

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

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

PART I - COST REPORT STATUS

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SAINT FRANCIS MEDICAL CENTER (26-0183) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 07/01/2016 and ending 06/30/2017, 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.

(Signed) _____
 Officer or Administrator of Provider(s)

 Title

 Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		35,491	-136,702	1,160,062	15,458,084	1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF		-19,724				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		15,767	-136,702	1,160,062	15,458,084	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: 211 ST. FRANCIS DRIVE	P.O. Box:								1
2	City: CAPE GIRARDEAU	State: MO	ZIP Code: 63703	County: CAPE GIRARDEAU						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	SAINT FRANCIS MEDICAL CENTER	26-0183	16020	1	07 / 01 / 1966	N	P	P	3
4	Subprovider - IPF									4
5	Subprovider - IRF	REHAB UNIT	26-T183	16020	5	07 / 01 / 1988	N	P	N	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	HOME HEALTH AGENCY	26-7515	16020		08 / 08 / 1996	N	P	N	12
13	Separately Certified ASC									13
14	Hospital-Based Hospice	HOSPICE	26-1657	16020		01 / 01 / 2015				14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2016	To: 06 / 30 / 2017							20
21	Type of control (see instructions)	2								21

Inpatient PPS Information

		1	2	3	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	Y	N		22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	3	N		23

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	9,248	1,561	954	804	920	247	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.	244	56					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 is in effect in the cost reporting period.							35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.							37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPSS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N						37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				38

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

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

Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	N			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	N			60
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

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

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

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

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

Inpatient Psychiatric Facility PPS

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

Inpatient Rehabilitation Facility PPS

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

Long Term Care Hospital PPS

80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.	N			80
81	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter 'Y' for yes and 'N' for no.	N			81

TEFRA Providers

85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA?. Enter 'Y' for yes or 'N' for no.	N			85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.				86
87	Is this hospital a 'subclause (II)' LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter 'Y' for yes and 'N' for no.	N			87

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**WORKSHEET S-2
PART I**

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

Rural Providers

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

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	Y			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:	1,430,394			118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121
122	Does the cost report contain state health or similar taxes? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

Transplant Center Information

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

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**WORKSHEET S-2
PART I**

All Providers

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

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

141	Name:	Contractor's Name:		Contractor's Number:	141
142	Street:	P.O. Box:			142
143	City:	State:	ZIP Code:		143
144	Are provider based physicians' costs included in Worksheet A?	Y			144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y	N		145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N			147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N			148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N			149

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
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)	1.00				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	05 / 01 / 2013	07 / 29 / 2013			170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0		171

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

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

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/03/2017	Y	10/03/2017
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

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

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

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

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

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

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

Cost Report Preparer Contact Information			
41	First name: DAVID	Last name: PRATHER	Title: CONTROLLER
42	Employer: SFMC		
43	Phone number: 573-331-5244	E-mail Address: DPRATHER@SFMC.NET	

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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	210	76,650			23,463	5,919	44,091	1
2	HMO and other (see instructions)						2,372	920		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider						216			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)		210	76,650			23,463	5,919	44,091	7
8	Intensive Care Unit	31	32	11,680			4,407	1,366	7,145	8
8.01	NEONATOLOGY/NICU	31.01	36	13,140				4,025	4,500	8.01
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43						1,257	1,605	13
14	Total (see instructions)		278	101,470			27,870	12,567	57,341	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41	24	8,760			2,126	224	3,643	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					4,025		7,268	22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		302							27
28	Observation Bed Days							519	5,643	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							247	368	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

KPMG LLP Compu-Max 2552-10

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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)					6,093	2,852	12,373	1
2	HMO and other (see instructions)					396			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
8.01	NEONATOLOGY/NICU								8.01
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)		2,140.05			6,093	2,852	12,373	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF		22.34			126	34	282	17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		11.11						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)		2,173.50						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

KPMG LLP Compu-Max 2552-10

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HOSPITAL WAGE INDEX INFORMATION

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

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
SALARIES							
1	200	183,805,309		183,805,309	4,902,778.00	37.49	1
2							2
3							3
4		122,333		122,333	1,023.00	119.58	4
4.01							4.01
5		4,661,897		4,661,897	22,369.00	208.41	5
6							6
7	21						7
7.01							7.01
8							8
9	44						9
10		73,613,369	3,246,980	76,860,349	1,528,413.00	50.29	10
OTHER WAGES & RELATED COSTS							
11							11
12							12
13		33,414		33,414	174.00	192.03	13
14							14
14.01							14.01
14.02							14.02
15							15
16							16
WAGE-RELATED COSTS							
17		25,034,454		25,034,454			17
18							18
19		12,740,886		12,740,886			19
20							20
21							21
22		2,249		2,249			22
22.01							22.01
23		483,397		483,397			23
24							24
25							25
25.50							25.50
25.51							25.51
25.52							25.52
25.53							25.53
OVERHEAD COSTS - DIRECT SALARIES							
26		736,294	1,999	738,293	25,246.00	29.24	26
27		22,265,421	-3,146,273	19,119,148	752,870.00	25.40	27
28		1,255,487		1,255,487	23,043.00	54.48	28
29		2,734,737	-475,047	2,259,690	103,528.00	21.83	29
30			56	56	4.00	14.00	30
31		487,061	56	487,117	36,382.00	13.39	31
32			2,752	2,752	183.00	15.04	32
33		3,700,264		3,700,264	360,649.00	10.26	33
34		1,888,867	1,651	1,890,518	123,508.00	15.31	34
35							35
36							36
37							37
38		1,608,558	4,046	1,612,604	63,441.00	25.42	38
39							39
40							40
41		1,011,462	1,765	1,013,227	48,416.00	20.93	41
42		369,475	45	369,520	12,610.00	29.30	42
43							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)	184,099,163		184,099,163	5,264,101.00	34.97	1
2	Excluded area salaries (see instructions)	73,613,369	3,246,980	76,860,349	1,528,413.00	50.29	2
3	Subtotal salaries (line 1 minus line 2)	110,485,794	-3,246,980	107,238,814	3,735,688.00	28.71	3
4	Subtotal other wages & related costs (see instructions)	33,414		33,414	174.00	192.03	4
5	Subtotal wage-related costs (see instructions)	25,036,703		25,036,703		23.35%	5
6	Total (sum of lines 3 through 5)	135,555,911	-3,246,980	132,308,931	3,735,862.00	35.42	6
7	Total overhead cost (see instructions)	36,057,626	-3,608,950	32,448,676	1,549,880.00	20.94	7

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	5,096,223	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		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	6,400	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)		8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	19,351,202	10
11	Life Insurance (If employee is owner or beneficiary)	556,484	11
12	Accident Insurance (If employee is owner or beneficiary)	839,997	12
13	Disability Insurance (If employee is owner or beneficiary)	367,419	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	669,007	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	11,028,878	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	80,076	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	42,130	22
23	Tuition Reimbursement	193,168	23
24	Total Wage Related cost (Sum of lines 1-23)	38,230,984	24

Part B - Other Than Core Related Cost

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

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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 1	Benefit Cost 2	
	0			
1	Total facility contract labor and benefit cost	172,156		1
2	Hospital	172,156		2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

KPMG LLP Compu-Max 2552-10

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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 26-7515

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		70		10	80	1
2	Unduplicated Census Count (see instructions)		619.00		241.00	860.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	Enter the number of hours in your normal work week 40.00	Number of Employees (Full Time Equivalent)			
		Staff	Contract	Total	
		1	2	3	
3	Administrator and Assistant Administrator(s)				3
4	Director(s) and Assistant Director(s)		1.00		1.00
5	Other Administrative Personnel		1.00		1.00
6	Direct Nursing Service		7.31		7.31
7	Nursing Supervisor				
8	Physical Therapy Service		2.31		2.31
9	Physical Therapy Supervisor				
10	Occupational Therapy Service		0.18		0.18
11	Occupational Therapy Supervisor				
12	Speech Pathology Service		0.17		0.17
13	Speech Pathology Supervisor				
14	Medical Social Service		0.01		0.01
15	Medical Social Service Supervisor				
16	Home Health Aide		0.18		0.18
17	Home Health Aide Supervisor				
18	Other (specify)				

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).		99926	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	1,882	38	201	194	2,315	21
22	Skilled Nursing Visit Charges	599,502	11,541	63,336	61,044	735,423	22
23	Physical Therapy Visits	1,201		57	31	1,289	23
24	Physical Therapy Visit Charges	376,041		17,754	9,597	403,392	24
25	Occupational Therapy Visits	120		5	8	133	25
26	Occupational Therapy Visit Charges	38,418		1,545	5,304	45,267	26
27	Speech Pathology Visits	144		2	2	148	27
28	Speech Pathology Visit Charges	47,511		609	624	48,744	28
29	Medical Social Service Visits	1			1	2	29
30	Medical Social Service Visit Charges	435			435	870	30
31	Home Health Aide Visits	131		2	5	138	31
32	Home Health Aide Visit Charges	21,944		316	972	23,232	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,479	38	267	241	4,025	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	1,083,851	11,541	83,560	77,976	1,256,928	35
36	Total Number of Episodes (standard/non-outlier)	331		86	24	441	36
37	Total Number of Ourlier Episodes		1			1	37
38	Total Non-Routine Medical Supply Charges	160,210	13,828	15,099	28,368	217,505	38

KPMG LLP Compu-Max 2552-10

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HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

HOSPICE CCN: 26-1657

WORKSHEET S-9
PARTS I THROUGH IV

PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015

		Unduplicated Days					Total (sum of cols. 1, 2, & 5)	
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other		
		1	2	3	4	5	6	
1	Continuous Home Care							1
2	Routine Home Care							2
3	Inpatient Respite Care							3
4	General Inpatient Care							4
5	Total Hospice Days							5

PART II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015

		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2, & 5)	
		1	2	3	4	5	6	
6	Number of Patients Receiving Hospice Care							6
7	Total Number of Unduplicated Continuous Care Hours Billable to Medicare							7
8	Average Length of Stay (line 5/line 6)							8
9	Unduplicated Census Count							9

PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015

		Unduplicated Days			Total (sum of cols. 1 through 3)	
		Title XVIII	Title XIX	Other		
		1	2	3	4	
10	Hospice Continuous Home Care					10
11	Hospice Routine Home Care	3,893	324	384	4,601	11
12	Hospice Inpatient Respite Care					12
13	Hospice General Inpatient Care	2			2	13
14	Total Hospice Days	3,895	324	384	4,603	14

PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1	2	3	4	
15	Hospice Inpatient Respite Care					15
16	Hospice General Inpatient Care					16

NOTE: Parts I and II, columns 1 and 2 also include the days reported in column 3 and 4.

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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)		0.163299	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		27,444,924	2
3	Did you receive DSH or supplemental payments from Medicaid?		Y	3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		N	4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid		6,331,774	5
6	Medicaid charges		263,048,580	6
7	Medicaid cost (line 1 times line 6)		42,955,570	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.		9,178,872	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)		9,178,872	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)	10,507,031	10,954,020	21,461,051	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,715,788	10,954,020	12,669,808	21
22	Payments received from patients for amounts previously written off as charity care	9,490	99,723	109,213	22
23	Cost of charity care (line 21 minus line 22)	1,706,298	10,854,297	12,560,595	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)			21,953,673	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,631,552	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,510,080	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27.01)			19,443,593	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			4,053,647	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			16,614,242	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			25,793,114	31

KPMG LLP Compu-Max 2552-10

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		17,315,902	17,315,902	7,160,872	24,476,774	-1,098,610	23,378,164	1
2	00200	Cap Rel Costs-Mvble Equip		17,840,947	17,840,947	203,692	18,044,639	-31,326	18,013,313	2
3	00300	Other Cap Rel Costs		669,756	669,756	-669,756			-0-	3
4	00400	Employee Benefits Department	736,294	3,085,353	3,821,647	207,024	4,028,671	-468,572	3,560,099	4
5.01	00540	COMMUNICATIONS	223,961	73,747	297,708	275,616	573,324	-31,840	541,484	5.01
5.02	00550	DATA PROCESSING	5,899,777	12,853,090	18,752,867	7,915	18,760,782		18,760,782	5.02
5.03	00560	PURCHASING	570,078	251,561	821,639	-39,178	782,461		782,461	5.03
5.04	00570	ADMITTING								5.04
5.05	00580	CREDIT & COLLECTIONS	1,298,368	4,815,850	6,114,218	2,321	6,116,539		6,116,539	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	14,273,237	39,461,175	53,734,412	-13,899,590	39,834,822	-1,905,120	37,929,702	5.06
6	00600	Maintenance & Repairs	2,734,737	5,766,176	8,500,913	-815,838	7,685,075		7,685,075	6
7	00700	Operation of Plant				96	96	-6,776	-6,680	7
7.10	00701	SPD SOILED PROCESSING								7.10
8	00800	Laundry & Linen Service	487,061	528,800	1,015,861	96	1,015,957		1,015,957	8
9	00900	Housekeeping		3,644,883	3,644,883	4,727	3,649,610		3,649,610	9
10	01000	Dietary	1,888,867	1,642,539	3,531,406	2,835	3,534,241	-1,123,299	2,410,942	10
11	01100	Cafeteria								11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	902,471	296,825	1,199,296	2,037	1,201,333		1,201,333	13
13.10	01301	SPD STERILE PROCESSING	706,087	585,360	1,291,447	4,912	1,296,359	-71,200	1,225,159	13.10
14	01400	Central Services & Supply								14
15	01500	Pharmacy								15
16	01600	Medical Records & Library	1,011,462	2,136,240	3,147,702	3,031	3,150,733	-30,357	3,120,376	16
17	01700	Social Service	369,475	97,534	467,009	77	467,086		467,086	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd								21
22	02200	I&R Services-Other Prgm Costs Apprvd								22
23	02300	Paramed Ed Prgm-(specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	16,875,591	5,387,300	22,262,891	74,896	22,337,787		22,337,787	30
31	03100	Intensive Care Unit	5,669,542	2,047,593	7,717,135	54,965	7,772,100		7,772,100	31
31.01	02060	NEONATOLOGY/NICU	2,050,323	882,840	2,933,163	36,114	2,969,277	-22,281	2,946,996	31.01
41	04100	Subprovider - IRF	1,158,777	386,257	1,545,034	8,532	1,553,566		1,553,566	41
43	04300	Nursery	984,679	411,071	1,395,750	7,073	1,402,823		1,402,823	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	8,622,295	5,273,961	13,896,256	102,771	13,999,027		13,999,027	50
51	05100	Recovery Room	826,833	221,740	1,048,573	7,503	1,056,076		1,056,076	51
52	05200	Delivery Room & Labor Room	1,029,615	320,425	1,350,040	7,621	1,357,661		1,357,661	52
53	05300	Anesthesiology	59,733	466,619	526,352	8,937	535,289		535,289	53
54	05400	Radiology-Diagnostic	4,444,094	3,357,361	7,801,455	13,207	7,814,662	-662,225	7,152,437	54
56	05600	Radioisotope	283,578	233,087	516,665	1,044	517,709		517,709	56
57	05700	CT Scan	484,918	597,866	1,082,784	397	1,083,181		1,083,181	57
58	05800	MRI	269,845	457,651	727,496	1,481	728,977		728,977	58
59	05900	Cardiac Catheterization	3,392,643	2,461,706	5,854,349	12,531	5,866,880		5,866,880	59
60	06000	Laboratory	4,347,021	8,028,264	12,375,285	-186,011	12,189,274		12,189,274	60
60.10	06001	CARDIOVASCULAR LABORATORY								60.10
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	3,043,296	1,585,800	4,629,096	44,146	4,673,242	-19,783	4,653,459	65
66	06600	Physical Therapy	2,070,721	627,110	2,697,831	5,000	2,702,831		2,702,831	66
67	06700	Occupational Therapy	922,346	231,331	1,153,677	886	1,154,563		1,154,563	67
68	06800	Speech Pathology	659,099	177,581	836,680	1,677	838,357		838,357	68
69	06900	Electrocardiology	1,318,107	1,310,456	2,628,563	73,724	2,702,287	-200,674	2,501,613	69
70	07000	Electroencephalography	1,285,126	518,496	1,803,622	6,553	1,810,175	-67,504	1,742,671	70
71	07100	Medical Supplies Charged to Patients	769,655	40,382,612	41,152,267	-20,308,307	20,843,960		20,843,960	71
72	07200	Impl. Dev. Charged to Patients				20,341,067	20,341,067		20,341,067	72
73	07300	Drugs Charged to Patients	3,322,510	25,510,897	28,833,407	63,069	28,896,476	-4,241	28,892,235	73
73.10	07301	REHABILITATION SERVICES	4,575,817	3,065,981	7,641,798	26,660	7,668,458	-282,473	7,385,985	73.10
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90.10	09001	CAPE MEDICAL ONCOLOGY PBC	105,370	97,080	202,450	236	202,686		202,686	90.10
90.20	09002	GYN SURG ONCOLOGIST PBC	35,221	21,117	56,338	28	56,366		56,366	90.20
90.30	09003	PHYSICIAN CARDIOLOGIST PBC	227,785	154,685	382,470	114	382,584		382,584	90.30
90.40	09004	CAPE THORACIC & CARDIOVASCULAR PBC	23,076	27,306	50,382	9	50,391		50,391	90.40
90.60	09005	CAPE NEUROSURGERY PBC	35,010	54,667	89,677	25	89,702		89,702	90.60
91	09100	Emergency	11,356,216	5,175,182	16,531,398	20,643	16,552,041	-7,272,372	9,279,669	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
95	09500	Ambulance Services		357,939	357,939		357,939		357,939	95

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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	
97	09700	Durable Medical Equip-Sold								97
101	10100	Home Health Agency	946,121	338,209	1,284,330	691	1,285,021		1,285,021	101
		SPECIAL PURPOSE COST CENTERS								
113	11300	Interest Expense		6,694,808	6,694,808	-6,694,808				113
116	11600	Hospice	565,602	492,726	1,058,328	230	1,058,558		1,058,558	116
118		SUBTOTALS (sum of lines 1-117)	112,862,440	228,423,462	341,285,902	-13,816,407	327,469,495	-13,298,653	314,170,842	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen								190
194	07950	FITNESS CENTER	1,526,263	771,609	2,297,872	2,920	2,300,792		2,300,792	194
194.01	07951	RETAIL PHARMACY	747,198	3,718,828	4,466,026	1,918	4,467,944		4,467,944	194.01
194.02	07952	GARDEN VIEW DELI	19,484	59,160	78,644		78,644		78,644	194.02
194.03	07953	MEDICAL OFFICE BLDG								194.03
194.04	07954	PHYSICIAN SERVICES	2,968,681	332,250	3,300,931	2,238	3,303,169		3,303,169	194.04
194.05	07955	ENDOCRINOLOGIST	738,402	312,879	1,051,281	788	1,052,069		1,052,069	194.05
194.06	07956	HOSPITALIST	10,273,927	6,028,305	16,302,232	5,215	16,307,447		16,307,447	194.06
194.07	07957	NEONATOLOGY PHYSICIANS	1,892,296	252,027	2,144,323	307	2,144,630		2,144,630	194.07
194.08	07958	ANESTHESIOLOGISTS	3,781,904	8,345,760	12,127,664		12,127,664		12,127,664	194.08
194.09	07959	PHYSICIAN CARDIOLOGIST	7,498,795	976,016	8,474,811	3,676	8,478,487		8,478,487	194.09
194.10	07960	PHYSICIAN ONCOLOGIST	2,407,234	213,719	2,620,953	3,070	2,624,023		2,624,023	194.10
194.11	07961	PERINATOLOGY				656	656		656	194.11
194.12	07962	TRAUMA PHYSICIANS	1,208,602	561,499	1,770,101	499	1,770,600		1,770,600	194.12
194.13	07963	LANDMARK HOSPITAL				16,719	16,719		16,719	194.13
194.14	07964	GYN SURG ONCOLOGIST	811,344	77,108	888,452	317	888,769		888,769	194.14
194.15	07965	CAPE GASTROENTEROLOGY	3,726,050	561,912	4,287,962	468	4,288,430		4,288,430	194.15
194.16	07966	CAPE PHYSICIAN ASSOCIATES	3,900,549	1,418,114	5,318,663	8,354	5,327,017		5,327,017	194.16
194.17	07967	NONPATIENT MEALS								194.17
194.18	07968	BEAUTY SHOP								194.18
194.19	07969	MARKETING COSTS				13,716,101	13,716,101		13,716,101	194.19
194.20	07970	CAPE PRIMARY CARE	1,773,498	736,522	2,510,020	5,660	2,515,680		2,515,680	194.20
194.21	07971	CAPE CARE FOR WOMEN	5,086,607	1,296,012	6,382,619	15,617	6,398,236		6,398,236	194.21
194.22	07972	JACKSON FAMILY CLINIC	1,059,145	375,909	1,435,054	1,262	1,436,316		1,436,316	194.22
194.23	07973	CAPE MEDICAL GROUP				38	38		38	194.23
194.24	07974	CAPE ENT GROUP	2,096,992	449,766	2,546,758	4,981	2,551,739		2,551,739	194.24
194.25	07975	CHARLESTON FAMILY CARE	432,805	173,588	606,393	6,026	612,419		612,419	194.25
194.26	07976	AWL FAMILY HEALTHCARE SYSTEMS								194.26
194.27	07977	CAPE CEREBROVASCULAR & ENDOVASCULAR								194.27
194.28	07978	HOSPICE								194.28
194.29	07979	IMMEDIATE CONVENIENT CARE - JACKSON	277,047	116,545	393,592	1,780	395,372		395,372	194.29
194.30	07980	JACKSON PHYSICIAN ASSOCIATES	305,896	110,266	416,162		416,162		416,162	194.30
194.31	07981	PHYSICIANS PARK PRIMARY CARE	2,063,643	7,100,874	9,164,517		9,164,517		9,164,517	194.31
194.32	07982	IMMEDIATE CONVENIENT CARE - BLACK RI	150,309	21,837	172,146		172,146		172,146	194.32
194.33	07983	FARMINGTON PHYSICIAN ASSOCIATES	2,396,735	1,022,053	3,418,788	11,203	3,429,991		3,429,991	194.33
194.34	07984	PIEDMONT PHYSICIAN ASSOCIATES	2,059,551	890,158	2,949,709	2,359	2,952,068		2,952,068	194.34
194.35	07985	CAPE PEDIATRIC GROUP	451,500	843,942	1,295,442	3,813	1,299,255		1,299,255	194.35
194.36	07986	POPLAR BLUFF NEUROLOGY SPECIALISTS	636,247	149,268	785,515	422	785,937		785,937	194.36
194.37	07987	IMMEDIATE CONVENIENT CARE CAPE	965,531	342,924	1,308,455		1,308,455		1,308,455	194.37
194.39	07988	CAPE NEUROSURGICAL ASSOCIATES	348,901	1,318,928	1,667,829		1,667,829		1,667,829	194.39
194.40	07989	KNIEBERT CLINIC	7,815,476	3,656,814	11,472,290		11,472,290		11,472,290	194.40
194.41	07990	KNIEBERT PHARMACY	354,621	4,914,384	5,269,005		5,269,005		5,269,005	194.41
194.43	07991	KNEIBERT LAB		12	12		12		12	194.43
194.44	07992	PALLIATIVE CARE	3,398	857	4,255		4,255		4,255	194.44
194.45	07993	CAPE ORTHO SURGEONS	785,441	441,946	1,227,387		1,227,387		1,227,387	194.45
194.46	07994	SAINT FRANCIS OUTPATIENT CLINIC	378,797	620,324	999,121		999,121		999,121	194.46
200		TOTAL (sum of lines 118-199)	183,805,309	276,635,577	460,440,886		460,440,886	-13,298,653	447,142,233	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	RECLASS EMPLOYEE BENEFITS	A	Employee Benefits Department	4		203,590	1
2							2
500	Total reclassifications					203,590	500
	Code Letter - A						
1	RECLASS INTEREST EXPENSE	B	Cap Rel Costs-Bldg & Fixt	1		6,694,808	1
500	Total reclassifications					6,694,808	500
	Code Letter - B						
1	RECLASS TELEPHONE COSTS	C	COMMUNICATIONS	5.01		267,673	1
500	Total reclassifications					267,673	500
	Code Letter - C						
1	RECLASS MAIL CLERK	D	OTHER ADMINISTRATIVE & GENERA	5.06	40,310		1
500	Total reclassifications				40,310		500
	Code Letter - D						
1	RECLASS MARKETING COST	E	MARKETING COSTS	194.19	3,183,062	10,533,039	1
500	Total reclassifications				3,183,062	10,533,039	500
	Code Letter - E						
1	RECLASS BIOMED	F	Employee Benefits Department	4	1,999	1,435	1
2			COMMUNICATIONS	5.01	4,623	3,320	2
3			DATA PROCESSING	5.02	4,609	3,306	3
4			PURCHASING	5.03	659	473	4
5			CREDIT & COLLECTIONS	5.05	1,351	970	5
6			OTHER ADMINISTRATIVE & GENERA	5.06	25,547	18,327	6
7			Maintenance & Repairs	6	46,438	33,313	7
8			Operation of Plant	7	56	40	8
9			Laundry & Linen Service	8	56	40	9
10			Housekeeping	9	2,752	1,975	10
11			Dietary	10	1,651	1,184	11
12			Nursing Administration	13	1,186	851	12
13			SPD STERILE PROCESSING	13.10	2,860	2,052	13
14			Medical Records & Library	16	1,765	1,266	14
15			Social Service	17	45	32	15
16			Adults & Pediatrics	30	64,067	45,961	16
17			Intensive Care Unit	31	33,335	23,914	17
18			NEONATOLOGY/NICU	31.01	21,029	15,085	18
19			Subprovider - IRF	41	4,968	3,564	19
20			Nursery	43	4,119	2,954	20
21			Operating Room	50	60,057	43,084	21
22			Recovery Room	51	4,369	3,134	22
23			Delivery Room & Labor Room	52	4,438	3,183	23
24			Anesthesiology	53	5,204	3,733	24
25			Radiology-Diagnostic	54	7,690	5,517	25
26			CT Scan	57	231	166	26
27			MRI	58	862	619	27
28			Radioisotope	56	608	436	28
29			Laboratory	60	10,236	7,343	29
30			Cardiac Catheterization	59	8,213	5,892	30
31			Respiratory Therapy	65	25,706	18,440	31
32			Physical Therapy	66	2,911	2,089	32
33			Occupational Therapy	67	516	370	33
34			Speech Pathology	68	976	701	34
35			Electrocardiology	69	8,493	6,093	35
36			Electroencephalography	70	3,816	2,737	36
37			Medical Supplies Charged to P	71	19,075	13,685	37
38			Drugs Charged to Patients	73	36,724	26,345	38
39			REHABILITATION SERVICES	73.10	15,523	11,137	39
40			CAPE MEDICAL ONCOLOGY PBC	90.10	135	101	40
41			GYN SURG ONCOLOGIST PBC	90.20	16	12	41
42			PHYSICIAN RADIOLOGIST PBC	90.30	65	49	42
43			CAPE THORACIC & CARDIOVASCULA	90.40	5	4	43
44			CAPE NEUROSURGERY PBC	90.60	14	11	44
45			Emergency	91	23,537	16,884	45
46			Home Health Agency	101	402	289	46
47			Hospice	116	134	96	47
48			FITNESS CENTER	194	1,700	1,220	48
49			RETAIL PHARMACY	194.01	1,117	801	49
50			PHYSICIAN SERVICES	194.04	1,304	934	50
51			ENDOCRINOLOGIST	194.05	460	328	51
52			HOSPITALIST	194.06	3,036	2,179	52
53			NEONATOLOGY PHYSICIANS	194.07	179	128	53
54			PHYSICIAN RADIOLOGIST	194.09	2,142	1,534	54
55			PHYSICIAN ONCOLOGIST	194.10	1,790	1,280	55

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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	
56			PERINATOLOGY	194.11	382	274	56
57			TRAUMA PHYSICIANS	194.12	290	209	57
58			LANDMARK HOSPITAL	194.13	9,735	6,984	58
59			GYN SURG ONCOLOGIST	194.14	185	132	59
60			CAPE GASTROENTEROLOGY	194.15	273	195	60
61			CAPE PHYSICIAN ASSOCIATES	194.16	4,864	3,490	61
62			CAPE PRIMARY CARE	194.20	3,296	2,364	62
63			CAPE CARE FOR WOMEN	194.21	9,093	6,524	63
64			JACKSON FAMILY CLINIC	194.22	735	527	64
65			CAPE MEDICAL GROUP	194.23	22	16	65
66			CAPE ENT GROUP	194.24	2,901	2,080	66
67			CHARLESTON FAMILY CARE	194.25	3,509	2,517	67
68			IMMEDIATE CONVENIENT CARE - J	194.29	1,037	743	68
69			FARMINGTON PHYSICIAN ASSOCIAT	194.33	6,523	4,680	69
70			PIEDMONT PHYSICIAN ASSOCIATES	194.34	1,374	985	70
71			CAPE PEDIATRIC GROUP	194.35	2,221	1,592	71
72			POPLAR BLUFF NEUROLOGY SPECIA	194.36	246	176	72
500	Total reclassifications				521,485	374,104	500
	Code Letter - F						
1	RECLASS EKG COSTS	H	Electrocardiology	69	49,369	9,769	1
2							2
3							3
4							4
5							5
6							6
500	Total reclassifications				49,369	9,769	500
	Code Letter - H						
1	RECLASS IMP. DEVICES CHARGED	I	Impl. Dev. Charged to Patient	72	397,912	19,943,155	1
500	Total reclassifications				397,912	19,943,155	500
	Code Letter - I						
	GRAND TOTAL (Increases)				4,192,138	38,026,138	

(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	RECLASS EMPLOYEE BENEFITS	A					1	
2			Laboratory	60		203,590	2	
500	Total reclassifications					203,590	500	
	Code letter - A							
1	RECLASS INTEREST EXPENSE	B	Interest Expense	113		6,694,808	11	
500	Total reclassifications					6,694,808	500	
	Code letter - B							
1	RECLASS TELEPHONE COSTS	C	OTHER ADMINISTRATIVE & GENERA	5.06		267,673	1	
500	Total reclassifications					267,673	500	
	Code letter - C							
1	RECLASS MAIL CLERK	D	PURCHASING	5.03	40,310		1	
500	Total reclassifications				40,310		500	
	Code letter - D							
1	RECLASS MARKETING COST	E	OTHER ADMINISTRATIVE & GENERA	5.06	3,183,062	10,533,039	1	
500	Total reclassifications				3,183,062	10,533,039	500	
	Code letter - E							
1	RECLASS BIOMED	F					1	
2							2	
3							3	
4							4	
5							5	
6							6	
7							7	
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9							9	
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54							54	

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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				Wkst A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70								70
71								71
72			Maintenance & Repairs	6	521,485	374,104		72
500	Total reclassifications				521,485	374,104		500
	Code letter - F							
1	RECLASS EKG COSTS	H						1
2			Adults & Pediatrics	30	28,762	6,370		2
3			Intensive Care Unit	31	1,884	400		3
4			Operating Room	50	299	71		4
5			Cardiac Catheterization	59	1,286	288		5
6			Emergency	91	17,138	2,640		6
500	Total reclassifications				49,369	9,769		500
	Code letter - H							
1	RECLASS IMP. DEVICES CHARGED	I	Medical Supplies Charged to P	71	397,912	19,943,155		1
500	Total reclassifications				397,912	19,943,155		500
	Code letter - I							
	GRAND TOTAL (Decreases)				4,192,138	38,026,138		

(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	8,121,950		265,000	265,000		8,386,950		1
2	Land Improvements	10,654,901	2,162,338		2,162,338		12,817,239	3,833,729	2
3	Buildings and Fixtures	293,819,945	41,182,552		41,182,552	86,732,348	248,270,149	31,742,777	3
4	Building Improvements								4
5	Fixed Equipment	139,941,382	10,001,125		10,001,125		149,942,507	27,205,621	5
6	Movable Equipment	132,947,942	59,116,506		59,116,506	8,758,875	183,305,573	47,700,514	6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	585,486,120	112,462,521	265,000	112,727,521	95,491,223	602,722,418	110,482,641	8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	585,486,120	112,462,521	265,000	112,727,521	95,491,223	602,722,418	110,482,641	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	17,315,902						17,315,902	1	
2	Cap Rel Costs-Mvble Equip	17,840,947						17,840,947	2	
3	Total (sum of lines 1-2)	35,156,849						35,156,849	3	

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	419,416,846		419,416,846	0.695871			466,064	466,064	1
2	Cap Rel Costs-Mvble Equip	183,305,572		183,305,572	0.304129			203,692	203,692	2
3	Total (sum of lines 1-2)	602,722,418		602,722,418	1.000000			669,756	669,756	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	17,300,335		5,611,765			466,064	23,378,164	1	
2	Cap Rel Costs-Mvble Equip	17,809,621					203,692	18,013,313	2	
3	Total (sum of lines 1-2)	35,109,956		5,611,765			669,756	41,391,477	3	

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

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
				COST CENTER	LINE#	Wkst. A-7 Ref.	
1	Investment income-buildings & fixtures (chapter 2)	B	-1,083,043	Cap Rel Costs-Bldg & Fixt	1	11	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2		2
3	Investment income-other (chapter 2)						3
4	Trade, quantity, and time discounts (chapter 8)						4
5	Refunds and rebates of expenses (chapter 8)						5
6	Rental of provider space by suppliers (chapter 8)						6
7	Telephone services (pay stations excl) (chapter 21)	A	-31,840	COMMUNICATIONS	5.01		7
8	Television and radio service (chapter 21)						8
9	Parking lot (chapter 21)						9
10	Provider-based physician adjustment	Wkst A-8-2	-8,244,839				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-349				12
13	Laundry and linen service						13
14	Cafeteria - employees and guests	B	-1,123,299	Dietary	10		14
15	Rental of quarters to employees & others						15
16	Sale of medical and surgical supplies to other than patients						16
17	Sale of drugs to other than patients	B	-4,241	Drugs Charged to Patients	73		17
18	Sale of medical records and abstracts	B	-30,357	Medical Records & Library	16		18
19	Nursing school (tuition,fees,books,etc.)						19
20	Vending machines						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			Cap Rel Costs-Bldg & Fixt	1		26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2		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	DEPR. ON PT. PHONE	A	-2,675	Cap Rel Costs-Mvble Equip	2	9	33
34	TELEVISION ELECTRIC USAGE	A	-6,776	Operation of Plant	7		34
35	PHYSICIAN RECRUITMENT	A	-1,023,255	OTHER ADMINISTRATIVE & GENERAL	5.06		35
36	COMMUNITY WELLNESS	B	-124,262	REHABILITATION SERVICES	73.10		36
37	OUTSIDE STERILE PROCESS	B	-71,200	SPD STERILE PROCESSING	13.10		37
38							38
39	COMMUNITY TRAINING CENTER	B	-139,437	REHABILITATION SERVICES	73.10		39
40							40
41	MISC. INCOME	B	-56,262	OTHER ADMINISTRATIVE & GENERAL	5.06		41
42	NON-ALLOW SUPPLIES-REHAB.	B	-8,608	REHABILITATION SERVICES	73.10		42
43							43
44							44
45	REHAB GYM USE	B	-10,166	REHABILITATION SERVICES	73.10		45
45.01	ADJ. DEPR. EXP.	A	-9,094	Cap Rel Costs-Bldg & Fixt	1	9	45.01
45.02	ADJ. DEPR. EXP.	A	-2,730	Cap Rel Costs-Mvble Equip	2	9	45.02
45.04	ADJ. DEPR. EXP	A	-22,577	Cap Rel Costs-Mvble Equip	2	9	45.04
45.05	AHA DUES FOR LOBBYING	A	-27,988	OTHER ADMINISTRATIVE & GENERAL	5.06		45.05
45.06	DEPR. NEW BLDG & FIX.	A	-6,124	Cap Rel Costs-Bldg & Fixt	1	9	45.06
45.07	DEPR. NEW MOV. EQUIP.	A	-3,344	Cap Rel Costs-Mvble Equip	2	9	45.07
45.08	NON-ALLOWABLE EXPENSE	A	-37,887	OTHER ADMINISTRATIVE & GENERAL	5.06		45.08
45.09	NON-ALLOWABLE GOODWILL EXPENSE	A	-759,728	OTHER ADMINISTRATIVE & GENERAL	5.06		45.09
45.10	ER PHYSICAN BENEFITS	A	-468,572	Employee Benefits Department	4		45.10
46							46
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-13,298,653				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

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

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

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	SFHS		349	-349	9	1
2								2
3								3
4								4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12				349	-349		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	E	SFMC		SFHS		HEALTHCARE	6
7							7
8							8
9							9
10							10

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

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

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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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	41	Subprovider - IRF SUBPROVIDER				153,400				1
2	54	Radiology-Diagnostic RADIOLOGY-DIAGN	662,225	662,225		195,000				2
3	57	CT Scan CT SCAN				195,000				3
4	65	Respiratory Therapy RESPIRATORY THE	19,783	19,783		153,400				4
5	69	Electrocardiology ELECTROCARDIOLO	200,674	200,674		153,400				5
6	70	Electroencephalogram ELECTROENCEPHAL	67,504	67,504		153,400				6
7	73.10	REHABILITATION SERVI REHABILITATION				153,400				7
8	91	Emergency EMERGENCY	7,285,205	7,237,955	37,396	153,400	174	12,833	642	8
9	31.01	NEONATOLOGY/NICU NICU	22,281	22,281		153,400				9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	8,257,672	8,210,422	37,396		174	12,833	642	200

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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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	41	Subprovider - IRF SUBPROVIDER								1
2	54	Radiology-Diagnostic RADIOLOGY-DIAGN							662,225	2
3	57	CT Scan CT SCAN								3
4	65	Respiratory Therapy RESPIRATORY THE							19,783	4
5	69	Electrocardiology ELECTROCARDIOLO							200,674	5
6	70	Electroencephalogram ELECTROENCEPHAL							67,504	6
7	73.10	REHABILITATION SERVI REHABILITATION								7
8	91	Emergency EMERGENCY					12,833	24,563	7,272,372	8
9	31.01	NEONATOLOGY/NICU NICU							22,281	9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					12,833	24,563	8,244,839	200

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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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	COMMUNI-CATIONS	DATA PROCESSING	
		0	1	2	4	5.01	5.02	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	23,378,164	23,378,164					1
2	Cap Rel Costs-Mvble Equip	18,013,313		18,013,313				2
4	Employee Benefits Department	3,560,099	315,367	36,864	3,912,330			4
5.01	COMMUNICATIONS	541,484	18,260	287,103	5,014	851,861		5.01
5.02	DATA PROCESSING	18,760,782	348,537	6,391,826	129,507	46,930	25,677,582	5.02
5.03	PURCHASING	782,461	161,237	5,951	11,500	7,120	30,736	5.03
5.04	ADMITTING							5.04
5.05	CREDIT & COLLECTIONS	6,116,539	69,129	3,744	28,642	29,129	633,154	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	37,929,702	1,339,264	194,858	244,696	68,615	5,955,545	5.06
6	Maintenance & Repairs	7,685,075	935,234	152,661	49,564	22,332	84,011	6
7	Operation of Plant	-6,680	2,993,201			1,942		7
7.10	SPD SOILED PROCESSING		214,699			1,295		7.10
8	Laundry & Linen Service	1,015,957	137,751	28,528	10,684	1,295	4,098	8
9	Housekeeping	3,649,610	153,139	34,511	60	2,913		9
10	Dietary	2,410,942	288,049	207,375	41,467	8,415	319,651	10
11	Cafeteria		226,065					11
12	Maintenance of Personnel							12
13	Nursing Administration	1,201,333	9,395	157,657	19,821	7,120	562,462	13
13.10	SPD STERILE PROCESSING	1,225,159	139,321	30,368	15,550	3,237	49,177	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	3,120,376	175,433	20,919	22,224	13,917	889,285	16
17	Social Service	467,086	7,272		8,105	1,942	13,319	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
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	22,337,787	4,298,024	697,251	370,938	148,233	3,074,589	30
31	Intensive Care Unit	7,772,100	598,210	361,263	125,046	23,303	452,838	31
31.01	NEONATOLOGY/NICU	2,946,996	383,139	246,055	45,433	11,004	282,768	31.01
41	Subprovider - IRF	1,553,566	471,517	31,150	25,526	14,888	135,237	41
43	Nursery	1,402,823	14,463	1,195	21,688		81,962	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	13,999,027	1,557,227	2,634,256	190,432	49,196	1,456,870	50
51	Recovery Room	1,056,076	79,633	25,347	18,232	5,502	35,858	51
52	Delivery Room & Labor Room	1,357,661			22,681		104,501	52
53	Anesthesiology	535,289	4,013	968	1,424	2,913	6,147	53
54	Radiology-Diagnostic	7,152,437	495,303	2,074,616	97,645	40,781	1,525,512	54
56	Radioisotope	517,709	65,038	70,262	6,233	324	119,869	56
57	CT Scan	1,083,181	46,685	487,054	10,641	1,942	23,564	57
58	MRI	728,977	21,819	303,563	5,938	1,618	23,564	58
59	Cardiac Catheterization	5,866,880	974,152	597,623	74,566	35,278	688,478	59
60	Laboratory	12,189,274	319,968	371,654	95,572	27,834	1,106,483	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	4,653,459	123,020	70,530	67,315	11,975	340,141	65
66	Physical Therapy	2,702,831	459,082	26,942	45,483	3,237	21,515	66
67	Occupational Therapy	1,154,563	120,476	3,857	20,242	4,208	18,441	67
68	Speech Pathology	838,357	35,285	4,003	14,478	3,560	36,883	68
69	Electrocardiology	2,501,613		403,049	30,181		266,376	69
70	Electroencephalography	1,742,671	87,796	90,612	28,272	16,506	300,185	70
71	Medical Supplies Charged to Patients	20,843,960	221,279	11,234	8,356	1,295	11,270	71
72	Impl. Dev. Charged to Patients	20,341,067	236,857	12,025	8,944	1,618	11,270	72
73	Drugs Charged to Patients	28,892,235	211,708	427,155	73,681	12,623	1,326,755	73
73.10	REHABILITATION SERVICES	7,385,985	1,375,191	736,829	100,706	39,486	1,214,058	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.10	CAPE MEDICAL ONCOLOGY PBC	202,686	13,625	1,306	2,314	971		90.10
90.20	GYN SURG ONCOLOGIST PBC	56,366		294	773	324		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	382,584	8,228	2,844	4,998	647	61,471	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	50,391	1,435	81	506			90.40
90.60	CAPE NEUROSURGERY PBC	89,702	138	217	768		61,471	90.60
91	Emergency	9,279,669	956,816	323,261	146,153	45,312	746,876	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	357,939				324		95
97	Durable Medical Equip-Sold					1,295		97
101	Home Health Agency	1,285,021	40,955	4,558	20,761	4,855	24,589	101

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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	COMMUNI-CATIONS	DATA PROCESSING	
		0	1	2	4	5.01	5.02	
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	1,058,558	107,519		12,409		25,613	116
118	SUBTOTALS (sum of lines 1-117)	314,170,842	20,859,954	17,573,419	2,285,170	727,254	22,126,592	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		54,277			1,618		190
194	FITNESS CENTER	2,300,792	1,160,749	49,155	33,514	10,681	72,741	194
194.01	RETAIL PHARMACY	4,467,944	54,721	21,958	16,414	9,710	23,564	194.01
194.02	GARDEN VIEW DELI	78,644	76,176	3,518	427		6,147	194.02
194.03	MEDICAL OFFICE BLDG			445				194.03
194.04	PHYSICIAN SERVICES	3,303,169	90,028	1,300	65,144	4,855	254,081	194.04
194.05	ENDOCRINOLOGIST	1,052,069		14,086	16,206	7,444	187,487	194.05
194.06	HOSPITALIST	16,307,447	21,819	22,026	225,415	2,589	389,318	194.06
194.07	NEONATOLOGY PHYSICIANS	2,144,630	26,814	350	41,510	1,618	60,447	194.07
194.08	ANESTHESIOLOGISTS	12,127,664	16,837		82,952		19,466	194.08
194.09	PHYSICIAN CARDIOLOGIST	8,478,487	223,541	75,233	164,526	14,888	422,103	194.09
194.10	PHYSICIAN ONCOLOGIST	2,624,023	175,271	8,456	52,840	12,946	90,158	194.10
194.11	PERINATOLOGY	656			8		14,343	194.11
194.12	TRAUMA PHYSICIANS	1,770,600	59,492	3,719	26,516	3,560	44,054	194.12
194.13	LANDMARK HOSPITAL	16,719			214			194.13
194.14	GYN SURG ONCOLOGIST	888,769		4,974	17,800	3,560	47,128	194.14
194.15	CAPE GASTROENTEROLOGY	4,288,430		4,671	81,733	7,768	170,071	194.15
194.16	CAPE PHYSICIAN ASSOCIATES	5,327,017	555,558	19,863	85,661	43,046	265,351	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP		2,927			324		194.18
194.19	MARKETING COSTS	13,716,101			69,817			194.19
194.20	CAPE PRIMARY CARE	2,515,680		86,727	38,972		182,365	194.20
194.21	CAPE CARE FOR WOMEN	6,398,236		55,451	111,769		294,038	194.21
194.22	JACKSON FAMILY CLINIC	1,436,316		7,420	23,247		87,084	194.22
194.23	CAPE MEDICAL GROUP	38						194.23
194.24	CAPE ENT GROUP	2,551,739		43,744	46,059		67,618	194.24
194.25	CHARLESTON FAMILY CARE	612,419		16,798	9,570		32,785	194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS							194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR							194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON	395,372			6,099		16,392	194.29
194.30	JACKSON PHYSICIAN ASSOCIATES	416,162			6,710		63,520	194.30
194.31	PHYSICIANS PARK PRIMARY CARE	9,164,517			45,264		570,658	194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI	172,146			3,297			194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES	3,429,991			52,713		170,071	194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES	2,952,068			45,204			194.34
194.35	CAPE PEDIATRIC GROUP	1,299,255			9,952			194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS	785,937			13,961			194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE	1,308,455			21,178			194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES	1,667,829			7,653			194.39
194.40	KNIEBERT CLINIC	11,472,290			171,425			194.40
194.41	KNIEBERT PHARMACY	5,269,005			7,778			194.41
194.43	KNEIBERT LAB	12						194.43
194.44	PALLIATIVE CARE	4,255			75			194.44
194.45	CAPE ORTHO SURGEONS	1,227,387			17,228			194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC	999,121			8,309			194.46
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	447,142,233	23,378,164	18,013,313	3,912,330	851,861	25,677,582	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PURCHASING	CREDIT & COLLECTION	SUBTOTAL (cols.0-4)	OTHER ADMIN & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	
		5.03	5.05	4A	5.06	6	7	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING	999,005						5.03
5.04	ADMITTING							5.04
5.05	CREDIT & COLLECTIONS	2,283	6,882,620					5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	8,163		45,740,843	45,740,843			5.06
6	Maintenance & Repairs	10,296		8,939,173	1,018,646	9,957,819		6
7	Operation of Plant			2,988,463	340,544	1,476,181	4,805,188	7
7.10	SPD SOILED PROCESSING			215,995	24,613	105,885	59,988	7.10
8	Laundry & Linen Service	3,911		1,202,224	136,997	67,936	38,488	8
9	Housekeeping	323		3,840,556	437,643	75,525	42,788	9
10	Dietary	3,525		3,279,424	373,700	142,059	80,482	10
11	Cafeteria			226,065	25,761	111,490	63,164	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,227		1,959,015	223,236	4,634	2,625	13
13.10	SPD STERILE PROCESSING	3,887		1,466,699	167,135	68,710	38,927	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	763		4,242,917	483,493	86,519	49,017	16
17	Social Service	5		497,729	56,718	3,586	2,032	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
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	12,529	435,716	31,375,067	3,575,283	2,119,687	1,200,887	30
31	Intensive Care Unit	8,558	155,296	9,496,614	1,082,168	295,024	167,143	31
31.01	NEONATOLOGY/NICU	2,411	98,523	4,016,329	457,673	188,956	107,051	31.01
41	Subprovider - IRF	462	20,223	2,252,569	256,687	232,542	131,744	41
43	Nursery	1,967	30,372	1,554,470	177,137	7,133	4,041	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	24,840	436,770	20,348,618	2,318,786	767,990	435,097	50
51	Recovery Room	300	75,406	1,296,354	147,723	39,273	22,250	51
52	Delivery Room & Labor Room	771	44,521	1,530,135	174,363			52
53	Anesthesiology	4,818	239,466	795,038	90,597	1,979	1,121	53
54	Radiology-Diagnostic	9,325	349,042	11,744,661	1,338,339	244,272	138,390	54
56	Radioisotope	1,805	54,473	835,713	95,232	32,075	18,172	56
57	CT Scan	5,836	451,494	2,110,397	240,486	23,024	13,044	57
58	MRI	4,219	113,180	1,202,878	137,072	10,760	6,096	58
59	Cardiac Catheterization	16,626	239,599	8,493,202	967,826	480,430	272,183	59
60	Laboratory	56,649	870,883	15,038,317	1,713,661	157,801	89,401	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	8,423	332,174	5,607,037	638,939	60,671	34,372	65
66	Physical Therapy	374	63,901	3,323,365	378,707	226,409	128,270	66
67	Occupational Therapy	157	31,802	1,353,746	154,263	59,416	33,662	67
68	Speech Pathology	168	24,350	957,084	109,063	17,402	9,859	68
69	Electrocardiology	9,047	124,278	3,334,544	379,981			69
70	Electroencephalography	1,563	34,157	2,301,762	262,293	43,299	24,531	70
71	Medical Supplies Charged to Patients	208,850	674,748	21,980,992	2,504,800	109,130	61,827	71
72	Impl. Dev. Charged to Patients	223,552	722,246	21,557,579	2,456,551	116,813	66,179	72
73	Drugs Charged to Patients	267,814	631,973	31,843,944	3,628,663	104,410	59,152	73
73.10	REHABILITATION SERVICES	7,958	135,036	10,995,249	1,252,942	678,214	384,236	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.10	CAPE MEDICAL ONCOLOGY PBC	49	8,191	229,142	26,111	6,719	3,807	90.10
90.20	GYN SURG ONCOLOGIST PBC	8	1,162	58,927	6,715			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	208	12,682	473,662	53,975	4,058	2,299	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	32	2,243	54,688	6,232	708	401	90.40
90.60	CAPE NEUROSURGERY PBC	35	2,504	154,835	17,644	68	39	90.60
91	Emergency	10,164	436,794	11,945,045	1,361,174	471,881	267,339	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		1,795	360,058	41,030			95
97	Durable Medical Equip-Sold			1,295	148			97
101	Home Health Agency	1,295	10,258	1,392,292	158,656	20,198	11,443	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	PURCHASING	CREDIT & COLLECTION	SUBTOTAL (cols.0-4)	OTHER ADMIN & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	
		5.03	5.05	4A	5.06	6	7	
116	Hospice	468	17,362	1,221,929	139,242	53,026	30,041	116
118	SUBTOTALS (sum of lines 1-117)	925,664	6,882,620	305,836,640	29,638,648	8,715,893	4,101,588	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen			55,895	6,369	26,768	15,165	190
194	FITNESS CENTER	1,738		3,629,370	413,578	572,456	324,319	194
194.01	RETAIL PHARMACY	38,364		4,632,675	527,907	26,987	15,289	194.01
194.02	GARDEN VIEW DELI	116		165,028	18,805	37,568	21,284	194.02
194.03	MEDICAL OFFICE BLDG			445	51			194.03
194.04	PHYSICIAN SERVICES	354		3,718,931	423,783	44,400	25,154	194.04
194.05	ENDOCRINOLOGIST	1,800		1,279,092	145,756			194.05
194.06	HOSPITALIST	6,901		16,975,515	1,934,411	10,760	6,096	194.06
194.07	NEONATOLOGY PHYSICIANS	215		2,275,584	259,310	13,224	7,492	194.07
194.08	ANESTHESIOLOGISTS	3		12,246,922	1,395,574	8,304	4,704	194.08
194.09	PHYSICIAN CARDIOLOGIST	1,319		9,380,097	1,068,890	110,246	62,459	194.09
194.10	PHYSICIAN ONCOLOGIST	111		2,963,805	337,734	86,440	48,972	194.10
194.11	PERINATOLOGY			15,007	1,710			194.11
194.12	TRAUMA PHYSICIANS			1,907,941	217,416	29,340	16,622	194.12
194.13	LANDMARK HOSPITAL			16,933	1,930			194.13
194.14	GYN SURG ONCOLOGIST	34		962,265	109,653			194.14
194.15	CAPE GASTROENTEROLOGY	836		4,553,509	518,886			194.15
194.16	CAPE PHYSICIAN ASSOCIATES	6,805		6,303,301	718,280	273,989	155,226	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP			3,251	370	1,444	818	194.18
194.19	MARKETING COSTS			13,785,918	1,570,947			194.19
194.20	CAPE PRIMARY CARE	297		2,824,041	321,808			194.20
194.21	CAPE CARE FOR WOMEN	5,201		6,864,695	782,253			194.21
194.22	JACKSON FAMILY CLINIC	2,112		1,556,179	177,331			194.22
194.23	CAPE MEDICAL GROUP			38	4			194.23
194.24	CAPE ENT GROUP	1,752		2,710,912	308,917			194.24
194.25	CHARLESTON FAMILY CARE	708		672,280	76,608			194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS							194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR							194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON	124		417,987	47,631			194.29
194.30	JACKSON PHYSICIAN ASSOCIATES	80		486,472	55,435			194.30
194.31	PHYSICIANS PARK PRIMARY CARE	1,434		9,781,873	1,114,674			194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI			175,443	19,992			194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES	646		3,653,421	416,318			194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES	1,200		2,998,472	341,685			194.34
194.35	CAPE PEDIATRIC GROUP	579		1,309,786	149,254			194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS			799,898	91,151			194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE	217		1,329,850	151,540			194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES			1,675,482	190,926			194.39
194.40	KNIEBERT CLINIC			11,643,715	1,326,836			194.40
194.41	KNIEBERT PHARMACY			5,276,783	601,305			194.41
194.43	KNIEBERT LAB			12	1			194.43
194.44	PALLIATIVE CARE			4,330	493			194.44
194.45	CAPE ORTHO SURGEONS			1,244,615	141,828			194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC	395		1,007,825	114,845			194.46
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	999,005	6,882,620	447,142,233	45,740,843	9,957,819	4,805,188	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SPD SOILED PROCESSING	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		7.10	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
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CREDIT & COLLECTIONS							5.05
5.06	OTHER ADMINISTRATIVE & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
7.10	SPD SOILED PROCESSING	406,481						7.10
8	Laundry & Linen Service	406,481	1,852,126					8
9	Housekeeping		69,661	4,466,173				9
10	Dietary		23,573	77,070	3,976,308			10
11	Cafeteria			60,486	1,465,873	1,952,839		11
12	Maintenance of Personnel							12
13	Nursing Administration			2,514		14,106	2,206,130	13
13.10	SPD STERILE PROCESSING		84,432	37,276		25,238		13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library			46,938		29,536		16
17	Social Service			1,946		7,685		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
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		816,273	1,149,971	1,459,939	361,823	859,677	30
31	Intensive Care Unit		143,858	160,056	213,061	103,106	244,977	31
31.01	NEONATOLOGY/NICU		26,968	102,512		39,182	93,095	31.01
41	Subprovider - IRF		43,546	126,158	108,633	24,099	57,260	41
43	Nursery		17,117	3,870		19,686		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		228,480	416,649		150,805		50
51	Recovery Room		36,661	21,307		16,987		51
52	Delivery Room & Labor Room					21,548	51,197	52
53	Anesthesiology			1,074		2,491		53
54	Radiology-Diagnostic		1,737	132,522		68,155		54
56	Radioisotope			17,401		4,422		56
57	CT Scan		266	12,491		9,187		57
58	MRI		655	5,838		6,157		58
59	Cardiac Catheterization		7,024	260,642		44,177		59
60	Laboratory		14	85,610		117,348	278,816	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		2,642	32,915		64,771		65
66	Physical Therapy		2,987	122,831		39,074		66
67	Occupational Therapy			32,234		16,566		67
68	Speech Pathology			9,441		10,422		68
69	Electrocardiology		6			23,344		69
70	Electroencephalography			23,490		24,937	59,249	70
71	Medical Supplies Charged to Patients		2,155	59,205		13,893		71
72	Impl. Dev. Charged to Patients		2,306	63,373		14,871		72
73	Drugs Charged to Patients		2,867	56,644		45,905		73
73.10	REHABILITATION SERVICES		50,070	367,944		86,816	235,182	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.10	CAPE MEDICAL ONCOLOGY PBC			3,645		1,275		90.10
90.20	GYN SURG ONCOLOGIST PBC					232		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC		19	2,202		1,857		90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC		142	384		194		90.40
90.60	CAPE NEUROSURGERY PBC			37		321		90.60
91	Emergency		267,389	256,004		137,491	326,677	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold							97
101	Home Health Agency			10,958		15,562		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	SPD SOILED PROCESSIN G	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		7.10	8	9	10	11	13	
116	Hospice			28,768		11,113		116
118	SUBTOTALS (sum of lines 1-117)	406,481	1,830,848	3,792,406	3,247,506	1,574,382	2,206,130	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen			14,522				190
194	FITNESS CENTER			310,568		52,722		194
194.01	RETAIL PHARMACY			14,641		8,926		194.01
194.02	GARDEN VIEW DELI			20,382		940		194.02
194.03	MEDICAL OFFICE BLDG							194.03
194.04	PHYSICIAN SERVICES		7,845	24,088		12,247		194.04
194.05	ENDOCRINOLOGIST					10,462		194.05
194.06	HOSPITALIST			5,838		58,241		194.06
194.07	NEONATOLOGY PHYSICIANS			7,174		9,557		194.07
194.08	ANESTHESIOLOGISTS			4,505		22,564		194.08
194.09	PHYSICIAN CARDIOLOGIST		623	59,810		52,271		194.09
194.10	PHYSICIAN ONCOLOGIST			46,895		14,317		194.10
194.11	PERINATOLOGY		188			40		194.11
194.12	TRAUMA PHYSICIANS			15,917		4,142		194.12
194.13	LANDMARK HOSPITAL					1,615		194.13
194.14	GYN SURG ONCOLOGIST					5,054		194.14
194.15	CAPE GASTROENTEROLOGY					20,693		194.15
194.16	CAPE PHYSICIAN ASSOCIATES			148,644		57,159		194.16
194.17	NONPATIENT MEALS				728,802			194.17
194.18	BEAUTY SHOP		12,622	783		314		194.18
194.19	MARKETING COSTS							194.19
194.20	CAPE PRIMARY CARE					27,327		194.20
194.21	CAPE CARE FOR WOMEN							194.21
194.22	JACKSON FAMILY CLINIC							194.22
194.23	CAPE MEDICAL GROUP							194.23
194.24	CAPE ENT GROUP					18,003		194.24
194.25	CHARLESTON FAMILY CARE							194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS							194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR							194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON							194.29
194.30	JACKSON PHYSICIAN ASSOCIATES							194.30
194.31	PHYSICIANS PARK PRIMARY CARE							194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI							194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES							194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES							194.34
194.35	CAPE PEDIATRIC GROUP							194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS							194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE							194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES							194.39
194.40	KNIEBERT CLINIC							194.40
194.41	KNIEBERT PHARMACY							194.41
194.43	KNEIBERT LAB							194.43
194.44	PALLIATIVE CARE					42		194.44
194.45	CAPE ORTHO SURGEONS					1,821		194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC							194.46
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	406,481	1,852,126	4,466,173	3,976,308	1,952,839	2,206,130	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SPD STERILE PROCESSING 13.10	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CREDIT & COLLECTIONS							5.05
5.06	OTHER ADMINISTRATIVE & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
7.10	SPD SOILED PROCESSING							7.10
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
13.10	SPD STERILE PROCESSING	1,888,417						13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		4,938,420					16
17	Social Service			569,696				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
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		2,147,077	399,422	45,465,106		45,465,106	30
31	Intensive Care Unit	562	232,036	55,172	12,193,777		12,193,777	31
31.01	NEONATOLOGY/NICU	10,504	147,121	33,138	5,222,529		5,222,529	31.01
41	Subprovider - IRF		30,115	13,925	3,277,278		3,277,278	41
43	Nursery	34,814	90,840	12,691	1,921,799		1,921,799	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,583,552	285,849	7,227	26,543,053		26,543,053	50
51	Recovery Room		62,205		1,642,760		1,642,760	51
52	Delivery Room & Labor Room		57,762	19,742	1,854,747		1,854,747	52
53	Anesthesiology				892,300		892,300	53
54	Radiology-Diagnostic	85,335	407,791		14,161,202		14,161,202	54
56	Radioisotope				1,003,015		1,003,015	56
57	CT Scan				2,408,895		2,408,895	57
58	MRI				1,369,456		1,369,456	58
59	Cardiac Catheterization	5,407	217,719	881	10,749,491		10,749,491	59
60	Laboratory	24,250			17,505,218		17,505,218	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	47,626			6,488,973		6,488,973	65
66	Physical Therapy	120	47,888		4,269,651		4,269,651	66
67	Occupational Therapy				1,649,887		1,649,887	67
68	Speech Pathology	718			1,113,989		1,113,989	68
69	Electrocardiology		115,524		3,853,399		3,853,399	69
70	Electroencephalography		33,077		2,772,638		2,772,638	70
71	Medical Supplies Charged to Patients	44,157			24,776,159		24,776,159	71
72	Impl. Dev. Charged to Patients	47,268			24,324,940		24,324,940	72
73	Drugs Charged to Patients				35,741,585		35,741,585	73
73.10	REHABILITATION SERVICES	802	189,578		14,241,033		14,241,033	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.10	CAPE MEDICAL ONCOLOGY PBC				270,699		270,699	90.10
90.20	GYN SURG ONCOLOGIST PBC				65,874		65,874	90.20
90.30	PHYSICIAN CARDIOLOGIST PBC				538,072		538,072	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC				62,749		62,749	90.40
90.60	CAPE NEUROSURGERY PBC				172,944		172,944	90.60
91	Emergency	3,302	873,838	27,498	15,937,638		15,937,638	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services				401,088		401,088	95
97	Durable Medical Equip-Sold				1,443		1,443	97
101	Home Health Agency				1,609,109		1,609,109	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	SPD STERILE PROCESSING 13.10	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
116	Hospice				1,484,119		1,484,119	116
118	SUBTOTALS (sum of lines 1-117)	1,888,417	4,938,420	569,696	285,986,615		285,986,615	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				118,719		118,719	190
194	FITNESS CENTER				5,303,013		5,303,013	194
194.01	RETAIL PHARMACY				5,226,425		5,226,425	194.01
194.02	GARDEN VIEW DELI				264,007		264,007	194.02
194.03	MEDICAL OFFICE BLDG				496		496	194.03
194.04	PHYSICIAN SERVICES				4,256,448		4,256,448	194.04
194.05	ENDOCRINOLOGIST				1,435,310		1,435,310	194.05
194.06	HOSPITALIST				18,990,861		18,990,861	194.06
194.07	NEONATOLOGY PHYSICIANS				2,572,341		2,572,341	194.07
194.08	ANESTHESIOLOGISTS				13,682,573		13,682,573	194.08
194.09	PHYSICIAN CARDIOLOGIST				10,734,396		10,734,396	194.09
194.10	PHYSICIAN ONCOLOGIST				3,498,163		3,498,163	194.10
194.11	PERINATOLOGY				16,945		16,945	194.11
194.12	TRAUMA PHYSICIANS				2,191,378		2,191,378	194.12
194.13	LANDMARK HOSPITAL				20,478		20,478	194.13
194.14	GYN SURG ONCOLOGIST				1,076,972		1,076,972	194.14
194.15	CAPE GASTROENTEROLOGY				5,093,088		5,093,088	194.15
194.16	CAPE PHYSICIAN ASSOCIATES				7,656,599		7,656,599	194.16
194.17	NONPATIENT MEALS				728,802		728,802	194.17
194.18	BEAUTY SHOP				19,602		19,602	194.18
194.19	MARKETING COSTS				15,356,865		15,356,865	194.19
194.20	CAPE PRIMARY CARE				3,173,176		3,173,176	194.20
194.21	CAPE CARE FOR WOMEN				7,646,948		7,646,948	194.21
194.22	JACKSON FAMILY CLINIC				1,733,510		1,733,510	194.22
194.23	CAPE MEDICAL GROUP				42		42	194.23
194.24	CAPE ENT GROUP				3,037,832		3,037,832	194.24
194.25	CHARLESTON FAMILY CARE				748,888		748,888	194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS							194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR							194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON				465,618		465,618	194.29
194.30	JACKSON PHYSICIAN ASSOCIATES				541,907		541,907	194.30
194.31	PHYSICIANS PARK PRIMARY CARE				10,896,547		10,896,547	194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI				195,435		195,435	194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES				4,069,739		4,069,739	194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES				3,340,157		3,340,157	194.34
194.35	CAPE PEDIATRIC GROUP				1,459,040		1,459,040	194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS				891,049		891,049	194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE				1,481,390		1,481,390	194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES				1,866,408		1,866,408	194.39
194.40	KNIEBERT CLINIC				12,970,551		12,970,551	194.40
194.41	KNIEBERT PHARMACY				5,878,088		5,878,088	194.41
194.43	KNIEBERT LAB				13		13	194.43
194.44	PALLIATIVE CARE				4,865		4,865	194.44
194.45	CAPE ORTHO SURGEONS				1,388,264		1,388,264	194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC				1,122,670		1,122,670	194.46
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,888,417	4,938,420	569,696	447,142,233		447,142,233	202

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI- CATIONS	
		0	1	2	2A	4	5.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		315,367	36,864	352,231	352,231		4
5.01	COMMUNICATIONS		18,260	287,103	305,363	451	305,814	5.01
5.02	DATA PROCESSING		348,537	6,391,826	6,740,363	11,661	16,848	5.02
5.03	PURCHASING		161,237	5,951	167,188	1,036	2,556	5.03
5.04	ADMITTING							5.04
5.05	CREDIT & COLLECTIONS		69,129	3,744	72,873	2,579	10,457	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL		1,339,264	194,858	1,534,122	22,033	24,632	5.06
6	Maintenance & Repairs		935,234	152,661	1,087,895	4,463	8,017	6
7	Operation of Plant		2,993,201		2,993,201		697	7
7.10	SPD SOILED PROCESSING		214,699		214,699		465	7.10
8	Laundry & Linen Service		137,751	28,528	166,279	962	465	8
9	Housekeeping		153,139	34,511	187,650	5	1,046	9
10	Dietary		288,049	207,375	495,424	3,734	3,021	10
11	Cafeteria		226,065		226,065			11
12	Maintenance of Personnel							12
13	Nursing Administration		9,395	157,657	167,052	1,785	2,556	13
13.10	SPD STERILE PROCESSING		139,321	30,368	169,689	1,400	1,162	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		175,433	20,919	196,352	2,001	4,996	16
17	Social Service		7,272		7,272	730	697	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
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		4,298,024	697,251	4,995,275	33,357	53,216	30
31	Intensive Care Unit		598,210	361,263	959,473	11,259	8,366	31
31.01	NEONATOLOGY/NICU		383,139	246,055	629,194	4,091	3,950	31.01
41	Subprovider - IRF		471,517	31,150	502,667	2,298	5,345	41
43	Nursery		14,463	1,195	15,658	1,953		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		1,557,227	2,634,256	4,191,483	17,147	17,661	50
51	Recovery Room		79,633	25,347	104,980	1,642	1,975	51
52	Delivery Room & Labor Room					2,042		52
53	Anesthesiology		4,013	968	4,981	128	1,046	53
54	Radiology-Diagnostic		495,303	2,074,616	2,569,919	8,792	14,640	54
56	Radioisotope		65,038	70,262	135,300	561	116	56
57	CT Scan		46,685	487,054	533,739	958	697	57
58	MRI		21,819	303,563	325,382	535	581	58
59	Cardiac Catheterization		974,152	597,623	1,571,775	6,714	12,665	59
60	Laboratory		319,968	371,654	691,622	8,606	9,992	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		123,020	70,530	193,550	6,061	4,299	65
66	Physical Therapy		459,082	26,942	486,024	4,095	1,162	66
67	Occupational Therapy		120,476	3,857	124,333	1,823	1,510	67
68	Speech Pathology		35,285	4,003	39,288	1,304	1,278	68
69	Electrocardiology			403,049	403,049	2,718		69
70	Electroencephalography		87,796	90,612	178,408	2,546	5,926	70
71	Medical Supplies Charged to Patients		221,279	11,234	232,513	752	465	71
72	Impl. Dev. Charged to Patients		236,857	12,025	248,882	805	581	72
73	Drugs Charged to Patients		211,708	427,155	638,863	6,634	4,531	73
73.10	REHABILITATION SERVICES		1,375,191	736,829	2,112,020	9,068	14,175	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.10	CAPE MEDICAL ONCOLOGY PBC		13,625	1,306	14,931	208	349	90.10
90.20	GYN SURG ONCOLOGIST PBC			294	294	70	116	90.20
90.30	PHYSICIAN CARDIOLOGIST PBC		8,228	2,844	11,072	450	232	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC		1,435	81	1,516	46		90.40
90.60	CAPE NEUROSURGERY PBC		138	217	355	69		90.60
91	Emergency		956,816	323,261	1,280,077	13,160	16,267	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services						116	95
97	Durable Medical Equip-Sold						465	97
101	Home Health Agency		40,955	4,558	45,513	1,869	1,743	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113

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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	COMMUNI- CATIONS	
		0	1	2	2A	4	5.01	
116	Hospice		107,519		107,519	1,117		116
118	SUBTOTALS (sum of lines 1-117)		20,859,954	17,573,419	38,433,373	205,718	261,080	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		54,277		54,277		581	190
194	FITNESS CENTER		1,160,749	49,155	1,209,904	3,018	3,834	194
194.01	RETAIL PHARMACY		54,721	21,958	76,679	1,478	3,486	194.01
194.02	GARDEN VIEW DELI		76,176	3,518	79,694	38		194.02
194.03	MEDICAL OFFICE BLDG			445	445			194.03
194.04	PHYSICIAN SERVICES		90,028	1,300	91,328	5,866	1,743	194.04
194.05	ENDOCRINOLOGIST			14,086	14,086	1,459	2,672	194.05
194.06	HOSPITALIST		21,819	22,026	43,845	20,297	930	194.06
194.07	NEONATOLOGY PHYSICIANS		26,814	350	27,164	3,738	581	194.07
194.08	ANESTHESIOLOGISTS		16,837		16,837	7,469		194.08
194.09	PHYSICIAN CARDIOLOGIST		223,541	75,233	298,774	14,814	5,345	194.09
194.10	PHYSICIAN ONCOLOGIST		175,271	8,456	183,727	4,758	4,648	194.10
194.11	PERINATOLOGY					1		194.11
194.12	TRAUMA PHYSICIANS		59,492	3,719	63,211	2,388	1,278	194.12
194.13	LANDMARK HOSPITAL					19		194.13
194.14	GYN SURG ONCOLOGIST			4,974	4,974	1,603	1,278	194.14
194.15	CAPE GASTROENTEROLOGY			4,671	4,671	7,359	2,789	194.15
194.16	CAPE PHYSICIAN ASSOCIATES		555,558	19,863	575,421	7,713	15,453	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP		2,927		2,927		116	194.18
194.19	MARKETING COSTS					6,287		194.19
194.20	CAPE PRIMARY CARE			86,727	86,727	3,509		194.20
194.21	CAPE CARE FOR WOMEN			55,451	55,451	10,064		194.21
194.22	JACKSON FAMILY CLINIC			7,420	7,420	2,093		194.22
194.23	CAPE MEDICAL GROUP							194.23
194.24	CAPE ENT GROUP			43,744	43,744	4,147		194.24
194.25	CHARLESTON FAMILY CARE			16,798	16,798	862		194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS							194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR							194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON					549		194.29
194.30	JACKSON PHYSICIAN ASSOCIATES					604		194.30
194.31	PHYSICIANS PARK PRIMARY CARE					4,076		194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI					297		194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES					4,746		194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES					4,070		194.34
194.35	CAPE PEDIATRIC GROUP					896		194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS					1,257		194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE					1,907		194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES					689		194.39
194.40	KNIEBERT CLINIC					15,436		194.40
194.41	KNIEBERT PHARMACY					700		194.41
194.43	KNIEBERT LAB							194.43
194.44	PALLIATIVE CARE					7		194.44
194.45	CAPE ORTHO SURGEONS					1,551		194.45
194.46	SAINTE FRANCIS OUTPATIENT CLINIC					748		194.46
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		23,378,164	18,013,313	41,391,477	352,231	305,814	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DATA PROCESSING	PURCHASING	CREDIT & COLLECTION	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.02	5.03	5.05	5.06	6	7	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING	6,768,872						5.02
5.03	PURCHASING	8,102	178,882					5.03
5.04	ADMITTING							5.04
5.05	CREDIT & COLLECTIONS	166,906	409	253,224				5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	1,569,943	1,461		3,152,191			5.06
6	Maintenance & Repairs	22,146	1,843		70,199	1,194,563		6
7	Operation of Plant				23,468	177,086	3,190,015	7
7.10	SPD SOILED PROCESSING				1,696	12,702	39,824	7.10
8	Laundry & Linen Service	1,080	700		9,441	8,150	25,551	8
9	Housekeeping		58		30,160	9,060	28,405	9
10	Dietary	84,263	631		25,753	17,042	53,430	10
11	Cafeteria				1,775	13,375	41,932	11
12	Maintenance of Personnel							12
13	Nursing Administration	148,271	220		15,384	556	1,743	13
13.10	SPD STERILE PROCESSING	12,964	696		11,518	8,243	25,842	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	234,424	137		33,320	10,379	32,541	16
17	Social Service	3,511	1		3,909	430	1,349	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
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	810,493	2,243	16,076	246,388	254,285	797,231	30
31	Intensive Care Unit	119,373	1,532	5,730	74,577	35,392	110,961	31
31.01	NEONATOLOGY/NICU	74,541	432	3,635	31,540	22,668	71,068	31.01
41	Subprovider - IRF	35,650	83	746	17,689	27,896	87,461	41
43	Nursery	21,606	352	1,121	12,207	856	2,683	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	384,046	4,447	16,115	159,798	92,130	288,848	50
51	Recovery Room	9,453	54	2,782	10,180	4,711	14,771	51
52	Delivery Room & Labor Room	27,548	138	1,643	12,016			52
53	Anesthesiology	1,620	863	8,835	6,243	237	744	53
54	Radiology-Diagnostic	402,141	1,670	12,878	92,231	29,303	91,873	54
56	Radioisotope	31,599	323	2,010	6,563	3,848	12,064	56
57	CT Scan	6,212	1,045	16,658	16,573	2,762	8,660	57
58	MRI	6,212	755	4,176	9,446	1,291	4,047	58
59	Cardiac Catheterization	181,490	2,977	8,840	66,697	57,633	180,694	59
60	Laboratory	291,680	10,142	31,418	118,096	18,930	59,350	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	89,665	1,508	12,256	44,032	7,278	22,819	65
66	Physical Therapy	5,672	67	2,358	26,098	27,160	85,154	66
67	Occupational Therapy	4,861	28	1,173	10,631	7,128	22,347	67
68	Speech Pathology	9,723	30	898	7,516	2,088	6,545	68
69	Electrocardiology	70,219	1,620	4,585	26,186			69
70	Electroencephalography	79,132	280	1,260	18,076	5,194	16,285	70
71	Medical Supplies Charged to Patients	2,971	37,392	24,895	172,617	13,091	41,045	71
72	Impl. Dev. Charged to Patients	2,971	40,024	26,648	169,292	14,013	43,934	72
73	Drugs Charged to Patients	349,746	47,968	23,317	250,058	12,525	39,269	73
73.10	REHABILITATION SERVICES	320,038	1,425	4,982	86,346	81,360	255,082	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.10	CAPE MEDICAL ONCOLOGY PBC		9	302	1,799	806	2,527	90.10
90.20	GYN SURG ONCOLOGIST PBC		1	43	463			90.20
90.30	PHYSICIAN RADIOLOGIST PBC	16,204	37	468	3,720	487	1,526	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC		6	83	429	85	266	90.40
90.60	CAPE NEUROSURGERY PBC	16,204	6	92	1,216	8	26	90.60
91	Emergency	196,884	1,820	16,116	93,804	56,608	177,478	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services			66	2,828			95
97	Durable Medical Equip-Sold				10			97
101	Home Health Agency	6,482	232	378	10,934	2,423	7,597	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DATA PROCESSING	PURCHASING	CREDIT & COLLECTION	OTHER ADMIN & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	
		5.02	5.03	5.05	5.06	6	7	
116	Hospice	6,752	84	641	9,596	6,361	19,944	116
118	SUBTOTALS (sum of lines 1-117)	5,832,798	165,749	253,224	2,042,518	1,045,580	2,722,916	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				439	3,211	10,068	190
194	FITNESS CENTER	19,175	311		28,501	68,673	215,305	194
194.01	RETAIL PHARMACY	6,212	6,869		36,380	3,237	10,150	194.01
194.02	GARDEN VIEW DELI	1,620	21		1,296	4,507	14,130	194.02
194.03	MEDICAL OFFICE BLDG				3			194.03
194.04	PHYSICIAN SERVICES	66,978	63		29,205	5,326	16,699	194.04
194.05	ENDOCRINOLOGIST	49,424	322		10,045			194.05
194.06	HOSPITALIST	102,628	1,236		133,309	1,291	4,047	194.06
194.07	NEONATOLOGY PHYSICIANS	15,934	39		17,870	1,586	4,974	194.07
194.08	ANESTHESIOLOGISTS	5,131	1		96,175	996	3,123	194.08
194.09	PHYSICIAN CARDIOLOGIST	111,271	236		73,662	13,225	41,464	194.09
194.10	PHYSICIAN ONCOLOGIST	23,767	20		23,275	10,370	32,511	194.10
194.11	PERINATOLOGY	3,781			118			194.11
194.12	TRAUMA PHYSICIANS	11,613			14,983	3,520	11,035	194.12
194.13	LANDMARK HOSPITAL				133			194.13
194.14	GYN SURG ONCOLOGIST	12,423	6		7,557			194.14
194.15	CAPE GASTROENTEROLOGY	44,832	150		35,759			194.15
194.16	CAPE PHYSICIAN ASSOCIATES	69,949	1,218		49,500	32,868	103,050	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP				26	173	543	194.18
194.19	MARKETING COSTS				108,261			194.19
194.20	CAPE PRIMARY CARE	48,073	53		22,177			194.20
194.21	CAPE CARE FOR WOMEN	77,511	931		53,908			194.21
194.22	JACKSON FAMILY CLINIC	22,956	378		12,221			194.22
194.23	CAPE MEDICAL GROUP							194.23
194.24	CAPE ENT GROUP	17,825	314		21,289			194.24
194.25	CHARLESTON FAMILY CARE	8,642	127		5,279			194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS							194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR							194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON	4,321	22		3,282			194.29
194.30	JACKSON PHYSICIAN ASSOCIATES	16,745	14		3,820			194.30
194.31	PHYSICIANS PARK PRIMARY CARE	150,431	257		76,817			194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI				1,378			194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES	44,832	116		28,690			194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES		215		23,547			194.34
194.35	CAPE PEDIATRIC GROUP		104		10,286			194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS				6,282			194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE		39		10,443			194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES				13,158			194.39
194.40	KNIEBERT CLINIC				91,438			194.40
194.41	KNIEBERT PHARMACY				41,439			194.41
194.43	KNIEBERT LAB							194.43
194.44	PALLIATIVE CARE				34			194.44
194.45	CAPE ORTHO SURGEONS				9,774			194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC		71		7,914			194.46
200	Cross Foot Adjustments							200
201	Negative Cost Centers						4,437	201
202	TOTAL (sum of lines 118-201)	6,768,872	178,882	253,224	3,152,191	1,194,563	3,194,452	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	SPD SOILED PROCESSING	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		7.10	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
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CREDIT & COLLECTIONS							5.05
5.06	OTHER ADMINISTRATIVE & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
7.10	SPD SOILED PROCESSING	269,386						7.10
8	Laundry & Linen Service	269,386	482,014					8
9	Housekeeping		18,129	274,513				9
10	Dietary		6,135	4,737	694,170			10
11	Cafeteria			3,718	255,907	542,772		11
12	Maintenance of Personnel							12
13	Nursing Administration			155		3,921	341,643	13
13.10	SPD STERILE PROCESSING		21,973	2,291		7,015		13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library			2,885		8,209		16
17	Social Service			120		2,136		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
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		212,431	70,681	254,871	100,567	133,132	30
31	Intensive Care Unit		37,439	9,838	37,195	28,657	37,937	31
31.01	NEONATOLOGY/NICU		7,019	6,301		10,890	14,417	31.01
41	Subprovider - IRF		11,333	7,754	18,965	6,698	8,867	41
43	Nursery		4,455	238		5,471		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		59,462	25,609		41,915		50
51	Recovery Room		9,541	1,310		4,721		51
52	Delivery Room & Labor Room					5,989	7,928	52
53	Anesthesiology			66		692		53
54	Radiology-Diagnostic		452	8,146		18,943		54
56	Radioisotope			1,070		1,229		56
57	CT Scan		69	768		2,553		57
58	MRI		171	359		1,711		58
59	Cardiac Catheterization		1,828	16,020		12,279		59
60	Laboratory		4	5,262		32,616	43,178	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		688	2,023		18,002		65
66	Physical Therapy		777	7,550		10,860		66
67	Occupational Therapy			1,981		4,604		67
68	Speech Pathology			580		2,897		68
69	Electrocardiology		2			6,488		69
70	Electroencephalography			1,444		6,931	9,175	70
71	Medical Supplies Charged to Patients		561	3,639		3,861		71
72	Impl. Dev. Charged to Patients		600	3,895		4,133		72
73	Drugs Charged to Patients		746	3,482		12,759		73
73.10	REHABILITATION SERVICES		13,031	22,616		24,130	36,420	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.10	CAPE MEDICAL ONCOLOGY PBC			224		354		90.10
90.20	GYN SURG ONCOLOGIST PBC					65		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC		5	135		516		90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC		37	24		54		90.40
90.60	CAPE NEUROSURGERY PBC			2		89		90.60
91	Emergency		69,588	15,735		38,214	50,589	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold							97
101	Home Health Agency			674		4,325		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113

KPMG LLP Compu-Max 2552-10

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	SPD SOILED PROCESSIN G	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		7.10	8	9	10	11	13	
116	Hospice			1,768		3,089		116
118	SUBTOTALS (sum of lines 1-117)	269,386	476,476	233,100	566,938	437,583	341,643	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen			893				190
194	FITNESS CENTER			19,089		14,654		194
194.01	RETAIL PHARMACY			900		2,481		194.01
194.02	GARDEN VIEW DELI			1,253		261		194.02
194.03	MEDICAL OFFICE BLDG							194.03
194.04	PHYSICIAN SERVICES		2,042	1,481		3,404		194.04
194.05	ENDOCRINOLOGIST					2,908		194.05
194.06	HOSPITALIST			359		16,188		194.06
194.07	NEONATOLOGY PHYSICIANS			441		2,656		194.07
194.08	ANESTHESIOLOGISTS			277		6,272		194.08
194.09	PHYSICIAN CARDIOLOGIST		162	3,676		14,528		194.09
194.10	PHYSICIAN ONCOLOGIST			2,882		3,979		194.10
194.11	PERINATOLOGY		49			11		194.11
194.12	TRAUMA PHYSICIANS			978		1,151		194.12
194.13	LANDMARK HOSPITAL					449		194.13
194.14	GYN SURG ONCOLOGIST					1,405		194.14
194.15	CAPE GASTROENTEROLOGY					5,751		194.15
194.16	CAPE PHYSICIAN ASSOCIATES			9,136		15,887		194.16
194.17	NONPATIENT MEALS				127,232			194.17
194.18	BEAUTY SHOP		3,285	48		87		194.18
194.19	MARKETING COSTS							194.19
194.20	CAPE PRIMARY CARE					7,595		194.20
194.21	CAPE CARE FOR WOMEN							194.21
194.22	JACKSON FAMILY CLINIC							194.22
194.23	CAPE MEDICAL GROUP							194.23
194.24	CAPE ENT GROUP					5,004		194.24
194.25	CHARLESTON FAMILY CARE							194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS							194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR							194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON							194.29
194.30	JACKSON PHYSICIAN ASSOCIATES							194.30
194.31	PHYSICIANS PARK PRIMARY CARE							194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI							194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES							194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES							194.34
194.35	CAPE PEDIATRIC GROUP							194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS							194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE							194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES							194.39
194.40	KNIEBERT CLINIC							194.40
194.41	KNIEBERT PHARMACY							194.41
194.43	KNEIBERT LAB							194.43
194.44	PALLIATIVE CARE					12		194.44
194.45	CAPE ORTHO SURGEONS					506		194.45
194.46	SAINTE FRANCIS OUTPATIENT CLINIC							194.46
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	269,386	482,014	274,513	694,170	542,772	341,643	202

KPMG LLP Compu-Max 2552-10

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	SPD STERILE PROCESSING	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		13.10	16	17	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
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CREDIT & COLLECTIONS							5.05
5.06	OTHER ADMINISTRATIVE & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
7.10	SPD SOILED PROCESSING							7.10
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
13.10	SPD STERILE PROCESSING	262,793						13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		525,244					16
17	Social Service			20,155				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
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		228,360	14,131	8,222,737		8,222,737	30
31	Intensive Care Unit	78	24,679	1,952	1,504,438		1,504,438	31
31.01	NEONATOLOGY/NICU	1,462	15,648	1,172	898,028		898,028	31.01
41	Subprovider - IRF		3,203	493	737,148		737,148	41
43	Nursery	4,845	9,662	449	81,556		81,556	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	220,366	30,403	256	5,549,686		5,549,686	50
51	Recovery Room		6,616		172,736		172,736	51
52	Delivery Room & Labor Room		6,144	698	64,146		64,146	52
53	Anesthesiology				25,455		25,455	53
54	Radiology-Diagnostic	11,875	43,372		3,306,235		3,306,235	54
56	Radioisotope				194,683		194,683	56
57	CT Scan				590,694		590,694	57
58	MRI				354,666		354,666	58
59	Cardiac Catheterization	753	23,156	31	2,143,552		2,143,552	59
60	Laboratory	3,375			1,324,271		1,324,271	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	6,628			408,809		408,809	65
66	Physical Therapy	17	5,093		662,087		662,087	66
67	Occupational Therapy				180,419		180,419	67
68	Speech Pathology	100			72,247		72,247	68
69	Electrocardiology		12,287		527,154		527,154	69
70	Electroencephalography		3,518		328,175		328,175	70
71	Medical Supplies Charged to Patients	6,145			539,947		539,947	71
72	Impl. Dev. Charged to Patients	6,578			562,356		562,356	72
73	Drugs Charged to Patients				1,389,898		1,389,898	73
73.10	REHABILITATION SERVICES	112	20,163		3,000,968		3,000,968	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.10	CAPE MEDICAL ONCOLOGY PBC				21,509		21,509	90.10
90.20	GYN SURG ONCOLOGIST PBC				1,052		1,052	90.20
90.30	PHYSICIAN CARDIOLOGIST PBC				34,852		34,852	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC				2,546		2,546	90.40
90.60	CAPE NEUROSURGERY PBC				18,067		18,067	90.60
91	Emergency	459	92,940	973	2,120,712		2,120,712	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services				3,010		3,010	95
97	Durable Medical Equip-Sold				475		475	97
101	Home Health Agency				82,170		82,170	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113

KPMG LLP Compu-Max 2552-10

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	SPD STERILE PROCESSING 13.10	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
116	Hospice				156,871		156,871	116
118	SUBTOTALS (sum of lines 1-117)	262,793	525,244	20,155	35,283,355		35,283,355	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				69,469		69,469	190
194	FITNESS CENTER				1,582,464		1,582,464	194
194.01	RETAIL PHARMACY				147,872		147,872	194.01
194.02	GARDEN VIEW DELI				102,820		102,820	194.02
194.03	MEDICAL OFFICE BLDG				448		448	194.03
194.04	PHYSICIAN SERVICES				224,135		224,135	194.04
194.05	ENDOCRINOLOGIST				80,916		80,916	194.05
194.06	HOSPITALIST				324,130		324,130	194.06
194.07	NEONATOLOGY PHYSICIANS				74,983		74,983	194.07
194.08	ANESTHESIOLOGISTS				136,281		136,281	194.08
194.09	PHYSICIAN CARDIOLOGIST				577,157		577,157	194.09
194.10	PHYSICIAN ONCOLOGIST				289,937		289,937	194.10
194.11	PERINATOLOGY				3,960		3,960	194.11
194.12	TRAUMA PHYSICIANS				110,157		110,157	194.12
194.13	LANDMARK HOSPITAL				601		601	194.13
194.14	GYN SURG ONCOLOGIST				29,246		29,246	194.14
194.15	CAPE GASTROENTEROLOGY				101,311		101,311	194.15
194.16	CAPE PHYSICIAN ASSOCIATES				880,195		880,195	194.16
194.17	NONPATIENT MEALS				127,232		127,232	194.17
194.18	BEAUTY SHOP				7,205		7,205	194.18
194.19	MARKETING COSTS				114,548		114,548	194.19
194.20	CAPE PRIMARY CARE				168,134		168,134	194.20
194.21	CAPE CARE FOR WOMEN				197,865		197,865	194.21
194.22	JACKSON FAMILY CLINIC				45,068		45,068	194.22
194.23	CAPE MEDICAL GROUP							194.23
194.24	CAPE ENT GROUP				92,323		92,323	194.24
194.25	CHARLESTON FAMILY CARE				31,708		31,708	194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS							194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR							194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON				8,174		8,174	194.29
194.30	JACKSON PHYSICIAN ASSOCIATES				21,183		21,183	194.30
194.31	PHYSICIANS PARK PRIMARY CARE				231,581		231,581	194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI				1,675		1,675	194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES				78,384		78,384	194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES				27,832		27,832	194.34
194.35	CAPE PEDIATRIC GROUP				11,286		11,286	194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS				7,539		7,539	194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE				12,389		12,389	194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES				13,847		13,847	194.39
194.40	KNIEBERT CLINIC				106,874		106,874	194.40
194.41	KNIEBERT PHARMACY				42,139		42,139	194.41
194.43	KNIEBERT LAB							194.43
194.44	PALLIATIVE CARE				53		53	194.44
194.45	CAPE ORTHO SURGEONS				11,831		11,831	194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC				8,733		8,733	194.46
200	Cross Foot Adjustments							200
201	Negative Cost Centers				4,437		4,437	201
202	TOTAL (sum of lines 118-201)	262,793	525,244	20,155	41,391,477		41,391,477	202

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQ	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNICATIONS NUMBER OF PHONES	DATA PROCESSING WORK ORDERS	PURCHASING COSTED REQUISITION	
		1	2	4	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	8,114,340						1
2	Cap Rel Costs-Mvble Equip		17,106,977					2
4	Employee Benefits Department	109,461	35,009	178,367,723				4
5.01	COMMUNICATIONS	6,338	272,658	228,584	2,632			5.01
5.02	DATA PROCESSING	120,974	6,070,215	5,904,386	145	25,063		5.02
5.03	PURCHASING	55,964	5,652	524,309	22	30	92,576,350	5.03
5.04	ADMITTING							5.04
5.05	CREDIT & COLLECTIONS	23,994	3,556	1,305,837	90	618	211,534	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	464,846	185,054	11,156,032	212	5,813	756,429	5.06
6	Maintenance & Repairs	324,611	144,980	2,259,690	69	82	954,113	6
7	Operation of Plant	1,038,912			6			7
7.10	SPD SOILED PROCESSING	74,520		56	4			7.10
8	Laundry & Linen Service	47,812	27,093	487,117	4	4	362,425	8
9	Housekeeping	53,153	32,775	2,752	9		29,945	9
10	Dietary	99,979	196,941	1,890,518	26	312	326,634	10
11	Cafeteria	78,465						11
12	Maintenance of Personnel							12
13	Nursing Administration	3,261	149,725	903,657	22	549	113,727	13
13.10	SPD STERILE PROCESSING	48,357	28,840	708,947	10	48	360,178	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	60,891	19,866	1,013,227	43	868	70,751	16
17	Social Service	2,524		369,520	6	13	450	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
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	1,491,802	662,169	16,910,896	458	3,001	1,161,088	30
31	Intensive Care Unit	207,633	343,086	5,700,993	72	442	793,093	31
31.01	NEONATOLOGY/NICU	132,984	233,675	2,071,352	34	276	223,473	31.01
41	Subprovider - IRF	163,659	29,583	1,163,745	46	132	42,842	41
43	Nursery	5,020	1,135	988,798		80	182,277	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	540,499	2,501,715	8,682,053	152	1,422	2,301,945	50
51	Recovery Room	27,640	24,072	831,202	17	35	27,832	51
52	Delivery Room & Labor Room			1,034,053		102	71,445	52
53	Anesthesiology	1,393	919	64,937	9	6	446,489	53
54	Radiology-Diagnostic	171,915	1,970,233	4,451,784	126	1,489	864,161	54
56	Radioisotope	22,574	66,727	284,186	1	117	167,249	56
57	CT Scan	16,204	462,548	485,149	6	23	540,827	57
58	MRI	7,573	288,289	270,707	5	23	390,995	58
59	Cardiac Catheterization	338,119	567,554	3,399,570	109	672	1,540,714	59
60	Laboratory	111,058	352,954	4,357,257	86	1,080	5,249,630	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	42,699	66,981	3,069,002	37	332	780,593	65
66	Physical Therapy	159,343	25,586	2,073,632	10	21	34,625	66
67	Occupational Therapy	41,816	3,663	922,862	13	18	14,516	67
68	Speech Pathology	12,247	3,802	660,075	11	36	15,570	68
69	Electrocardiology		382,770	1,375,969		260	838,356	69
70	Electroencephalography	30,473	86,053	1,288,942	51	293	144,818	70
71	Medical Supplies Charged to Patients	76,804	10,669	380,957	4	11	19,354,136	71
72	Impl. Dev. Charged to Patients	82,211	11,420	407,773	5	11	20,716,538	72
73	Drugs Charged to Patients	73,482	405,663	3,359,234	39	1,295	24,816,840	73
73.10	REHABILITATION SERVICES	477,316	699,756	4,591,340	122	1,185	737,444	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.10	CAPE MEDICAL ONCOLOGY PBC	4,729	1,240	105,505	3		4,525	90.10
90.20	GYN SURG ONCOLOGIST PBC		279	35,237	1		744	90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	2,856	2,701	227,850	2	60	19,310	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	498	77	23,081			2,991	90.40
90.60	CAPE NEUROSURGERY PBC	48	206	35,024		60	3,257	90.60
91	Emergency	332,102	306,996	6,663,322	140	729	941,887	91
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services				1			95
97	Durable Medical Equip-Sold				4			97
101	Home Health Agency	14,215	4,329	946,523	15	24	120,047	101
SPECIAL PURPOSE COST CENTERS								

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQ	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNICATIONS NUMBER OF PHONES	DATA PROCESSING WORK ORDERS	PURCHASING COSTED REQUISITIO	
		1	2	4	5.01	5.02	5.03	
116	Hospice	37,319		565,736		25	43,378	116
118	SUBTOTALS (sum of lines 1-117)	7,240,293	16,689,214	104,183,378	2,247	21,597	85,779,821	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	18,839			5			190
194	FITNESS CENTER	402,885	46,682	1,527,963	33	71	161,081	194
194.01	RETAIL PHARMACY	18,993	20,853	748,315	30	23	3,555,196	194.01
194.02	GARDEN VIEW DELI	26,440	3,341	19,484		6	10,726	194.02
194.03	MEDICAL OFFICE BLDG		423					194.03
194.04	PHYSICIAN SERVICES	31,248	1,235	2,969,985	15	248	32,850	194.04
194.05	ENDOCRINOLOGIST		13,377	738,862	23	183	166,787	194.05
194.06	HOSPITALIST	7,573	20,918	10,276,963	8	380	639,546	194.06
194.07	NEONATOLOGY PHYSICIANS	9,307	332	1,892,475	5	59	19,937	194.07
194.08	ANESTHESIOLOGISTS	5,844		3,781,904		19	283	194.08
194.09	PHYSICIAN CARDIOLOGIST	77,589	71,448	7,500,937	46	412	122,210	194.09
194.10	PHYSICIAN ONCOLOGIST	60,835	8,031	2,409,024	40	88	10,325	194.10
194.11	PERINATOLOGY			382		14		194.11
194.12	TRAUMA PHYSICIANS	20,649	3,532	1,208,892	11	43		194.12
194.13	LANDMARK HOSPITAL			9,735				194.13
194.14	GYN SURG ONCOLOGIST		4,724	811,529	11	46	3,192	194.14
194.15	CAPE GASTROENTEROLOGY		4,436	3,726,323	24	166	77,500	194.15
194.16	CAPE PHYSICIAN ASSOCIATES	192,829	18,864	3,905,413	133	259	630,591	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP	1,016			1			194.18
194.19	MARKETING COSTS			3,183,062				194.19
194.20	CAPE PRIMARY CARE		82,363	1,776,794		178	27,547	194.20
194.21	CAPE CARE FOR WOMEN		52,661	5,095,700		287	481,945	194.21
194.22	JACKSON FAMILY CLINIC		7,047	1,059,880		85	195,701	194.22
194.23	CAPE MEDICAL GROUP			22				194.23
194.24	CAPE ENT GROUP		41,543	2,099,893		66	162,339	194.24
194.25	CHARLESTON FAMILY CARE		15,953	436,314		32	65,564	194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS							194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR							194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON			278,084		16	11,452	194.29
194.30	JACKSON PHYSICIAN ASSOCIATES			305,896		62	7,403	194.30
194.31	PHYSICIANS PARK PRIMARY CARE			2,063,643		557	132,869	194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI			150,309				194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES			2,403,258		166	59,863	194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES			2,060,925			111,203	194.34
194.35	CAPE PEDIATRIC GROUP			453,721			53,655	194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS			636,493				194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE			965,531			20,116	194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES			348,901				194.39
194.40	KNIEBERT CLINIC			7,815,476				194.40
194.41	KNIEBERT PHARMACY			354,621				194.41
194.43	KNIEBERT LAB							194.43
194.44	PALLIATIVE CARE			3,398				194.44
194.45	CAPE ORTHO SURGEONS			785,441				194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC			378,797			36,648	194.46
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	23,378,164	18,013,313	3,912,330	851,861	25,677,582	999,005	202
203	Unit Cost Multiplier (Wkst. B, Part I)	2.881092	1.052980	0.021934	323.655395	1,024.521486	0.010791	203
204	Cost to be allocated (Per Wkst. B, Part II)			352,231	305,814	6,768,872	178,882	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.001975	116.190729	270.074293	0.001932	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CREDIT & COLLECTION GROSS REVENUE	RECONCILIATION	OTHER ADMIN & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	SPD SOILED PROCESSING HOURS	
		5.05	5A.06	5.06	6	7	7.10	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CREDIT & COLLECTIONS	1,751,307,527						5.05
5.06	OTHER ADMINISTRATIVE & GENERAL		-45,740,843	401,401,390				5.06
6	Maintenance & Repairs			8,939,173	7,008,152			6
7	Operation of Plant			2,988,463	1,038,912	5,969,240		7
7.10	SPD SOILED PROCESSING			215,995	74,520	74,520	100	7.10
8	Laundry & Linen Service			1,202,224	47,812	47,812	100	8
9	Housekeeping			3,840,556	53,153	53,153		9
10	Dietary			3,279,424	99,979	99,979		10
11	Cafeteria			226,065	78,465	78,465		11
12	Maintenance of Personnel							12
13	Nursing Administration			1,959,015	3,261	3,261		13
13.10	SPD STERILE PROCESSING			1,466,699	48,357	48,357		13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library			4,242,917	60,891	60,891		16
17	Social Service			497,729	2,524	2,524		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
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	110,869,103		31,375,067	1,491,802	1,491,802		30
31	Intensive Care Unit	39,515,635		9,496,614	207,633	207,633		31
31.01	NEONATOLOGY/NICU	25,069,382		4,016,329	132,984	132,984		31.01
41	Subprovider - IRF	5,145,685		2,252,569	163,659	163,659		41
43	Nursery	7,728,180		1,554,470	5,020	5,020		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	111,137,524		20,348,618	540,499	540,499		50
51	Recovery Room	19,187,186		1,296,354	27,640	27,640		51
52	Delivery Room & Labor Room	11,328,424		1,530,135				52
53	Anesthesiology	60,932,940		795,038	1,393	1,393		53
54	Radiology-Diagnostic	88,814,686		11,744,661	171,915	171,915		54
56	Radioisotope	13,860,896		835,713	22,574	22,574		56
57	CT Scan	114,883,966		2,110,397	16,204	16,204		57
58	MRI	28,798,980		1,202,878	7,573	7,573		58
59	Cardiac Catheterization	60,966,611		8,493,202	338,119	338,119		59
60	Laboratory	221,603,689		15,038,317	111,058	111,058		60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	84,522,566		5,607,037	42,699	42,699		65
66	Physical Therapy	16,259,811		3,323,365	159,343	159,343		66
67	Occupational Therapy	8,092,165		1,353,746	41,816	41,816		67
68	Speech Pathology	6,196,000		957,084	12,247	12,247		68
69	Electrocardiology	31,622,915		3,334,544				69
70	Electroencephalography	8,691,355		2,301,762	30,473	30,473		70
71	Medical Supplies Charged to Patients	171,691,582		21,980,992	76,804	76,804		71
72	Impl. Dev. Charged to Patients	183,777,531		21,557,579	82,211	82,211		72
73	Drugs Charged to Patients	160,807,392		31,843,944	73,482	73,482		73
73.10	REHABILITATION SERVICES	34,360,353		10,995,249	477,316	477,316		73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.10	CAPE MEDICAL ONCOLOGY PBC	2,084,295		229,142	4,729	4,729		90.10
90.20	GYN SURG ONCOLOGIST PBC	295,709		58,927				90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	3,226,864		473,662	2,856	2,856		90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	570,693		54,688	498	498		90.40
90.60	CAPE NEUROSURGERY PBC	637,188		154,835	48	48		90.60
91	Emergency	111,143,577		11,945,045	332,102	332,102		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	456,719		360,058				95
97	Durable Medical Equip-Sold			1,295				97
101	Home Health Agency	2,610,230		1,392,292	14,215	14,215		101
	SPECIAL PURPOSE COST CENTERS							

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CREDIT & COLLECTION GROSS REVENUE	RECONCILIATION	OTHER ADMIN & GENERAL ACCUM COST	MAIN-TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	SPD SOILED PROCESSING HOURS	
		5.05	5A.06	5.06	6	7	7.10	
116	Hospice	4,417,695		1,221,929	37,319	37,319		116
118	SUBTOTALS (sum of lines 1-117)	1,751,307,527	-45,740,843	260,095,797	6,134,105	5,095,193	100	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen			55,895	18,839	18,839		190
194	FITNESS CENTER			3,629,370	402,885	402,885		194
194.01	RETAIL PHARMACY			4,632,675	18,993	18,993		194.01
194.02	GARDEN VIEW DELI			165,028	26,440	26,440		194.02
194.03	MEDICAL OFFICE BLDG			445				194.03
194.04	PHYSICIAN SERVICES			3,718,931	31,248	31,248		194.04
194.05	ENDOCRINOLOGIST			1,279,092				194.05
194.06	HOSPITALIST			16,975,515	7,573	7,573		194.06
194.07	NEONATOLOGY PHYSICIANS			2,275,584	9,307	9,307		194.07
194.08	ANESTHESIOLOGISTS			12,246,922	5,844	5,844		194.08
194.09	PHYSICIAN CARDIOLOGIST			9,380,097	77,589	77,589		194.09
194.10	PHYSICIAN ONCOLOGIST			2,963,805	60,835	60,835		194.10
194.11	PERINATOLOGY			15,007				194.11
194.12	TRAUMA PHYSICIANS			1,907,941	20,649	20,649		194.12
194.13	LANDMARK HOSPITAL			16,933				194.13
194.14	GYN SURG ONCOLOGIST			962,265				194.14
194.15	CAPE GASTROENTEROLOGY			4,553,509				194.15
194.16	CAPE PHYSICIAN ASSOCIATES			6,303,301	192,829	192,829		194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP			3,251	1,016	1,016		194.18
194.19	MARKETING COSTS			13,785,918				194.19
194.20	CAPE PRIMARY CARE			2,824,041				194.20
194.21	CAPE CARE FOR WOMEN			6,864,695				194.21
194.22	JACKSON FAMILY CLINIC			1,556,179				194.22
194.23	CAPE MEDICAL GROUP			38				194.23
194.24	CAPE ENT GROUP			2,710,912				194.24
194.25	CHARLESTON FAMILY CARE			672,280				194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS							194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR							194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON			417,987				194.29
194.30	JACKSON PHYSICIAN ASSOCIATES			486,472				194.30
194.31	PHYSICIANS PARK PRIMARY CARE			9,781,873				194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI			175,443				194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES			3,653,421				194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES			2,998,472				194.34
194.35	CAPE PEDIATRIC GROUP			1,309,786				194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS			799,898				194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE			1,329,850				194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES			1,675,482				194.39
194.40	KNIEBERT CLINIC			11,643,715				194.40
194.41	KNIEBERT PHARMACY			5,276,783				194.41
194.43	KNIEBERT LAB			12				194.43
194.44	PALLIATIVE CARE			4,330				194.44
194.45	CAPE ORTHO SURGEONS			1,244,615				194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC			1,007,825				194.46
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	6,882,620		45,740,843	9,957,819	4,805,188	406,481	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.003930		0.113953	1.420891	0.804992	4,064.810000	203
204	Cost to be allocated (Per Wkst. B, Part II)	253,224		3,152,191	1,194,563	3,190,015	269,386	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000145		0.007853	0.170453	0.534409	2,693.860000	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA HOURS	NURSING ADMINISTRATION HOURS OF SERVIC	SPD STERILE PROCESSING SURVEY	
		8	9	10	11	13	13.10	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CREDIT & COLLECTIONS							5.05
5.06	OTHER ADMINISTRATIVE & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
7.10	SPD SOILED PROCESSING							7.10
8	Laundry & Linen Service	1,599,705						8
9	Housekeeping	60,167	5,793,755					9
10	Dietary	20,360	99,979	400,036				10
11	Cafeteria		78,465	147,474	3,204,600			11
12	Maintenance of Personnel							12
13	Nursing Administration		3,261		23,148	1,523,687		13
13.10	SPD STERILE PROCESSING	72,925	48,357		41,415		157,849	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		60,891		48,469			16
17	Social Service		2,524		12,611			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
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	705,026	1,491,802	146,877	593,745	593,745		30
31	Intensive Care Unit	124,252	207,633	21,435	169,196	169,196	47	31
31.01	NEONATOLOGY/NICU	23,293	132,984		64,297	64,297	878	31.01
41	Subprovider - IRF	37,611	163,659	10,929	39,547	39,547		41
43	Nursery	14,784	5,020		32,304		2,910	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	197,341	540,499		247,470		132,366	50
51	Recovery Room	31,665	27,640		27,876			51
52	Delivery Room & Labor Room				35,360	35,360		52
53	Anesthesiology		1,393		4,087			53
54	Radiology-Diagnostic	1,500	171,915		111,842		7,133	54
56	Radioisotope		22,574		7,256			56
57	CT Scan	230	16,204		15,076			57
58	MRI	566	7,573		10,103			58
59	Cardiac Catheterization	6,067	338,119		72,495		452	59
60	Laboratory	12	111,058		192,567	192,567	2,027	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,282	42,699		106,289		3,981	65
66	Physical Therapy	2,580	159,343		64,121		10	66
67	Occupational Therapy		41,816		27,185			67
68	Speech Pathology		12,247		17,103		60	68
69	Electrocardiology	5			38,308			69
70	Electroencephalography		30,473		40,921	40,921		70
71	Medical Supplies Charged to Patients	1,861	76,804		22,798		3,691	71
72	Impl. Dev. Charged to Patients	1,992	82,211		24,404		3,951	72
73	Drugs Charged to Patients	2,476	73,482		75,330			73
73.10	REHABILITATION SERVICES	43,246	477,316		142,464	162,431	67	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.10	CAPE MEDICAL ONCOLOGY PBC		4,729		2,093			90.10
90.20	GYN SURG ONCOLOGIST PBC				381			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	16	2,856		3,048			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	123	498		318			90.40
90.60	CAPE NEUROSURGERY PBC		48		527			90.60
91	Emergency	230,947	332,102		225,623	225,623	276	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold							97
101	Home Health Agency		14,215		25,537			101
	SPECIAL PURPOSE COST CENTERS							

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA HOURS	NURSING ADMINISTRATION HOURS OF SERVICE	SPD STERILE PROCESSING SURVEY	
		8	9	10	11	13	13.10	
116	Hospice		37,319		18,237			116
118	SUBTOTALS (sum of lines 1-117)	1,581,327	4,919,708	326,715	2,583,551	1,523,687	157,849	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		18,839					190
194	FITNESS CENTER		402,885		86,517			194
194.01	RETAIL PHARMACY		18,993		14,648			194.01
194.02	GARDEN VIEW DELI		26,440		1,543			194.02
194.03	MEDICAL OFFICE BLDG							194.03
194.04	PHYSICIAN SERVICES	6,776	31,248		20,098			194.04
194.05	ENDOCRINOLOGIST				17,168			194.05
194.06	HOSPITALIST		7,573		95,574			194.06
194.07	NEONATOLOGY PHYSICIANS		9,307		15,683			194.07
194.08	ANESTHESIOLOGISTS		5,844		37,028			194.08
194.09	PHYSICIAN CARDIOLOGIST	538	77,589		85,777			194.09
194.10	PHYSICIAN ONCOLOGIST		60,835		23,494			194.10
194.11	PERINATOLOGY	162			65			194.11
194.12	TRAUMA PHYSICIANS		20,649		6,797			194.12
194.13	LANDMARK HOSPITAL				2,650			194.13
194.14	GYN SURG ONCOLOGIST				8,293			194.14
194.15	CAPE GASTROENTEROLOGY				33,957			194.15
194.16	CAPE PHYSICIAN ASSOCIATES		192,829		93,797			194.16
194.17	NONPATIENT MEALS			73,321				194.17
194.18	BEAUTY SHOP	10,902	1,016		515			194.18
194.19	MARKETING COSTS							194.19
194.20	CAPE PRIMARY CARE				44,844			194.20
194.21	CAPE CARE FOR WOMEN							194.21
194.22	JACKSON FAMILY CLINIC							194.22
194.23	CAPE MEDICAL GROUP							194.23
194.24	CAPE ENT GROUP				29,543			194.24
194.25	CHARLESTON FAMILY CARE							194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS							194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR							194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON							194.29
194.30	JACKSON PHYSICIAN ASSOCIATES							194.30
194.31	PHYSICIANS PARK PRIMARY CARE							194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI							194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES							194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES							194.34
194.35	CAPE PEDIATRIC GROUP							194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS							194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE							194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES							194.39
194.40	KNIEBERT CLINIC							194.40
194.41	KNIEBERT PHARMACY							194.41
194.43	KNIEBERT LAB							194.43
194.44	PALLIATIVE CARE				69			194.44
194.45	CAPE ORTHO SURGEONS				2,989			194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC							194.46
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,852,126	4,466,173	3,976,308	1,952,839	2,206,130	1,888,417	202
203	Unit Cost Multiplier (Wkst. B, Part I)	1.157792	0.770860	9.939875	0.609386	1.447889	11.963440	203
204	Cost to be allocated (Per Wkst. B, Part II)	482,014	274,513	694,170	542,772	341,643	262,793	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.301314	0.047381	1.735269	0.169373	0.224221	1.664838	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE PATIENT CASES				
		16	17				

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	COMMUNICATIONS						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING						5.03
5.04	ADMITTING						5.04
5.05	CREDIT & COLLECTIONS						5.05
5.06	OTHER ADMINISTRATIVE & GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
7.10	SPD SOILED PROCESSING						7.10
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
13.10	SPD STERILE PROCESSING						13.10
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library	10,003					16
17	Social Service		3,232				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
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	4,349	2,266				30
31	Intensive Care Unit	470	313				31
31.01	NEONATOLOGY/NICU	298	188				31.01
41	Subprovider - IRF	61	79				41
43	Nursery	184	72				43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	579	41				50
51	Recovery Room	126					51
52	Delivery Room & Labor Room	117	112				52
53	Anesthesiology						53
54	Radiology-Diagnostic	826					54
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization	441	5				59
60	Laboratory						60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy						65
66	Physical Therapy	97					66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology	234					69
70	Electroencephalography	67					70
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
73.10	REHABILITATION SERVICES	384					73.10
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.10	CAPE MEDICAL ONCOLOGY PBC						90.10
90.20	GYN SURG ONCOLOGIST PBC						90.20
90.30	PHYSICIAN CARDIOLOGIST PBC						90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC						90.40
90.60	CAPE NEUROSURGERY PBC						90.60
91	Emergency	1,770	156				91
92	Observation Beds (Non-Distinct Part)						92
OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services						95
97	Durable Medical Equip-Sold						97

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE PATIENT CASES				
		16	17				
101	Home Health Agency						101
	SPECIAL PURPOSE COST CENTERS						
116	Hospice						116
118	SUBTOTALS (sum of lines 1-117)	10,003	3,232				118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen						190
194	FITNESS CENTER						194
194.01	RETAIL PHARMACY						194.01
194.02	GARDEN VIEW DELI						194.02
194.03	MEDICAL OFFICE BLDG						194.03
194.04	PHYSICIAN SERVICES						194.04
194.05	ENDOCRINOLOGIST						194.05
194.06	HOSPITALIST						194.06
194.07	NEONATOLOGY PHYSICIANS						194.07
194.08	ANESTHESIOLOGISTS						194.08
194.09	PHYSICIAN CARDIOLOGIST						194.09
194.10	PHYSICIAN ONCOLOGIST						194.10
194.11	PERINATOLOGY						194.11
194.12	TRAUMA PHYSICIANS						194.12
194.13	LANDMARK HOSPITAL						194.13
194.14	GYN SURG ONCOLOGIST						194.14
194.15	CAPE GASTROENTEROLOGY						194.15
194.16	CAPE PHYSICIAN ASSOCIATES						194.16
194.17	NONPATIENT MEALS						194.17
194.18	BEAUTY SHOP						194.18
194.19	MARKETING COSTS						194.19
194.20	CAPE PRIMARY CARE						194.20
194.21	CAPE CARE FOR WOMEN						194.21
194.22	JACKSON FAMILY CLINIC						194.22
194.23	CAPE MEDICAL GROUP						194.23
194.24	CAPE ENT GROUP						194.24
194.25	CHARLESTON FAMILY CARE						194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS						194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR						194.27
194.28	HOSPICE						194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON						194.29
194.30	JACKSON PHYSICIAN ASSOCIATES						194.30
194.31	PHYSICIANS PARK PRIMARY CARE						194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI						194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES						194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES						194.34
194.35	CAPE PEDIATRIC GROUP						194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS						194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE						194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES						194.39
194.40	KNIEBERT CLINIC						194.40
194.41	KNIEBERT PHARMACY						194.41
194.43	KNIEBERT LAB						194.43
194.44	PALLIATIVE CARE						194.44
194.45	CAPE ORTHO SURGEONS						194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC						194.46
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	4,938,420	569,696				202
203	Unit Cost Multiplier (Wkst. B, Part I)	493.693892	176.267327				203
204	Cost to be allocated (Per Wkst. B, Part II)	525,244	20,155				204
205	Unit Cost Multiplier (Wkst. B, Part II)	52.508647	6.236077				205

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	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	45,465,106		45,465,106		45,465,106	30
31	Intensive Care Unit	12,193,777		12,193,777		12,193,777	31
31.01	NEONATOLOGY/NICU	5,222,529		5,222,529		5,222,529	31.01
41	Subprovider - IRF	3,277,278		3,277,278		3,277,278	41
43	Nursery	1,921,799		1,921,799		1,921,799	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	26,543,053		26,543,053		26,543,053	50
51	Recovery Room	1,642,760		1,642,760		1,642,760	51
52	Delivery Room & Labor Room	1,854,747		1,854,747		1,854,747	52
53	Anesthesiology	892,300		892,300		892,300	53
54	Radiology-Diagnostic	14,161,202		14,161,202		14,161,202	54
56	Radioisotope	1,003,015		1,003,015		1,003,015	56
57	CT Scan	2,408,895		2,408,895		2,408,895	57
58	MRI	1,369,456		1,369,456		1,369,456	58
59	Cardiac Catheterization	10,749,491		10,749,491		10,749,491	59
60	Laboratory	17,505,218		17,505,218		17,505,218	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	6,488,973		6,488,973		6,488,973	65
66	Physical Therapy	4,269,651		4,269,651		4,269,651	66
67	Occupational Therapy	1,649,887		1,649,887		1,649,887	67
68	Speech Pathology	1,113,989		1,113,989		1,113,989	68
69	Electrocardiology	3,853,399		3,853,399		3,853,399	69
70	Electroencephalography	2,772,638		2,772,638		2,772,638	70
71	Medical Supplies Charged to Patients	24,776,159		24,776,159		24,776,159	71
72	Impl. Dev. Charged to Patients	24,324,940		24,324,940		24,324,940	72
73	Drugs Charged to Patients	35,741,585		35,741,585		35,741,585	73
73.10	REHABILITATION SERVICES	14,241,033		14,241,033		14,241,033	73.10
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.10	CAPE MEDICAL ONCOLOGY PBC	270,699		270,699		270,699	90.10
90.20	GYN SURG ONCOLOGIST PBC	65,874		65,874		65,874	90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	538,072		538,072		538,072	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	62,749		62,749		62,749	90.40
90.60	CAPE NEUROSURGERY PBC	172,944		172,944		172,944	90.60
91	Emergency	15,937,638		15,937,638	24,563	15,962,201	91
92	Observation Beds (Non-Distinct Part)	5,158,661		5,158,661		5,158,661	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	401,088		401,088		401,088	95
97	Durable Medical Equip-Sold	1,443		1,443		1,443	97
101	Home Health Agency	1,609,109		1,609,109		1,609,109	101
113	Interest Expense						113
116	Hospice	1,484,119		1,484,119		1,484,119	116
200	Subtotal (sum of lines 30 thru 199)	291,145,276		291,145,276	24,563	291,169,839	200
201	Less Observation Beds	5,158,661		5,158,661		5,158,661	201
202	Total (line 200 minus line 201)	285,986,615		285,986,615		286,011,178	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	100,341,780		100,341,780				30
31	Intensive Care Unit	39,515,635		39,515,635				31
31.01	NEONATOLOGY/NICU	25,069,382		25,069,382				31.01
41	Subprovider - IRF	5,145,685		5,145,685				41
43	Nursery	7,728,180		7,728,180				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	48,672,066	62,465,458	111,137,524	0.238831	0.238831	0.238831	50
51	Recovery Room	8,591,398	10,595,788	19,187,186	0.085618	0.085618	0.085618	51
52	Delivery Room & Labor Room	9,865,070	1,463,354	11,328,424	0.163725	0.163725	0.163725	52
53	Anesthesiology	39,894,705	21,038,235	60,932,940	0.014644	0.014644	0.014644	53
54	Radiology-Diagnostic	21,232,367	67,582,319	88,814,686	0.159447	0.159447	0.159447	54
56	Radioisotope	2,589,158	11,271,738	13,860,896	0.072363	0.072363	0.072363	56
57	CT Scan	34,541,814	80,342,152	114,883,966	0.020968	0.020968	0.020968	57
58	MRI	8,481,457	20,317,523	28,798,980	0.047552	0.047552	0.047552	58
59	Cardiac Catheterization	23,889,049	37,077,562	60,966,611	0.176318	0.176318	0.176318	59
60	Laboratory	85,310,300	136,293,389	221,603,689	0.078993	0.078993	0.078993	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	74,130,906	10,391,660	84,522,566	0.076772	0.076772	0.076772	65
66	Physical Therapy	8,090,230	8,169,581	16,259,811	0.262589	0.262589	0.262589	66
67	Occupational Therapy	6,620,444	1,471,721	8,092,165	0.203887	0.203887	0.203887	67
68	Speech Pathology	4,584,282	1,611,718	6,196,000	0.179792	0.179792	0.179792	68
69	Electrocardiology	11,945,127	19,677,788	31,622,915	0.121855	0.121855	0.121855	69
70	Electroencephalography	3,074,477	5,616,878	8,691,355	0.319011	0.319011	0.319011	70
71	Medical Supplies Charged to Patients	100,059,231	71,632,351	171,691,582	0.144306	0.144306	0.144306	71
72	Impl. Dev. Charged to Patients	107,102,737	76,674,794	183,777,531	0.132361	0.132361	0.132361	72
73	Drugs Charged to Patients	98,169,968	62,637,424	160,807,392	0.222263	0.222263	0.222263	73
73.10	REHABILITATION SERVICES	2,021,751	32,338,602	34,360,353	0.414461	0.414461	0.414461	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.10	CAPE MEDICAL ONCOLOGY PBC	6,798	2,077,497	2,084,295	0.129876	0.129876	0.129876	90.10
90.20	GYN SURG ONCOLOGIST PBC	309	295,400	295,709	0.222766	0.222766	0.222766	90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	65,665	3,161,199	3,226,864	0.166748	0.166748	0.166748	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	8,652	562,041	570,693	0.109952	0.109952	0.109952	90.40
90.60	CAPE NEUROSURGERY PBC	309	636,879	637,188	0.271418	0.271418	0.271418	90.60
91	Emergency	31,806,571	79,337,006	111,143,577	0.143397	0.143397	0.143397	91
92	Observation Beds (Non-Distinct Part)	1,749,250	8,778,073	10,527,323	0.490026	0.490026	0.490026	92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	235,380	221,339	456,719	0.878194	0.878194	0.878194	95
97	Durable Medical Equip-Sold							97
101	Home Health Agency		2,610,230	2,610,230				101
113	Interest Expense							113
116	Hospice	162	4,417,533	4,417,695				116
200	Subtotal (sum of lines 30 thru 199)	910,540,295	840,767,232	1,751,307,527				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	910,540,295	840,767,232	1,751,307,527				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)	8,222,737		8,222,737	49,734	165.33	23,463	3,879,138	30
31	Intensive Care Unit	1,504,438		1,504,438	7,145	210.56	4,407	927,938	31
31.01	NEONATOLOGY/NICU	898,028		898,028	4,500	199.56			31.01
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	737,148		737,148	3,643	202.35	2,126	430,196	41
42	Subprovider I								42
43	Nursery	81,556		81,556	1,605	50.81			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	11,443,907		11,443,907	66,627		29,996	5,237,272	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-0183

**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	5,549,686	111,137,524	0.049935	30,733,441	1,534,674	50
51	Recovery Room	172,736	19,187,186	0.009003	4,691,846	42,241	51
52	Delivery Room & Labor Room	64,146	11,328,424	0.005662	55,672	315	52
53	Anesthesiology	25,455	60,932,940	0.000418	5,243,915	2,192	53
54	Radiology-Diagnostic	3,306,235	88,814,686	0.037226	11,041,720	411,039	54
56	Radioisotope	194,683	13,860,896	0.014045	2,236,759	31,415	56
57	CT Scan	590,694	114,883,966	0.005142	18,342,000	94,315	57
58	MRI	354,666	28,798,980	0.012315	4,256,419	52,418	58
59	Cardiac Catheterization	2,143,552	60,966,611	0.035159	16,844,844	592,248	59
60	Laboratory	1,324,271	221,603,689	0.005976	49,038,255	293,053	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	408,809	84,522,566	0.004837	30,547,432	147,758	65
66	Physical Therapy	662,087	16,259,811	0.040719	3,514,529	143,108	66
67	Occupational Therapy	180,419	8,092,165	0.022296	2,318,842	51,701	67
68	Speech Pathology	72,247	6,196,000	0.011660	1,718,693	20,040	68
69	Electrocardiology	527,154	31,622,915	0.016670	2,207,741	36,803	69
70	Electroencephalography	328,175	8,691,355	0.037759	1,237,923	46,743	70
71	Medical Supplies Charged to Pat	539,947	171,691,582	0.003145	55,377,226	174,161	71
72	Impl. Dev. Charged to Patients	562,356	183,777,531	0.003060	59,593,061	182,355	72
73	Drugs Charged to Patients	1,389,898	160,807,392	0.008643	59,226,492	511,895	73
73.10	REHABILITATION SERVICES	3,000,968	34,360,353	0.087338	65,544	5,724	73.10
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.10	CAPE MEDICAL ONCOLOGY PBC	21,509	2,084,295	0.010320			90.10
90.20	GYN SURG ONCOLOGIST PBC	1,052	295,709	0.003558			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	34,852	3,226,864	0.010801			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	2,546	570,693	0.004461			90.40
90.60	CAPE NEUROSURGERY PBC	18,067	637,188	0.028354			90.60
91	Emergency	2,120,712	111,143,577	0.019081	6,394,128	122,006	91
92	Observation Beds (Non-Distinct	932,985	10,527,323	0.088625	1,499,792	132,919	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
97	Durable Medical Equip-Sold	475					97
200	Total (sum of lines 50-199)	24,530,382	1,566,022,221		366,186,274	4,629,123	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)						30
31	Intensive Care Unit						31
31.01	NEONATOLOGY/NICU						31.01
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

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(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)	49,734		23,463		30
31	Intensive Care Unit	7,145		4,407		31
31.01	NEONATOLOGY/NICU	4,500				31.01
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF	3,643		2,126		41
42	Subprovider I					42
43	Nursery	1,605				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	66,627		29,996		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-0183

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
73.10	REHABILITATION SERVICES							73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.10	CAPE MEDICAL ONCOLOGY PBC							90.10
90.20	GYN SURG ONCOLOGIST PBC							90.20
90.30	PHYSICIAN CARDIOLOGIST PBC							90.30
90.40	CAPE THORACIC & CARDIOVASCULAR							90.40
90.60	CAPE NEUROSURGERY PBC							90.60
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold							97
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-0183

**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	111,137,524			30,733,441		27,523,474		50
51	Recovery Room	19,187,186			4,691,846		7,688,386		51
52	Delivery Room & Labor Room	11,328,424			55,672		789,492		52
53	Anesthesiology	60,932,940			5,243,915		5,171,613		53
54	Radiology-Diagnostic	88,814,686			11,041,720		16,591,690		54
56	Radioisotope	13,860,896			2,236,759		10,183,342		56
57	CT Scan	114,883,966			18,342,000		49,696,578		57
58	MRI	28,798,980			4,256,419		8,784,977		58
59	Cardiac Catheterization	60,966,611			16,844,844		24,377,518		59
60	Laboratory	221,603,689			49,038,255		26,353,335		60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	84,522,566			30,547,432		4,263,632		65
66	Physical Therapy	16,259,811			3,514,529		155,626		66
67	Occupational Therapy	8,092,165			2,318,842		25,246		67
68	Speech Pathology	6,196,000			1,718,693		106,004		68
69	Electrocardiology	31,622,915			2,207,741		3,382,426		69
70	Electroencephalography	8,691,355			1,237,923		1,336,152		70
71	Medical Supplies Charged to Pat	171,691,582			55,377,226		31,471,725		71
72	Impl. Dev. Charged to Patients	183,777,531			59,593,061		25,663,620		72
73	Drugs Charged to Patients	160,807,392			59,226,492		45,818,682		73
73.10	REHABILITATION SERVICES	34,360,353			65,544		3,571,473		73.10
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.10	CAPE MEDICAL ONCOLOGY PBC	2,084,295					1,452,035		90.10
90.20	GYN SURG ONCOLOGIST PBC	295,709					187,575		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	3,226,864					1,630,141		90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	570,693					334,572		90.40
90.60	CAPE NEUROSURGERY PBC	637,188					289,590		90.60
91	Emergency	111,143,577			6,394,128		24,949,316		91
92	Observation Beds (Non-Distinct	10,527,323			1,499,792		4,141,952		92
OTHER REIMBURSABLE COST CENTERS									
95	Ambulance Services								95
97	Durable Medical Equip-Sold								97
200	Total (sum of lines 50-199)	1,566,022,221			366,186,274		325,940,172		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-0183

**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	0.238831	27,523,474			6,573,459			50
51	Recovery Room	0.085618	7,688,386			658,264			51
52	Delivery Room & Labor Room	0.163725	789,492			129,260			52
53	Anesthesiology	0.014644	5,171,613			75,733			53
54	Radiology-Diagnostic	0.159447	16,591,690			2,645,495			54
56	Radioisotope	0.072363	10,183,342			736,897			56
57	CT Scan	0.020968	49,696,578			1,042,038			57
58	MRI	0.047552	8,784,977			417,743			58
59	Cardiac Catheterization	0.176318	24,377,518			4,298,195			59
60	Laboratory	0.078993	26,353,335			2,081,729			60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.076772	4,263,632			327,328			65
66	Physical Therapy	0.262589	155,626			40,866			66
67	Occupational Therapy	0.203887	25,246			5,147			67
68	Speech Pathology	0.179792	106,004			19,059			68
69	Electrocardiology	0.121855	3,382,426			412,166			69
70	Electroencephalography	0.319011	1,336,152			426,247			70
71	Medical Supplies Charged to Pat	0.144306	31,471,725			4,541,559			71
72	Impl. Dev. Charged to Patients	0.132361	25,663,620			3,396,862			72
73	Drugs Charged to Patients	0.222263	45,818,682		71,485	10,183,798		15,888	73
73.10	REHABILITATION SERVICES	0.414461	3,571,473			1,480,236			73.10
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.10	CAPE MEDICAL ONCOLOGY PBC	0.129876	1,452,035			188,584			90.10
90.20	GYN SURG ONCOLOGIST PBC	0.222766	187,575			41,785			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	0.166748	1,630,141			271,823			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	0.109952	334,572			36,787			90.40
90.60	CAPE NEUROSURGERY PBC	0.271418	289,590			78,600			90.60
91	Emergency	0.143397	24,949,316			3,577,657			91
92	Observation Beds (Non-Distinct	0.490026	4,141,952			2,029,664			92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	0.878194							95
97	Durable Medical Equip-Sold								97
200	Subtotal (see instructions)		325,940,172		71,485	45,716,981		15,888	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		325,940,172		71,485	45,716,981		15,888	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-T183

WORKSHEET D
PART II

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	5,549,686	111,137,524	0.049935	100,560	5,021	50
51	Recovery Room	172,736	19,187,186	0.009003	8,705	78	51
52	Delivery Room & Labor Room	64,146	11,328,424	0.005662			52
53	Anesthesiology	25,455	60,932,940	0.000418	5,533	2	53
54	Radiology-Diagnostic	3,306,235	88,814,686	0.037226	105,548	3,929	54
56	Radioisotope	194,683	13,860,896	0.014045	9,744	137	56
57	CT Scan	590,694	114,883,966	0.005142	91,351	470	57
58	MRI	354,666	28,798,980	0.012315	45,692	563	58
59	Cardiac Catheterization	2,143,552	60,966,611	0.035159	1,149	40	59
60	Laboratory	1,324,271	221,603,689	0.005976	511,696	3,058	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	408,809	84,522,566	0.004837	418,744	2,025	65
66	Physical Therapy	662,087	16,259,811	0.040719	1,230,988	50,125	66
67	Occupational Therapy	180,419	8,092,165	0.022296	1,285,129	28,653	67
68	Speech Pathology	72,247	6,196,000	0.011660	658,291	7,676	68
69	Electrocardiology	527,154	31,622,915	0.016670	5,745	96	69
70	Electroencephalography	328,175	8,691,355	0.037759	5,941	224	70
71	Medical Supplies Charged to Pat	539,947	171,691,582	0.003145	274,739	864	71
72	Impl. Dev. Charged to Patients	562,356	183,777,531	0.003060	19,549	60	72
73	Drugs Charged to Patients	1,389,898	160,807,392	0.008643	1,544,971	13,353	73
73.10	REHABILITATION SERVICES	3,000,968	34,360,353	0.087338	167,944	14,668	73.10
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.10	CAPE MEDICAL ONCOLOGY PBC	21,509	2,084,295	0.010320			90.10
90.20	GYN SURG ONCOLOGIST PBC	1,052	295,709	0.003558			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	34,852	3,226,864	0.010801			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	2,546	570,693	0.004461			90.40
90.60	CAPE NEUROSURGERY PBC	18,067	637,188	0.028354			90.60
91	Emergency	2,120,712	111,143,577	0.019081			91
92	Observation Beds (Non-Distinct		10,527,323				92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
97	Durable Medical Equip-Sold	475					97
200	Total (sum of lines 50-199)	23,597,397	1,566,022,221		6,492,019	131,042	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-T183

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
70	Electroencephalography						70
71	Medical Supplies Charged to Pat						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
73.10	REHABILITATION SERVICES						73.10
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.10	CAPE MEDICAL ONCOLOGY PBC						90.10
90.20	GYN SURG ONCOLOGIST PBC						90.20
90.30	PHYSICIAN CARDIOLOGIST PBC						90.30
90.40	CAPE THORACIC & CARDIOVASCULAR						90.40
90.60	CAPE NEUROSURGERY PBC						90.60
91	Emergency						91
92	Observation Beds (Non-Distinct						92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
97	Durable Medical Equip-Sold						97
200	Total (sum of lines 50-199)						200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-T183

**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	111,137,524			100,560				50
51	Recovery Room	19,187,186			8,705				51
52	Delivery Room & Labor Room	11,328,424							52
53	Anesthesiology	60,932,940			5,533				53
54	Radiology-Diagnostic	88,814,686			105,548				54
56	Radioisotope	13,860,896			9,744				56
57	CT Scan	114,883,966			91,351				57
58	MRI	28,798,980			45,692				58
59	Cardiac Catheterization	60,966,611			1,149				59
60	Laboratory	221,603,689			511,696				60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	84,522,566			418,744				65
66	Physical Therapy	16,259,811			1,230,988				66
67	Occupational Therapy	8,092,165			1,285,129				67
68	Speech Pathology	6,196,000			658,291				68
69	Electrocardiology	31,622,915			5,745				69
70	Electroencephalography	8,691,355			5,941				70
71	Medical Supplies Charged to Pat	171,691,582			274,739				71
72	Impl. Dev. Charged to Patients	183,777,531			19,549				72
73	Drugs Charged to Patients	160,807,392			1,544,971				73
73.10	REHABILITATION SERVICES	34,360,353			167,944				73.10
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.10	CAPE MEDICAL ONCOLOGY PBC	2,084,295							90.10
90.20	GYN SURG ONCOLOGIST PBC	295,709							90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	3,226,864							90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	570,693							90.40
90.60	CAPE NEUROSURGERY PBC	637,188							90.60
91	Emergency	111,143,577							91
92	Observation Beds (Non-Distinct	10,527,323							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
97	Durable Medical Equip-Sold								97
200	Total (sum of lines 50-199)	1,566,022,221			6,492,019				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-T183

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	0.238831						50
51	Recovery Room	0.085618						51
52	Delivery Room & Labor Room	0.163725						52
53	Anesthesiology	0.014644						53
54	Radiology-Diagnostic	0.159447						54
56	Radioisotope	0.072363						56
57	CT Scan	0.020968						57
58	MRI	0.047552						58
59	Cardiac Catheterization	0.176318						59
60	Laboratory	0.078993						60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	0.076772						65
66	Physical Therapy	0.262589						66
67	Occupational Therapy	0.203887						67
68	Speech Pathology	0.179792						68
69	Electrocardiology	0.121855						69
70	Electroencephalography	0.319011						70
71	Medical Supplies Charged to Pat	0.144306						71
72	Impl. Dev. Charged to Patients	0.132361						72
73	Drugs Charged to Patients	0.222263						73
73.10	REHABILITATION SERVICES	0.414461						73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.10	CAPE MEDICAL ONCOLOGY PBC	0.129876						90.10
90.20	GYN SURG ONCOLOGIST PBC	0.222766						90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	0.166748						90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	0.109952						90.40
90.60	CAPE NEUROSURGERY PBC	0.271418						90.60
91	Emergency	0.143397						91
92	Observation Beds (Non-Distinct	0.490026						92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	0.878194						95
97	Durable Medical Equip-Sold							97
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

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	8,222,737		8,222,737	49,734	165.33	5,919	978,588	30
31	Intensive Care Unit	1,504,438		1,504,438	7,145	210.56	1,366	287,625	31
31.01	NEONATOLOGY/NICU	898,028		898,028	4,500	199.56	4,025	803,229	31.01
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	737,148		737,148	3,643	202.35	224	45,326	41
42	Subprovider I								42
43	Nursery	81,556		81,556	1,605	50.81	1,257	63,868	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	11,443,907		11,443,907	66,627		12,791	2,178,636	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-0183

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	5,549,686	111,137,524	0.049935	8,426,680	420,786	50
51	Recovery Room	172,736	19,187,186	0.009003	314,104	2,828	51
52	Delivery Room & Labor Room	64,146	11,328,424	0.005662	3,758,105	21,278	52
53	Anesthesiology	25,455	60,932,940	0.000418	2,128,038	890	53
54	Radiology-Diagnostic	3,306,235	88,814,686	0.037226	2,766,163	102,973	54
56	Radioisotope	194,683	13,860,896	0.014045	342,655	4,813	56
57	CT Scan	590,694	114,883,966	0.005142	4,549,360	23,393	57
58	MRI	354,666	28,798,980	0.012315	1,151,749	14,184	58
59	Cardiac Catheterization	2,143,552	60,966,611	0.035159	2,391,383	84,079	59
60	Laboratory	1,324,271	221,603,689	0.005976	12,101,264	72,317	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	408,809	84,522,566	0.004837	13,776,657	66,638	65
66	Physical Therapy	662,087	16,259,811	0.040719	863,630	35,166	66
67	Occupational Therapy	180,419	8,092,165	0.022296	925,455	20,634	67
68	Speech Pathology	72,247	6,196,000	0.011660	1,036,990	12,091	68
69	Electrocardiology	527,154	31,622,915	0.016670	336,328	5,607	69
70	Electroencephalography	328,175	8,691,355	0.037759	599,058	22,620	70
71	Medical Supplies Charged to Pat	539,947	171,691,582	0.003145	22,096,439	69,493	71
72	Impl. Dev. Charged to Patients	562,356	183,777,531	0.003060	3,740,196	11,445	72
73	Drugs Charged to Patients	1,389,898	160,807,392	0.008643	18,300,435	158,171	73
73.10	REHABILITATION SERVICES	3,000,968	34,360,353	0.087338	930,797	81,294	73.10
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.10	CAPE MEDICAL ONCOLOGY PBC	21,509	2,084,295	0.010320			90.10
90.20	GYN SURG ONCOLOGIST PBC	1,052	295,709	0.003558			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	34,852	3,226,864	0.010801			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	2,546	570,693	0.004461			90.40
90.60	CAPE NEUROSURGERY PBC	18,067	637,188	0.028354			90.60
91	Emergency	2,120,712	111,143,577	0.019081	2,538,906	48,445	91
92	Observation Beds (Non-Distinct	932,985	10,527,323	0.088625	248,665	22,038	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
97	Durable Medical Equip-Sold	475					97
200	Total (sum of lines 50-199)	24,530,382	1,566,022,221		103,323,057	1,301,183	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)						30
31	Intensive Care Unit						31
31.01	NEONATOLOGY/NICU						31.01
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

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

		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)	49,734		5,919		30
31	Intensive Care Unit	7,145		1,366		31
31.01	NEONATOLOGY/NICU	4,500		4,025		31.01
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF	3,643		224		41
42	Subprovider I					42
43	Nursery	1,605		1,257		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	66,627		12,791		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-0183

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
73.10	REHABILITATION SERVICES							73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.10	CAPE MEDICAL ONCOLOGY PBC							90.10
90.20	GYN SURG ONCOLOGIST PBC							90.20
90.30	PHYSICIAN CARDIOLOGIST PBC							90.30
90.40	CAPE THORACIC & CARDIOVASCULAR							90.40
90.60	CAPE NEUROSURGERY PBC							90.60
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold							97
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-0183

**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	111,137,524			8,426,680				50
51	Recovery Room	19,187,186			314,104				51
52	Delivery Room & Labor Room	11,328,424			3,758,105				52
53	Anesthesiology	60,932,940			2,128,038				53
54	Radiology-Diagnostic	88,814,686			2,766,163				54
56	Radioisotope	13,860,896			342,655				56
57	CT Scan	114,883,966			4,549,360				57
58	MRI	28,798,980			1,151,749				58
59	Cardiac Catheterization	60,966,611			2,391,383				59
60	Laboratory	221,603,689			12,101,264				60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	84,522,566			13,776,657				65
66	Physical Therapy	16,259,811			863,630				66
67	Occupational Therapy	8,092,165			925,455				67
68	Speech Pathology	6,196,000			1,036,990				68
69	Electrocardiology	31,622,915			336,328				69
70	Electroencephalography	8,691,355			599,058				70
71	Medical Supplies Charged to Pat	171,691,582			22,096,439				71
72	Impl. Dev. Charged to Patients	183,777,531			3,740,196				72
73	Drugs Charged to Patients	160,807,392			18,300,435				73
73.10	REHABILITATION SERVICES	34,360,353			930,797				73.10
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.10	CAPE MEDICAL ONCOLOGY PBC	2,084,295							90.10
90.20	GYN SURG ONCOLOGIST PBC	295,709							90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	3,226,864							90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	570,693							90.40
90.60	CAPE NEUROSURGERY PBC	637,188							90.60
91	Emergency	111,143,577			2,538,906				91
92	Observation Beds (Non-Distinct	10,527,323			248,665				92
OTHER REIMBURSABLE COST CENTERS									
95	Ambulance Services								95
97	Durable Medical Equip-Sold								97
200	Total (sum of lines 50-199)	1,566,022,221			103,323,057				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-0183

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	0.238831		12,020,734			2,870,924	50
51	Recovery Room	0.085618		823,074			70,470	51
52	Delivery Room & Labor Room	0.163725		105,344			17,247	52
53	Anesthesiology	0.014644		239,632			3,509	53
54	Radiology-Diagnostic	0.159447		5,489,631			875,305	54
56	Radioisotope	0.072363		851,693			61,631	56
57	CT Scan	0.020968		17,393,450			364,706	57
58	MRI	0.047552		2,952,085			140,378	58
59	Cardiac Catheterization	0.176318		2,618,824			461,746	59
60	Laboratory	0.078993		13,571,788			1,072,076	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	0.076772		702,796			53,955	65
66	Physical Therapy	0.262589		595,902			156,477	66
67	Occupational Therapy	0.203887		471,403			96,113	67
68	Speech Pathology	0.179792		521,412			93,746	68
69	Electrocardiology	0.121855		631,973			77,009	69
70	Electroencephalography	0.319011		804,633			256,687	70
71	Medical Supplies Charged to Pat	0.144306		17,981,935			2,594,901	71
72	Impl. Dev. Charged to Patients	0.132361		596,245			78,920	72
73	Drugs Charged to Patients	0.222263		13,074,109			2,905,891	73
73.10	REHABILITATION SERVICES	0.414461		724,354			300,216	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.10	CAPE MEDICAL ONCOLOGY PBC	0.129876						90.10
90.20	GYN SURG ONCOLOGIST PBC	0.222766						90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	0.166748						90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	0.109952						90.40
90.60	CAPE NEUROSURGERY PBC	0.271418						90.60
91	Emergency	0.143397		16,659,876			2,388,976	91
92	Observation Beds (Non-Distinct	0.490026		948,942			465,006	92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	0.878194		59,435			52,195	95
97	Durable Medical Equip-Sold							97
200	Subtotal (see instructions)			109,839,270			15,458,084	200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)			109,839,270			15,458,084	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0183

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	49,734	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	49,734	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.	7,953	3
4	Semi-private room days (excluding swing-bed private room days)	36,138	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)	23,463	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)	45,465.106	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)	45,465.106	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)	76,117,324	28
29	Private room charges (excluding swing-bed charges)	9,046,194	29
30	Semi-private room charges (excluding swing-bed charges)	67,071,130	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.597303	31
32	Average private room per diem charge (line 29 ÷ line 3)	1,137.46	32
33	Average semi-private room per diem charge (line 30 ÷ line 4)	1,855.97	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)	45,465,106	37

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0183

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)		
38	Adjusted general inpatient routine service cost per diem (see instructions)					914.17	38	
39	Program general inpatient routine service cost (line 9 x line 38)					21,449,171	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)					21,449,171	41	
42	Nursery (Titles V and XIX only)	1	2	3	4	5	42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	12,193,777	7,145	1,706.62	4,407	7,521,074	43	
43.01	NEONATOLOGY/NICU	5,222,529	4,500	1,160.56			43.01	
44	Coronary Care Unit						44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
47	Other Special Care (specify)						47	

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					52,617,986	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					81,588,231	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					4,807,076	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,629,123	51
52	Total Program excludable cost (sum of lines 50 and 51)					9,436,199	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					72,152,032	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

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0183

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					5,643	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					914.17	88
89	Observation bed cost (line 87 x line 88) (see instructions)					5,158,661	89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	8,222,737	45,465,106	0.180858	5,158,661	932,985	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-T183

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)	3,643	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,643	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	3,643	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,126	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	3,277,278	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,277,278	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,277,278	37

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-T183

WORKSHEET D-1
PART II

Check [] Title V - I/P [] Hospital [] SUB (Other) [XX] PPS
Applicable [XX] Title XVIII, Part A [] IPF [] TEFRA
Boxes: [] Title XIX - I/P [XX] 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)	899.61	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,912,571	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)	1,912,571	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,280,681	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	3,193,252	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	430,196	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	131,042	51
52	Total Program excludable cost (sum of lines 50 and 51)	561,238	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	2,632,014	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

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0183

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	49,734	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	49,734	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.	7,953	3
4	Semi-private room days (excluding swing-bed private room days)	36,138	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	5,919	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)	1,605	15
16	Nursery days (title V or XIX only)	1,257	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)	45,465,106	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)	45,465,106	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)	76,117,324	28
29	Private room charges (excluding swing-bed charges)	9,046,194	29
30	Semi-private room charges (excluding swing-bed charges)	67,071,130	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.597303	31
32	Average private room per diem charge (line 29 ÷ line 3)	1,137.46	32
33	Average semi-private room per diem charge (line 30 ÷ line 4)	1,855.97	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)	45,465,106	37

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0183

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)					914.17	38	
39	Program general inpatient routine service cost (line 9 x line 38)					5,410,972	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)					5,410,972	41	
42	Nursery (Titles V and XIX only)	1,921,799	1,605	1,197.38	1,257	1,505,107	42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	12,193,777	7,145	1,706.62	1,366	2,331,243	43	
43.01	NEONATOLOGY/NICU	5,222,529	4,500	1,160.56	4,025	4,671,254	43.01	
44	Coronary Care Unit						44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
47	Other Special Care (specify)						47	

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					15,194,615	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					29,113,191	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,133,310	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,301,183	51
52	Total Program excludable cost (sum of lines 50 and 51)					3,434,493	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					25,678,698	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

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0183

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					5,643	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-0183

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		44,041,203		30
31	Intensive Care Unit		17,495,417		31
31.01	NEONATOLOGY/NICU				31.01
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.238831	30,733,441	7,340,098	50
51	Recovery Room	0.085618	4,691,846	401,706	51
52	Delivery Room & Labor Room	0.163725	55,672	9,115	52
53	Anesthesiology	0.014644	5,243,915	76,792	53
54	Radiology-Diagnostic	0.159447	11,041,720	1,760,569	54
56	Radioisotope	0.072363	2,236,759	161,859	56
57	CT Scan	0.020968	18,342,000	384,595	57
58	MRI	0.047552	4,256,419	202,401	58
59	Cardiac Catheterization	0.176318	16,844,844	2,970,049	59
60	Laboratory	0.078993	49,038,255	3,873,679	60
60.10	CARDIOVASCULAR LABORATORY				60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.076772	30,547,432	2,345,187	65
66	Physical Therapy	0.262589	3,514,529	922,877	66
67	Occupational Therapy	0.203887	2,318,842	472,782	67
68	Speech Pathology	0.179792	1,718,693	309,007	68
69	Electrocardiology	0.121855	2,207,741	269,024	69
70	Electroencephalography	0.319011	1,237,923	394,911	70
71	Medical Supplies Charged to Patients	0.144306	55,377,226	7,991,266	71
72	Impl. Dev. Charged to Patients	0.132361	59,593,061	7,887,797	72
73	Drugs Charged to Patients	0.222263	59,226,492	13,163,858	73
73.10	REHABILITATION SERVICES	0.414461	65,544	27,165	73.10
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.10	CAPE MEDICAL ONCOLOGY PBC	0.129876			90.10
90.20	GYN SURG ONCOLOGIST PBC	0.222766			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	0.166748			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	0.109952			90.40
90.60	CAPE NEUROSURGERY PBC	0.271418			90.60
91	Emergency	0.143618	6,394,128	918,312	91
92	Observation Beds (Non-Distinct Part)	0.490026	1,499,792	734,937	92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
97	Durable Medical Equip-Sold				97
200	Total (sum of lines 50-94, and 96-98)		366,186,274	52,617,986	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		366,186,274		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-T183

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
31.01	NEONATOLOGY/NICU				31.01
41	Subprovider - IRF		2,789,750		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.238831	100,560	24,017	50
51	Recovery Room	0.085618	8,705	745	51
52	Delivery Room & Labor Room	0.163725			52
53	Anesthesiology	0.014644	5,533	81	53
54	Radiology-Diagnostic	0.159447	105,548	16,829	54
56	Radioisotope	0.072363	9,744	705	56
57	CT Scan	0.020968	91,351	1,915	57
58	MRI	0.047552	45,692	2,173	58
59	Cardiac Catheterization	0.176318	1,149	203	59
60	Laboratory	0.078993	511,696	40,420	60
60.10	CARDIOVASCULAR LABORATORY				60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.076772	418,744	32,148	65
66	Physical Therapy	0.262589	1,230,988	323,244	66
67	Occupational Therapy	0.203887	1,285,129	262,021	67
68	Speech Pathology	0.179792	658,291	118,355	68
69	Electrocardiology	0.121855	5,745	700	69
70	Electroencephalography	0.319011	5,941	1,895	70
71	Medical Supplies Charged to Patients	0.144306	274,739	39,646	71
72	Impl. Dev. Charged to Patients	0.132361	19,549	2,588	72
73	Drugs Charged to Patients	0.222263	1,544,971	343,390	73
73.10	REHABILITATION SERVICES	0.414461	167,944	69,606	73.10
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.10	CAPE MEDICAL ONCOLOGY PBC	0.129876			90.10
90.20	GYN SURG ONCOLOGIST PBC	0.222766			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	0.166748			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	0.109952			90.40
90.60	CAPE NEUROSURGERY PBC	0.271418			90.60
91	Emergency	0.143618			91
92	Observation Beds (Non-Distinct Part)	0.490026			92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
97	Durable Medical Equip-Sold				97
200	Total (sum of lines 50-94, and 96-98)		6,492,019	1,280,681	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		6,492,019		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-0183

WORKSHEET D-3

Check [] Title V [XX] Hospital [] SUB (Other) [] Swing Bed SNF [XX] PPS
 Applicable [] Title XVIII, Part A [] IPF [] SNF [] Swing Bed NF [] TEFRA
 Boxes: [XX] 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		9,636,464		30
31	Intensive Care Unit		4,615,975		31
31.01	NEONATOLOGY/NICU		15,945,372		31.01
41	Subprovider - IRF				41
43	Nursery		2,375,458		43
ANCILLARY SERVICE COST CENTERS					
50	Operating Room	0.238831	8,426,680	2,012,552	50
51	Recovery Room	0.085618	314,104	26,893	51
52	Delivery Room & Labor Room	0.163725	3,758,105	615,296	52
53	Anesthesiology	0.014644	2,128,038	31,163	53
54	Radiology-Diagnostic	0.159447	2,766,163	441,056	54
56	Radioisotope	0.072363	342,655	24,796	56
57	CT Scan	0.020968	4,549,360	95,391	57
58	MRI	0.047552	1,151,749	54,768	58
59	Cardiac Catheterization	0.176318	2,391,383	421,644	59
60	Laboratory	0.078993	12,101,264	955,915	60
60.10	CARDIOVASCULAR LABORATORY				60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.076772	13,776,657	1,057,662	65
66	Physical Therapy	0.262589	863,630	226,780	66
67	Occupational Therapy	0.203887	925,455	188,688	67
68	Speech Pathology	0.179792	1,036,990	186,443	68
69	Electrocardiology	0.121855	336,328	40,983	69
70	Electroencephalography	0.319011	599,058	191,106	70
71	Medical Supplies Charged to Patients	0.144306	22,096,439	3,188,649	71
72	Impl. Dev. Charged to Patients	0.132361	3,740,196	495,056	72
73	Drugs Charged to Patients	0.222263	18,300,435	4,067,510	73
73.10	REHABILITATION SERVICES	0.414461	930,797	385,779	73.10
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90.10	CAPE MEDICAL ONCOLOGY PBC	0.129876			90.10
90.20	GYN SURG ONCOLOGIST PBC	0.222766			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	0.166748			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	0.109952			90.40
90.60	CAPE NEUROSURGERY PBC	0.271418			90.60
91	Emergency	0.143618	2,538,906	364,633	91
92	Observation Beds (Non-Distinct Part)	0.490026	248,665	121,852	92
OTHER REIMBURSABLE COST CENTERS					
95	Ambulance Services				95
97	Durable Medical Equip-Sold				97
200	Total (sum of lines 50-94, and 96-98)		103,323,057	15,194,615	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		103,323,057		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	12,610,728			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	37,427,808			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)	3,361,023			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				3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	262.54			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)				5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)				9
10	FTE count for allopathic and osteopathic programs in the current year from your records				10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)				12
13	Total allowable FTE count for the prior year				13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero				14
15	Sum of lines 12 through 14 divided by 3				15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count				18
19	Current year resident to bed ratio (line 18 divided by line 4)				19
20	Prior year resident to bed ratio (see instructions)				20
21	Enter the lesser of lines 19 or 20 (see instructions)				21
22	IME payment adjustment (see instructions)				22
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	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)				24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)				29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0828			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2380			31
32	Sum of lines 30 and 31	0.3208			32
33	Allowable disproportionate share percentage (see instructions)	0.1568			33
34	Disproportionate share adjustment (see instructions)	1,961,511			34
	Uncompensated Care Adjustment				
		Prior to	(1.01)	On or after	
35	Total uncompensated care amount (see instructions)	6,406,145,534		October 1 (2.00)	35
35.01	Factor 3 (see instructions)	0.000451765			35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,894,072		2,562,058	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	727,471		1,916,278	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,643,749			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

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
47	Subtotal (see instructions)	58,004,819			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)	58,004,819			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	4,730,208			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)				52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies				54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)				58
59	Total (sum of amounts on lines 49 through 58)	62,735,027			59
60	Primary payer payments	19,522			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	62,715,505			61
62	Deductibles billed to program beneficiaries	5,825,428			62
63	Coinsurance billed to program beneficiaries	101,780			63
64	Allowable bad debts (see instructions)	1,709,993			64
65	Adjusted reimbursable bad debts (see instructions)	1,111,495			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,606,803			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	57,899,792			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)	-245,971			70.93
70.99	HAC adjustment amount (see instructions)	624,891			70.99
71	Amount due provider (see instructions)	57,028,930			71
71.01	Sequestration adjustment (see instructions)	1,140,579			71.01
72	Interim payments	55,852,860			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	35,491			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2				75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

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

HSP Bonus Payment Amount

Prior to 10/1 On or After 10/1

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

Prior to 10/1 On or After 10/1

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

HRR Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

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

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION

EXHIBIT 5

	(Amt. from Wkst. E, Pt. A or L Pt. I)	Prior to 10/1		On or after 10/1		Total (cols. 2 and 3)	
	(1)	(2)	(2.01)	(3)	(3.01)	(4)	
1	DRG Amounts Other Than Outlier Payments						1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	12,610,728	12,610,728			12,610,728	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	37,427,808		37,427,808		37,427,808	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	3,361,023	913,700		2,447,323	3,361,023	2
2.01	Outlier payment for discharges for Model 4 BPCI						2.01
3	Operating outlier reconciliation						3
4	Managed Care Simulated Payments						4
	Indirect Medical Education Adjustment						
5	Amount from Worksheet E Part A, line 21						5
6	IME payment adjustment						6
6.01	IME payment adjustment for managed care						6.01
	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)						9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)						9.01
	Disproportionate Share Adjustment						
10	Allowable disproportionate share percentage	0.1568	0.1568	0.1568	0.1568	0.1568	10
11	Disproportionate share adjustment	1,961,511	494,341		1,467,170	1,961,511	11
11.01	Uncompensated care payments	2,643,749	727,471		1,916,278	2,643,749	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12	Total ESRD additional payment						12
13	Subtotal	58,004,819	14,746,240		43,258,579	58,004,819	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	58,004,819	14,746,240		43,258,579	58,004,819	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	4,730,208	1,173,620		3,556,588	4,730,208	16
17	Special add-on payments for new technologies						17
	DO NOT USE THIS LINE						17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG						17.02
18	Capital outlier reconciliation adjustment amount						18
19	SUBTOTAL		15,919,860		46,815,167	62,735,027	19
20	Capital DRG other than outlier	4,010,528	1,003,891		3,006,637	4,010,528	20
20.01	Model 4 BPCI Capital DRG other than outlier						20.01
21	Capital DRG outlier payments	450,173	102,268		347,905	450,173	21
21.01	Model 4 BPCI Capital DRG outlier payments						21.01
22	Indirect medical education percentage						22
23	Indirect medical education adjustment						23
24	Allowable disproportionate share percentage	0.0672	0.0672		0.0672		24
25	Disproportionate share adjustment	269,507	67,461		202,046	269,507	25
26	Total prospective capital payments	4,730,208	1,173,620		3,556,588	4,730,208	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	-245,971	-56,392		-189,579	-245,971	30
30.01	HVBP payment adjustment for HSP bonus payment						30.01
31	HRR adjustment						31
31.01	HRR adjustment for HSP bonus payment						31.01
32	HAC Reduction Program adjustment		158,635		466,256	624,891	32

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-0183

**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)	15,888			1
2	Medical and other services reimbursed under OPPS (see instructions)	45,716,981			2
3	PPS payments	43,060,645			3
4	Outlier payment (see instructions)	567,123			4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	15,888			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	71,485			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)	71,485			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)	71,485			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	55,597			19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)	15,888			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	43,627,768			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	8,345,955			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)	35,297,701			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)	35,297,701			30
31	Primary payer payments	10,241			31
32	Subtotal (line 30 minus line 31)	35,287,460			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)	800,087			34
35	Adjusted reimbursable bad debts (see instructions)	520,057			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	716,043			36
37	Subtotal (see instructions)	35,807,517			37
38	MSP-LCC reconciliation amount from PS&R	-1,904			38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	35,809,421			40
40.01	Sequestration adjustment (see instructions)	716,188			40.01
41	Interim payments	35,229,935			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-136,702			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

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-T183

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)				2
3	PPS payments				3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)				24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal ((lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)				27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)				30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)				32
	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)				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)				40
40.01	Sequestration adjustment (see instructions)				40.01
41	Interim payments				41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 26-0183

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		55,765,560		35,161,435
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 01/21/2016	87,300	01/22/2016	68,500
		.02			
		.03			
		.04			
		.05			
		.06			
		.07			
		.08			
		.09			
		.10			
		.50			
		.51			
		Provider			
		.52			
		to			
		.53			
		Program			
		.54			
		.55			
		.56			
		.57			
		.58			
		.59			
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99	87,300		68,500
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)		55,852,860		35,229,935
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			5.03
		to			5.04
		Provider			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
		Provider			5.52
		to			5.53
		Program			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	35,491		6.01
		.02			-136,702
7	Total Medicare program liability (see instructions)		55,888,351		35,093,233
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

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 26-T183

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		3,177,884		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. E or Wkst. E-3, line and column as appropriate)		3,177,884		4
TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01			6.01
		.02		-19,724	6.02
7	Total Medicare program liability (see instructions)		3,158,160		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

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check applicable box: Hospital CAH

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	12,373	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	27,870	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	2,372	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	55,736	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	1,751,307,527	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	21,461,051	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)	2,331,669	8
9	Sequestration adjustment amount (see instructions)	46,633	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	2,285,036	10

INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH

30	Initial/interim HIT payment(s)	1,124,974	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	1,160,062	32

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

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-T183

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)	2,896,898		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.067400		2
3	Inpatient Rehabilitation LIP payments (see instructions)	131,229		3
4	Outlier payments	239,068		4
5	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			5
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2)			5.01
6	New teaching program adjustment (see instructions)			6
7	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)			7
8	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)			8
9	Intern and resident count for IRF PPS medical education adjustment (see instructions)			9
10	Average daily census (see instructions)	9.980822		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	3,267,195		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)	3,267,195		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	3,267,195		19
20	Deductibles	22,148		20
21	Subtotal (line 19 minus line 20)	3,245,047		21
22	Coinsurance	22,435		22
23	Subtotal (line 21 minus line 22)	3,222,612		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)	3,222,612		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)	3,222,612		32
32.01	Sequestration adjustment (see instructions)	64,452		32.01
33	Interim payments	3,177,884		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 33 and 34)	-19,724		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			36

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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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	43,295,789				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	115,463,265				4
5	Other receivables					5
6	Allowances for uncollectible notes and accounts receivable	-51,855,200				6
7	Inventory	10,787,574				7
8	Prepaid expenses	14,513,287				8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	132,204,715				11
FIXED ASSETS						
12	Land	8,386,950				12
13	Land improvements	12,817,239				13
14	Accumulated depreciation	-7,141,712				14
15	Buildings	248,270,151				15
16	Accumulated depreciation	-87,135,006				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment	149,942,507				19
20	Accumulated depreciation	-71,647,241				20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	183,305,572				23
24	Accumulated depreciation	-97,824,117				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)	338,974,343				30
OTHER ASSETS						
31	Investments	424,688,746				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	8,855,386				34
35	Total other assets (sum of lines 31-34)	433,544,132				35
36	Total assets (sum of lines 11, 30 and 35)	904,723,190				36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	20,143,433				37
38	Salaries, wages and fees payable	23,751,700				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)					40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	39,963,790				44
45	Total current liabilities (sum of lines 37 thru 44)	83,858,923				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	182,470,053				49
50	Total long term liabilities (sum of lines 46 thru 49)	182,470,053				50
51	Total liabilities (sum of lines 45 and 50)	266,328,976				51
CAPITAL ACCOUNTS						
52	General fund balance	638,394,214				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)	638,394,214				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	904,723,190				60

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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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		595,131,424		
2	Net income (loss) (from Worksheet G-3, line 29)		43,262,790		
3	Total (sum of line 1 and line 2)		638,394,214		
4	Additions (credit adjustments) (specify)				
5					
6					
7					
8					
9					
10	Total additions (sum of lines 4-9)				
11	Subtotal (line 3 plus line 10)		638,394,214		
12	Deductions (debit adjustments) (specify)				
13					
14					
15					
16					
17					
18	Total deductions (sum of lines 12-17)				
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		638,394,214		

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

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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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	69,363,529		69,363,529	1
2	Subprovider IPF				2
3	Subprovider IRF	5,145,685		5,145,685	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)	74,509,214		74,509,214	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	39,515,635		39,515,635	11
11.01	NEONATOLOGY/NICU	25,069,382		25,069,382	11.01
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)	64,585,017		64,585,017	16
17	Total inpatient routine care services (sum of lines 10 and 16)	139,094,231		139,094,231	17
18	Ancillary services	784,772,586		784,772,586	18
19	Outpatient services		1,024,521,891	1,024,521,891	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		2,610,230	2,610,230	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	OTHER PATIENT REVENUES		4,417,695	4,417,695	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	923,866,817	1,031,549,816	1,955,416,633	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		460,440,886	29
30	Add (specify)			30
31				31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		460,440,886	43

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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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)	1,955,416,633	1
2	Less contractual allowances and discounts on patients' accounts	1,506,126,627	2
3	Net patient revenues (line 1 minus line 2)	449,290,006	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	460,440,886	4
5	Net income from service to patients (line 3 minus line 4)	-11,150,880	5

OTHER INCOME

6	Contributions, donations, bequests, etc.	1,363,955	6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	1,123,299	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients	4,241	17
18	Revenue from sale of medical records and abstracts	30,357	18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hospitial space		22
23	Governmental appropriations		23
24	Other (FITNESS CENTER)	1,882,038	24
24.01	Other (WELLNESS)	124,262	24.01
24.02	Other (MISC)	3,987,115	24.02
24.03	Other (OTHER: RETAIL PHARMACY)	10,598,491	24.03
24.04	Other (MEDICAL OFFICE BUILDING)		24.04
24.05	Other (GAIN ON INVESTMENTS)	35,819,593	24.05
25	Total other income (sum of lines 6-24)	54,933,351	25
26	Total (line 5 plus line 25)	43,782,471	26
27	Other expenses (LOSS ON SALE OF FIXED ASSETS)	519,681	27
27.01	Other expenses (MISC)		27.01
28	Total other expenses (sum of line 27 and subscripts)	519,681	28
29	Net income (or loss) for the period (line 26 minus line 28)	43,262,790	29

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 26-7515

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	181,259	40,503			38,416	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	517,871	115,722	35,418			6
7	Physical Therapy	216,891	48,466	18,259			7
8	Occupational Therapy	14,295	3,194	1,493			8
9	Speech Pathology	10,666	2,383	1,549			9
10	Medical Social Services	276	62	16			10
11	Home Health Aide	4,864	1,088	1,597			11
12	Supplies (see instructions)					30,044	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)	946,122	211,418	58,332		68,460	24

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 26-7515

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	260,178		260,178	689	260,867	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	669,011		669,011		669,011	6
7	Physical Therapy	283,616		283,616		283,616	7
8	Occupational Therapy	18,982		18,982		18,982	8
9	Speech Pathology	14,598		14,598		14,598	9
10	Medical Social Services	354		354		354	10
11	Home Health Aide	7,549		7,549		7,549	11
12	Supplies (see instructions)	30,044		30,044		30,044	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)	1,284,332		1,284,332	689	1,285,021	24

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

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 26-7515

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	260,867				5
HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	669,011				6
7	Physical Therapy	283,616				7
8	Occupational Therapy	18,982				8
9	Speech Pathology	14,598				9
10	Medical Social Services	354				10
11	Home Health Aide	7,549				11
12	Supplies (see instructions)	30,044				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)	1,285,021				24

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 26-7515

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		260,867	260,867		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		669,011	170,407	839,418	6
7	Physical Therapy		283,616	72,241	355,857	7
8	Occupational Therapy		18,982	4,835	23,817	8
9	Speech Pathology		14,598	3,718	18,316	9
10	Medical Social Services		354	90	444	10
11	Home Health Aide		7,549	1,923	9,472	11
12	Supplies (see instructions)		30,044	7,653	37,697	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)		1,285,021		1,285,021	24

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 26-7515

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					-260,867	1,024,154	5
HHA REIMBURSABLE SERVICES								
6	Skilled Nursing Care						669,011	6
7	Physical Therapy						283,616	7
8	Occupational Therapy						18,982	8
9	Speech Pathology						14,598	9
10	Medical Social Services						354	10
11	Home Health Aide						7,549	11
12	Supplies (see instructions)						30,044	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)					-260,867	1,024,154	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						260,867	25
26	Unit Cost Multiplier						0.254715	26

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 26-7515

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI- CATIONS	DATA PROCESSING	
		0	1	2	4	5.01	5.02	
1	Administrative and General		40,955	4,558	3,985	4,855	24,589	1
2	Skilled Nursing Care	839,418			11,358			2
3	Physical Therapy	355,857			4,757			3
4	Occupational Therapy	23,817			314			4
5	Speech Pathology	18,316			234			5
6	Medical Social Services	444			6			6
7	Home Health Aide	9,472			107			7
8	Supplies	37,697						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)	1,285,021	40,955	4,558	20,761	4,855	24,589	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

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 26-7515

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	PURCHASING 5.03	ADMITTING 5.04	CREDIT & COLLECTION 5.05	SUBTOTAL (cols.0-4) 4A	OTHER ADMIN & GENERAL 5.06	MAIN- TENANCE & REPAIRS 6	
1	Administrative and General	1,295		10,258	90,495	10,312	20,198	1
2	Skilled Nursing Care				850,776	96,948		2
3	Physical Therapy				360,614	41,093		3
4	Occupational Therapy				24,131	2,750		4
5	Speech Pathology				18,550	2,114		5
6	Medical Social Services				450	51		6
7	Home Health Aide				9,579	1,092		7
8	Supplies				37,697	4,296		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)	1,295		10,258	1,392,292	158,656	20,198	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

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 26-7515

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	OPERATION OF PLANT	SPD SOILED PROCESSIN G	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		7	7.10	8	9	10	11	
1	Administrative and General	11,443			10,958		15,562	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)	11,443			10,958		15,562	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

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 26-7515

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	SPD STERIL E PROCESSI NG	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12	13	13.10	14	15	16	
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

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 26-7515

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
		17	19	20	21	22	23	
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

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 26-7515

**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	158,968		158,968				1
2	Skilled Nursing Care	947,724		947,724	103,892	1,051,616		2
3	Physical Therapy	401,707		401,707	44,036	445,743		3
4	Occupational Therapy	26,881		26,881	2,947	29,828		4
5	Speech Pathology	20,664		20,664	2,265	22,929		5
6	Medical Social Services	501		501	55	556		6
7	Home Health Aide	10,671		10,671	1,170	11,841		7
8	Supplies	41,993		41,993	4,603	46,596		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)	1,609,109		1,609,109	158,968	1,609,109		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.				0.109622			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

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 26-7515

WORKSHEET H-2
PART II

	HHA COST CENTER	CAP BLDGS & FIXTURES SQ	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	COMMUNICATIONS NUMBER OF PHONES	DATA PROCESSING WORK ORDERS	PURCHASING COSTED REQUISITION	
		1	2	4	5.01	5.02	5.03	
1	Administrative and General	14,215	4,329	181,660	15	24	120,047	1
2	Skilled Nursing Care			517,871				2
3	Physical Therapy			216,891				3
4	Occupational Therapy			14,295				4
5	Speech Pathology			10,666				5
6	Medical Social Services			276				6
7	Home Health Aide			4,864				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)	14,215	4,329	946,523	15	24	120,047	20
21	Total cost to be allocated	40,955	4,558	20,761	4,855	24,589	1,295	21
22	Unit Cost Multiplier	2.881112		0.021934		1,024,541667		22
22	Unit Cost Multiplier		1.052899		323.666667		0.010787	22

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 26-7515

WORKSHEET H-2
PART II

	HHA COST CENTER	ADMITTING GROSS CHARGES	CREDIT & COLLECTION GROSS REVENUE	RECON- CILIATION	OTHER ADMIN & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
		5.04	5.05	4A.06	5.06	6	7	
1	Administrative and General		2,610,230		90,495	14,215	14,215	1
2	Skilled Nursing Care				850,776			2
3	Physical Therapy				360,614			3
4	Occupational Therapy				24,131			4
5	Speech Pathology				18,550			5
6	Medical Social Services				450			6
7	Home Health Aide				9,579			7
8	Supplies				37,697			8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)		2,610,230		1,392,292	14,215	14,215	20
21	Total cost to be allocated		10,258		158,656	20,198	11,443	21
22	Unit Cost Multiplier					1.420893		22
22	Unit Cost Multiplier		0.003930		0.113953		0.804995	22

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 26-7515

WORKSHEET H-2
PART II

	HHA COST CENTER	SPD SOILED PROCESSING HOURS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA HOURS	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	
		7.10	8	9	10	11	12	
1	Administrative and General			14,215		25,537		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)			14,215		25,537		20
21	Total cost to be allocated			10,958		15,562		21
22	Unit Cost Multiplier			0.770876		0.609390		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: 26-7515

WORKSHEET H-2
PART II

	HHA COST CENTER	NURSING ADMINISTRATION HOURS OF SERVICE	SPD STERILE PROCESSING SURVEY	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE PATIENT CASES	
		13	13.10	14	15	16	17	
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

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 26-7515

WORKSHEET H-2
PART II

	HHA COST CENTER	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL ASSIGNED TIME	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME		
		19	20	21	22	23		
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

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 26-7515

**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	1,051,616		1,051,616	4,413	238.30
2	Physical Therapy	3	445,743		445,743	2,275	195.93
3	Occupational Therapy	4	29,828		29,828	186	160.37
4	Speech Pathology	5	22,929		22,929	193	118.80
5	Medical Social Services	6	556		556	2	278.00
6	Home Health Aide	7	11,841		11,841	199	59.50
7	Total (sum of lines 1-6)		1,562,513		1,562,513	7,268	

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	99926		2,315		8
9	Physical Therapy	99926		1,289		9
10	Occupational Therapy	99926		133		10
11	Speech Pathology	99926		148		11
12	Medical Social Services	99926		2		12
13	Home Health Aide	99926		138		13
14	Total (sum of lines 8-13)			4,025		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	46,596		46,596	217,505	0.214230
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	0.262589			col. 2, line 2
2	Occupational Therapy	67	0.203887			col. 2, line 3
3	Speech Pathology	68	0.179792			col. 2, line 4
4	Medical Supplies Charged to Pat	71	0.144306			col. 2, line 15
5	Drugs Charged to Patients	73	0.222263			col. 2, line 16
5.10	REHABILITATION SERVICES	73.10	0.414461			col. 2, line 16

KPMG LLP Compu-Max 2552-10

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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 26-7515

**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		2,315			551,665		551,665	1
2	Physical Therapy		1,289			252,554		252,554	2
3	Occupational Therapy		133			21,329		21,329	3
4	Speech Pathology		148			17,582		17,582	4
5	Medical Social Services		2			556		556	5
6	Home Health Aide		138			8,211		8,211	6
7	Total (sum of lines 1-6)		4,025			851,897		851,897	7

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

KPMG LLP Compu-Max 2552-10

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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 26-7515

**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		737,709	11
12	Total PPS Reimbursement - Full Episodes with Outliers		3,180	12
13	Total PPS Reimbursement - LUPA Episodes		39,837	13
14	Total PPS Reimbursement - PEP Episodes		22,296	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers			15
16	Total PPS Outlier Reimbursement - PSP Episodes			16
17	Total Other Payments			17
18	DME Payments			18
19	Oxygen Payments			19
20	Prosthetic and Orthotic Payments			20
21	Part B deductibles billed to Medicare patients (exclude coinsurance)			21
22	Subtotal (sum of lines 10 thru 20 minus line 21)		803,022	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		803,022	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		803,022	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)		803,022	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		803,022	31
31.01	Sequestration adjustment (see instructions)			31.01
32	Interim payments (see instructions)		803,022	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES HHA CCN: 26-7515

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				803,022	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)				803,022	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)				803,022	7
8	Name of Contractor	Contractor Number		NPR Date: Month, Day, Year		8

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

KPMG LLP Compu-Max 2552-10

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 26-0183

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	4,010,528	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	450,173	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)	153.71	3
4	Number of interns & residents (see instructions)		4
5	Indirect medical education percentage (see instructions)		5
6	Indirect medical education adjustment (see instructions)		6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0828	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.2380	8
9	Sum of lines 7 and 8	0.3208	9
10	Allowable disproportionate share percentage (see instructions)	0.0672	10
11	Disproportionate share adjustment (see instructions)	269,507	11
12	Total prospective capital payments (see instructions)	4,730,208	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

KPMG LLP Compu-Max 2552-10

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 26-0183

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

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

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

KPMG LLP Compu-Max 2552-10

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		0	2A	24	25	26		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CREDIT & COLLECTIONS							5.05
5.06	OTHER ADMINISTRATIVE & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
7.10	SPD SOILED PROCESSING							7.10
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
13.10	SPD STERILE PROCESSING							13.10
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
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
31.01	NEONATOLOGY/NICU							31.01
41	Subprovider - IRF							41
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
73.10	REHABILITATION SERVICES							73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.10	CAPE MEDICAL ONCOLOGY PBC							90.10
90.20	GYN SURG ONCOLOGIST PBC							90.20
90.30	PHYSICIAN CARDIOLOGIST PBC							90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC							90.40
90.60	CAPE NEUROSURGERY PBC							90.60
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold							97
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
116	Hospice						116
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen						190
194	FITNESS CENTER						194
194.01	RETAIL PHARMACY						194.01
194.02	GARDEN VIEW DELI						194.02
194.03	MEDICAL OFFICE BLDG						194.03
194.04	PHYSICIAN SERVICES						194.04
194.05	ENDOCRINOLOGIST						194.05
194.06	HOSPITALIST						194.06
194.07	NEONATOLOGY PHYSICIANS						194.07
194.08	ANESTHESIOLOGISTS						194.08
194.09	PHYSICIAN CARDIOLOGIST						194.09
194.10	PHYSICIAN ONCOLOGIST						194.10
194.11	PERINATOLOGY						194.11
194.12	TRAUMA PHYSICIANS						194.12
194.13	LANDMARK HOSPITAL						194.13
194.14	GYN SURG ONCOLOGIST						194.14
194.15	CAPE GASTROENTEROLOGY						194.15
194.16	CAPE PHYSICIAN ASSOCIATES						194.16
194.17	NONPATIENT MEALS						194.17
194.18	BEAUTY SHOP						194.18
194.19	MARKETING COSTS						194.19
194.20	CAPE PRIMARY CARE						194.20
194.21	CAPE CARE FOR WOMEN						194.21
194.22	JACKSON FAMILY CLINIC						194.22
194.23	CAPE MEDICAL GROUP						194.23
194.24	CAPE ENT GROUP						194.24
194.25	CHARLESTON FAMILY CARE						194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS						194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR						194.27
194.28	HOSPICE						194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON						194.29
194.30	JACKSON PHYSICIAN ASSOCIATES						194.30
194.31	PHYSICIANS PARK PRIMARY CARE						194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI						194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES						194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES						194.34
194.35	CAPE PEDIATRIC GROUP						194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS						194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE						194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES						194.39
194.40	KNIEBERT CLINIC						194.40
194.41	KNIEBERT PHARMACY						194.41
194.43	KNEIBERT LAB						194.43
194.44	PALLIATIVE CARE						194.44
194.45	CAPE ORTHO SURGEONS						194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC						194.46
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)						202

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ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

HOSPICE CCN: 26-1657

WORKSHEET O

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4	107,118	137,756	137,756	230	107,348		107,348	4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
DIRECT PATIENT CARE SERVICE COST CENTERS								
25								25
26	21,813		21,813		21,813		21,813	26
27								27
28	355,475		355,475		355,475		355,475	28
29	48,386		48,386		48,386		48,386	29
30								30
31								31
32								32
33								33
34	9,674		9,674		9,674		9,674	34
35								35
36								36
37								37
38								38
39								39
40								40
41								41
42								42
43		7,725	7,725		7,725		7,725	43
44								44
45		75,836	75,836		75,836		75,836	45
46	23,136		23,136		23,136		23,136	46
NONREIMBURSABLE COST CENTERS								
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70								70
71		271,409	271,409		271,409		271,409	71
100	565,602	492,726	1,058,328	230	1,058,558		1,058,558	100

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE CONTINUOUS HOME CARE**

HOSPICE CCN: 26-1657

WORKSHEET O-1

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
DIRECT PATIENT CARE SERVICE COST CENTERS								
25 Inpatient Care - Contracted								25
26 Physician Services								26
27 Nurse Practitioner								27
28 Registered Nurse								28
29 LPN/LVN								29
30 Physical Therapy								30
31 Occupational Therapy								31
32 Speech/Language Pathology								32
33 Medical Social Services								33
34 Spiritual Counseling								34
35 Dietary Counseling								35
36 Counseling - Other								36
37 Hospice Aide and Homemaker Services								37
38 Durable Medical Equipment - Oxygen								38
39 Patient Transportation								39
40 Imaging Services								40
41 Labs and Diagnostics								41
42 Medical Supplies - Non-routine								42
43 Outpatient Services								43
44 Palliative Radiation Therapy								44
45 Palliative Chemotherapy								45
46 Other Patient Care Services								46
100 TOTAL								100

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
 HOSPICE ROUTINE HOME CARE

HOSPICE CCN: 26-1657

WORKSHEET O-2

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS							
25	Inpatient Care - Contracted							25
26	Physician Services	21,813	21,813		21,813		21,813	26
27	Nurse Practitioner							27
28	Registered Nurse	351,920	351,920		351,920		351,920	28
29	LPN/LVN	48,366	48,366		48,366		48,366	29
30	Physical Therapy							30
31	Occupational Therapy							31
32	Speech/Language Pathology							32
33	Medical Social Services							33
34	Spiritual Counseling	9,674	9,674		9,674		9,674	34
35	Dietary Counseling							35
36	Counseling - Other							36
37	Hospice Aide and Homemaker Services							37
38	Durable Medical Equipment - Oxygen							38
39	Patient Transportation							39
40	Imaging Services							40
41	Labs and Diagnostics							41
42	Medical Supplies - Non-routine							42
43	Outpatient Services		7,725	7,725	7,725		7,725	43
44	Palliative Radiation Therapy							44
45	Palliative Chemotherapy		75,836	75,836	75,836		75,836	45
46	Other Patient Care Services	23,136	23,136	23,136	23,136		23,136	46
100	TOTAL	454,909	83,561	538,470	538,470		538,470	100

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE INPATIENT RESPITE CARE**

HOSPICE CCN: 26-1657

WORKSHEET O-3

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS							
25	Inpatient Care - Contracted							25
26	Physician Services							26
27	Nurse Practitioner							27
28	Registered Nurse							28
29	LPN/LVN							29
30	Physical Therapy							30
31	Occupational Therapy							31
32	Speech/Language Pathology							32
33	Medical Social Services							33
34	Spiritual Counseling							34
35	Dietary Counseling							35
36	Counseling - Other							36
37	Hospice Aide and Homemaker Services							37
38	Durable Medical Equipment - Oxygen							38
39	Patient Transportation							39
40	Imaging Services							40
41	Labs and Diagnostics							41
42	Medical Supplies - Non-routine							42
43	Outpatient Services							43
44	Palliative Radiation Therapy							44
45	Palliative Chemotherapy							45
46	Other Patient Care Services							46
100	TOTAL							100

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
 HOSPICE GENERAL INPATIENT CARE

HOSPICE CCN: 26-1657

WORKSHEET O-4

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25	Inpatient Care - Contracted								25
26	Physician Services								26
27	Nurse Practitioner								27
28	Registered Nurse	3,555		3,555		3,555		3,555	28
29	LPN/LVN	20		20		20		20	29
30	Physical Therapy								30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services								33
34	Spiritual Counseling								34
35	Dietary Counseling								35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services								37
38	Durable Medical Equipment - Oxygen								38
39	Patient Transportation								39
40	Imaging Services								40
41	Labs and Diagnostics								41
42	Medical Supplies - Non-routine								42
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services								46
100	TOTAL	3,575		3,575		3,575		3,575	100

KPMG LLP Compu-Max 2552-10

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**COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE
NET EXPENSES FOR ALLOCATION**

HOSPICE CCN: 26-1657

WORKSHEET O-5

	Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols 1+2)	
		1	2	3	
	GENERAL SERVICE COST CENTERS				
1	Cap Rel Costs-Bldg & Fixt		107,519	107,519	1
2	Cap Rel Costs-Mvble Equip				2
3	Employee Benefits Department	137,756	12,409	150,165	3
4	Administrative & General	107,348	193,798	301,146	4
5	Plant Operation & Maintenance		83,067	83,067	5
6	Laundry & Linen Service				6
7	Housekeeping		28,768	28,768	7
8	Dietary				8
9	Nursing Administration				9
10	Routine Medical Supplies				10
11	Medical Records				11
12	Staff Transportation				12
13	Volunteer Service Coordination				13
14	Pharmacy				14
15	Physician Administrative Services				15
16	Other General Service				16
17	Patient/Residential Care Services				17
	LEVEL OF CARE				
50	Hospice Continuous Home Care				50
51	Hospice Routine Home Care	538,470		538,470	51
52	Hospice Inpatient Respite Care				52
53	Hospice General Inpatient Care	3,575		3,575	53
	NONREIMBURSABLE COST CENTERS				
60	Bereavement Program				60
61	Volunteer Program				61
62	Fundraising				62
63	Hospice/Palliative Medicine Fellows				63
64	Palliative care Program				64
65	Other Physician Services				65
66	Residential Care				66
67	Advertising				67
68	Telehealth / Telemonitoring				68
69	Thrift Store				69
70	Nursing Facility Room & Board				70
71	Other Nonreimbursable	271,409		271,409	71
99	Negative Cost Center				99
100	TOTAL	1,058,558	425,561	1,484,119	100

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

HOSPICE CCN: 26-1657

**WORKSHEET O-6
PART I**

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	ADMINISTRATIVE & GENERAL	PLANT OP & MAINT	
		0	1	2	3	3A	4	5	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	107,519	107,519						1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department	150,165			150,165				3
4	Administrative & General	301,146	107,519		28,468	437,133	437,133		4
5	Plant Operation & Maintenance	83,067				83,067	34,682	117,749	5
6	Laundry & Linen Service								6
7	Housekeeping	28,768				28,768	12,011		7
8	Dietary								8
9	Nursing Administration								9
10	Routine Medical Supplies								10
11	Medical Records								11
12	Staff Transportation								12
13	Volunteer Service Coordination								13
14	Pharmacy								14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care								50
51	Hospice Routine Home Care	538,470			120,748	659,218	275,233		51
52	Hospice Inpatient Respice Care								52
53	Hospice General Inpatient Care	3,575			949	4,524	1,889		53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable	271,409				271,409	113,318	117,749	71
99	Negative Cost Center								99
100	TOTAL	1,484,119	107,519		150,165	1,484,119	437,133	117,749	100

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

HOSPICE CCN: 26-1657

**WORKSHEET O-6
PART I**

	Descriptions	LAUNDRY & LINEN 6	HOUSE-KEEPING 7	DIETARY 8	NURSING ADMINISTRATION 9	ROUTINE MEDICAL SUPPLIES 10	MEDICAL RECORDS 11	STAFF TRANSPORTATION 12	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department								3
4	Administrative & General								4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping		40,779						7
8	Dietary								8
9	Nursing Administration								9
10	Routine Medical Supplies								10
11	Medical Records								11
12	Staff Transportation								12
13	Volunteer Service Coordination								13
14	Pharmacy								14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care								50
51	Hospice Routine Home Care								51
52	Hospice Inpatient Respite Care								52
53	Hospice General Inpatient Care								53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable		40,779						71
99	Negative Cost Center								99
100	TOTAL		40,779						100

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

HOSPICE CCN: 26-1657

**WORKSHEET O-6
PART I**

	Descriptions	VOLUNTEER SVC COOR- DINATION	PHARMACY	PHYSICIAN ADMIN SERVICES	OTHER GENERAL SERVICE	PATIENT/ RES CARE SVCS	TOTAL	
		13	14	15	16	17	18	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
3	Employee Benefits Department							3
4	Administrative & General							4
5	Plant Operation & Maintenance							5
6	Laundry & Linen Service							6
7	Housekeeping							7
8	Dietary							8
9	Nursing Administration							9
10	Routine Medical Supplies							10
11	Medical Records							11
12	Staff Transportation							12
13	Volunteer Service Coordination							13
14	Pharmacy							14
15	Physician Administrative Services							15
16	Other General Service							16
17	Patient/Residential Care Services							17
	LEVEL OF CARE							
50	Hospice Continuous Home Care							50
51	Hospice Routine Home Care						934,451	51
52	Hospice Inpatient Respite Care							52
53	Hospice General Inpatient Care						6,413	53
	NONREIMBURSABLE COST CENTERS							
60	Bereavement Program							60
61	Volunteer Program							61
62	Fundraising							62
63	Hospice/Palliative Medicine Fellows							63
64	Palliative care Program							64
65	Other Physician Services							65
66	Residential Care							66
67	Advertising							67
68	Telehealth / Telemonitoring							68
69	Thrift Store							69
70	Nursing Facility Room & Board							70
71	Other Nonreimbursable						543,255	71
99	Negative Cost Center							99
100	TOTAL						1,484,119	100

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS

HOSPICE CCN: 26-1657

**WORKSHEET O-6
PART II**

	Descriptions	CAP REL BLDG & FIX SQUARE FEET	CAP REL MVBLE EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPART- MENT GROSS SALARIES	RECONCIL- IATION	ADMINIS- TRATIVE & GENERAL ACCUM. COST	PLANT OP & MAINT SQUARE FEET	LAUNDRY & LINEN IN-FACIL- ITY DAYS	
		1	2	3	4A	4	5	6	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	37,319							1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department			565,736					3
4	Administrative & General	37,319		107,252	-437,133	1,046,986			4
5	Plant Operation & Maintenance					83,067	37,319		5
6	Laundry & Linen Service								6
7	Housekeeping					28,768			7
8	Dietary								8
9	Nursing Administration								9
10	Routine Medical Supplies								10
11	Medical Records								11
12	Staff Transportation								12
13	Volunteer Service Coordination								13
14	Pharmacy								14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care								50
51	Hospice Routine Home Care			454,909		659,218			51
52	Hospice Inpatient Respite Care								52
53	Hospice General Inpatient Care			3,575		4,524			53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable					271,409	37,319		71
99	Negative Cost Center								99
100	Cost to be allocated (per O-6 Pt I)	107,519		150,165		437,133	117,749		100
101	Unit cost multiplier	2.881079		0.265433		0.417516	3.155202		101

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS

HOSPICE CCN: 26-1657

**WORKSHEET O-6
PART II**

	Descriptions	HOUSE-KEEPING SQUARE FEET 7	DIETARY IN-FACILITY DAYS 8	NURSING ADMINISTRATION DIRECT NURS. HRS. 9	ROUTINE MEDICAL SUPPLIES PATIENT DAYS 10	MEDICAL RECORDS PATIENT DAYS 11	STAFF TRANSPORTATION MILEAGE 12	VOLUNTEER SVC COORDINATION HOURS OF SERVICE 13	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department								3
4	Administrative & General								4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping	37,319							7
8	Dietary								8
9	Nursing Administration								9
10	Routine Medical Supplies								10
11	Medical Records								11
12	Staff Transportation								12
13	Volunteer Service Coordination								13
14	Pharmacy								14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care								50
51	Hospice Routine Home Care								51
52	Hospice Inpatient Respite Care								52
53	Hospice General Inpatient Care								53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable	37,319							71
99	Negative Cost Center								99
100	Cost to be allocated (per O-6 Pt I)	40,779							100
101	Unit cost multiplier	1.092714							101

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS

HOSPICE CCN: 26-1657

WORKSHEET O-6
PART II

	Descriptions	PHARMACY CHARGES 14	PHYSICIAN ADMIN SERVICES PATIENT DAYS 15	OTHER GENERAL SERVICE SPECIFY BASIS 16	PATIENT/ RESIDENT CARE SVCS IN-FACIL- ITY DAYS 17	
	GENERAL SERVICE COST CENTERS					
1	Cap Rel Costs-Bldg & Fixt					1
2	Cap Rel Costs-Mvble Equip					2
3	Employee Benefits Department					3
4	Administrative & General					4
5	Plant Operation & Maintenance					5
6	Laundry & Linen Service					6
7	Housekeeping					7
8	Dietary					8
9	Nursing Administration					9
10	Routine Medical Supplies					10
11	Medical Records					11
12	Staff Transportation					12
13	Volunteer Service Coordination					13
14	Pharmacy					14
15	Physician Administrative Services					15
16	Other General Service					16
17	Patient/Residential Care Services					17
	LEVEL OF CARE					
50	Hospice Continuous Home Care					50
51	Hospice Routine Home Care					51
52	Hospice Inpatient Respite Care					52
53	Hospice General Inpatient Care					53
	NONREIMBURSABLE COST CENTERS					
60	Bereavement Program					60
61	Volunteer Program					61
62	Fundraising					62
63	Hospice/Palliative Medicine Fellows					63
64	Palliative care Program					64
65	Other Physician Services					65
66	Residential Care					66
67	Advertising					67
68	Telehealth / Telemonitoring					68
69	Thrift Store					69
70	Nursing Facility Room & Board					70
71	Other Nonreimbursable					71
99	Negative Cost Center					99
100	Cost to be allocated (per O-6 Pt I)					100
101	Unit cost multiplier					101

KPMG LLP Compu-Max 2552-10

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APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE

HOSPICE CCN: 26-1657

WORKSHEET O-7

		Charges by LOC (from Provider Records)					
	Wkst C Pt I, col. 9, line	Cost to Charge Ratio	HCHC	HRHC	HIRC	HGIP	
Cost Center Descriptions	0	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS							
1 Physical Therapy	66	0.262589					1
2 Occupational Therapy	67	0.203887					2
3 Speech Language Pathology	68	0.179792					3
4 Drugs, Biological & Infusion Therapy	73	0.222263					4
5 Durable Medical Equipment/Oxygen	96						5
6 Labs and Diagnostics	60	0.078993					6
7 Medical Supplies	71	0.144306					7
8 Outpatient Services (incl E/R)	93						8
9 Radiation Therapy	55						9
10 Other	76						10
11 Totals (sum of lines 1-10)							11

		Shared Service Costs by LOC				
		HCHC (col 1 x col 2)	HRHC (col 1 x col 3)	HIRC (col 1 x col 4)	HGIP (col 1 x col 5)	
Cost Center Descriptions		6	7	8	9	
ANCILLARY SERVICE COST CENTERS						
1 Physical Therapy						1
2 Occupational Therapy						2
3 Speech Language Pathology						3
4 Drugs, Biological & Infusion Therapy						4
5 Durable Medical Equipment/Oxygen						5
6 Labs and Diagnostics						6
7 Medical Supplies						7
8 Outpatient Services (incl E/R)						8
9 Radiation Therapy						9
10 Other						10
11 Totals (sum of lines 1-10)						11

KPMG LLP Compu-Max 2552-10

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CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

HOSPICE CCN: 26-1657

WORKSHEET O-8

		TITLE XVIII MEDICARE 1	TITLE XIX MEDICAID 2	TOTAL 3	
	HOSPICE CONTINUOUS HOME CARE				
1	Total cost				1
2	Total unduplicated days				2
3	Total average cost per diem				3
4	Unduplicated program days				4
5	Program cost				5
	HOSPICE ROUTINE HOME CARE				
6	Total cost			934,451	6
7	Total unduplicated days			4,601	7
8	Total average cost per diem			203.10	8
9	Unduplicated program days	3,893	324		9
10	Program cost	790,668	65,804		10
	HOSPICE INPATIENT RESPITE CARE				
11	Total cost				11
12	Total unduplicated days				12
13	Total average cost per diem				13
14	Unduplicated program days				14
15	Program cost				15
	HOSPICE GENERAL INPATIENT CARE				
16	Total cost			6,413	16
17	Total unduplicated days			2	17
18	Total average cost per diem			3,206.50	18
19	Unduplicated program days	2			19
20	Program cost	6,413			20
	TOTAL HOSPICE CARE				
21	Total cost			940,864	21
22	Total unduplicated days			4,603	22
23	Average cost per diem			204.40	23

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	Non CMS worksheet CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 09:33 Version: 2017.10 (11/07/2017)
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REPORT 97 - UTILIZATION STATISTICS - HOSPITAL

	COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
		PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
		1	2	3	4	5	6		
	UTILIZATION PERCENTAGES BASED ON DAYS								
30	Adults & Pediatrics	47.18		11.90				59.08	30
31	Intensive Care Unit	61.68		19.12				80.80	31
31.01	NEONATOLOGY/NICU			89.44				89.44	31.01
43	Nursery			78.32				78.32	43
	UTILIZATION PERCENTAGES BASED ON CHARGES								
50	Operating Room	27.65	24.77	7.58	10.82			70.82	50
51	Recovery Room	24.45	40.07	1.64	4.29			70.45	51
52	Delivery Room & Labor Room	0.49	6.97	33.17	0.93			41.56	52
53	Anesthesiology	8.61	8.49	3.49	0.39			20.98	53
54	Radiology-Diagnostic	12.43	18.68	3.11	6.18			40.40	54
56	Radioisotope	16.14	73.47	2.47	6.14			98.22	56
57	CT Scan	15.97	43.26	3.96	15.14			78.33	57
58	MRI	14.78	30.50	4.00	10.25			59.53	58
59	Cardiac Catheterization	27.63	39.99	3.92	4.30			75.84	59
60	Laboratory	22.13	11.89	5.46	6.12			45.60	60
65	Respiratory Therapy	36.14	5.04	16.30	0.83			58.31	65
66	Physical Therapy	21.61	0.96	5.31	3.66			31.54	66
67	Occupational Therapy	28.66	0.31	11.44	5.83			46.24	67
68	Speech Pathology	27.74	1.71	16.74	8.42			54.61	68
69	Electrocardiology	6.98	10.70	1.06	2.00			20.74	69
70	Electroencephalography	14.24	15.37	6.89	9.26			45.76	70
71	Medical Supplies Charged to Pat	32.25	18.33	12.87	10.47			73.92	71
72	Impl. Dev. Charged to Patients	32.43	13.96	2.04	0.32			48.75	72
73	Drugs Charged to Patients	36.83	28.54	11.38	8.13			84.88	73
73.10	REHABILITATION SERVICES	0.19	10.39	2.71	2.11			15.40	73.10
90.10	CAPE MEDICAL ONCOLOGY PBC		69.67					69.67	90.10
90.20	GYN SURG ONCOLOGIST PBC		63.43					63.43	90.20
90.30	PHYSICIAN CARDIOLOGIST PBC		50.52					50.52	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR		58.63					58.63	90.40
90.60	CAPE NEUROSURGERY PBC		45.45					45.45	90.60
91	Emergency	5.75	22.45	2.28	14.99			45.47	91
92	Observation Beds (Non-Distinct	14.25	39.34	2.36	9.01			64.96	92
95	Ambulance Services				13.01			13.01	95
200	TOTAL CHARGES	23.38	20.81	6.60	7.01			57.80	200

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REPORT 97 - UTILIZATION STATISTICS - SUBPROVIDER-IRF

	COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
		PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
		1	2	3	4	5	6		
	UTILIZATION PERCENTAGES BASED ON DAYS								
41	Subprovider - IRF	58.36						58.36	41
	UTILIZATION PERCENTAGES BASED ON CHARGES								
50	Operating Room	0.09						0.09	50
51	Recovery Room	0.05						0.05	51
53	Anesthesiology	0.01						0.01	53
54	Radiology-Diagnostic	0.12						0.12	54
56	Radioisotope	0.07						0.07	56
57	CT Scan	0.08						0.08	57
58	MRI	0.16						0.16	58
60	Laboratory	0.23						0.23	60
65	Respiratory Therapy	0.50						0.50	65
66	Physical Therapy	7.57						7.57	66
67	Occupational Therapy	15.88						15.88	67
68	Speech Pathology	10.62						10.62	68
69	Electrocardiology	0.02						0.02	69
70	Electroencephalography	0.07						0.07	70
71	Medical Supplies Charged to Pat	0.16						0.16	71
72	Impl. Dev. Charged to Patients	0.01						0.01	72
73	Drugs Charged to Patients	0.96						0.96	73
73.10	REHABILITATION SERVICES	0.49						0.49	73.10
200	TOTAL CHARGES	0.41						0.41	200

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REPORT 98 - COST ALLOCATION SUMMARY

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	23,378,164	5.23	-23,378,164	-18.00			1
2	Cap Rel Costs-Mvble Equip	18,013,313	4.03	-18,013,313	-13.87			2
3	Other Cap Rel Costs							3
4	Employee Benefits Department	3,560,099	0.80	-3,560,099	-2.74			4
5.01	COMMUNICATIONS	541,484	0.12	-541,484	-0.42			5.01
5.02	DATA PROCESSING	18,760,782	4.20	-18,760,782	-14.45			5.02
5.03	PURCHASING	782,461	0.17	-782,461	-0.60			5.03
5.04	ADMITTING							5.04
5.05	CREDIT & COLLECTIONS	6,116,539	1.37	-6,116,539	-4.71			5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	37,929,702	8.48	-37,929,702	-29.21			5.06
6	Maintenance & Repairs	7,685,075	1.72	-7,685,075	-5.92			6
7	Operation of Plant	-6,680		6,680	0.01			7
7.10	SPD SOILED PROCESSING							7.10
8	Laundry & Linen Service	1,015,957	0.23	-1,015,957	-0.78			8
9	Housekeeping	3,649,610	0.82	-3,649,610	-2.81			9
10	Dietary	2,410,942	0.54	-2,410,942	-1.86			10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	1,201,333	0.27	-1,201,333	-0.93			13
13.10	SPD STERILE PROCESSING	1,225,159	0.27	-1,225,159	-0.94			13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	3,120,376	0.70	-3,120,376	-2.40			16
17	Social Service	467,086	0.10	-467,086	-0.36			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
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics	22,337,787	5.00	23,127,319	17.81	45,465,106	10.17	30
31	Intensive Care Unit	7,772,100	1.74	4,421,677	3.41	12,193,777	2.73	31
31.01	NEONATOLOGY/NICU	2,946,996	0.66	2,275,533	1.75	5,222,529	1.17	31.01
41	Subprovider - IRF	1,553,566	0.35	1,723,712	1.33	3,277,278	0.73	41
43	Nursery	1,402,823	0.31	518,976	0.40	1,921,799	0.43	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	13,999,027	3.13	12,544,026	9.66	26,543,053	5.94	50
51	Recovery Room	1,056,076	0.24	586,684	0.45	1,642,760	0.37	51
52	Delivery Room & Labor Room	1,357,661	0.30	497,086	0.38	1,854,747	0.41	52
53	Anesthesiology	535,289	0.12	357,011	0.27	892,300	0.20	53
54	Radiology-Diagnostic	7,152,437	1.60	7,008,765	5.40	14,161,202	3.17	54
56	Radioisotope	517,709	0.12	485,306	0.37	1,003,015	0.22	56
57	CT Scan	1,083,181	0.24	1,325,714	1.02	2,408,895	0.54	57
58	MRI	728,977	0.16	640,479	0.49	1,369,456	0.31	58
59	Cardiac Catheterization	5,866,880	1.31	4,882,611	3.76	10,749,491	2.40	59
60	Laboratory	12,189,274	2.73	5,315,944	4.09	17,505,218	3.91	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	4,653,459	1.04	1,835,514	1.41	6,488,973	1.45	65
66	Physical Therapy	2,702,831	0.60	1,566,820	1.21	4,269,651	0.95	66
67	Occupational Therapy	1,154,563	0.26	495,324	0.38	1,649,887	0.37	67
68	Speech Pathology	838,357	0.19	275,632	0.21	1,113,989	0.25	68
69	Electrocardiology	2,501,613	0.56	1,351,786	1.04	3,853,399	0.86	69
70	Electroencephalography	1,742,671	0.39	1,029,967	0.79	2,772,638	0.62	70
71	Medical Supplies Charged to Patients	20,843,960	4.66	3,932,199	3.03	24,776,159	5.54	71
72	Impl. Dev. Charged to Patients	20,341,067	4.55	3,983,873	3.07	24,324,940	5.44	72
73	Drugs Charged to Patients	28,892,235	6.46	6,849,350	5.27	35,741,585	7.99	73
73.10	REHABILITATION SERVICES	7,385,985	1.65	6,855,048	5.28	14,241,033	3.18	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.10	CAPE MEDICAL ONCOLOGY PBC	202,686	0.05	68,013	0.05	270,699	0.06	90.10
90.20	GYN SURG ONCOLOGIST PBC	56,366	0.01	9,508	0.01	65,874	0.01	90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	382,584	0.09	155,488	0.12	538,072	0.12	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	50,391	0.01	12,358	0.01	62,749	0.01	90.40
90.60	CAPE NEUROSURGERY PBC	89,702	0.02	83,242	0.06	172,944	0.04	90.60
91	Emergency	9,279,669	2.08	6,657,969	5.13	15,937,638	3.56	91
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	357,939	0.08	43,149	0.03	401,088	0.09	95
97	Durable Medical Equip-Sold			1,443		1,443		97
101	Home Health Agency	1,285,021	0.29	324,088	0.25	1,609,109	0.36	101
SPECIAL PURPOSE COST CENTERS								
116	Hospice	1,058,558	0.24	425,561	0.33	1,484,119	0.33	116
NONREIMBURSABLE COST CENTERS								
190	Gift, Flower, Coffee Shop & Canteen			118,719	0.09	118,719	0.03	190

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REPORT 98 - COST ALLOCATION SUMMARY

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
194	FITNESS CENTER	2,300,792	0.51	3,002,221	2.31	5,303,013	1.19	194
194.01	RETAIL PHARMACY	4,467,944	1.00	758,481	0.58	5,226,425	1.17	194.01
194.02	GARDEN VIEW DELI	78,644	0.02	185,363	0.14	264,007	0.06	194.02
194.03	MEDICAL OFFICE BLDG			496		496		194.03
194.04	PHYSICIAN SERVICES	3,303,169	0.74	953,279	0.73	4,256,448	0.95	194.04
194.05	ENDOCRINOLOGIST	1,052,069	0.24	383,241	0.30	1,435,310	0.32	194.05
194.06	HOSPITALIST	16,307,447	3.65	2,683,414	2.07	18,990,861	4.25	194.06
194.07	NEONATOLOGY PHYSICIANS	2,144,630	0.48	427,711	0.33	2,572,341	0.58	194.07
194.08	ANESTHESIOLOGISTS	12,127,664	2.71	1,554,909	1.20	13,682,573	3.06	194.08
194.09	PHYSICIAN CARDIOLOGIST	8,478,487	1.90	2,255,909	1.74	10,734,396	2.40	194.09
194.10	PHYSICIAN ONCOLOGIST	2,624,023	0.59	874,140	0.67	3,498,163	0.78	194.10
194.11	PERINATOLOGY	656		16,289	0.01	16,945		194.11
194.12	TRAUMA PHYSICIANS	1,770,600	0.40	420,778	0.32	2,191,378	0.49	194.12
194.13	LANDMARK HOSPITAL	16,719		3,759		20,478		194.13
194.14	GYN SURG ONCOLOGIST	888,769	0.20	188,203	0.14	1,076,972	0.24	194.14
194.15	CAPE GASTROENTEROLOGY	4,288,430	0.96	804,658	0.62	5,093,088	1.14	194.15
194.16	CAPE PHYSICIAN ASSOCIATES	5,327,017	1.19	2,329,582	1.79	7,656,599	1.71	194.16
194.17	NONPATIENT MEALS			728,802	0.56	728,802	0.16	194.17
194.18	BEAUTY SHOP			19,602	0.02	19,602		194.18
194.19	MARKETING COSTS	13,716,101	3.07	1,640,764	1.26	15,356,865	3.43	194.19
194.20	CAPE PRIMARY CARE	2,515,680	0.56	657,496	0.51	3,173,176	0.71	194.20
194.21	CAPE CARE FOR WOMEN	6,398,236	1.43	1,248,712	0.96	7,646,948	1.71	194.21
194.22	JACKSON FAMILY CLINIC	1,436,316	0.32	297,194	0.23	1,733,510	0.39	194.22
194.23	CAPE MEDICAL GROUP	38		4		42		194.23
194.24	CAPE ENT GROUP	2,551,739	0.57	486,093	0.37	3,037,832	0.68	194.24
194.25	CHARLESTON FAMILY CARE	612,419	0.14	136,469	0.11	748,888	0.17	194.25
194.26	AWL FAMILY HEALTHCARE SYSTEMS							194.26
194.27	CAPE CEREBROVASCULAR & ENDOVASCULAR							194.27
194.28	HOSPICE							194.28
194.29	IMMEDIATE CONVENIENT CARE - JACKSON	395,372	0.09	70,246	0.05	465,618	0.10	194.29
194.30	JACKSON PHYSICIAN ASSOCIATES	416,162	0.09	125,745	0.10	541,907	0.12	194.30
194.31	PHYSICIANS PARK PRIMARY CARE	9,164,517	2.05	1,732,030	1.33	10,896,547	2.44	194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI	172,146	0.04	23,289	0.02	195,435	0.04	194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES	3,429,991	0.77	639,748	0.49	4,069,739	0.91	194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES	2,952,068	0.66	388,089	0.30	3,340,157	0.75	194.34
194.35	CAPE PEDIATRIC GROUP	1,299,255	0.29	159,785	0.12	1,459,040	0.33	194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS	785,937	0.18	105,112	0.08	891,049	0.20	194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE	1,308,455	0.29	172,935	0.13	1,481,390	0.33	194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES	1,667,829	0.37	198,579	0.15	1,866,408	0.42	194.39
194.40	KNIEBERT CLINIC	11,472,290	2.57	1,498,261	1.15	12,970,551	2.90	194.40
194.41	KNIEBERT PHARMACY	5,269,005	1.18	609,083	0.47	5,878,088	1.31	194.41
194.43	KNIEBERT LAB	12		1		13		194.43
194.44	PALLIATIVE CARE	4,255		610		4,865		194.44
194.45	CAPE ORTHO SURGEONS	1,227,387	0.27	160,877	0.12	1,388,264	0.31	194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC	999,121	0.22	123,549	0.10	1,122,670	0.25	194.46
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL	447,142,233	100.00			447,142,233	100.00	202

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REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	TOTAL CHARGES	RATIO OF CAPITAL COSTS TO CHARGES	INPATIENT PROGRAM CHARGES	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	5,549,686	111,137,524	0.049935	30,733,441	1,534,674	50
51	Recovery Room	172,736	19,187,186	0.009003	4,691,846	42,241	51
52	Delivery Room & Labor Room	64,146	11,328,424	0.005662	55,672	315	52
53	Anesthesiology	25,455	60,932,940	0.000418	5,243,915	2,192	53
54	Radiology-Diagnostic	3,306,235	88,814,686	0.037226	11,041,720	411,039	54
56	Radioisotope	194,683	13,860,896	0.014045	2,236,759	31,415	56
57	CT Scan	590,694	114,883,966	0.005142	18,342,000	94,315	57
58	MRI	354,666	28,798,980	0.012315	4,256,419	52,418	58
59	Cardiac Catheterization	2,143,552	60,966,611	0.035159	16,844,844	592,248	59
60	Laboratory	1,324,271	221,603,689	0.005976	49,038,255	293,053	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	408,809	84,522,566	0.004837	30,547,432	147,758	65
66	Physical Therapy	662,087	16,259,811	0.040719	3,514,529	143,108	66
67	Occupational Therapy	180,419	8,092,165	0.022296	2,318,842	51,701	67
68	Speech Pathology	72,247	6,196,000	0.011660	1,718,693	20,040	68
69	Electrocardiology	527,154	31,622,915	0.016670	2,207,741	36,803	69
70	Electroencephalography	328,175	8,691,355	0.037759	1,237,923	46,743	70
71	Medical Supplies Charged to Pat	539,947	171,691,582	0.003145	55,377,226	174,161	71
72	Impl. Dev. Charged to Patients	562,356	183,777,531	0.003060	59,593,061	182,355	72
73	Drugs Charged to Patients	1,389,898	160,807,392	0.008643	59,226,492	511,895	73
73.10	REHABILITATION SERVICES	3,000,968	34,360,353	0.087338	65,544	5,724	73.10
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.10	CAPE MEDICAL ONCOLOGY PBC	21,509	2,084,295	0.010320			90.10
90.20	GYN SURG ONCOLOGIST PBC	1,052	295,709	0.003558			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	34,852	3,226,864	0.010801			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	2,546	570,693	0.004461			90.40
90.60	CAPE NEUROSURGERY PBC	18,067	637,188	0.028354			90.60
91	Emergency	2,120,712	111,143,577	0.019081	6,394,128	122,006	91
92	Observation Beds (Non-Distinct	932,985	10,527,323	0.088625	1,499,792	132,919	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
97	Durable Medical Equip-Sold	475					97
200	TOTAL	24,530,382	1,566,022,221		366,186,274	4,629,123	200

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REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	SWING-BED ADJUSTMENT AMOUNT	REDUCED CAPITAL RELATED COST	TOTAL PATIENT DAYS	PER DIEM	INPATIENT PROGRAM DAYS	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics	8,222,737		8,222,737	49,734	165.33	23,463	3,879,138	30
31	Intensive Care Unit	1,504,438		1,504,438	7,145	210.56	4,407	927,938	31
31.01	NEONATOLOGY/NICU	898,028		898,028	4,500	199.56			31.01
200	TOTAL	10,625,203		10,625,203	61,379		27,870	4,807,076	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	4,807,076
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	4,629,123
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	9,436,199
MEDICARE DISCHARGES (Worksheet S-3, Part I, line 14, column 13)	6,093
MEDICARE PATIENT DAYS (Worksheet S-3, Part I, line 14, column 6 - Worksheet S-3, Part I, line 5, column 6)	27,870
PER DISCHARGE CAPITAL COSTS	1,548.70

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I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (Title XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (Worksheet D-1, Part II, line 53)	72,152,032
2. HOSPITAL PART A TITLE XVIII CHARGES (sum of inpatient charges and ancillary charges on Worksheet D-3 for hospital Title XVIII component)	427,722,894
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.169

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (Worksheet D-1, Part II, line 49 - (Worksheet D, Part III, column 9, line 41 + Worksheet D, Part IV, column 11, line 200))	3,193,252
2. TOTAL MEDICARE CHARGES (Worksheet D-3, line 41, column 2 plus Worksheet D-3, line 202, column 2)	9,281,769
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.344

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (Worksheet D, Part I, lines 30-35, column 7 + Worksheet D, Part II, line 200, column 5)	9,436,199
2. RATIO OF COST TO CHARGES (line II-1 / line I-2)	0.022

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (Title XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, columns 2, 2.01, 2.02 x column 1 less lines 61, 66-68, 74, 94, 95 & 96)	45,651,909
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, line 202, columns 2, 2.01, & 2.02 less lines 61, 66-68, 74, 94, 95 & 96)	325,653,296
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.140