	09001	DIABETES CENTER								90.01
91	09100	Emergency	7,501,154	3,561,798	11,062,952	-98,418	10,964,534	-61,115	10,903,419	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
101	10100	Home Health Agency	2,120,820	1,649,383	3,770,203	-207,148	3,563,055	-3,193	3,559,862	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		5,098,782	5,098,782	-5,098,782				113
118		SUBTOTALS (sum of lines 1-117)	91,941,145	208,658,846	300,599,991	-482,951	300,117,040	-24,767,378	275,349,662	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen	47,073	278,298	325,371		325,371		325,371	190
191	19100	Research	21,355	6,159	27,514		27,514		27,514	191
192	19200	Physicians' Private Offices	1,411,077	5,813,883	7,224,960	455,633	7,680,593		7,680,593	192
193	19300	Nonpaid Workers		8,799	8,799	27,318	36,117		36,117	193
194	07950	DEVELOPMENT		3,374	3,374		3,374		3,374	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)	93,420,650	214,769,359	308,190,009		308,190,009	-24,767,378	283,422,631	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		577,457	1
2			Cap Rel Costs-Mvble Equip	2		902,277	2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
500	Total reclassifications					1,479,734	500
	Code Letter - A						
1	CHARGEABLE SUPPLIES	B	Medical Supplies Charged to P	71		7,851,583	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
500	Total reclassifications					7,851,583	500
	Code Letter - B						
1	COST OF CHARGEABLE MEDICAL SUPPLIES	C	Medical Supplies Charged to P	71		1,501,917	1
500	Total reclassifications					1,501,917	500
	Code Letter - C						
1	COST OF DRUGS SOLD	D	Drugs Charged to Patients	73		16,779,861	1
500	Total reclassifications					16,779,861	500
	Code Letter - D						
1	SOCIAL SERVICES	E	Social Service	17	473,944	132,231	1
500	Total reclassifications				473,944	132,231	500
	Code Letter - E						
1	INTEREST	F	Cap Rel Costs-Bldg & Fixt	1		5,098,782	1
500	Total reclassifications					5,098,782	500
	Code Letter - F						
1	CAFETERIA COSTS	G	Cafeteria	11	1,874,047	1,292,882	1
2			Nonpaid Workers	193	16,166	11,152	2
500	Total reclassifications				1,890,213	1,304,034	500
	Code Letter - G						
1	RADIOLOGY ADMIN COSTS	H	BREAST DIAGNOSIS CENTER	54.01	87,501	24,500	1
2			MRI	58	67,358	18,860	2
3			CT Scan	57	95,223	26,662	3
4			Radioisotope	56	43,016	12,044	4
500	Total reclassifications				293,098	82,066	500
	Code Letter - H						
1	PROFESSIONAL FEES	I	Radiology-Diagnostic	54		34,775	1
2			Radiology-Diagnostic	54		48,000	2
500	Total reclassifications					82,775	500
	Code Letter - I						
1	HHA OVERHEAD COSTS	J	Administrative & General	5	158,734	48,414	1
500	Total reclassifications				158,734	48,414	500
	Code Letter - J						
1	PROPERTY INSURANCE	K	Cap Rel Costs-Bldg & Fixt	1		202,310	1
2			Cap Rel Costs-Mvble Equip	2		37,321	2
500	Total reclassifications					239,631	500
	Code Letter - K						
1	NURSERY COSTS	L	Nursery	43	948,382	344,745	1
500	Total reclassifications				948,382	344,745	500
	Code Letter - L						
1	DIRECTOR FEES	M	Adults & Pediatrics	30		79,313	1
2			Intensive Care Unit	31		36,250	2
3			Operating Room	50		302,032	3
4			SURGERY RECOVERY CENTER	50.02		1,920	4

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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
5			SLEEP LAB	65.01		9,900	5
6			Electrocardiology	69		2,080	6
7			OP ONCOLOGY	76.01		59,880	7
8			Emergency	91		61,200	8
500	Total reclassifications					552,575	500
	Code Letter - M						
1	CARDIAC ADMIN	N	Cardiac Catheterization	59	256,309	85,703	1
2			VASCULAR SERVICES	69.02	33,983	11,363	2
3			CARDIAC REHABILITATION	76.97	18,136	6,064	3
500	Total reclassifications				308,428	103,130	500
	Code Letter - N						
1	INTERSN RESIDENTS	O	I&R Services-Other Prgm Costs	22	486,808		1
2			I&R Services-Salary & Fringes	21		1,386,610	2
500	Total reclassifications				486,808	1,386,610	500
	Code Letter - O						
1	ONCOLOGY COSTS	P	OP ONCOLOGY	76.01	2,547,206	904,077	1
500	Total reclassifications				2,547,206	904,077	500
	Code Letter - P						
1	CHICAGO HEIGHTS POB COSTS	S	Physicians' Private Offices	192		455,633	1
2							2
3							3
500	Total reclassifications					455,633	500
	Code Letter - S						
1	IMPLANT SUPPLY COSTS	T	Impl. Dev. Charged to Patient	72		6,037,074	1
2							2
500	Total reclassifications					6,037,074	500
	Code Letter - T						
	GRAND TOTAL (Increases)					7,106,813	44,384,872

(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		265,805	9	1	
2			Operation of Plant	7		131	9	2	
3			Housekeeping	9		22,196		3	
4			Dietary	10		34,205		4	
5			Operating Room	50		288,082		5	
6			SURGERY RECOVERY CENTER	50.02		266,552		6	
7			Respiratory Therapy	65		450		7	
8			SLEEP LAB	65.01		6,734		8	
9			Physical Therapy	66		282		9	
10			OP THERAPY SERVICES	66.02		595,297		10	
500	Total reclassifications					1,479,734		500	
	Code letter - A								
1	CHARGEABLE SUPPLIES	B	Operating Room	50		4,437,733		1	
2			BREAST DIAGNOSIS CENTER	54.01		74,354		2	
3			CT Scan	57		164,143		3	
4			Cardiac Catheterization	59		2,166,472		4	
5			Respiratory Therapy	65		346,642		5	
6			Emergency	91		159,618		6	
7			Adults & Pediatrics	30		76,699		7	
8			Intensive Care Unit	31		155,461		8	
9			Anesthesiology	53		183,895		9	
10			Radiology-Diagnostic	54		86,566		10	
500	Total reclassifications					7,851,583		500	
	Code letter - B								
1	COST OF CHARGEABLE MEDICAL SUPPLIES	C	Central Services & Supply	14		1,501,917		1	
500	Total reclassifications					1,501,917		500	
	Code letter - C								
1	COST OF DRUGS SOLD	D	Pharmacy	15		16,779,861		1	
500	Total reclassifications					16,779,861		500	
	Code letter - D								
1	SOCIAL SERVICES	E	Administrative & General	5	473,944	132,231		1	
500	Total reclassifications				473,944	132,231		500	
	Code letter - E								
1	INTEREST	F	Interest Expense	113		5,098,782	9	1	
500	Total reclassifications					5,098,782		500	
	Code letter - F								
1	CAFETERIA COSTS	G	Dietary	10	1,890,213	1,304,034		1	
2								2	
500	Total reclassifications				1,890,213	1,304,034		500	
	Code letter - G								
1	RADIOLOGY ADMIN COSTS	H	Radiology-Diagnostic	54	293,098	82,066		1	
2								2	
3								3	
4								4	
500	Total reclassifications				293,098	82,066		500	
	Code letter - H								
1	PROFESSIONAL FEES	I	Administrative & General	5		82,775		1	
2								2	
500	Total reclassifications					82,775		500	
	Code letter - I								
1	HHA OVERHEAD COSTS	J	Home Health Agency	101	158,734	48,414		1	
500	Total reclassifications				158,734	48,414		500	
	Code letter - J								
1	PROPERTY INSURANCE	K	Administrative & General	5		239,631	9	1	
2							9	2	
500	Total reclassifications					239,631		500	
	Code letter - K								
1	NURSERY COSTS	L	Adults & Pediatrics	30	948,382	344,745		1	
500	Total reclassifications				948,382	344,745		500	
	Code letter - L								
1	DIRECTOR FEES	M	Administrative & General	5		552,575		1	
2								2	
3								3	

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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	
4							4	
5							5	
6							6	
7							7	
8							8	
500	Total reclassifications					552,575	500	
	Code letter - M							
1	CARDIAC ADMIN	N	Electrocardiology	69	308,428	103,130	1	
2							2	
3							3	
500	Total reclassifications				308,428	103,130	500	
	Code letter - N							
1	INTERSN RESIDENTS	O	I&R Services-Salary & Fringes	21	486,808		1	
2			I&R Services-Other Prgm Costs	22		1,386,610	2	
500	Total reclassifications				486,808	1,386,610	500	
	Code letter - O							
1	ONCOLOGY COSTS	P	Adults & Pediatrics	30	2,547,206	904,077	1	
500	Total reclassifications				2,547,206	904,077	500	
	Code letter - P							
1	CHICAGO HEIGHTS POB COSTS	S	Cap Rel Costs-Bldg & Fixt	1		112,003	9	
2			Cap Rel Costs-Mvble Equip	2		4,003	9	
3			Operation of Plant	7		339,627	3	
500	Total reclassifications					455,633	500	
	Code letter - S							
1	IMPLANT SUPPLY COSTS	T	Operating Room	50		3,552,350	1	
2			Cardiac Catheterization	59		2,484,724	2	
500	Total reclassifications					6,037,074	500	
	Code letter - T							
	GRAND TOTAL (Decreases)				7,106,813	44,384,872		

(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	4,260,223	26,100		26,100		4,286,323		2
3	Buildings and Fixtures	214,404,502	2,448,845		2,448,845		216,853,347		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	86,789,162	7,408,468		7,408,468	1,612,978	92,584,652		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	312,774,387	9,883,413		9,883,413	1,612,978	321,044,822		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	312,774,387	9,883,413		9,883,413	1,612,978	321,044,822		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	12,585,005						12,585,005	1	
2	Cap Rel Costs-Mvble Equip	5,724,721						5,724,721	2	
3	Total (sum of lines 1-2)	18,309,726						18,309,726	3	

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		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	19,434,995						19,434,995	1	
2	Cap Rel Costs-Mvble Equip	6,671,363						6,671,363	2	
3	Total (sum of lines 1-2)	26,106,358						26,106,358	3	

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

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref.
				COST CENTER	LINE#		
		1	2	3	4	5	
1	Investment income-buildings & fixtures (chapter 2)	B	-261,037	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	-275,108	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	-13,502,651				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	11,073,880				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	-182,849	Central Services & Supply	14		16
17	Sale of drugs to other than patients	B	-216,934	Pharmacy	15		17
18	Sale of medical records and abstracts	B	-1,338	Medical Records & Library	16		18
19	Nursing and allied health education (tuition, fees, books, etc.)						19
20	Vending machines	B	-48,676	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	-1,040,655	Cafeteria	11		33.05
33.15	PATIENT PHONE COSTS	A	-139,998	Administrative & General	5		33.15
33.17	PATIENT TV COSTS	A	-3,647	Cap Rel Costs-Mvble Equip	2	9	33.17
33.18	PATIENT TV COSTS/REPAIRS	A	-6,715	Administrative & General	5		33.18
33.19	PROPERTY TAXES	A	-858,672	Operation of Plant	7		33.19
33.20	PROPERTY TAXES	A	-204,870	Administrative & General	5		33.20
33.45	1500 FEES	A	-12,644	Administrative & General	5		33.45
33.46	PHYSICIAN SUBSIDIES	A	-488,530	Administrative & General	5		33.46
33.61	MARKETING COSTS	A	-1,686,423	Administrative & General	5		33.61
33.73	PRINT SHOP FEES	B	-487	Administrative & General	5		33.73
33.78	TELECOMMUNICATIONS REVENUE	B	-63,955	Administrative & General	5		33.78
33.79	BABY PHOTOS	B	-648	Adults & Pediatrics	30		33.79
33.82	RADIOLOGY PROGRAM FEES	B	-84,157	Radiology-Diagnostic	54		33.82
33.87	NON-ALLOWABLE ADMIN EXPENSES	A	-204,163	Administrative & General	5		33.87
33.89	INTEREST EXPENSE	A	-1,626,823	Cap Rel Costs-Bldg & Fixt	1	9	33.89
33.95	EMPLOYEE BADGES	B	-20	Administrative & General	5		33.95
33.96	HHA OTHER REVENUE	B	-3,193	Home Health Agency	101		33.96
33.98	SPECIAL FUNCTION MEALS	B	-4,813	Dietary	10		33.98
34	OTHER REVENUE	B	-5,175	Electrocardiology	69		34
34.01	DIETARY DISCOUNTS/REBATES	B	-236,375	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	-44,458	Administrative & General	5		34.09
34.11	MEDICAID TAX	A	-15,325,211	Administrative & General	5		34.11
34.17	RESEARCH COSTS	A	-6,615	Operating Room	50		34.17
34.18	OTHER REVENUE	B	-26	Clinic	90		34.18
34.19	PENSION COSTS	A	1,946,207	Employee Benefits Department	4		34.19
34.20	PHARMACY RETAIL SALES	B	-2,933	Pharmacy	15		34.20
34.21	REBATES AND DISCOUNTS	B	-303,146	Operating Room	50		34.21
34.22	OTHER REVENUE	B	-21,965	Laboratory	60		34.22
34.23	OTHER REVENUE	B	-7,218	Respiratory Therapy	65		34.23
35	DIABETES COSTS	A	-259	Administrative & General	5		35
35.15	MISC REVENUE	B	-18,670	Cardiac Catheterization	59		35.15

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	
35.16	LOBBYING COSTS	A	-352,031	Administrative & General	5		35.16
35.17	NON ALLOWABLE DUES	A	-66,721	Administrative & General	5		35.17
36							36
37							37
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)		-24,767,378				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	4,421,059		4,421,059	9	1
2	15	Pharmacy	HOME OFFICE PHARMACY COST	582,101	553,644	28,457		2
3	5	Administrative & General	ADMIN/INFO SVCS	30,447,720	24,716,000	5,731,720		3
3.01	1	Cap Rel Costs-Bldg & Fixt	HOME OFFICE INTEREST INCO	4,141,378	5,098,783	-957,405	9	3.01
3.02	16	Medical Records & Library	MEDICAL RECORDS COSTS	1,850,049		1,850,049		3.02
4								4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			41,442,307	30,368,427	11,073,880		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	6,596,934	6,293,071	303,863	177,200	2,178	185,549	9,277	1
2	30	Adults & Pediatrics AGGREGATE	1,419,893	1,340,580	79,313	165,600	661	52,626	2,631	2
3	31	Intensive Care Unit AGGREGATE	36,250		36,250	165,600	406	32,324	1,616	3
4	41	Subprovider - IRF AGGREGATE	3,100		3,100	177,200	26	2,215	111	4
5	50	Operating Room AGGREGATE	302,032		302,032	208,000	1	100	5	5
6	22	I&R Services-Other P AGGREGATE	1,762,529		1,762,529	177,200	1	85	4	6
7	54	Radiology-Diagnostic AGGREGATE	35,140	35,140						7
8	60	Laboratory AGGREGATE	48,000		48,000	215,700	433	44,903	2,245	8
9	50.02	SURGERY RECOVERY CEN AGGREGATE	6,840		6,840	208,000	57	5,700	285	9
10	69	Electrocardiology AGGREGATE	2,080		2,080	177,200	17	1,448	72	10
11	65.01	SLEEP LAB AGGREGATE	31,400		31,400	177,200	262	22,320	1,116	11
12	90	Clinic AGGREGATE	85,129	85,129						12
13	76.01	OP ONCOLOGY AGGREGATE	59,880		59,880	177,200	499	42,511	2,126	13
14	76.97	CARDIAC REHABILITATI AGGREGATE	4,725		4,725	177,200	39	3,323	166	14
15	53	Anesthesiology AGGREGATE	3,437,283	3,437,283						15
16	91	Emergency AGGREGATE	61,200		61,200	177,200	1	85	4	16
17	57	CT Scan AGGREGATE	3,425	3,425						17
18										18
19										19
20										20
200		TOTAL	13,895,840	11,194,628	2,701,212		4,581	393,189	19,658	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					185,549	118,314	6,411,385	1
2	30	Adults & Pediatrics AGGREGATE					52,626	26,687	1,367,267	2
3	31	Intensive Care Unit AGGREGATE					32,324	3,926	3,926	3
4	41	Subprovider - IRF AGGREGATE					2,215	885	885	4
5	50	Operating Room AGGREGATE					100	301,932	301,932	5
6	22	I&R Services-Other P AGGREGATE					85	1,762,444	1,762,444	6
7	54	Radiology-Diagnostic AGGREGATE							35,140	7
8	60	Laboratory AGGREGATE					44,903	3,097	3,097	8
9	50.02	SURGERY RECOVERY CEN AGGREGATE					5,700	1,140	1,140	9
10	69	Electrocardiology AGGREGATE					1,448	632	632	10
11	65.01	SLEEP LAB AGGREGATE					22,320	9,080	9,080	11
12	90	Clinic AGGREGATE							85,129	12
13	76.01	OP ONCOLOGY AGGREGATE					42,511	17,369	17,369	13
14	76.97	CARDIAC REHABILITATI AGGREGATE					3,323	1,402	1,402	14
15	53	Anesthesiology AGGREGATE							3,437,283	15
16	91	Emergency AGGREGATE					85	61,115	61,115	16
17	57	CT Scan AGGREGATE							3,425	17
18										18
19										19
20										20
200		TOTAL					393,189	2,308,023	13,502,651	200

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FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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	19,434,995	19,434,995					1
2	Cap Rel Costs-Mvble Equip	6,671,363		6,671,363				2
4	Employee Benefits Department	4,342,331	61,744	21,195	4,425,270			4
5	Administrative & General	66,197,717	2,339,599	803,104	619,006	69,959,426	69,959,426	5
6	Maintenance & Repairs							6
7	Operation of Plant	12,366,529	3,292,658	1,130,256	121,782	16,911,225	5,542,400	7
8	Laundry & Linen Service	1,208,492	65,427	22,459	8,484	1,304,862	427,649	8
9	Housekeeping	4,110,446	441,287	151,479	114,467	4,817,679	1,578,922	9
10	Dietary	529,335	156,252	53,636	24,065	763,288	250,156	10
11	Cafeteria	2,126,274	560,477	192,392	89,304	2,968,447	972,864	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,879,163	100,738	34,580	68,762	2,083,243	682,752	13
14	Central Services & Supply	934,010	324,287	111,317	33,618	1,403,232	459,888	14
15	Pharmacy	4,015,674	140,627	48,272	132,283	4,336,856	1,421,340	15
16	Medical Records & Library	5,684,900	119,826	41,132	110,350	5,956,208	1,952,058	16
17	Social Service	606,175	11,923	4,093	22,585	644,776	211,316	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	6,340,347	170,344	58,473	236,060	6,805,224	2,230,310	21
22	I&R Services-Other Prgm Costs Apprvd	1,156,036			23,198	1,179,234	386,476	22
23	Paramed Ed Prgm-(specify)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	20,730,759	2,876,489	987,399	726,501	25,321,148	8,298,691	30
31	Intensive Care Unit	9,441,604	608,248	208,791	295,022	10,553,665	3,458,805	31
41	Subprovider - IRF	2,079,218	176,734	60,667	74,822	2,391,441	783,759	41
43	Nursery	1,293,127	125,101	42,943	45,193	1,506,364	493,688	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	7,624,471	1,060,463	364,020	212,187	9,261,141	3,035,200	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER	778,304				778,304	255,077	50.02
51	Recovery Room	1,250,198	94,607	32,475	47,533	1,424,813	466,961	51
53	Anesthesiology	233,116	56,310	19,329		308,755	101,190	53
54	Radiology-Diagnostic	2,877,966	857,475	294,342	105,615	4,135,398	1,355,315	54
54.01	BREAST DIAGNOSIS CENTER	1,092,727	145,304	49,878	33,701	1,321,610	433,138	54.01
55	Radiology-Therapeutic	1,540,039	178,127	61,145	36,330	1,815,641	595,049	55
56	Radioisotope	1,193,403	61,506	21,113	25,734	1,301,756	426,631	56
57	CT Scan	1,951,176	41,760	14,335	49,791	2,057,062	674,171	57
58	MRI	1,279,577	106,371	36,513	32,966	1,455,427	476,994	58
59	Cardiac Catheterization	2,907,810	256,472	88,038	88,541	3,340,861	1,094,917	59
60	Laboratory	10,573,879	585,656	201,036		11,360,571	3,723,257	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,618,210	82,704	28,389	91,863	2,821,166	924,595	65
65.01	SLEEP LAB	447,863	40,028	13,740	15,299	516,930	169,416	65.01
66	Physical Therapy	2,420,932	361,410	124,060	1,767	2,908,169	953,109	66
66.01	OP PHYSICAL THERAPY	1,735,423	9,952	3,416		1,748,791	573,140	66.01
66.02	OP THERAPY SERVICES	2,390,743				2,390,743	783,530	66.02
67	Occupational Therapy	968,924	131,948	45,293		1,146,165	375,638	67
68	Speech Pathology	475,143	51,673	17,737	17,062	561,615	184,061	68
69	Electrocardiology	1,412,725	565,453	194,100	50,534	2,222,812	728,493	69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES	422,798	19,905	6,833	15,436	464,972	152,388	69.02
70	Electroencephalography	162,474	26,971	9,258	5,682	204,385	66,984	70
71	Medical Supplies Charged to Patients	9,353,500				9,353,500	3,065,469	71
72	Impl. Dev. Charged to Patients	6,037,074				6,037,074	1,978,560	72
73	Drugs Charged to Patients	16,779,861				16,779,861	5,499,348	73
74	Renal Dialysis	1,363,894	20,840	7,154		1,391,888	456,170	74
75	ASC (Non-Distinct Part)	1,873,372	543,319	186,503	73,945	2,677,139	877,392	75
76	WOUND CARE							76
76.01	OP ONCOLOGY	4,328,386	74,065	25,424	150,489	4,578,364	1,500,490	76.01
76.97	CARDIAC REHABILITATION	915,739			33,330	949,069	311,043	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,728,159	49,762	17,081	69,739	2,864,741	938,876	90
90.01	DIABETES CENTER							90.01
91	Emergency	10,903,419	753,214	258,552	357,452	12,272,637	4,022,173	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	3,559,862			93,499	3,653,361	1,197,334	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)	ADMINIS-TRATIVE & GENERAL	
		0	1	2	4	4A	5	
118	SUBTOTALS (sum of lines 1-117)	275,349,662	17,747,056	6,091,952	4,353,997	273,011,039	66,547,183	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	325,371	106,072	36,411	2,243	470,097	154,067	190
191	Research	27,514			1,018	28,532	9,351	191
192	Physicians' Private Offices	7,680,593	1,581,867	543,000	67,242	9,872,702	3,235,630	192
193	Nonpaid Workers	36,117			770	36,887	12,089	193
194	DEVELOPMENT	3,374				3,374	1,106	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)	283,422,631	19,434,995	6,671,363	4,425,270	283,422,631	69,959,426	202

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FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	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	22,453,625						7
8	Laundry & Linen Service	106,911	1,839,422					8
9	Housekeeping	721,090		7,117,691				9
10	Dietary	255,325		84,036	1,352,805			10
11	Cafeteria	915,853		301,437		5,158,601		11
12	Maintenance of Personnel							12
13	Nursing Administration	164,612		54,179		75,002	3,059,788	13
14	Central Services & Supply	529,906		174,409		83,331		14
15	Pharmacy	229,793		75,632		160,791		15
16	Medical Records & Library	195,804		64,445		50,578		16
17	Social Service	19,483		6,412		33,473		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	278,353		91,615		731,715		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	4,700,357	1,322,625	1,547,041	972,729	1,151,165	1,115,470	30
31	Intensive Care Unit	993,914	270,623	327,129	199,030	385,910	373,945	31
41	Subprovider - IRF	288,794	102,920	95,051	75,693	107,567	104,231	41
43	Nursery	204,423		67,282		57,294	55,518	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,732,861		570,341		346,419	335,678	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER							50.02
51	Recovery Room	154,594		50,882		52,469	50,842	51
53	Anesthesiology	92,015		30,285				53
54	Radiology-Diagnostic	1,401,166		461,169		153,338		54
54.01	BREAST DIAGNOSIS CENTER	237,436		78,148		58,374		54.01
55	Radiology-Therapeutic	291,071		95,801		42,463		55
56	Radioisotope	100,504		33,079		28,697		56
57	CT Scan	68,239		22,459		63,526		57
58	MRI	173,816		57,209		44,938		58
59	Cardiac Catheterization	419,091		137,936		102,389		59
60	Laboratory	956,998		314,979				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	135,143		44,480		129,084	125,082	65
65.01	SLEEP LAB	65,409		21,528		23,304		65.01
66	Physical Therapy	590,566		194,374		3,543		66
66.01	OP PHYSICAL THERAPY	16,263		5,353				66.01
66.02	OP THERAPY SERVICES							66.02
67	Occupational Therapy	215,612		70,965				67
68	Speech Pathology	84,436		27,791		18,322		68
69	Electrocardiology	923,985		304,113		65,370	63,344	69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES	32,526		10,705		15,316		69.02
70	Electroencephalography	44,072		14,506		9,592	9,295	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	34,054		11,208				74
75	ASC (Non-Distinct Part)	887,816		292,209		87,794	85,072	75
76	WOUND CARE							76
76.01	OP ONCOLOGY	121,027		39,834		237,883	230,508	76.01
76.97	CARDIAC REHABILITATION					44,745		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	81,314		26,763		42,910		90
90.01	DIABETES CENTER							90.01
91	Emergency	1,230,798		405,095		527,147	510,803	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency					111,337		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	19,695,430	1,696,168	6,209,880	1,247,452	5,045,786	3,059,788	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	173,328		57,048		11,756		190
191	Research					2,111		191
192	Physicians' Private Offices	2,584,867	143,254	850,763	105,353	96,665		192
193	Nonpaid Workers					2,283		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)	22,453,625	1,839,422	7,117,691	1,352,805	5,158,601	3,059,788	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	2,650,766						14
15	Pharmacy	3,759	6,228,171					15
16	Medical Records & Library	9		8,219,102				16
17	Social Service				915,460			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					10,137,217		21
22	I&R Services-Other Prgm Costs Apprvd						1,565,710	22
23	Paramed Ed Prgm-(specify)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	112,049	8,776	710,870	678,160	9,982,318	1,541,786	30
31	Intensive Care Unit	52,166	6,998	181,024	138,758			31
41	Subprovider - IRF	4,820	877	37,464	52,771	154,899	23,924	41
43	Nursery			39,419				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	93,264	6,777	477,018				50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER	55		11,967				50.02
51	Recovery Room	2,305	30	76,697				51
53	Anesthesiology	26,919	918	183,777				53
54	Radiology-Diagnostic	2,419	20	313,694				54
54.01	BREAST DIAGNOSIS CENTER	8,104	20	59,205				54.01
55	Radiology-Therapeutic	1,308	1,212	89,384				55
56	Radioisotope	57,892	316	141,595				56
57	CT Scan	16,238	765	883,839				57
58	MRI	12,248	332	190,692				58
59	Cardiac Catheterization	2,598	453	307,843				59
60	Laboratory	126,547		818,687				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	99	26,832	394,554				65
65.01	SLEEP LAB	1,202		33,344				65.01
66	Physical Therapy	2,145	5	101,045				66
66.01	OP PHYSICAL THERAPY	1,902		69,819				66.01
66.02	OP THERAPY SERVICES	3,788	27	102,979				66.02
67	Occupational Therapy	2,932		41,893				67
68	Speech Pathology			20,434				68
69	Electrocardiology	2,010		224,842				69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES	715		40,815				69.02
70	Electroencephalography	970		11,230				70
71	Medical Supplies Charged to Patients	1,187,831		220,497				71
72	Impl. Dev. Charged to Patients	766,660		131,017				72
73	Drugs Charged to Patients		6,121,556	966,454				73
74	Renal Dialysis	2,138		36,088				74
75	ASC (Non-Distinct Part)	8,321	43	36,878				75
76	WOUND CARE							76
76.01	OP ONCOLOGY	5,465	713	173,444				76.01
76.97	CARDIAC REHABILITATION	316		21,783				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,562	45,311	26,231				90
90.01	DIABETES CENTER							90.01
91	Emergency	99,366	3,167	979,358	45,771			91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	11,119	503	63,222				101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	2,621,241	6,225,651	8,219,102	915,460	10,137,217	1,565,710	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	5						190
191	Research	16,529						191
192	Physicians' Private Offices	12,991	2,520					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)	2,650,766	6,228,171	8,219,102	915,460	10,137,217	1,565,710	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	57,463,185	-11,524,104	45,939,081		30
31	Intensive Care Unit	16,941,967		16,941,967		31
41	Subprovider - IRF	4,224,211	-178,823	4,045,388		41
43	Nursery	2,423,988		2,423,988		43
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	15,858,699		15,858,699		50
50.01	SURGICENTER					50.01
50.02	SURGERY RECOVERY CENTER	1,045,403		1,045,403		50.02
51	Recovery Room	2,279,593		2,279,593		51
53	Anesthesiology	743,859		743,859		53
54	Radiology-Diagnostic	7,822,519		7,822,519		54
54.01	BREAST DIAGNOSIS CENTER	2,196,035		2,196,035		54.01
55	Radiology-Therapeutic	2,931,929		2,931,929		55
56	Radioisotope	2,090,470		2,090,470		56
57	CT Scan	3,786,299		3,786,299		57
58	MRI	2,411,656		2,411,656		58
59	Cardiac Catheterization	5,406,088		5,406,088		59
60	Laboratory	17,301,039		17,301,039		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	4,601,035		4,601,035		65
65.01	SLEEP LAB	831,133		831,133		65.01
66	Physical Therapy	4,752,956		4,752,956		66
66.01	OP PHYSICAL THERAPY	2,415,268		2,415,268		66.01
66.02	OP THERAPY SERVICES	3,281,067		3,281,067		66.02
67	Occupational Therapy	1,853,205		1,853,205		67
68	Speech Pathology	896,659		896,659		68
69	Electrocardiology	4,534,969		4,534,969		69
69.01	EP LAB					69.01
69.02	VASCULAR SERVICES	717,437		717,437		69.02
70	Electroencephalography	361,034		361,034		70
71	Medical Supplies Charged to Patients	13,827,297		13,827,297		71
72	Impl. Dev. Charged to Patients	8,913,311		8,913,311		72
73	Drugs Charged to Patients	29,367,219		29,367,219		73
74	Renal Dialysis	1,931,546		1,931,546		74
75	ASC (Non-Distinct Part)	4,952,664		4,952,664		75
76	WOUND CARE					76
76.01	OP ONCOLOGY	6,887,728		6,887,728		76.01
76.97	CARDIAC REHABILITATION	1,326,956		1,326,956		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic	4,027,708		4,027,708		90
90.01	DIABETES CENTER					90.01
91	Emergency	20,096,315		20,096,315		91
92	Observation Beds (Non-Distinct Part)					92
	OTHER REIMBURSABLE COST CENTERS					
101	Home Health Agency	5,036,876		5,036,876		101
	SPECIAL PURPOSE COST CENTERS					
113	Interest Expense					113
118	SUBTOTALS (sum of lines 1-117)	265,539,323	-11,702,927	253,836,396		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	866,301		866,301			190
191	Research	56,523		56,523			191
192	Physicians' Private Offices	16,904,745		16,904,745			192
193	Nonpaid Workers	51,259		51,259			193
194	DEVELOPMENT	4,480		4,480			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)	283,422,631	-11,702,927	271,719,704			202

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FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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		61,744	21,195	82,939	82,939		4
5	Administrative & General	2,677,628	2,339,599	803,104	5,820,331	11,600	5,831,931	5
6	Maintenance & Repairs							6
7	Operation of Plant		3,292,658	1,130,256	4,422,914	2,282	462,032	7
8	Laundry & Linen Service		65,427	22,459	87,886	159	35,650	8
9	Housekeeping		441,287	151,479	592,766	2,145	131,624	9
10	Dietary		156,252	53,636	209,888	451	20,854	10
11	Cafeteria		560,477	192,392	752,869	1,674	81,101	11
12	Maintenance of Personnel							12
13	Nursing Administration		100,738	34,580	135,318	1,289	56,916	13
14	Central Services & Supply		324,287	111,317	435,604	630	38,338	14
15	Pharmacy		140,627	48,272	188,899	2,479	118,487	15
16	Medical Records & Library		119,826	41,132	160,958	2,068	162,730	16
17	Social Service		11,923	4,093	16,016	423	17,616	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		170,344	58,473	228,817	4,424	185,926	21
22	I&R Services-Other Prgm Costs Apprvd					435	32,218	22
23	Paramed Ed Prgm-(specify)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		2,876,489	987,399	3,863,888	13,624	691,699	30
31	Intensive Care Unit		608,248	208,791	817,039	5,529	288,337	31
41	Subprovider - IRF		176,734	60,667	237,401	1,402	65,337	41
43	Nursery		125,101	42,943	168,044	847	41,155	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		1,060,463	364,020	1,424,483	3,976	253,024	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER						21,264	50.02
51	Recovery Room		94,607	32,475	127,082	891	38,927	51
53	Anesthesiology		56,310	19,329	75,639		8,435	53
54	Radiology-Diagnostic		857,475	294,342	1,151,817	1,979	112,983	54
54.01	BREAST DIAGNOSIS CENTER		145,304	49,878	195,182	632	36,108	54.01
55	Radiology-Therapeutic		178,127	61,145	239,272	681	49,605	55
56	Radioisotope		61,506	21,113	82,619	482	35,565	56
57	CT Scan		41,760	14,335	56,095	933	56,201	57
58	MRI		106,371	36,513	142,884	618	39,764	58
59	Cardiac Catheterization		256,472	88,038	344,510	1,659	91,276	59
60	Laboratory		585,656	201,036	786,692		310,382	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		82,704	28,389	111,093	1,721	77,077	65
65.01	SLEEP LAB		40,028	13,740	53,768	287	14,123	65.01
66	Physical Therapy		361,410	124,060	485,470	33	79,454	66
66.01	OP PHYSICAL THERAPY		9,952	3,416	13,368		47,779	66.01
66.02	OP THERAPY SERVICES						65,317	66.02
67	Occupational Therapy		131,948	45,293	177,241		31,314	67
68	Speech Pathology		51,673	17,737	69,410	320	15,344	68
69	Electrocardiology		565,453	194,100	759,553	947	60,729	69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES		19,905	6,833	26,738	289	12,704	69.02
70	Electroencephalography		26,971	9,258	36,229	106	5,584	70
71	Medical Supplies Charged to Patients						255,547	71
72	Impl. Dev. Charged to Patients						164,939	72
73	Drugs Charged to Patients						458,443	73
74	Renal Dialysis		20,840	7,154	27,994		38,028	74
75	ASC (Non-Distinct Part)		543,319	186,503	729,822	1,386	73,142	75
76	WOUND CARE							76
76.01	OP ONCOLOGY		74,065	25,424	99,489	2,820	125,085	76.01
76.97	CARDIAC REHABILITATION					625	25,930	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		49,762	17,081	66,843	1,307	78,268	90
90.01	DIABETES CENTER							90.01
91	Emergency		753,214	258,552	1,011,766	6,699	335,301	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency					1,752	99,813	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	2,677,628	17,747,056	6,091,952	26,516,636	81,604	5,547,475	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		106,072	36,411	142,483	42	12,844	190
191	Research					19	780	191
192	Physicians' Private Offices		1,581,867	543,000	2,124,867	1,260	269,732	192
193	Nonpaid Workers					14	1,008	193
194	DEVELOPMENT						92	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	19,434,995	6,671,363	28,783,986	82,939	5,831,931	202

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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	4,887,228						7
8	Laundry & Linen Service	23,270	146,965					8
9	Housekeeping	156,952		883,487				9
10	Dietary	55,574		10,431	297,198			10
11	Cafeteria	199,343		37,416		1,072,403		11
12	Maintenance of Personnel							12
13	Nursing Administration	35,829		6,725		15,592	251,669	13
14	Central Services & Supply	115,339		21,649		17,323		14
15	Pharmacy	50,016		9,388		33,426		15
16	Medical Records & Library	42,618		7,999		10,515		16
17	Social Service	4,241		796		6,959		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	60,586		11,372		152,113		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	1,023,073	105,674	192,027	213,699	239,310	91,749	30
31	Intensive Care Unit	216,334	21,622	40,605	43,725	80,225	30,757	31
41	Subprovider - IRF	62,859	8,223	11,798	16,629	22,362	8,573	41
43	Nursery	44,494		8,351		11,911	4,566	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	377,172		70,794		72,016	27,610	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER							50.02
51	Recovery Room	33,649		6,316		10,908	4,182	51
53	Anesthesiology	20,028		3,759				53
54	Radiology-Diagnostic	304,976		57,243		31,877		54
54.01	BREAST DIAGNOSIS CENTER	51,680		9,700		12,135		54.01
55	Radiology-Therapeutic	63,354		11,891		8,827		55
56	Radioisotope	21,876		4,106		5,966		56
57	CT Scan	14,853		2,788		13,206		57
58	MRI	37,833		7,101		9,342		58
59	Cardiac Catheterization	91,219		17,121		21,285		59
60	Laboratory	208,299		39,097				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	29,415		5,521		26,835	10,288	65
65.01	SLEEP LAB	14,237		2,672		4,845		65.01
66	Physical Therapy	128,542		24,127		737		66
66.01	OP PHYSICAL THERAPY	3,540		664				66.01
66.02	OP THERAPY SERVICES							66.02
67	Occupational Therapy	46,930		8,809				67
68	Speech Pathology	18,378		3,450		3,809		68
69	Electrocardiology	201,113		37,748		13,590	5,210	69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES	7,079		1,329		3,184		69.02
70	Electroencephalography	9,593		1,801		1,994	764	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	7,412		1,391				74
75	ASC (Non-Distinct Part)	193,241		36,271		18,251	6,997	75
76	WOUND CARE							76
76.01	OP ONCOLOGY	26,343		4,944		49,453	18,959	76.01
76.97	CARDIAC REHABILITATION					9,302		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	17,699		3,322		8,920		90
90.01	DIABETES CENTER							90.01
91	Emergency	267,894		50,283		109,587	42,014	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency					23,145		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	4,286,883	135,519	770,805	274,053	1,048,950	251,669	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 ADMINIS- TRATION	
		7	8	9	10	11	13	
190	Gift, Flower, Coffee Shop & Canteen	37,726		7,081		2,444		190
191	Research					439		191
192	Physicians' Private Offices	562,619	11,446	105,601	23,145	20,095		192
193	Nonpaid Workers					475		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)	4,887,228	146,965	883,487	297,198	1,072,403	251,669	202

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FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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	628,883						14
15	Pharmacy	892	403,587					15
16	Medical Records & Library	2		386,890				16
17	Social Service				46,051			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					643,238		21
22	I&R Services-Other Prgm Costs Apprvd						32,653	22
23	Paramed Ed Prgm-(specify)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	26,583	569	33,455	34,114			30
31	Intensive Care Unit	12,376	453	8,519	6,980			31
41	Subprovider - IRF	1,144	57	1,763	2,655			41
43	Nursery			1,855				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	22,126	439	22,449				50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER	13		563				50.02
51	Recovery Room	547	2	3,610				51
53	Anesthesiology	6,386	59	8,649				53
54	Radiology-Diagnostic	574	1	14,763				54
54.01	BREAST DIAGNOSIS CENTER	1,923	1	2,786				54.01
55	Radiology-Therapeutic	310	79	4,207				55
56	Radioisotope	13,735	20	6,664				56
57	CT Scan	3,852	50	41,595				57
58	MRI	2,906	21	8,974				58
59	Cardiac Catheterization	616	29	14,488				59
60	Laboratory	30,022		38,529				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	24	1,739	18,569				65
65.01	SLEEP LAB	285		1,569				65.01
66	Physical Therapy	509		4,755				66
66.01	OP PHYSICAL THERAPY	451		3,286				66.01
66.02	OP THERAPY SERVICES	899	2	4,846				66.02
67	Occupational Therapy	696		1,972				67
68	Speech Pathology			962				68
69	Electrocardiology	477		10,582				69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES	170		1,921				69.02
70	Electroencephalography	230		529				70
71	Medical Supplies Charged to Patients	281,810		10,377				71
72	Impl. Dev. Charged to Patients	181,885		6,166				72
73	Drugs Charged to Patients		396,680	45,483				73
74	Renal Dialysis	507		1,698				74
75	ASC (Non-Distinct Part)	1,974	3	1,736				75
76	WOUND CARE							76
76.01	OP ONCOLOGY	1,297	46	8,163				76.01
76.97	CARDIAC REHABILITATION	75		1,025				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	371	2,936	1,234				90
90.01	DIABETES CENTER							90.01
91	Emergency	23,574	205	46,173	2,302			91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	2,638	33	2,975				101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	621,879	403,424	386,890	46,051			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	1						190
191	Research	3,921						191
192	Physicians' Private Offices	3,082	163					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					643,238	32,653	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	628,883	403,587	386,890	46,051	643,238	32,653	202

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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	6,529,464		6,529,464		30
31	Intensive Care Unit	1,572,501		1,572,501		31
41	Subprovider - IRF	440,203		440,203		41
43	Nursery	281,223		281,223		43
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	2,274,089		2,274,089		50
50.01	SURGICENTER					50.01
50.02	SURGERY RECOVERY CENTER	21,840		21,840		50.02
51	Recovery Room	226,114		226,114		51
53	Anesthesiology	122,955		122,955		53
54	Radiology-Diagnostic	1,676,213		1,676,213		54
54.01	BREAST DIAGNOSIS CENTER	310,147		310,147		54.01
55	Radiology-Therapeutic	378,226		378,226		55
56	Radioisotope	171,033		171,033		56
57	CT Scan	189,573		189,573		57
58	MRI	249,443		249,443		58
59	Cardiac Catheterization	582,203		582,203		59
60	Laboratory	1,413,021		1,413,021		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	282,282		282,282		65
65.01	SLEEP LAB	91,786		91,786		65.01
66	Physical Therapy	723,627		723,627		66
66.01	OP PHYSICAL THERAPY	69,088		69,088		66.01
66.02	OP THERAPY SERVICES	71,064		71,064		66.02
67	Occupational Therapy	266,962		266,962		67
68	Speech Pathology	111,673		111,673		68
69	Electrocardiology	1,089,949		1,089,949		69
69.01	EP LAB					69.01
69.02	VASCULAR SERVICES	53,414		53,414		69.02
70	Electroencephalography	56,830		56,830		70
71	Medical Supplies Charged to Patients	547,734		547,734		71
72	Impl. Dev. Charged to Patients	352,990		352,990		72
73	Drugs Charged to Patients	900,606		900,606		73
74	Renal Dialysis	77,030		77,030		74
75	ASC (Non-Distinct Part)	1,062,823		1,062,823		75
76	WOUND CARE					76
76.01	OP ONCOLOGY	336,599		336,599		76.01
76.97	CARDIAC REHABILITATION	36,957		36,957		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic	180,900		180,900		90
90.01	DIABETES CENTER					90.01
91	Emergency	1,895,798		1,895,798		91
92	Observation Beds (Non-Distinct Part)					92
	OTHER REIMBURSABLE COST CENTERS					
101	Home Health Agency	130,356		130,356		101
	SPECIAL PURPOSE COST CENTERS					
113	Interest Expense					113
118	SUBTOTALS (sum of lines 1-117)	24,776,716		24,776,716		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	202,621		202,621			190
191	Research	5,159		5,159			191
192	Physicians' Private Offices	3,122,010		3,122,010			192
193	Nonpaid Workers	1,497		1,497			193
194	DEVELOPMENT	92		92			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	675,891		675,891			200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	28,783,986		28,783,986			202

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FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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	976,402						1
2	Cap Rel Costs-Mvble Equip		976,402					2
4	Employee Benefits Department	3,102	3,102	92,865,268				4
5	Administrative & General	117,540	117,540	12,989,867	-69,959,426	213,463,205		5
6	Maintenance & Repairs							6
7	Operation of Plant	165,421	165,421	2,555,600		16,911,225	690,339	7
8	Laundry & Linen Service	3,287	3,287	178,032		1,304,862	3,287	8
9	Housekeeping	22,170	22,170	2,402,092		4,817,679	22,170	9
10	Dietary	7,850	7,850	505,006		763,288	7,850	10
11	Cafeteria	28,158	28,158	1,874,047		2,968,447	28,158	11
12	Maintenance of Personnel							12
13	Nursing Administration	5,061	5,061	1,442,983		2,083,243	5,061	13
14	Central Services & Supply	16,292	16,292	705,483		1,403,232	16,292	14
15	Pharmacy	7,065	7,065	2,775,958		4,336,856	7,065	15
16	Medical Records & Library	6,020	6,020	2,315,694		5,956,208	6,020	16
17	Social Service	599	599	473,944		644,776	599	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	8,558	8,558	4,953,737		6,805,224	8,558	21
22	I&R Services-Other Prgm Costs Apprvd			486,808		1,179,234		22
23	Paramed Ed Prgm-(specify)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	144,513	144,513	15,246,377		25,321,148	144,513	30
31	Intensive Care Unit	30,558	30,558	6,191,042		10,553,665	30,558	31
41	Subprovider - IRF	8,879	8,879	1,570,148		2,391,441	8,879	41
43	Nursery	6,285	6,285	948,382		1,506,364	6,285	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	53,277	53,277	4,452,747		9,261,141	53,277	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER					778,304		50.02
51	Recovery Room	4,753	4,753	997,490		1,424,813	4,753	51
53	Anesthesiology	2,829	2,829			308,755	2,829	53
54	Radiology-Diagnostic	43,079	43,079	2,216,333		4,135,398	43,079	54
54.01	BREAST DIAGNOSIS CENTER	7,300	7,300	707,215		1,321,610	7,300	54.01
55	Radiology-Therapeutic	8,949	8,949	762,387		1,815,641	8,949	55
56	Radioisotope	3,090	3,090	540,036		1,301,756	3,090	56
57	CT Scan	2,098	2,098	1,044,873		2,057,062	2,098	57
58	MRI	5,344	5,344	691,797		1,455,427	5,344	58
59	Cardiac Catheterization	12,885	12,885	1,858,043		3,340,861	12,885	59
60	Laboratory	29,423	29,423			11,360,571	29,423	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	4,155	4,155	1,927,759		2,821,166	4,155	65
65.01	SLEEP LAB	2,011	2,011	321,046		516,930	2,011	65.01
66	Physical Therapy	18,157	18,157	37,081		2,908,169	18,157	66
66.01	OP PHYSICAL THERAPY	500	500			1,748,791	500	66.01
66.02	OP THERAPY SERVICES					2,390,743		66.02
67	Occupational Therapy	6,629	6,629			1,146,165	6,629	67
68	Speech Pathology	2,596	2,596	358,052		561,615	2,596	68
69	Electrocardiology	28,408	28,408	1,060,456		2,222,812	28,408	69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES	1,000	1,000	323,933		464,972	1,000	69.02
70	Electroencephalography	1,355	1,355	119,242		204,385	1,355	70
71	Medical Supplies Charged to Patients					9,353,500		71
72	Impl. Dev. Charged to Patients					6,037,074		72
73	Drugs Charged to Patients					16,779,861		73
74	Renal Dialysis	1,047	1,047			1,391,888	1,047	74
75	ASC (Non-Distinct Part)	27,296	27,296	1,551,737		2,677,139	27,296	75
76	WOUND CARE							76
76.01	OP ONCOLOGY	3,721	3,721	3,158,024		4,578,364	3,721	76.01
76.97	CARDIAC REHABILITATION			699,436		949,069		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	2,500	2,500	1,463,470		2,864,741	2,500	90
90.01	DIABETES CENTER							90.01
91	Emergency	37,841	37,841	7,501,154		12,272,637	37,841	91
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
101	Home Health Agency			1,962,086		3,653,361		101
SPECIAL PURPOSE COST CENTERS								
118	SUBTOTALS (sum of lines 1-117)	891,601	891,601	91,369,597	-69,959,426	203,051,613	605,538	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	5,329	5,329	47,073		470,097	5,329	190
191	Research			21,355		28,532		191
192	Physicians' Private Offices	79,472	79,472	1,411,077		9,872,702	79,472	192
193	Nonpaid Workers			16,166		36,887		193
194	DEVELOPMENT					3,374		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)	19,434,995	6,671,363	4,425,270		69,959,426	22,453,625	202
203	Unit Cost Multiplier (Wkst. B, Part I)	19.904706	6.832599	0.047653		0.327735	32.525506	203
204	Cost to be allocated (Per Wkst. B, Part II)			82,939		5,831,931	4,887,228	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.000893		0.027321	7.079461	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

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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	50,257						8
9	Housekeeping		664,882					9
10	Dietary		7,850	136,830				10
11	Cafeteria		28,158		2,225,986			11
12	Maintenance of Personnel							12
13	Nursing Administration		5,061		32,364	1,362,575		13
14	Central Services & Supply		16,292		35,958		20,873,407	14
15	Pharmacy		7,065		69,383		29,601	15
16	Medical Records & Library		6,020		21,825		69	16
17	Social Service		599		14,444			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		8,558		315,742			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	36,137	144,513	98,387	496,738	496,738	882,332	30
31	Intensive Care Unit	7,394	30,558	20,131	166,524	166,524	410,782	31
41	Subprovider - IRF	2,812	8,879	7,656	46,416	46,416	37,955	41
43	Nursery		6,285		24,723	24,723		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		53,277		149,483	149,483	734,408	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER						435	50.02
51	Recovery Room		4,753		22,641	22,641	18,148	51
53	Anesthesiology		2,829				211,975	53
54	Radiology-Diagnostic		43,079		66,167		19,048	54
54.01	BREAST DIAGNOSIS CENTER		7,300		25,189		63,818	54.01
55	Radiology-Therapeutic		8,949		18,323		10,303	55
56	Radioisotope		3,090		12,383		455,875	56
57	CT Scan		2,098		27,412		127,868	57
58	MRI		5,344		19,391		96,444	58
59	Cardiac Catheterization		12,885		44,182		20,457	59
60	Laboratory		29,423				996,496	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		4,155		55,701	55,701	781	65
65.01	SLEEP LAB		2,011		10,056		9,468	65.01
66	Physical Therapy		18,157		1,529		16,891	66
66.01	OP PHYSICAL THERAPY		500				14,975	66.01
66.02	OP THERAPY SERVICES						29,831	66.02
67	Occupational Therapy		6,629				23,085	67
68	Speech Pathology		2,596		7,906		2	68
69	Electrocardiology		28,408		28,208	28,208	15,829	69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES		1,000		6,609		5,629	69.02
70	Electroencephalography		1,355		4,139	4,139	7,637	70
71	Medical Supplies Charged to Patients						9,353,500	71
72	Impl. Dev. Charged to Patients						6,037,074	72
73	Drugs Charged to Patients							73
74	Renal Dialysis		1,047				16,832	74
75	ASC (Non-Distinct Part)		27,296		37,884	37,884	65,524	75
76	WOUND CARE							76
76.01	OP ONCOLOGY		3,721		102,649	102,649	43,034	76.01
76.97	CARDIAC REHABILITATION				19,308		2,492	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		2,500		18,516		12,301	90
90.01	DIABETES CENTER							90.01
91	Emergency		37,841		227,469	227,469	782,456	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency				48,043		87,556	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	46,343	580,081	126,174	2,177,305	1,362,575	20,640,911	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		5,329		5,073		40	190
191	Research				911		130,156	191
192	Physicians' Private Offices	3,914	79,472	10,656	41,712		102,300	192
193	Nonpaid Workers				985			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)	1,839,422	7,117,691	1,352,805	5,158,601	3,059,788	2,650,766	202
203	Unit Cost Multiplier (Wkst. B, Part I)	36.600314	10.705194	9.886757	2.317445	2.245592	0.126992	203
204	Cost to be allocated (Per Wkst. B, Part II)	146,965	883,487	297,198	1,072,403	251,669	628,883	204
205	Unit Cost Multiplier (Wkst. B, Part II)	2.924269	1.328788	2.172024	0.481765	0.184701	0.030128	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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	17,072,098					15
16	Medical Records & Library		1,158,090,460				16
17	Social Service			48,782			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	24,055	100,164,890	36,137	184,954	184,954	30
31	Intensive Care Unit	19,183	25,507,074	7,394			31
41	Subprovider - IRF	2,403	5,278,786	2,812	2,870	2,870	41
43	Nursery		5,554,251				43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	18,576	67,214,005				50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER		1,686,248				50.02
51	Recovery Room	83	10,806,950				51
53	Anesthesiology	2,515	25,895,023				53
54	Radiology-Diagnostic	54	44,200,939				54
54.01	BREAST DIAGNOSIS CENTER	54	8,342,253				54.01
55	Radiology-Therapeutic	3,321	12,594,627				55
56	Radioisotope	865	19,951,367				56
57	CT Scan	2,096	124,537,043				57
58	MRI	909	26,869,340				58
59	Cardiac Catheterization	1,241	43,376,555				59
60	Laboratory		115,356,835				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	73,549	55,594,424				65
65.01	SLEEP LAB		4,698,256				65.01
66	Physical Therapy	14	14,237,643				66
66.01	OP PHYSICAL THERAPY		9,837,807				66.01
66.02	OP THERAPY SERVICES	75	14,510,259				66.02
67	Occupational Therapy		5,902,934				67
68	Speech Pathology		2,879,188				68
69	Electrocardiology		31,681,329				69
69.01	EP LAB						69.01
69.02	VASCULAR SERVICES		5,751,058				69.02
70	Electroencephalography		1,582,410				70
71	Medical Supplies Charged to Patients		31,069,063				71
72	Impl. Dev. Charged to Patients		18,460,882				72
73	Drugs Charged to Patients	16,779,861	136,177,831				73
74	Renal Dialysis		5,084,992				74
75	ASC (Non-Distinct Part)	117	5,196,295				75
76	WOUND CARE						76
76.01	OP ONCOLOGY	1,955	24,439,080				76.01
76.97	CARDIAC REHABILITATION		3,069,267				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	124,203	3,696,092				90
90.01	DIABETES CENTER						90.01
91	Emergency	8,681	137,977,153	2,439			91
92	Observation Beds (Non-Distinct Part)						92
OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	1,380	8,908,311				101
SPECIAL PURPOSE COST CENTERS							

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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)	17,065,190	1,158,090,460	48,782	187,824	187,824		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices	6,908						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)	6,228,171	8,219,102	915,460	10,137,217	1,565,710		202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.364816	0.007097	18.766348	53.971894	8.336049		203
204	Cost to be allocated (Per Wkst. B, Part II)	403,587	386,890	46,051	643,238	32,653		204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.023640	0.000334	0.944016	3.424685	0.173849		205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		CODE	LINE NO.	AMOUNT
	1	2	3	4

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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	45,939,081		45,939,081	26,687	45,965,768	30
31	Intensive Care Unit	16,941,967		16,941,967	3,926	16,945,893	31
41	Subprovider - IRF	4,045,388		4,045,388	885	4,046,273	41
43	Nursery	2,423,988		2,423,988		2,423,988	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	15,858,699		15,858,699	301,932	16,160,631	50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER	1,045,403		1,045,403	1,140	1,046,543	50.02
51	Recovery Room	2,279,593		2,279,593		2,279,593	51
53	Anesthesiology	743,859		743,859		743,859	53
54	Radiology-Diagnostic	7,822,519		7,822,519		7,822,519	54
54.01	BREAST DIAGNOSIS CENTER	2,196,035		2,196,035		2,196,035	54.01
55	Radiology-Therapeutic	2,931,929		2,931,929		2,931,929	55
56	Radioisotope	2,090,470		2,090,470		2,090,470	56
57	CT Scan	3,786,299		3,786,299		3,786,299	57
58	MRI	2,411,656		2,411,656		2,411,656	58
59	Cardiac Catheterization	5,406,088		5,406,088		5,406,088	59
60	Laboratory	17,301,039		17,301,039	3,097	17,304,136	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	4,601,035		4,601,035		4,601,035	65
65.01	SLEEP LAB	831,133		831,133	9,080	840,213	65.01
66	Physical Therapy	4,752,956		4,752,956		4,752,956	66
66.01	OP PHYSICAL THERAPY	2,415,268		2,415,268		2,415,268	66.01
66.02	OP THERAPY SERVICES	3,281,067		3,281,067		3,281,067	66.02
67	Occupational Therapy	1,853,205		1,853,205		1,853,205	67
68	Speech Pathology	896,659		896,659		896,659	68
69	Electrocardiology	4,534,969		4,534,969	632	4,535,601	69
69.01	EP LAB						69.01
69.02	VASCULAR SERVICES	717,437		717,437		717,437	69.02
70	Electroencephalography	361,034		361,034		361,034	70
71	Medical Supplies Charged to Patients	13,827,297		13,827,297		13,827,297	71
72	Impl. Dev. Charged to Patients	8,913,311		8,913,311		8,913,311	72
73	Drugs Charged to Patients	29,367,219		29,367,219		29,367,219	73
74	Renal Dialysis	1,931,546		1,931,546		1,931,546	74
75	ASC (Non-Distinct Part)	4,952,664		4,952,664		4,952,664	75
76	WOUND CARE						76
76.01	OP ONCOLOGY	6,887,728		6,887,728	17,369	6,905,097	76.01
76.97	CARDIAC REHABILITATION	1,326,956		1,326,956	1,402	1,328,358	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	4,027,708		4,027,708		4,027,708	90
90.01	DIABETES CENTER						90.01
91	Emergency	20,096,315		20,096,315	61,115	20,157,430	91
92	Observation Beds (Non-Distinct Part)	12,686,805		12,686,805		12,686,805	92
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency	5,036,876		5,036,876		5,036,876	101
113	Interest Expense						113
200	Subtotal (sum of lines 30 thru 199)	266,523,201		266,523,201	427,265	266,950,466	200
201	Less Observation Beds	12,686,805		12,686,805		12,686,805	201
202	Total (line 200 minus line 201)	253,836,396		253,836,396		254,263,661	202

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8				
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	77,666,010		77,666,010				30
31	Intensive Care Unit	25,507,074		25,507,074				31
41	Subprovider - IRF	5,278,786		5,278,786				41
43	Nursery	5,554,251		5,554,251				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	23,142,114	44,071,891	67,214,005	0.235943	0.235943	0.240435	50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER	1,686,248		1,686,248	0.619958	0.619958	0.620634	50.02
51	Recovery Room	4,011,502	6,795,448	10,806,950	0.210938	0.210938	0.210938	51
53	Anesthesiology	8,095,556	17,799,467	25,895,023	0.028726	0.028726	0.028726	53
54	Radiology-Diagnostic	16,364,743	27,836,196	44,200,939	0.176976	0.176976	0.176976	54
54.01	BREAST DIAGNOSIS CENTER	17,032	8,325,221	8,342,253	0.263242	0.263242	0.263242	54.01
55	Radiology-Therapeutic	642,345	11,952,282	12,594,627	0.232792	0.232792	0.232792	55
56	Radioisotope	3,576,397	16,374,970	19,951,367	0.104778	0.104778	0.104778	56
57	CT Scan	37,340,731	87,196,312	124,537,043	0.030403	0.030403	0.030403	57
58	MRI	6,098,477	20,770,863	26,869,340	0.089755	0.089755	0.089755	58
59	Cardiac Catheterization	21,013,580	22,362,975	43,376,555	0.124632	0.124632	0.124632	59
60	Laboratory	65,821,761	49,535,074	115,356,835	0.149978	0.149978	0.150005	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	48,399,698	7,194,726	55,594,424	0.082761	0.082761	0.082761	65
65.01	SLEEP LAB	14,212	4,684,044	4,698,256	0.176902	0.176902	0.178835	65.01
66	Physical Therapy	4,703,425	9,534,218	14,237,643	0.333830	0.333830	0.333830	66
66.01	OP PHYSICAL THERAPY	3,559	9,834,248	9,837,807	0.245509	0.245509	0.245509	66.01
66.02	OP THERAPY SERVICES	6,858	14,503,401	14,510,259	0.226120	0.226120	0.226120	66.02
67	Occupational Therapy	3,769,020	2,133,914	5,902,934	0.313946	0.313946	0.313946	67
68	Speech Pathology	2,181,405	697,783	2,879,188	0.311428	0.311428	0.311428	68
69	Electrocardiology	12,883,614	18,797,715	31,681,329	0.143143	0.143143	0.143163	69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES	2,425,730	3,325,328	5,751,058	0.124749	0.124749	0.124749	69.02
70	Electroencephalography	415,016	1,167,394	1,582,410	0.228155	0.228155	0.228155	70
71	Medical Supplies Charged to Patients	18,552,568	12,516,495	31,069,063	0.445050	0.445050	0.445050	71
72	Impl. Dev. Charged to Patients	11,629,244	6,831,638	18,460,882	0.482822	0.482822	0.482822	72
73	Drugs Charged to Patients	74,756,539	61,421,292	136,177,831	0.215653	0.215653	0.215653	73
74	Renal Dialysis	4,268,952	816,040	5,084,992	0.379852	0.379852	0.379852	74
75	ASC (Non-Distinct Part)	109,928	5,086,367	5,196,295	0.953114	0.953114	0.953114	75
76	WOUND CARE							76
76.01	OP ONCOLOGY	1,081,101	23,357,979	24,439,080	0.281833	0.281833	0.282543	76.01
76.97	CARDIAC REHABILITATION	4,098	3,065,169	3,069,267	0.432336	0.432336	0.432793	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	10,519	3,685,573	3,696,092	1.089721	1.089721	1.089721	90
90.01	DIABETES CENTER							90.01
91	Emergency	26,950,991	111,026,162	137,977,153	0.145650	0.145650	0.146093	91
92	Observation Beds (Non-Distinct Part)	6,635,760	15,863,120	22,498,880	0.563886	0.563886	0.563886	92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		8,908,311	8,908,311				101
113	Interest Expense							113
200	Subtotal (sum of lines 30 thru 199)	520,618,844	637,471,616	1,158,090,460				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	520,618,844	637,471,616	1,158,090,460				202

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	6,529,464		6,529,464	49,731	131.30	17,395	2,283,964	30
31	Intensive Care Unit	1,572,501		1,572,501	7,406	212.33	3,304	701,538	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	440,203		440,203	2,812	156.54	1,925	301,340	41
42	Subprovider I								42
43	Nursery	281,223		281,223	2,711	103.73			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	8,823,391		8,823,391	62,660		22,624	3,286,842	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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	2,274,089	67,214,005	0.033834	9,703,651	328,313	50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER	21,840	1,686,248	0.012952			50.02
51	Recovery Room	226,114	10,806,950	0.020923	1,590,409	33,276	51
53	Anesthesiology	122,955	25,895,023	0.004748	3,126,271	14,844	53
54	Radiology-Diagnostic	1,676,213	44,200,939	0.037923	7,727,554	293,052	54
54.01	BREAST DIAGNOSIS CENTER	310,147	8,342,253	0.037178	11,715	436	54.01
55	Radiology-Therapeutic	378,226	12,594,627	0.030031	278,223	8,355	55
56	Radioisotope	171,033	19,951,367	0.008572	1,740,355	14,918	56
57	CT Scan	189,573	124,537,043	0.001522	17,721,475	26,972	57
58	MRI	249,443	26,869,340	0.009284	2,831,394	26,287	58
59	Cardiac Catheterization	582,203	43,376,555	0.013422	9,639,884	129,387	59
60	Laboratory	1,413,021	115,356,835	0.012249	30,365,361	371,945	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	282,282	55,594,424	0.005078	24,898,874	126,436	65
65.01	SLEEP LAB	91,786	4,698,256	0.019536			65.01
66	Physical Therapy	723,627	14,237,643	0.050825	1,640,560	83,381	66
66.01	OP PHYSICAL THERAPY	69,088	9,837,807	0.007023	1,399	10	66.01
66.02	OP THERAPY SERVICES	71,064	14,510,259	0.004898	4,306	21	66.02
67	Occupational Therapy	266,962	5,902,934	0.045225	1,080,135	48,849	67
68	Speech Pathology	111,673	2,879,188	0.038786	914,974	35,488	68
69	Electrocardiology	1,089,949	31,681,329	0.034404	6,384,069	219,638	69
69.01	EP LAB						69.01
69.02	VASCULAR SERVICES	53,414	5,751,058	0.009288	1,345,928	12,501	69.02
70	Electroencephalography	56,830	1,582,410	0.035914	197,334	7,087	70
71	Medical Supplies Charged to Pat	547,734	31,069,063	0.017630	7,107,012	125,297	71
72	Impl. Dev. Charged to Patients	352,990	18,460,882	0.019121	5,449,569	104,201	72
73	Drugs Charged to Patients	900,606	136,177,831	0.006613	33,033,236	218,449	73
74	Renal Dialysis	77,030	5,084,992	0.015148	2,237,136	33,888	74
75	ASC (Non-Distinct Part)	1,062,823	5,196,295	0.204535	35,317	7,224	75
76	WOUND CARE						76
76.01	OP ONCOLOGY	336,599	24,439,080	0.013773	48,085	662	76.01
76.97	CARDIAC REHABILITATION	36,957	3,069,267	0.012041			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	180,900	3,696,092	0.048944	892	44	90
90.01	DIABETES CENTER						90.01
91	Emergency	1,895,798	137,977,153	0.013740	14,304,108	196,538	91
92	Observation Beds (Non-Distinct	1,802,173	22,498,880	0.080101	3,199,641	256,294	92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	17,625,142	1,035,176,028		186,618,867	2,723,793	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Nursing School Post-Stepdown Adjustments 1A	Nursing School 1	Allied Health Post-Stepdown Adjustments 2A	Allied Health Cost 2	All Other Medical Education Cost 3	Swing-Bed Adjustment Amount (see instructions) 4	Total Costs (sum of cols. 1 through 3 minus col 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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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)	49,731		17,395		30
31	Intensive Care Unit	7,406		3,304		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	2,812		1,925		41
42	Subprovider I					42
43	Nursery	2,711				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	62,660		22,624		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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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	2A	2	3A	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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	67,214,005			9,703,651		12,734,081		50
50.01	SURGICENTER								50.01
50.02	SURGERY RECOVERY CENTER	1,686,248							50.02
51	Recovery Room	10,806,950			1,590,409		1,812,367		51
53	Anesthesiology	25,895,023			3,126,271		5,052,787		53
54	Radiology-Diagnostic	44,200,939			7,727,554		4,980,961		54
54.01	BREAST DIAGNOSIS CENTER	8,342,253			11,715		876,426		54.01
55	Radiology-Therapeutic	12,594,627			278,223		4,350,745		55
56	Radioisotope	19,951,367			1,740,355		6,725,438		56
57	CT Scan	124,537,043			17,721,475		22,490,506		57
58	MRI	26,869,340			2,831,394		5,923,023		58
59	Cardiac Catheterization	43,376,555			9,639,884		11,593,584		59
60	Laboratory	115,356,835			30,365,361		9,902,614		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	55,594,424			24,898,874		1,405,069		65
65.01	SLEEP LAB	4,698,256					1,450,815		65.01
66	Physical Therapy	14,237,643			1,640,560		72,729		66
66.01	OP PHYSICAL THERAPY	9,837,807			1,399		42,479		66.01
66.02	OP THERAPY SERVICES	14,510,259			4,306		61,626		66.02
67	Occupational Therapy	5,902,934			1,080,135		81,065		67
68	Speech Pathology	2,879,188			914,974		62,212		68
69	Electrocardiology	31,681,329			6,384,069		7,814,834		69
69.01	EP LAB								69.01
69.02	VASCULAR SERVICES	5,751,058			1,345,928		1,211,725		69.02
70	Electroencephalography	1,582,410			197,334		328,784		70
71	Medical Supplies Charged to Pat	31,069,063			7,107,012		3,823,903		71
72	Impl. Dev. Charged to Patients	18,460,882			5,449,569		3,387,857		72
73	Drugs Charged to Patients	136,177,831			33,033,236		23,028,972		73
74	Renal Dialysis	5,084,992			2,237,136		414,960		74
75	ASC (Non-Distinct Part)	5,196,295			35,317		1,492,265		75
76	WOUND CARE								76
76.01	OP ONCOLOGY	24,439,080			48,085		6,876,710		76.01
76.97	CARDIAC REHABILITATION	3,069,267							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	3,696,092			892		121,820		90
90.01	DIABETES CENTER								90.01
91	Emergency	137,977,153			14,304,108		16,233,621		91
92	Observation Beds (Non-Distinct	22,498,880			3,199,641		4,027,467		92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,035,176,028			186,618,867		158,381,445		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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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	0.235943	12,734,081			3,004,517		50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER	0.619958						50.02
51	Recovery Room	0.210938	1,812,367			382,297		51
53	Anesthesiology	0.028726	5,052,787			145,146		53
54	Radiology-Diagnostic	0.176976	4,980,961			881,511		54
54.01	BREAST DIAGNOSIS CENTER	0.263242	876,426			230,712		54.01
55	Radiology-Therapeutic	0.232792	4,350,745			1,012,819		55
56	Radioisotope	0.104778	6,725,438			704,678		56
57	CT Scan	0.030403	22,490,506			683,779		57
58	MRI	0.089755	5,923,023			531,621		58
59	Cardiac Catheterization	0.124632	11,593,584			1,444,932		59
60	Laboratory	0.149978	9,902,614			1,485,174		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	0.082761	1,405,069			116,285		65
65.01	SLEEP LAB	0.176902	1,450,815			256,652		65.01
66	Physical Therapy	0.333830	72,729			24,279		66
66.01	OP PHYSICAL THERAPY	0.245509	42,479			10,429		66.01
66.02	OP THERAPY SERVICES	0.226120	61,626			13,935		66.02
67	Occupational Therapy	0.313946	81,065			25,450		67
68	Speech Pathology	0.311428	62,212			19,375		68
69	Electrocardiology	0.143143	7,814,834			1,118,639		69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES	0.124749	1,211,725			151,161		69.02
70	Electroencephalography	0.228155	328,784			75,014		70
71	Medical Supplies Charged to Pat	0.445050	3,823,903			1,701,828		71
72	Impl. Dev. Charged to Patients	0.482822	3,387,857			1,635,732		72
73	Drugs Charged to Patients	0.215653	23,028,972			4,966,267		73
74	Renal Dialysis	0.379852	414,960			157,623		74
75	ASC (Non-Distinct Part)	0.953114	1,492,265			1,422,299		75
76	WOUND CARE							76
76.01	OP ONCOLOGY	0.281833	6,876,710			1,938,084		76.01
76.97	CARDIAC REHABILITATION	0.432336						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1.089721	121,820			132,750		90
90.01	DIABETES CENTER							90.01
91	Emergency	0.145650	16,233,621			2,364,427		91
92	Observation Beds (Non-Distinct	0.563886	4,027,467			2,271,032		92
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)		158,381,445			28,908,447		200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)		158,381,445			28,908,447		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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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	2,274,089	67,214,005	0.033834	5,483	186	50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER	21,840	1,686,248	0.012952			50.02
51	Recovery Room	226,114	10,806,950	0.020923	1,322	28	51
53	Anesthesiology	122,955	25,895,023	0.004748	1,974	9	53
54	Radiology-Diagnostic	1,676,213	44,200,939	0.037923	116,312	4,411	54
54.01	BREAST DIAGNOSIS CENTER	310,147	8,342,253	0.037178			54.01
55	Radiology-Therapeutic	378,226	12,594,627	0.030031			55
56	Radioisotope	171,033	19,951,367	0.008572			56
57	CT Scan	189,573	124,537,043	0.001522	86,285	131	57
58	MRI	249,443	26,869,340	0.009284	45,260	420	58
59	Cardiac Catheterization	582,203	43,376,555	0.013422	34,849	468	59
60	Laboratory	1,413,021	115,356,835	0.012249	635,666	7,786	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	282,282	55,594,424	0.005078	565,986	2,874	65
65.01	SLEEP LAB	91,786	4,698,256	0.019536			65.01
66	Physical Therapy	723,627	14,237,643	0.050825	1,219,255	61,969	66
66.01	OP PHYSICAL THERAPY	69,088	9,837,807	0.007023			66.01
66.02	OP THERAPY SERVICES	71,064	14,510,259	0.004898			66.02
67	Occupational Therapy	266,962	5,902,934	0.045225	1,262,571	57,100	67
68	Speech Pathology	111,673	2,879,188	0.038786	377,033	14,624	68
69	Electrocardiology	1,089,949	31,681,329	0.034404	25,583	880	69
69.01	EP LAB						69.01
69.02	VASCULAR SERVICES	53,414	5,751,058	0.009288			69.02
70	Electroencephalography	56,830	1,582,410	0.035914	2,373	85	70
71	Medical Supplies Charged to Pat	547,734	31,069,063	0.017630	70,035	1,235	71
72	Impl. Dev. Charged to Patients	352,990	18,460,882	0.019121	886	17	72
73	Drugs Charged to Patients	900,606	136,177,831	0.006613	682,817	4,515	73
74	Renal Dialysis	77,030	5,084,992	0.015148	57,948	878	74
75	ASC (Non-Distinct Part)	1,062,823	5,196,295	0.204535			75
76	WOUND CARE						76
76.01	OP ONCOLOGY	336,599	24,439,080	0.013773			76.01
76.97	CARDIAC REHABILITATION	36,957	3,069,267	0.012041			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	180,900	3,696,092	0.048944			90
90.01	DIABETES CENTER						90.01
91	Emergency	1,895,798	137,977,153	0.013740			91
92	Observation Beds (Non-Distinct		22,498,880				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	15,822,969	1,035,176,028		5,191,638	157,616	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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	2A	2	3A	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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	67,214,005			5,483				50
50.01	SURGICENTER								50.01
50.02	SURGERY RECOVERY CENTER	1,686,248							50.02
51	Recovery Room	10,806,950			1,322				51
53	Anesthesiology	25,895,023			1,974				53
54	Radiology-Diagnostic	44,200,939			116,312		550		54
54.01	BREAST DIAGNOSIS CENTER	8,342,253							54.01
55	Radiology-Therapeutic	12,594,627							55
56	Radioisotope	19,951,367							56
57	CT Scan	124,537,043			86,285				57
58	MRI	26,869,340			45,260				58
59	Cardiac Catheterization	43,376,555			34,849				59
60	Laboratory	115,356,835			635,666				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	55,594,424			565,986				65
65.01	SLEEP LAB	4,698,256							65.01
66	Physical Therapy	14,237,643			1,219,255				66
66.01	OP PHYSICAL THERAPY	9,837,807							66.01
66.02	OP THERAPY SERVICES	14,510,259							66.02
67	Occupational Therapy	5,902,934			1,262,571				67
68	Speech Pathology	2,879,188			377,033				68
69	Electrocardiology	31,681,329			25,583				69
69.01	EP LAB								69.01
69.02	VASCULAR SERVICES	5,751,058							69.02
70	Electroencephalography	1,582,410			2,373				70
71	Medical Supplies Charged to Pat	31,069,063			70,035				71
72	Impl. Dev. Charged to Patients	18,460,882			886				72
73	Drugs Charged to Patients	136,177,831			682,817				73
74	Renal Dialysis	5,084,992			57,948				74
75	ASC (Non-Distinct Part)	5,196,295							75
76	WOUND CARE								76
76.01	OP ONCOLOGY	24,439,080							76.01
76.97	CARDIAC REHABILITATION	3,069,267							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	3,696,092							90
90.01	DIABETES CENTER								90.01
91	Emergency	137,977,153							91
92	Observation Beds (Non-Distinct	22,498,880							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,035,176,028			5,191,638		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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T172

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost		
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	0.235943						50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER	0.619958						50.02
51	Recovery Room	0.210938						51
53	Anesthesiology	0.028726						53
54	Radiology-Diagnostic	0.176976	550			97		54
54.01	BREAST DIAGNOSIS CENTER	0.263242						54.01
55	Radiology-Therapeutic	0.232792						55
56	Radioisotope	0.104778						56
57	CT Scan	0.030403						57
58	MRI	0.089755						58
59	Cardiac Catheterization	0.124632						59
60	Laboratory	0.149978						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	0.082761						65
65.01	SLEEP LAB	0.176902						65.01
66	Physical Therapy	0.333830						66
66.01	OP PHYSICAL THERAPY	0.245509						66.01
66.02	OP THERAPY SERVICES	0.226120						66.02
67	Occupational Therapy	0.313946						67
68	Speech Pathology	0.311428						68
69	Electrocardiology	0.143143						69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES	0.124749						69.02
70	Electroencephalography	0.228155						70
71	Medical Supplies Charged to Pat	0.445050						71
72	Impl. Dev. Charged to Patients	0.482822						72
73	Drugs Charged to Patients	0.215653						73
74	Renal Dialysis	0.379852						74
75	ASC (Non-Distinct Part)	0.953114						75
76	WOUND CARE							76
76.01	OP ONCOLOGY	0.281833						76.01
76.97	CARDIAC REHABILITATION	0.432336						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1.089721						90
90.01	DIABETES CENTER							90.01
91	Emergency	0.145650						91
92	Observation Beds (Non-Distinct	0.563886						92
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)		550			97		200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)		550			97		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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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)	6,529,464		6,529,464	49,731	131.30	1,685	221,241	30
31	Intensive Care Unit	1,572,501		1,572,501	7,406	212.33	1,685	357,776	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	440,203		440,203	2,812	156.54	82	12,836	41
42	Subprovider I								42
43	Nursery	281,223		281,223	2,711	103.73	380	39,417	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	8,823,391		8,823,391	62,660		3,832	631,270	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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	2,274,089	67,214,005	0.033834			50
50.01	SURGICENTER						50.01
50.02	SURGERY RECOVERY CENTER	21,840	1,686,248	0.012952			50.02
51	Recovery Room	226,114	10,806,950	0.020923			51
53	Anesthesiology	122,955	25,895,023	0.004748			53
54	Radiology-Diagnostic	1,676,213	44,200,939	0.037923			54
54.01	BREAST DIAGNOSIS CENTER	310,147	8,342,253	0.037178			54.01
55	Radiology-Therapeutic	378,226	12,594,627	0.030031			55
56	Radioisotope	171,033	19,951,367	0.008572			56
57	CT Scan	189,573	124,537,043	0.001522			57
58	MRI	249,443	26,869,340	0.009284			58
59	Cardiac Catheterization	582,203	43,376,555	0.013422			59
60	Laboratory	1,413,021	115,356,835	0.012249			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	282,282	55,594,424	0.005078			65
65.01	SLEEP LAB	91,786	4,698,256	0.019536			65.01
66	Physical Therapy	723,627	14,237,643	0.050825			66
66.01	OP PHYSICAL THERAPY	69,088	9,837,807	0.007023			66.01
66.02	OP THERAPY SERVICES	71,064	14,510,259	0.004898			66.02
67	Occupational Therapy	266,962	5,902,934	0.045225			67
68	Speech Pathology	111,673	2,879,188	0.038786			68
69	Electrocardiology	1,089,949	31,681,329	0.034404			69
69.01	EP LAB						69.01
69.02	VASCULAR SERVICES	53,414	5,751,058	0.009288			69.02
70	Electroencephalography	56,830	1,582,410	0.035914			70
71	Medical Supplies Charged to Pat	547,734	31,069,063	0.017630			71
72	Impl. Dev. Charged to Patients	352,990	18,460,882	0.019121			72
73	Drugs Charged to Patients	900,606	136,177,831	0.006613			73
74	Renal Dialysis	77,030	5,084,992	0.015148			74
75	ASC (Non-Distinct Part)	1,062,823	5,196,295	0.204535			75
76	WOUND CARE						76
76.01	OP ONCOLOGY	336,599	24,439,080	0.013773			76.01
76.97	CARDIAC REHABILITATION	36,957	3,069,267	0.012041			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	180,900	3,696,092	0.048944			90
90.01	DIABETES CENTER						90.01
91	Emergency	1,895,798	137,977,153	0.013740			91
92	Observation Beds (Non-Distinct	1,802,173	22,498,880	0.080101			92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	17,625,142	1,035,176,028				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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Nursing School Post-Stepdown Adjustments 1A	Nursing School 1	Allied Health Post-Stepdown Adjustments 2A	Allied Health Cost 2	All Other Medical Education Cost 3	Swing-Bed Adjustment Amount (see instructions) 4	Total Costs (sum of cols. 1 through 3 minus col 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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6	7	8	9			
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	49,731		1,685		30
31	Intensive Care Unit	7,406		1,685		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	2,812		82		41
42	Subprovider I					42
43	Nursery	2,711		380		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	62,660		3,832		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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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	2A	2	3A	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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	67,214,005							50
50.01	SURGICENTER								50.01
50.02	SURGERY RECOVERY CENTER	1,686,248							50.02
51	Recovery Room	10,806,950							51
53	Anesthesiology	25,895,023							53
54	Radiology-Diagnostic	44,200,939							54
54.01	BREAST DIAGNOSIS CENTER	8,342,253							54.01
55	Radiology-Therapeutic	12,594,627							55
56	Radioisotope	19,951,367							56
57	CT Scan	124,537,043							57
58	MRI	26,869,340							58
59	Cardiac Catheterization	43,376,555							59
60	Laboratory	115,356,835							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	55,594,424							65
65.01	SLEEP LAB	4,698,256							65.01
66	Physical Therapy	14,237,643							66
66.01	OP PHYSICAL THERAPY	9,837,807							66.01
66.02	OP THERAPY SERVICES	14,510,259							66.02
67	Occupational Therapy	5,902,934							67
68	Speech Pathology	2,879,188							68
69	Electrocardiology	31,681,329							69
69.01	EP LAB								69.01
69.02	VASCULAR SERVICES	5,751,058							69.02
70	Electroencephalography	1,582,410							70
71	Medical Supplies Charged to Pat	31,069,063							71
72	Impl. Dev. Charged to Patients	18,460,882							72
73	Drugs Charged to Patients	136,177,831							73
74	Renal Dialysis	5,084,992							74
75	ASC (Non-Distinct Part)	5,196,295							75
76	WOUND CARE								76
76.01	OP ONCOLOGY	24,439,080							76.01
76.97	CARDIAC REHABILITATION	3,069,267							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	3,696,092							90
90.01	DIABETES CENTER								90.01
91	Emergency	137,977,153							91
92	Observation Beds (Non-Distinct	22,498,880							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,035,176,028							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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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	0.235943						50
50.01	SURGICENTER							50.01
50.02	SURGERY RECOVERY CENTER	0.619958						50.02
51	Recovery Room	0.210938						51
53	Anesthesiology	0.028726						53
54	Radiology-Diagnostic	0.176976						54
54.01	BREAST DIAGNOSIS CENTER	0.263242						54.01
55	Radiology-Therapeutic	0.232792						55
56	Radioisotope	0.104778						56
57	CT Scan	0.030403						57
58	MRI	0.089755						58
59	Cardiac Catheterization	0.124632						59
60	Laboratory	0.149978						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	0.082761						65
65.01	SLEEP LAB	0.176902						65.01
66	Physical Therapy	0.333830						66
66.01	OP PHYSICAL THERAPY	0.245509						66.01
66.02	OP THERAPY SERVICES	0.226120						66.02
67	Occupational Therapy	0.313946						67
68	Speech Pathology	0.311428						68
69	Electrocardiology	0.143143						69
69.01	EP LAB							69.01
69.02	VASCULAR SERVICES	0.124749						69.02
70	Electroencephalography	0.228155						70
71	Medical Supplies Charged to Pat	0.445050						71
72	Impl. Dev. Charged to Patients	0.482822						72
73	Drugs Charged to Patients	0.215653						73
74	Renal Dialysis	0.379852						74
75	ASC (Non-Distinct Part)	0.953114						75
76	WOUND CARE							76
76.01	OP ONCOLOGY	0.281833						76.01
76.97	CARDIAC REHABILITATION	0.432336						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1.089721						90
90.01	DIABETES CENTER							90.01
91	Emergency	0.145650						91
92	Observation Beds (Non-Distinct	0.563886						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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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	2,274,089	67,214,005	0.033834		50
50.01	SURGICENTER					50.01
50.02	SURGERY RECOVERY CENTER	21,840	1,686,248	0.012952		50.02
51	Recovery Room	226,114	10,806,950	0.020923		51
53	Anesthesiology	122,955	25,895,023	0.004748		53
54	Radiology-Diagnostic	1,676,213	44,200,939	0.037923		54
54.01	BREAST DIAGNOSIS CENTER	310,147	8,342,253	0.037178		54.01
55	Radiology-Therapeutic	378,226	12,594,627	0.030031		55
56	Radioisotope	171,033	19,951,367	0.008572		56
57	CT Scan	189,573	124,537,043	0.001522		57
58	MRI	249,443	26,869,340	0.009284		58
59	Cardiac Catheterization	582,203	43,376,555	0.013422		59
60	Laboratory	1,413,021	115,356,835	0.012249		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	282,282	55,594,424	0.005078		65
65.01	SLEEP LAB	91,786	4,698,256	0.019536		65.01
66	Physical Therapy	723,627	14,237,643	0.050825		66
66.01	OP PHYSICAL THERAPY	69,088	9,837,807	0.007023		66.01
66.02	OP THERAPY SERVICES	71,064	14,510,259	0.004898		66.02
67	Occupational Therapy	266,962	5,902,934	0.045225		67
68	Speech Pathology	111,673	2,879,188	0.038786		68
69	Electrocardiology	1,089,949	31,681,329	0.034404		69
69.01	EP LAB					69.01
69.02	VASCULAR SERVICES	53,414	5,751,058	0.009288		69.02
70	Electroencephalography	56,830	1,582,410	0.035914		70
71	Medical Supplies Charged to Pat	547,734	31,069,063	0.017630		71
72	Impl. Dev. Charged to Patients	352,990	18,460,882	0.019121		72
73	Drugs Charged to Patients	900,606	136,177,831	0.006613		73
74	Renal Dialysis	77,030	5,084,992	0.015148		74
75	ASC (Non-Distinct Part)	1,062,823	5,196,295	0.204535		75
76	WOUND CARE					76
76.01	OP ONCOLOGY	336,599	24,439,080	0.013773		76.01
76.97	CARDIAC REHABILITATION	36,957	3,069,267	0.012041		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic	180,900	3,696,092	0.048944		90
90.01	DIABETES CENTER					90.01
91	Emergency	1,895,798	137,977,153	0.013740		91
92	Observation Beds (Non-Distinct		22,498,880			92
	OTHER REIMBURSABLE COST CENTERS					
200	Total (sum of lines 50-199)	15,822,969	1,035,176,028			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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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	2A	2	3A	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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	67,214,005							50
50.01	SURGICENTER								50.01
50.02	SURGERY RECOVERY CENTER	1,686,248							50.02
51	Recovery Room	10,806,950							51
53	Anesthesiology	25,895,023							53
54	Radiology-Diagnostic	44,200,939							54
54.01	BREAST DIAGNOSIS CENTER	8,342,253							54.01
55	Radiology-Therapeutic	12,594,627							55
56	Radioisotope	19,951,367							56
57	CT Scan	124,537,043							57
58	MRI	26,869,340							58
59	Cardiac Catheterization	43,376,555							59
60	Laboratory	115,356,835							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	55,594,424							65
65.01	SLEEP LAB	4,698,256							65.01
66	Physical Therapy	14,237,643							66
66.01	OP PHYSICAL THERAPY	9,837,807							66.01
66.02	OP THERAPY SERVICES	14,510,259							66.02
67	Occupational Therapy	5,902,934							67
68	Speech Pathology	2,879,188							68
69	Electrocardiology	31,681,329							69
69.01	EP LAB								69.01
69.02	VASCULAR SERVICES	5,751,058							69.02
70	Electroencephalography	1,582,410							70
71	Medical Supplies Charged to Pat	31,069,063							71
72	Impl. Dev. Charged to Patients	18,460,882							72
73	Drugs Charged to Patients	136,177,831							73
74	Renal Dialysis	5,084,992							74
75	ASC (Non-Distinct Part)	5,196,295							75
76	WOUND CARE								76
76.01	OP ONCOLOGY	24,439,080							76.01
76.97	CARDIAC REHABILITATION	3,069,267							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	3,696,092							90
90.01	DIABETES CENTER								90.01
91	Emergency	137,977,153							91
92	Observation Beds (Non-Distinct	22,498,880							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,035,176,028							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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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	0.235943							50
50.01	SURGICENTER								50.01
50.02	SURGERY RECOVERY CENTER	0.619958							50.02
51	Recovery Room	0.210938							51
53	Anesthesiology	0.028726							53
54	Radiology-Diagnostic	0.176976							54
54.01	BREAST DIAGNOSIS CENTER	0.263242							54.01
55	Radiology-Therapeutic	0.232792							55
56	Radioisotope	0.104778							56
57	CT Scan	0.030403							57
58	MRI	0.089755							58
59	Cardiac Catheterization	0.124632							59
60	Laboratory	0.149978							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.082761							65
65.01	SLEEP LAB	0.176902							65.01
66	Physical Therapy	0.333830							66
66.01	OP PHYSICAL THERAPY	0.245509							66.01
66.02	OP THERAPY SERVICES	0.226120							66.02
67	Occupational Therapy	0.313946							67
68	Speech Pathology	0.311428							68
69	Electrocardiology	0.143143							69
69.01	EP LAB								69.01
69.02	VASCULAR SERVICES	0.124749							69.02
70	Electroencephalography	0.228155							70
71	Medical Supplies Charged to Pat	0.445050							71
72	Impl. Dev. Charged to Patients	0.482822							72
73	Drugs Charged to Patients	0.215653							73
74	Renal Dialysis	0.379852							74
75	ASC (Non-Distinct Part)	0.953114							75
76	WOUND CARE								76
76.01	OP ONCOLOGY	0.281833							76.01
76.97	CARDIAC REHABILITATION	0.432336							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	1.089721							90
90.01	DIABETES CENTER								90.01
91	Emergency	0.145650							91
92	Observation Beds (Non-Distinct	0.563886							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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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)	49,731	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	49,731	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)	36,005	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)	17,395	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)	45,965,768	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)	45,965,768	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)	45,965,768	37

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0172

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						924.29	38
39	Program general inpatient routine service cost (line 9 x line 38)						16,078,025	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)							40
41	Total Program general inpatient routine service cost (line 39 + line 40)						16,078,025	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	16,945,893	7,406	2,288.13	3,304	7,559,982	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)						32,995,896	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						56,633,903	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						2,985,502	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						2,723,793	51
52	Total Program excludable cost (sum of lines 50 and 51)						5,709,295	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						50,924,608	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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)					13,726	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					924.29	88
89	Observation bed cost (line 87 x line 88) (see instructions)					12,686,805	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	6,529,464	45,965,768	0.142051	12,686,805	1,802,173	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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)	2,812	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,812	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)	2,812	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)	1,925	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)	4,046,273	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)	4,046,273	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)	4,046,273	37

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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)	1,438.93	38
39	Program general inpatient routine service cost (line 9 x line 38)	2,769,940	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)	2,769,940	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,301,348	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	4,071,288	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	301,340	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	157,616	51
52	Total Program excludable cost (sum of lines 50 and 51)	458,956	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	3,612,332	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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 [] PPS
 Applicable [] Title XVIII, Part A [] IPF [] SNF [] TEFRA
 Boxes: [XX] Title XIX - I/P [] IRF [] NF [XX] Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	49,731	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	49,731	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)	36,005	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)	1,685	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)	2,711	15
16	Nursery days (title V or XIX only)	380	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)	45,939,081	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)	45,939,081	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)	45,939,081	37

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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)					923.75	38	
39	Program general inpatient routine service cost (line 9 x line 38)					1,556,519	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)					1,556,519	41	
42	Nursery (Titles V and XIX only)	2,423,988	2,711	894.13	380	339,769	42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	16,941,967	7,406	2,287.60	1,685	3,854,606	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)					5,750,894	49	

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					618,434	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)					618,434	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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)					13,726	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					923.75	88
89	Observation bed cost (line 87 x line 88) (see instructions)					12,679,393	89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	6,529,464	45,939,081	0.142133	12,679,393	1,802,160	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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)	2,812	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,812	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)	2,812	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)	82	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)	4,045,388	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)	4,045,388	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)	4,045,388	37

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,438.62	38
39	Program general inpatient routine service cost (line 9 x line 38)	117,967	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)	117,967	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)	117,967	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	12,836	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)	12,836	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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		33,229,715		30
31	Intensive Care Unit		12,442,787		31
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.240435	9,703,651	2,333,097	50
50.01	SURGICENTER				50.01
50.02	SURGERY RECOVERY CENTER	0.620634			50.02
51	Recovery Room	0.210938	1,590,409	335,478	51
53	Anesthesiology	0.028726	3,126,271	89,805	53
54	Radiology-Diagnostic	0.176976	7,727,554	1,367,592	54
54.01	BREAST DIAGNOSIS CENTER	0.263242	11,715	3,084	54.01
55	Radiology-Therapeutic	0.232792	278,223	64,768	55
56	Radioisotope	0.104778	1,740,355	182,351	56
57	CT Scan	0.030403	17,721,475	538,786	57
58	MRI	0.089755	2,831,394	254,132	58
59	Cardiac Catheterization	0.124632	9,639,884	1,201,438	59
60	Laboratory	0.150005	30,365,361	4,554,956	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.082761	24,898,874	2,060,656	65
65.01	SLEEP LAB	0.178835			65.01
66	Physical Therapy	0.333830	1,640,560	547,668	66
66.01	OP PHYSICAL THERAPY	0.245509	1,399	343	66.01
66.02	OP THERAPY SERVICES	0.226120	4,306	974	66.02
67	Occupational Therapy	0.313946	1,080,135	339,104	67
68	Speech Pathology	0.311428	914,974	284,949	68
69	Electrocardiology	0.143163	6,384,069	913,962	69
69.01	EP LAB				69.01
69.02	VASCULAR SERVICES	0.124749	1,345,928	167,903	69.02
70	Electroencephalography	0.228155	197,334	45,023	70
71	Medical Supplies Charged to Patients	0.445050	7,107,012	3,162,976	71
72	Impl. Dev. Charged to Patients	0.482822	5,449,569	2,631,172	72
73	Drugs Charged to Patients	0.215653	33,033,236	7,123,716	73
74	Renal Dialysis	0.379852	2,237,136	849,781	74
75	ASC (Non-Distinct Part)	0.953114	35,317	33,661	75
76	WOUND CARE				76
76.01	OP ONCOLOGY	0.282543	48,085	13,586	76.01
76.97	CARDIAC REHABILITATION	0.432793			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	1.089721	892	972	90
90.01	DIABETES CENTER				90.01
91	Emergency	0.146093	14,304,108	2,089,730	91
92	Observation Beds (Non-Distinct Part)	0.563886	3,199,641	1,804,233	92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		186,618,867	32,995,896	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		186,618,867		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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
41	Subprovider - IRF		3,617,798		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.240435	5,483	1,318	50
50.01	SURGICENTER				50.01
50.02	SURGERY RECOVERY CENTER	0.620634			50.02
51	Recovery Room	0.210938	1,322	279	51
53	Anesthesiology	0.028726	1,974	57	53
54	Radiology-Diagnostic	0.176976	116,312	20,584	54
54.01	BREAST DIAGNOSIS CENTER	0.263242			54.01
55	Radiology-Therapeutic	0.232792			55
56	Radioisotope	0.104778			56
57	CT Scan	0.030403	86,285	2,623	57
58	MRI	0.089755	45,260	4,062	58
59	Cardiac Catheterization	0.124632	34,849	4,343	59
60	Laboratory	0.150005	635,666	95,353	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.082761	565,986	46,842	65
65.01	SLEEP LAB	0.178835			65.01
66	Physical Therapy	0.333830	1,219,255	407,024	66
66.01	OP PHYSICAL THERAPY	0.245509			66.01
66.02	OP THERAPY SERVICES	0.226120			66.02
67	Occupational Therapy	0.313946	1,262,571	396,379	67
68	Speech Pathology	0.311428	377,033	117,419	68
69	Electrocardiology	0.143163	25,583	3,663	69
69.01	EP LAB				69.01
69.02	VASCULAR SERVICES	0.124749			69.02
70	Electroencephalography	0.228155	2,373	541	70
71	Medical Supplies Charged to Patients	0.445050	70,035	31,169	71
72	Impl. Dev. Charged to Patients	0.482822	886	428	72
73	Drugs Charged to Patients	0.215653	682,817	147,252	73
74	Renal Dialysis	0.379852	57,948	22,012	74
75	ASC (Non-Distinct Part)	0.953114			75
76	WOUND CARE				76
76.01	OP ONCOLOGY	0.282543			76.01
76.97	CARDIAC REHABILITATION	0.432793			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	1.089721			90
90.01	DIABETES CENTER				90.01
91	Emergency	0.146093			91
92	Observation Beds (Non-Distinct Part)	0.563886			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		5,191,638	1,301,348	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		5,191,638		202

(A) Worksheet A line numbers

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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	0.235943			50
50.01	SURGICENTER				50.01
50.02	SURGERY RECOVERY CENTER	0.619958			50.02
51	Recovery Room	0.210938			51
53	Anesthesiology	0.028726			53
54	Radiology-Diagnostic	0.176976			54
54.01	BREAST DIAGNOSIS CENTER	0.263242			54.01
55	Radiology-Therapeutic	0.232792			55
56	Radioisotope	0.104778			56
57	CT Scan	0.030403			57
58	MRI	0.089755			58
59	Cardiac Catheterization	0.124632			59
60	Laboratory	0.149978			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.082761			65
65.01	SLEEP LAB	0.176902			65.01
66	Physical Therapy	0.333830			66
66.01	OP PHYSICAL THERAPY	0.245509			66.01
66.02	OP THERAPY SERVICES	0.226120			66.02
67	Occupational Therapy	0.313946			67
68	Speech Pathology	0.311428			68
69	Electrocardiology	0.143143			69
69.01	EP LAB				69.01
69.02	VASCULAR SERVICES	0.124749			69.02
70	Electroencephalography	0.228155			70
71	Medical Supplies Charged to Patients	0.445050			71
72	Impl. Dev. Charged to Patients	0.482822			72
73	Drugs Charged to Patients	0.215653			73
74	Renal Dialysis	0.379852			74
75	ASC (Non-Distinct Part)	0.953114			75
76	WOUND CARE				76
76.01	OP ONCOLOGY	0.281833			76.01
76.97	CARDIAC REHABILITATION	0.432336			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	1.089721			90
90.01	DIABETES CENTER				90.01
91	Emergency	0.145650			91
92	Observation Beds (Non-Distinct Part)	0.563886			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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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	0.235943			50
50.01	SURGICENTER				50.01
50.02	SURGERY RECOVERY CENTER	0.619958			50.02
51	Recovery Room	0.210938			51
53	Anesthesiology	0.028726			53
54	Radiology-Diagnostic	0.176976			54
54.01	BREAST DIAGNOSIS CENTER	0.263242			54.01
55	Radiology-Therapeutic	0.232792			55
56	Radioisotope	0.104778			56
57	CT Scan	0.030403			57
58	MRI	0.089755			58
59	Cardiac Catheterization	0.124632			59
60	Laboratory	0.149978			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.082761			65
65.01	SLEEP LAB	0.176902			65.01
66	Physical Therapy	0.333830			66
66.01	OP PHYSICAL THERAPY	0.245509			66.01
66.02	OP THERAPY SERVICES	0.226120			66.02
67	Occupational Therapy	0.313946			67
68	Speech Pathology	0.311428			68
69	Electrocardiology	0.143143			69
69.01	EP LAB				69.01
69.02	VASCULAR SERVICES	0.124749			69.02
70	Electroencephalography	0.228155			70
71	Medical Supplies Charged to Patients	0.445050			71
72	Impl. Dev. Charged to Patients	0.482822			72
73	Drugs Charged to Patients	0.215653			73
74	Renal Dialysis	0.379852			74
75	ASC (Non-Distinct Part)	0.953114			75
76	WOUND CARE				76
76.01	OP ONCOLOGY	0.281833			76.01
76.97	CARDIAC REHABILITATION	0.432336			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	1.089721			90
90.01	DIABETES CENTER				90.01
91	Emergency	0.145650			91
92	Observation Beds (Non-Distinct Part)	0.563886			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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	31,286,371			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	10,428,790			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)	916,014			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	11,408,702			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	238.23			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).	-11.75			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)	103.93			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	111.96			10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)	103.93			12
13	Total allowable FTE count for the prior year	103.02			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	101.82			14
15	Sum of lines 12 through 14 divided by 3	102.92			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	102.92			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.432019			19
20	Prior year resident to bed ratio (see instructions)	0.418644			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.418644			21
22	IME payment adjustment (see instructions)	8,568,336			22
22.01	IME payment adjustment - Managed Care (see instructions)	2,343,359			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)	8.03			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)	8,568,336			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	2,343,359			29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0489			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2302			31
32	Sum of lines 30 and 31	0.2791			32
33	Allowable disproportionate share percentage (see instructions)	0.1224			33
34	Disproportionate share adjustment (see instructions)	1,276,484			34
		Prior to		On or after	
	Uncompensated Care Adjustment	October 1 (1.00)	(1.01)	October 1 (2.00)	
35	Total uncompensated care amount (see instructions)	5,977,483,147		6,766,695,164	35
35.01	Factor 3 (see instructions)	0.000508134		0.000371900	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,037,362		2,516,534	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,271,780		634,305	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,906,085			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)	55,382,080			47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)				48
49	Total payment for inpatient operating costs (see instructions)	57,725,439			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	4,614,693			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)	4,447,284			52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies	1,410			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)	66,788,826			59
60	Primary payer payments	27,661			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	66,761,165			61
62	Deductibles billed to program beneficiaries	4,002,180			62
63	Coinsurance billed to program beneficiaries	271,089			63
64	Allowable bad debts (see instructions)	1,766,267			64
65	Adjusted reimbursable bad debts (see instructions)	1,148,074			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,148,596			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	63,635,970			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)	-210,444			70.93
70.94	HRR adjustment amount (see instructions)	-1,178,689			70.94
70.99	HAC adjustment amount (see instructions)	609,524			70.99
71	Amount due provider (see instructions)	61,637,313			71
71.01	Sequestration adjustment (see instructions)	1,232,746			71.01
71.02	Demonstration payment adjustment amount after sequestration				71.02
72	Interim payments	59,396,823			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	1,007,744			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
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 October 1		On or After October 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	31,286,371	31,286,371			31,286,371	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	10,428,790		10,428,790		10,428,790	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	916,014	687,011		229,003	916,014	2
2.01	Outlier payment for discharges for Model 4 BPCI						2.01
3	Operating outlier reconciliation						3
4	Managed Care Simulated Payments	11,408,702	8,556,528		2,852,174	11,408,702	4
	Indirect Medical Education Adjustment						
5	Amount from Worksheet E Part A, line 21	0.418644	0.418644		0.418644		5
6	IME payment adjustment	8,568,336	6,426,252		2,142,084	8,568,336	6
6.01	IME payment adjustment for managed care	2,343,359	1,757,520		585,839	2,343,359	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)	8,568,336	6,426,252		2,142,084	8,568,336	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	2,343,359	1,757,520		585,839	2,343,359	9.01
	Disproportionate Share Adjustment						
10	Allowable disproportionate share percentage	0.1224	0.1224	0.1224	0.1224	0.1224	10
11	Disproportionate share adjustment	1,276,484	957,363		319,121	1,276,484	11
11.01	Uncompensated care payments	2,906,085	2,271,780		634,305	2,906,085	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12	Total ESRD additional payment						12
13	Subtotal	55,382,080	41,628,777		13,753,303	55,382,080	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	57,725,439	43,386,297		14,339,142	57,725,439	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	4,614,693	3,461,020		1,153,673	4,614,693	16
17	Special add-on payments for new technologies	1,410	1,058		352	1,410	17
17.01	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		46,848,375		15,493,167	62,341,542	19
20	Capital DRG other than outlier	3,381,929	2,536,447		845,482	3,381,929	20
20.01	Model 4 BPCI Capital DRG other than outlier						20.01
21	Capital DRG outlier payments	108,273	81,205		27,068	108,273	21
21.01	Model 4 BPCI Capital DRG outlier payments						21.01
22	Indirect medical education percentage	27,4400	27,4400		27,4400		22
23	Indirect medical education adjustment	928,001	696,001		232,000	928,001	23
24	Allowable disproportionate share percentage	0.0581	0.0581		0.0581		24
25	Disproportionate share adjustment	196,490	147,367		49,123	196,490	25
26	Total prospective capital payments	4,614,693	3,461,020		1,153,673	4,614,693	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	-210,444	-157,833		-52,611	-210,444	30
30.01	HVBP payment adjustment for HSP bonus payment						30.01
31	HRR adjustment	-1,178,689	-884,017		-294,672	-1,178,689	31
31.01	HRR adjustment for HSP bonus payment						31.01
32	HAC Reduction Program adjustment		458,065		151,459	609,524	32

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0172

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

	1	1.01	1.02	
1	Medical and other services (see instructions)			1
2	Medical and other services reimbursed under OPPTS (see instructions)	28,908,447		2
3	OPPS payments	25,230,324		3
4	Outlier payment (see instructions)	153,826		4
4.01	Outlier reconciliation amount (see instructions)			4.01
5	Enter the hospital specific payment to cost ratio (see instructions)			5
6	Line 2 times line 5			6
7	Sum of lines 3, 4, and 4.01, divided by line 6			7
8	Transitional corridor payment (see instructions)			8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			9
10	Organ acquisition			10
11	Total cost (sum of lines 1 and 10) (see instructions)			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 (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, 4.01, 8 and 9)	25,384,150		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
25	Deductibles and coinsurance (see instructions)			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	4,767,608		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)	20,616,542		27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	2,118,513		28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)			29
30	Subtotal (sum of lines 27 through 29)	22,735,055		30
31	Primary payer payments	4,115		31
32	Subtotal (line 30 minus line 31)	22,730,940		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)	1,167,562		34
35	Adjusted reimbursable bad debts (see instructions)	758,915		35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	742,536		36
37	Subtotal (see instructions)	23,489,855		37
38	MSP-LCC reconciliation amount from PS&R	-6		38
39	Other adjustments (specify) (see instructions)			39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
40	Subtotal (see instructions)	23,489,861		40
40.01	Sequestration adjustment (see instructions)	469,797		40.01
40.02	Demonstration payment adjustment amount after sequestration			40.02
41	Interim payments	22,701,697		41
42	Tentative settlement (for contractors use only)			42
43	Balance due provider/program (see instructions)	318,367		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

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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)	97			2
3	OPPS payments	62			3
4	Outlier payment (see instructions)				4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)	0.850			5
6	Line 2 times line 5	82			6
7	Sum of lines 3, 4, and 4.01, divided by line 6	0.7561			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 (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, 4.01, 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
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments				41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	49			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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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		58,666,594		22,697,426	
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	12/14/2017	730,229	12/14/2017	4,271
		.02				3.01
		.03				3.02
		.04				3.03
		.05				3.04
		.06				3.05
		.07				3.06
		.08				3.07
		.09				3.08
		.10				3.09
		.50				3.10
		.51				3.51
		.52				3.52
		.53				3.53
		.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99		730,229		4,271
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)			59,396,823		22,701,697
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
		.03				5.03
		.04				5.04
		.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
		.52				5.52
		.53				5.53
		.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01		1,007,744		318,367
		.02				6.02
7	Total Medicare program liability (see instructions)			60,404,567		23,020,064
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	

(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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-T172

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
		1	2	3	4
1	Total interim payments paid to provider		3,461,931		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)	Program	.01		3.01
		to	.02		3.02
		Provider	.03		3.03
			.04		3.04
			.05		3.05
			.06		3.06
			.07		3.07
			.08		3.08
			.09		3.09
			.10		3.10
			.50		3.50
			.51		3.51
		Provider	.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)				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)		3,461,931		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)	Program	.01		5.01
		to	.02		5.02
		Provider	.03		5.03
			.04		5.04
			.05		5.05
			.06		5.06
			.07		5.07
			.08		5.08
			.09		5.09
			.10		5.10
			.50		5.50
			.51		5.51
		Provider	.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)				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)		62,486		49 6.01
					6.02
7	Total Medicare program liability (see instructions)		3,524,417		49 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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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)	3,043,280		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.021100		2
3	Inpatient Rehabilitation LIP payments (see instructions)	101,646		3
4	Outlier payments	50,314		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)	1.03		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)	1.03		9
10	Average daily census (see instructions)	7,704,110		10
11	Teaching Adjustment Factor (see instructions)	0.136016		11
12	Teaching Adjustment (see instructions)	413,935		12
13	Total PPS Payment (see instructions)	3,609,175		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)	3,609,175		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	3,609,175		19
20	Deductibles	10,528		20
21	Subtotal (line 19 minus line 20)	3,598,647		21
22	Coinsurance	2,303		22
23	Subtotal (line 21 minus line 22)	3,596,344		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)	3,596,344		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)	3,596,344		32
32.01	Sequestration adjustment (see instructions)	71,927		32.01
32.02	Demonstration payment adjustment amount after sequestration			32.02
33	Interim payments	3,461,931		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33 and 34)	62,486		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

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FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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	5,750,894	1
2	Medical and other services		2
3	Organ acquisition (certified transplant centers only)		3
4	Subtotal (sum of lines 1, 2 and 3)	5,750,894	4
5	Inpatient primary payer payments		5
6	Outpatient primary payer payments		6
7	Subtotal (line 4 less sum of lines 5 and 6)	5,750,894	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)	3,290,988	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)	3,290,988	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))			-11.75	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)			106.27	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			112.99	6
7	Enter the lesser of line 5 or line 6			106.27	7
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	54.29	50.12	104.41	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	51.06	47.14	98.20	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	51.06	47.14		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	50.51	55.05		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	46.17	49.49		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	49.25	50.56		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	49.25	50.56		17
18	Per resident amount	110,750.00	107,800.00		18
19	Approved amount for resident costs	5,454,438	5,450,368	10,904,806	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)			6.72	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)			10,904,806	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	22,624	6,279		26
27	Total inpatient days (see instructions)	46,530	46,530		27
28	Ratio of inpatient days to total inpatient days	0.486224	0.134945		28
29	Program direct GME amount	5,302,178	1,471,549		29
30	Reduction for direct GME payments for Medicare Advantage		207,930		30
31	Net Program direct GME amount			6,565,797	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)			5,084,992	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)			60,705,191	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)			27,661	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			60,677,530	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			28,908,544	42
43	Primary payer payments (see instructions)			4,115	43
44	Total Part B reasonable cost (line 42 minus line 43)			28,904,429	44
45	Total reasonable cost (sum of lines 41 and 44)			89,581,959	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.677341	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.322659	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			6,565,797	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			4,447,284	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			2,118,513	50

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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)	3,677	7,004	26
27	Total inpatient days (see instructions)	46,530	46,530	27
28	Ratio of inpatient days to total inpatient days	0.079024	0.150527	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	428,533				1
2	Temporary investments	9,715,420				2
3	Notes receivable					3
4	Accounts receivable	60,250,555				4
5	Other receivables	31,491,188				5
6	Allowances for uncollectible notes and accounts receivable	-10,897,365				6
7	Inventory	7,677,465				7
8	Prepaid expenses	2,060,723				8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	100,726,519				11
FIXED ASSETS						
12	Land	7,320,500				12
13	Land improvements	4,286,323				13
14	Accumulated depreciation	-3,603,608				14
15	Buildings	113,220,912				15
16	Accumulated depreciation	-67,267,456				16
17	Leasehold improvements	1,075,647				17
18	Accumulated depreciation	-922,841				18
19	Fixed equipment	102,445,465				19
20	Accumulated depreciation	-57,971,052				20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	92,695,975				23
24	Accumulated depreciation	-75,077,031				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)	116,202,834				30
OTHER ASSETS						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	93,822,638				34
35	Total other assets (sum of lines 31-34)	93,822,638				35
36	Total assets (sum of lines 11, 30 and 35)	310,751,991				36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	25,141,290				37
38	Salaries, wages and fees payable	10,373,808				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	1,201,470				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	23,154,913				44
45	Total current liabilities (sum of lines 37 thru 44)	59,871,481				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable	1,020,517				47
48	Unsecured loans					48
49	Other long term liabilities	2,027,826				49
50	Total long term liabilities (sum of lines 46 thru 49)	3,048,343				50
51	Total liabilities (sum of lines 45 and 50)	62,919,824				51
CAPITAL ACCOUNTS						
52	General fund balance	247,832,167				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)	247,832,167				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	310,751,991				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		176,023,426		1
2	Net income (loss) (from Worksheet G-3, line 29)		-12,905,291		2
3	Total (sum of line 1 and line 2)		163,118,135		3
4	Additions (credit adjustments) (specify)				4
5	CONTR PPE	35,000			5
6	TRANSFERS FROM AFFILIATED	84,679,032			6
7					7
8					8
9					9
10	Total additions (sum of lines 4-9)		84,714,032		10
11	Subtotal (line 3 plus line 10)		247,832,167		11
12	Deductions (debit adjustments) (specify)				12
13					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)		247,832,167		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	TRANSFERS FROM AFFILIATED				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					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	OUTPATIENT	TOTAL	
		1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	83,210,261		83,210,261	1
2	Subprovider IPF				2
3	Subprovider IRF	5,278,786		5,278,786	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)	88,489,047		88,489,047	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	25,507,074		25,507,074	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)	25,507,074		25,507,074	16
17	Total inpatient routine care services (sum of lines 10 and 16)	113,996,121		113,996,121	17
18	Ancillary services	406,646,997	632,791,366	1,039,438,363	18
19	Outpatient services				19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		8,908,311	8,908,311	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	PHYSICIANS REVENUE		5,199,248	5,199,248	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	520,643,118	646,898,925	1,167,542,043	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		308,190,009	29
30	Add (specify)			30
31	UNREALIZED LOSS ON INVESTMENTS	1,781		31
32	LOSS ON SALE OF ASSETS	30,322		32
33	EXPENSE RECONCILIATION	22		33
34	OTHER NON OPER EXPENSES	49,621		34
35				35
36	Total additions (sum of lines 30-35)		81,746	36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		308,271,755	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)	1,167,542,043	1
2	Less contractual allowances and discounts on patients' accounts	881,292,663	2
3	Net patient revenues (line 1 minus line 2)	286,249,380	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	308,271,755	4
5	Net income from service to patients (line 3 minus line 4)	-22,022,375	5

OTHER INCOME

6	Contributions, donations, bequests, etc.	10,496	6
7	Income from investments	261,037	7
8	Revenues from telephone and other miscellaneous communication services	63,955	8
9	Revenue from television and radio service		9
10	Purchase discounts	1,325,064	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	1,040,655	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients	40,978	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	233,549	20
21	Rental of vending machines	48,676	21
22	Rental of hosptial space		22
23	Governmental appropriations		23
24	Other (specify)		24
24.01	Other (FITNESS CENTER REVENUE)	2,888,706	24.01
24.02	Other (MISCELLANEOUS OTHER REVENUE)	167,994	24.02
24.05	Other (RADIOLOGY REVENUE)	2,714	24.05
24.06	Other (RENTAL REVENUE)	3,033,260	24.06
25	Total other income (sum of lines 6-24)	9,117,084	25
26	Total (line 5 plus line 25)	-12,905,291	26
29	Net income (or loss) for the period (line 26 minus line 28)	-12,905,291	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	683,670	208,429			88,728	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	1,194,159	364,060	46,019			6
7	Physical Therapy	169,313	51,618	3,593	602,659		7
8	Occupational Therapy	6,213	1,894	1,887	127,270		8
9	Speech Pathology	58,814	17,930	1,234	40		9
10	Medical Social Services				7,380		10
11	Home Health Aide	8,651	2,637	9,509	440		11
12	Supplies (see instructions)					114,056	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)	2,120,820	646,568	62,242	737,789	202,784	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	980,827	-207,148	773,679	-3,193	770,486	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	1,604,238		1,604,238		1,604,238	6
7	Physical Therapy	827,183		827,183		827,183	7
8	Occupational Therapy	137,264		137,264		137,264	8
9	Speech Pathology	78,018		78,018		78,018	9
10	Medical Social Services	7,380		7,380		7,380	10
11	Home Health Aide	21,237		21,237		21,237	11
12	Supplies (see instructions)	114,056		114,056		114,056	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)	3,770,203	-207,148	3,563,055	-3,193	3,559,862	24

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

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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	770,486			5
HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care	1,604,238			6
7	Physical Therapy	827,183			7
8	Occupational Therapy	137,264			8
9	Speech Pathology	78,018			9
10	Medical Social Services	7,380			10
11	Home Health Aide	21,237			11
12	Supplies (see instructions)	114,056			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)	3,559,862			24

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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		770,486	770,486		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		1,604,238	443,125	2,047,363	6
7	Physical Therapy		827,183	228,486	1,055,669	7
8	Occupational Therapy		137,264	37,915	175,179	8
9	Speech Pathology		78,018	21,550	99,568	9
10	Medical Social Services		7,380	2,039	9,419	10
11	Home Health Aide		21,237	5,866	27,103	11
12	Supplies (see instructions)		114,056	31,505	145,561	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)		3,559,862		3,559,862	24

KPMG LLP Compu-Max 2552-10

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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					-770,486	2,789,376	5
HHA REIMBURSABLE SERVICES								
6	Skilled Nursing Care						1,604,238	6
7	Physical Therapy						827,183	7
8	Occupational Therapy						137,264	8
9	Speech Pathology						78,018	9
10	Medical Social Services						7,380	10
11	Home Health Aide						21,237	11
12	Supplies (see instructions)						114,056	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)					-770,486	2,789,376	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						770,486	25
26	Unit Cost Multiplier						0.276222	26

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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				25,015	25,015	8,198	1
2	Skilled Nursing Care	2,047,363			52,730	2,100,093	688,275	2
3	Physical Therapy	1,055,669			5,653	1,061,322	347,832	3
4	Occupational Therapy	175,179			2,627	177,806	58,273	4
5	Speech Pathology	99,568			2,803	102,371	33,551	5
6	Medical Social Services	9,419				9,419	3,087	6
7	Home Health Aide	27,103			4,671	31,774	10,413	7
8	Supplies	145,561				145,561	47,705	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)	3,559,862			93,499	3,653,361	1,197,334	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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						28,709	1
2	Skilled Nursing Care						61,124	2
3	Physical Therapy						4,774	3
4	Occupational Therapy						2,505	4
5	Speech Pathology						1,669	5
6	Medical Social Services							6
7	Home Health Aide						12,556	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)						111,337	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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7267

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12	13	14	15	16	17	
1	Administrative and General				503			1
2	Skilled Nursing Care					30,631		2
3	Physical Therapy					28,387		3
4	Occupational Therapy					1,029		4
5	Speech Pathology					121		5
6	Medical Social Services					63		6
7	Home Health Aide					361		7
8	Supplies			11,119		2,630		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)			11,119	503	63,222		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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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	62,425		62,425			1
2	Skilled Nursing Care	2,880,123		2,880,123	36,142	2,916,265	2
3	Physical Therapy	1,442,315		1,442,315	18,100	1,460,415	3
4	Occupational Therapy	239,613		239,613	3,007	242,620	4
5	Speech Pathology	137,712		137,712	1,728	139,440	5
6	Medical Social Services	12,569		12,569	158	12,727	6
7	Home Health Aide	55,104		55,104	692	55,796	7
8	Supplies	207,015		207,015	2,598	209,613	8
9	Drugs						9
10	DME						10
11	Home Dialysis Aide Services						11
12	Respiratory Therapy						12
13	Private Duty Nursing						13
14	Clinic						14
15	Health Promotion Activities						15
16	Day Care Program						16
17	Home Delivered Meals Program						17
18	Homemaker Service						18
19	All Others						19
20	Totals (sum of lines 1-19)(2)	5,036,876		5,036,876	62,425	5,036,876	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.				0.012549		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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQUARE FEET	
		1	2	4	4A	5	6	
1	Administrative and General			524,936		25,015		1
2	Skilled Nursing Care			1,106,579		2,100,093		2
3	Physical Therapy			118,620		1,061,322		3
4	Occupational Therapy			55,118		177,806		4
5	Speech Pathology			58,814		102,371		5
6	Medical Social Services					9,419		6
7	Home Health Aide			98,019		31,774		7
8	Supplies					145,561		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)			1,962,086		3,653,361		20
21	Total cost to be allocated			93,499		1,197,334		21
22	Unit Cost Multiplier			0.047653		0.327735		22
22	Unit Cost Multiplier							22

KPMG LLP Compu-Max 2552-10

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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					12,388		1
2	Skilled Nursing Care					26,376		2
3	Physical Therapy					2,060		3
4	Occupational Therapy					1,081		4
5	Speech Pathology					720		5
6	Medical Social Services							6
7	Home Health Aide					5,418		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)					48,043		20
21	Total cost to be allocated					111,337		21
22	Unit Cost Multiplier					2,317,445		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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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			1,380				1
2	Skilled Nursing Care				4,316,063			2
3	Physical Therapy				3,999,880			3
4	Occupational Therapy				144,996			4
5	Speech Pathology				17,001			5
6	Medical Social Services				8,901			6
7	Home Health Aide				50,857			7
8	Supplies		87,556		370,613			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)		87,556	1,380	8,908,311			20
21	Total cost to be allocated		11,119	503	63,222			21
22	Unit Cost Multiplier			0.364493				22
22	Unit Cost Multiplier		0.126993		0.007097			22

KPMG LLP Compu-Max 2552-10

FRANCISCAN ST. JAMES HEALTH Provider CCN: 14-0172	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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: 01/01/2017 To: 12/31/2017	Run Date: 05/31/2018 Run Time: 10:49 Version: 2018.04 (05/29/2018)
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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	2,916,265		2,916,265	11,065	263.56
2	Physical Therapy	3	1,460,415		1,460,415	8,758	166.75
3	Occupational Therapy	4	242,620		242,620	2,559	94.81
4	Speech Pathology	5	139,440		139,440	361	386.26
5	Medical Social Services	6	12,727		12,727	68	187.16
6	Home Health Aide	7	55,796		55,796	2,626	21.25
7	Total (sum of lines 1-6)		4,827,263		4,827,263	25,437	

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		7,205		8
9	Physical Therapy	16974		5,703		9
10	Occupational Therapy	16974		1,666		10
11	Speech Pathology	16974		235		11
12	Medical Social Services	16974		44		12
13	Home Health Aide	16974		1,710		13
14	Total (sum of lines 8-13)			16,563		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	209,613		209,613	370,613	0.565585
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	0.333830			col. 2, line 2
1.01	OP PHYSICAL THERAPY	66.01	0.245509			col. 2, line 2
1.02	OP THERAPY SERVICES	66.02	0.226120			col. 2, line 2
2	Occupational Therapy	67	0.313946			col. 2, line 3
3	Speech Pathology	68	0.311428			col. 2, line 4
4	Medical Supplies Charged to Pat	71	0.445050			col. 2, line 15
5	Drugs Charged to Patients	73	0.215653			col. 2, line 16

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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				
	Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Total Program Cost (sum of cols 9-10)	
		6	7	8	9	10	11	12	
1	Skilled Nursing Care		7,205			1,898,950		1,898,950	1
2	Physical Therapy		5,703			950,975		950,975	2
3	Occupational Therapy		1,666			157,953		157,953	3
4	Speech Pathology		235			90,771		90,771	4
5	Medical Social Services		44			8,235		8,235	5
6	Home Health Aide		1,710			36,338		36,338	6
7	Total (sum of lines 1-6)		16,563			3,143,222		3,143,222	7

Supplies and Drugs Cost Computations		Program Covered Charges			Cost of Services				
		Part B			Part B				
	Other Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6	7	8	9	10	11		
15	Cost of Medical Supplies			193,927			109,682		15
16	Cost of Drugs								16

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CALCULATION OF HHA REIMBURSEMRNT 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	Part B Services	
		1	2	
10	Total reasonable cost (see instructions)			10
11	Total PPS Reimbursement - Full Episodes without Outliers		2,660,456	11
12	Total PPS Reimbursement - Full Episodes with Outliers		241,676	12
13	Total PPS Reimbursement - LUPA Episodes		59,820	13
14	Total PPS Reimbursement - PEP Episodes		41,650	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers		8,651	15
16	Total PPS Outlier Reimbursement - PSP Episodes			16
17	Total Other Payments			17
18	DME Payments			18
19	Oxygen Payments			19
20	Prosthetic and Orthotic Payments			20
21	Part B deductibles billed to Medicare patients (exclude coinsurance)			21
22	Subtotal (sum of lines 10 thru 20 minus line 21)		3,012,253	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		3,012,253	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		3,012,253	26
27	Reimbursable bad debts (from your records)			27
28	Reimbursable bad debts for dual eligible (see instructions)			28
29	Total costs - current cost reporting period (line 26 plus line 27)		3,012,253	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		3,012,253	31
31.01	Sequestration adjustment (see instructions)		61,706	31.01
31.02	Demonstration payment adjustment amount after sequestration			31.02
32	Interim payments (see instructions)		2,950,547	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

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

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				2,950,547	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)				2,950,547	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)				2,950,547	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	3,381,929	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	108,273	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)	119.78	3
4	Number of interns & residents (see instructions)	102.92	4
5	Indirect medical education percentage (see instructions)	27.44	5
6	Indirect medical education adjustment (see instructions)	928,001	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0489	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.2302	8
9	Sum of lines 7 and 8	0.2791	9
10	Allowable disproportionate share percentage (see instructions)	0.0581	10
11	Disproportionate share adjustment (see instructions)	196,490	11
12	Total prospective capital payments (see instructions)	4,614,693	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	EXTRAORDI-NARY 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