

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**WORKSHEET S
PARTS I, II & III****PART I - COST REPORT STATUS**

Provider use only		1. ☒ Electronically filed cost report 2. ☐ Manually submitted cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted the cost report 4. ☐ Medicare Utilization. Enter 'F' for full or 'L' for low.		Date: 09/27/2018 Time: 16:03
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.	

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SAINT FRANCIS MEDICAL CENTER (26-0183) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 07/01/2017 and ending 06/30/2018, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) DAVID PRATHER
Chief Financial Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER
Title

09/27/2018 16:03
Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		107,193	79,996		10,914,031	1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF		-102,119				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		5,074	79,996		10,914,031	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

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 / 2017	To: 06 / 30 / 2018		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.	5,255	780	843	823	5,395	262	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.	49	46					25

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2 PART I

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

		1	2	3	
56	Teaching Hospitals Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	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
		NAHE 413.85 Y/N 1	Worksheet A Line # 2	Pass-Through Qualification Criteria Code 3	
60	Are you claiming nursing and allied health education (NAHE) costs for any program(s) that meet the criteria under 42 CFR 413.85? (see instructions)	N			60
		Y/N 1	IME 4	Direct GME 5	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

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

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64
Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)							
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
		1	2	3	4	5	
65							65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)							
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
		1	2	3	4	5	
67							67

Inpatient Psychiatric Facility PPS

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

Inpatient Rehabilitation Facility PPS

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

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

Rural Providers

		1	2	
105	Does this hospital qualify as a CAH?	N		105
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106
107	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			107
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.	Physical	Occupational Speech Respiratory	109
110	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		1 N	110
111	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: 'A' for Ambulance services; 'B' for additional beds; and/or 'C' for tele-health services.	1	2	111

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-L, 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
118.01	List amounts of malpractice premiums and paid losses:	Premiums 1,383,758	Paid Losses Self Insurance	118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N	N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y		121
122	Does the cost report contain state health care related taxes as defined in §1983(w)(3) of the Act? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N		122

Transplant Center Information

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

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**WORKSHEET S-2
PART I**

All Providers

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

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

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

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

		Title XVIII				
		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)	9.99			169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

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

		Y/N	Type	Date	
Financial Data and Reports		1	2	3	
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	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		1	2	
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N		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		Y	
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12
13	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14

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

		Part A		Part B		
		Y/N	Date	Y/N	Date	
PS&R Report Data		1	2	3	4	
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	08/29/2018	Y	08/29/2018	16
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N		17
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N		18
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N		20
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**WORKSHEET S-2
PART II**

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

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

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

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

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

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

	Y/N	Date	
	1	2	
Home Office Costs			
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: CHIEF FINANCIAL OFFICER
42	Employer: SFMC		
43	Phone number: 573-331-5244	E-mail Address: DPRATHER@SFMC.NET	

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA
**WORKSHEET S-3
PART I**

		Inpatient Days / Outpatient Visits / Trips								
	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Title V	Title XVIII	Title XIX	Total All Patients	
		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	216	78,840			19,134	4,597	37,868	1
2	HMO and other (see instructions)						3,682	5,395		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider						167			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)		216	78,840			19,134	4,597	37,868	7
8	Intensive Care Unit	31	32	11,680			3,818	1,033	5,949	8
8.01	NEONATOLOGY/NICU	31.01	36	13,140				1,818	5,736	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						253	1,683	13
14	Total (see instructions)		284	103,660			22,952	7,701	51,236	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41	24	8,760			2,083	49	3,814	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					4,420		8,367	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)		308							27
28	Observation Bed Days							433	7,242	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							262	440	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33
33.01	LTCH site neutral days and discharges									33.01

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					5,309	1,326	11,055	1
2	HMO and other (see instructions)					792			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)		2,299.17			5,309	1,326	11,055	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF		19.40			159	34	283	17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		10.03						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)		2,328.60						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32.01
33	LTCH non-covered days								33
33.01	LTCH site neutral days and discharges								33.01

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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HOSPITAL WAGE INDEX INFORMATION**WORKSHEET S-3
PARTS II-III****Part II - Wage Data**

	Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
SALARIES							
1 Total salaries (see instructions)	200	189,165,869		189,165,869	4,843,399.00	39.06	1
2 Non-physician anesthetist Part A							2
3 Non-physician anesthetist Part B							3
4 Physician-Part A - Administrative		82,997		82,997	628.00	132.16	4
4.01 Physician-Part A - Teaching							4.01
5 Physician-Part B		4,165,447		4,165,447	21,434.00	194.34	5
6 Non-physician-Part B							6
7 Interns & residents (in an approved program)	21						7
7.01 Contracted interns & residents (in an approved program)							7.01
8 Home office and/or related organization personnel							8
9 SNF	44						9
10 Excluded area salaries (see instructions)		77,313,703	3,333,484	80,647,187	1,433,286.00	56.27	10
OTHER WAGES & RELATED COSTS							
11 Contract labor (see instructions)							11
12 Contract management and administrative services							12
13 Contract labor: Physician-Part A - Administrative		9,516		9,516	78.00	122.00	13
14 Home office salaries & wage-related costs							14
14.01 Home office salaries							14.01
14.02 Related organization salaries							14.02
15 Home office: Physician Part A - Administrative							15
16 Home office & Contract Physicians Part A - Teaching							16
WAGE-RELATED COSTS							
17 Wage-related costs (core)(see instructions)		29,535,012		29,535,012			17
18 Wage-related costs (other)(see instructions)							18
19 Excluded areas		14,238,327		14,238,327			19
20 Non-physician anesthetist Part A							20
21 Non-physician anesthetist Part B							21
22 Physician Part A - Administrative		2,280		2,280			22
22.01 Physician Part A - Teaching							22.01
23 Physician Part B		490,002		490,002			23
24 Wage-related costs (RHC/FQHC)							24
25 Interns & residents (in an approved program)							25
25.50 Home office wage-related							25.50
25.51 Related organization wage-related							25.51
25.52 Home office: Physician Part A - Administrative - wage-related							25.52
25.53 Home office & Contract Physicians Part A - Teaching - wage-related							25.53
OVERHEAD COSTS - DIRECT SALARIES							
26 Employee Benefits Department		695,204	657	695,861	19,923.00	34.93	26
27 Administrative & General		28,342,542	-3,261,948	25,080,594	954,320.00	26.28	27
28 Administrative & General under contract (see instructions)		1,117,799		1,117,799	5,389.00	207.42	28
29 Maintenance & Repairs		2,665,254	-402,821	2,262,433	94,424.00	23.96	29
30 Operation of Plant							30
31 Laundry & Linen Service		444,090	43	444,133	31,984.00	13.89	31
32 Housekeeping			1,239	1,239	82.00	15.11	32
33 Housekeeping under contract (see instructions)		3,243,283		3,243,283	316,418.00	10.25	33
34 Dietary		1,804,473	657	1,805,130	113,986.00	15.84	34
35 Dietary under contract (see instructions)							35
36 Cafeteria							36
37 Maintenance of Personnel							37
38 Nursing Administration		1,706,506	3,518	1,710,024	66,274.00	25.80	38
39 Central Services and Supply							39
40 Pharmacy							40
41 Medical Records & Medical Records Library		854,764	1,045	855,809	43,722.00	19.57	41
42 Social Service		322,128	86	322,214	10,540.00	30.57	42
43 Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		189,361,504		189,361,504	5,143,772.00	36.81	1
2	Excluded area salaries (see instructions)		77,313,703	3,333,484	80,647,187	1,433,286.00	56.27	2
3	Subtotal salaries (line 1 minus line 2)		112,047,801	-3,333,484	108,714,317	3,710,486.00	29.30	3
4	Subtotal other wages & related costs (see instructions)		9,516		9,516	78.00	122.00	4
5	Subtotal wage-related costs (see instructions)		29,537,292		29,537,292		27.17%	5
6	Total (sum of lines 3 through 5)		141,594,609	-3,333,484	138,261,125	3,710,564.00	37.26	6
7	Total overhead cost (see instructions)		41,196,043	-3,657,524	37,538,519	1,657,062.00	22.65	7

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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	5,891,904	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	23,459,825	10
11	Life Insurance (If employee is owner or beneficiary)	549,401	11
12	Accident Insurance (If employee is owner or beneficiary)	385,402	12
13	Disability Insurance (If employee is owner or beneficiary)	337,938	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	2,105,085	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	11,307,916	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	39,757	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	29,350	22
23	Tuition Reimbursement	152,643	23
24	Total Wage Related cost (Sum of lines 1-23)	44,265,621	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

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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HOSPITAL CONTRACT LABOR AND BENEFIT COST**WORKSHEET S-3
PART V****Part V - Contract Labor and Benefit Cost****Hospital and Hospital-Based Component Identification:**

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost			1
2	Hospital			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

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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		1,100		88	1,188	1
2	Unduplicated Census Count (see instructions)		620.00		238.00	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 1	Contract 2	Total 3	
3	Administrator and Assistant Administrator(s)				3
4	Director(s) and Assistant Director(s)	1.00		1.00	4
5	Other Administrative Personnel	0.60		0.60	5
6	Direct Nursing Service	4.98		4.98	6
7	Nursing Supervisor				7
8	Physical Therapy Service	2.47		2.47	8
9	Physical Therapy Supervisor				9
10	Occupational Therapy Service	0.21		0.21	10
11	Occupational Therapy Supervisor				11
12	Speech Pathology Service	0.19		0.19	12
13	Speech Pathology Supervisor				13
14	Medical Social Service	0.01		0.01	14
15	Medical Social Service Supervisor				15
16	Home Health Aide	0.57		0.57	16
17	Home Health Aide Supervisor				17
18	Other (specify)				18

HOME HEALTH AGENCY CBSA CODES

19	Enter the number of CBSAs where you provided services during the cost reporting period.	1	19
20	List those CBSA code(s) serviced during this cost reporting period (line 20 contains the first code).	99926	20

PPS ACTIVITY

		Full Episodes				Total (columns 1 through 4)	
		Without Outliers 1	With Outliers 2	LUPA Episodes 3	PEP only Episodes 4		
21	Skilled Nursing Visits	1,864		213	194	2,271	21
22	Skilled Nursing Visit Charges	613,312		70,168	63,968	747,448	22
23	Physical Therapy Visits	1,372		54	38	1,464	23
24	Physical Therapy Visit Charges	448,696		16,584	12,744	478,024	24
25	Occupational Therapy Visits	163		1	3	167	25
26	Occupational Therapy Visit Charges	53,864		328	984	55,176	26
27	Speech Pathology Visits	78		4	6	88	27
28	Speech Pathology Visit Charges	26,536		1,296	1,968	29,800	28
29	Medical Social Service Visits	1				1	29
30	Medical Social Service Visit Charges	457				457	30
31	Home Health Aide Visits	345		8	76	429	31
32	Home Health Aide Visit Charges	58,808		1,352	13,430	73,590	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,823		280	317	4,420	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	1,201,673		89,728	93,094	1,384,495	35
36	Total Number of Episodes (standard/non-outlier)	392		91	30	513	36
37	Total Number of Ourlier Episodes						37
38	Total Non-Routine Medical Supply Charges	149,488		20,600	41,333	211,421	38

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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						
		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	
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				
		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1	2	3	4	
10	Hospice Continuous Home Care					10
11	Hospice Routine Home Care	5,785	225	129	6,139	11
12	Hospice Inpatient Respite Care					12
13	Hospice General Inpatient Care					13
14	Total Hospice Days	5,785	225	129	6,139	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.

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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)	0.151109	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	41,308,549	2
3	Did you receive DSH or supplemental payments from Medicaid?	Y	3
4	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	N	4
5	If line 4 is no, enter DSH and/or supplemental payments from Medicaid	7,909,794	5
6	Medicaid charges	297,988,841	6
7	Medicaid cost (line 1 times line 6)	45,028,796	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.		8

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

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

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

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

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)		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)	10,181,760	6,322,665	16,504,425	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,538,556	6,322,665	7,861,221	21
22	Payments received from patients for amounts previously written off as charity care		15	15	22
23	Cost of charity care (line 21 minus line 22)	1,538,556	6,322,650	7,861,206	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)	25,774,941	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,205,535	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,854,669	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	23,920,272	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	4,263,702	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	12,124,908	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	12,124,908	31

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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		17,710,927	17,710,927	7,128,462	24,839,389	-1,988,959	22,850,430	1
2	00200	Cap Rel Costs-Mvble Equip		18,657,164	18,657,164	209,140	18,866,304	-32,156	18,834,148	2
3	00300	Other Cap Rel Costs		681,202	681,202	-681,202			-0-	3
4	00400	Employee Benefits Department	695,204	7,010,847	7,706,051	217,334	7,923,385	-476,238	7,447,147	4
5.01	00540	COMMUNICATIONS	217,217	80,618	297,835	249,556	547,391	-31,187	516,204	5.01
5.02	00550	DATA PROCESSING	6,708,385	11,247,458	17,955,843	12,660	17,968,503		17,968,503	5.02
5.03	00560	PURCHASING	462,581	996,642	1,459,223	-38,838	1,420,385		1,420,385	5.03
5.04	00570	ADMITTING	1,044,335	456,281	1,500,616		1,500,616		1,500,616	5.04
5.05	00580	CREDIT & COLLECTIONS	1,561,590	4,973,420	6,535,010	2,574	6,537,584		6,537,584	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	18,348,434	39,309,094	57,657,528	-11,712,193	45,945,335	-1,773,361	44,171,974	5.06
6	00600	Maintenance & Repairs	2,665,254	5,845,881	8,511,135	-745,965	7,765,170	-6,776	7,758,394	6
7	00700	Operation of Plant								7
7.10	00701	SPD SOILED PROCESSING								7.10
8	00800	Laundry & Linen Service	444,090	610,013	1,054,103	80	1,054,183		1,054,183	8
9	00900	Housekeeping		3,929,202	3,929,202	2,295	3,931,497		3,931,497	9
10	01000	Dietary	1,804,473	1,590,650	3,395,123	1,217	3,396,340	-1,098,191	2,298,149	10
11	01100	Cafeteria								11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,008,300	279,185	1,287,485	1,097	1,288,582		1,288,582	13
13.10	01301	SPD STERILE PROCESSING	698,206	622,134	1,320,340	5,417	1,325,757	-49,766	1,275,991	13.10
14	01400	Central Services & Supply								14
15	01500	Pharmacy								15
16	01600	Medical Records & Library	854,764	1,735,547	2,590,311	1,935	2,592,246		2,592,246	16
17	01700	Social Service	322,128	83,227	405,355	160	405,515		405,515	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	15,678,645	5,347,048	21,025,693	54,078	21,079,771		21,079,771	30
31	03100	Intensive Care Unit	5,099,440	2,016,160	7,115,600	58,975	7,174,575		7,174,575	31
31.01	02060	NEONATOLOGY/NICU	2,318,402	1,093,329	3,411,731	38,862	3,450,593	-45,032	3,405,561	31.01
41	04100	Subprovider - IRF	1,222,666	435,326	1,657,992	4,538	1,662,530		1,662,530	41
43	04300	Nursery	903,697	436,827	1,340,524	6,260	1,346,784		1,346,784	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	8,483,633	5,367,315	13,850,948	92,648	13,943,596		13,943,596	50
51	05100	Recovery Room	808,028	232,248	1,040,276	4,394	1,044,670		1,044,670	51
52	05200	Delivery Room & Labor Room	966,250	311,400	1,277,650	7,514	1,285,164		1,285,164	52
53	05300	Anesthesiology	78,672	428,235	506,907	13,058	519,965		519,965	53
54	05400	Radiology-Diagnostic	4,127,814	2,959,139	7,086,953	12,954	7,099,907	-366,654	6,733,253	54
56	05600	Radioisotope	269,664	231,626	501,290	407	501,697		501,697	56
57	05700	CT Scan	446,655	595,740	1,042,395	395	1,042,790		1,042,790	57
58	05800	MRI	245,610	371,598	617,208	1,530	618,738		618,738	58
59	05900	Cardiac Catheterization	3,272,820	2,447,996	5,720,816	12,116	5,732,932		5,732,932	59
60	06000	Laboratory	4,379,673	9,190,405	13,570,078	-202,799	13,367,279		13,367,279	60
60.10	06001	CARDIOVASCULAR LABORATORY								60.10
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	3,318,197	1,759,574	5,077,771	56,122	5,133,893	-15,827	5,118,066	65
66	06600	Physical Therapy	2,173,230	766,912	2,940,142	4,084	2,944,226		2,944,226	66
67	06700	Occupational Therapy	913,882	249,047	1,162,929	1,760	1,164,689		1,164,689	67
68	06800	Speech Pathology	697,661	190,989	888,650	1,097	889,747		889,747	68
69	06900	Electrocardiology	1,135,404	1,208,304	2,343,708	71,833	2,415,541	-145,435	2,270,106	69
70	07000	Electroencephalography	1,106,963	506,018	1,612,981	5,831	1,618,812	-43,873	1,574,939	70
71	07100	Medical Supplies Charged to Patients	763,895	39,856,841	40,620,736	-19,826,672	20,794,064		20,794,064	71
72	07200	Impl. Dev. Charged to Patients				19,856,783	19,856,783		19,856,783	72
73	07300	Drugs Charged to Patients	3,239,655	23,597,872	26,837,527	62,059	26,899,586	-2,477	26,897,109	73
73.10	07301	REHABILITATION SERVICES	3,786,142	2,956,814	6,742,956	22,396	6,765,352	-292,157	6,473,195	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	147,884	128,705	276,589	232	276,821		276,821	90.10
90.20	09002	GYN SURG ONCOLOGIST PBC	36,682	19,281	55,963	140	56,103		56,103	90.20
90.30	09003	PHYSICIAN CARDIOLOGIST PBC	284,038	219,684	503,722	128	503,850		503,850	90.30
90.40	09004	CAPE THORACIC & CARDIOVASCULAR PBC	33,849	42,998	76,847	10	76,857		76,857	90.40
90.60	09005	CAPE NEUROSURGERY PBC	28,899	48,459	77,358	25	77,383		77,383	90.60
90.70	09007	CAPE PHYSICIAN ASSOCIATES PBC	3,399	3,349	6,748	510	7,258		7,258	90.70
91	09100	Emergency	10,268,422	5,116,311	15,384,733	26,980	15,411,713	-6,689,828	8,721,885	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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	
95	09500	Ambulance Services		263,688	263,688		263,688		263,688	95
97	09700	Durable Medical Equip-Sold								97
101	10100	Home Health Agency	1,035,814	369,995	1,405,809	599	1,406,408		1,406,408	101
		SPECIAL PURPOSE COST CENTERS								
113	11300	Interest Expense		6,656,400	6,656,400	-6,656,400				113
116	11600	Hospice	574,256	520,300	1,094,556	160	1,094,716		1,094,716	116
118		SUBTOTALS (sum of lines 1-117)	114,684,902	231,765,425	346,450,327	-11,613,664	334,836,663	-13,057,917	321,778,746	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen								190
194	07950	FITNESS CENTER	1,390,366	788,363	2,178,729	3,615	2,182,344		2,182,344	194
194.01	07951	RETAIL PHARMACY	834,787	4,993,966	5,828,753	559	5,829,312		5,829,312	194.01
194.02	07952	GARDEN VIEW DELI								194.02
194.03	07953	MEDICAL OFFICE BLDG								194.03
194.04	07954	PHYSICIAN SERVICES	4,027,252	588,918	4,616,170	1,039	4,617,209		4,617,209	194.04
194.05	07955	ENDOCRINOLOGIST	563,459	313,088	876,547	853	877,400		877,400	194.05
194.06	07956	HOSPITALIST	12,505,537	6,127,687	18,633,224	7,210	18,640,434		18,640,434	194.06
194.07	07957	NEONATOLOGY PHYSICIANS	1,940,811	220,978	2,161,789	120	2,161,909		2,161,909	194.07
194.08	07958	ANESTHESIOLOGISTS	4,209,469	8,579,901	12,789,370	160	12,789,530		12,789,530	194.08
194.09	07959	PHYSICIAN CARDIOLOGIST	7,987,980	1,157,502	9,145,482	4,211	9,149,693		9,149,693	194.09
194.10	07960	PHYSICIAN ONCOLOGIST	2,735,768	251,063	2,986,831	2,797	2,989,628		2,989,628	194.10
194.11	07961	PERINATOLOGY				80	80		80	194.11
194.12	07962	TRAUMA PHYSICIANS	1,686,882	401,402	2,088,284	120	2,088,404		2,088,404	194.12
194.13	07963	LANDMARK HOSPITAL				16,294	16,294		16,294	194.13
194.14	07964	GYN SURG ONCOLOGIST	857,849	87,359	945,208	1,600	946,808		946,808	194.14
194.15	07965	CAPE GASTROENTEROLOGY	3,730,299	534,312	4,264,611	279	4,264,890		4,264,890	194.15
194.16	07966	CAPE PHYSICIAN ASSOCIATES	3,205,774	1,265,553	4,471,327	14,601	4,485,928		4,485,928	194.16
194.17	07967	NONPATIENT MEALS								194.17
194.18	07968	BEAUTY SHOP								194.18
194.19	07969	MARKETING COSTS				11,530,255	11,530,255		11,530,255	194.19
194.20	07970	CAPE PRIMARY CARE	1,300,472	610,441	1,910,913	4,430	1,915,343		1,915,343	194.20
194.21	07971	CAPE CARE FOR WOMEN	4,934,936	1,061,301	5,996,237	6,740	6,002,977		6,002,977	194.21
194.22	07972	JACKSON FAMILY CLINIC	904,494	346,320	1,250,814	2,867	1,253,681		1,253,681	194.22
194.23	07973	CAPE MEDICAL GROUP								194.23
194.24	07974	CAPE ENT GROUP	1,987,246	440,393	2,427,639	3,571	2,431,210		2,431,210	194.24
194.25	07975	CHARLESTON FAMILY CARE	438,153	182,708	620,861	630	621,491		621,491	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	226,399	114,930	341,329	1,760	343,089		343,089	194.29
194.30	07980	JACKSON PHYSICIAN ASSOCIATES								194.30
194.31	07981	PHYSICIANS PARK PRIMARY CARE	1,318,272	6,457,056	7,775,328		7,775,328		7,775,328	194.31
194.32	07982	IMMEDIATE CONVENIENT CARE - BLACK RI	594,311	722,207	1,316,518		1,316,518		1,316,518	194.32
194.33	07983	FARMINGTON PHYSICIAN ASSOCIATES	2,498,133	938,941	3,437,074	4,763	3,441,837		3,441,837	194.33
194.34	07984	PIEDMONT PHYSICIAN ASSOCIATES	1,792,184	787,617	2,579,801	3,624	2,583,425		2,583,425	194.34
194.35	07985	CAPE PEDIATRIC GROUP	761,571	526,683	1,288,254	1,217	1,289,471		1,289,471	194.35
194.36	07986	POPLAR BLUFF NEUROLOGY SPECIALISTS	578,500	140,439	718,939	269	719,208		719,208	194.36
194.37	07987	IMMEDIATE CONVENIENT CARE CAPE	1,034,154	341,640	1,375,794		1,375,794		1,375,794	194.37
194.39	07988	CAPE NEUROSURGICAL ASSOCIATES	396,663	1,297,314	1,693,977		1,693,977		1,693,977	194.39
194.40	07989	KNIEBERT CLINIC	6,592,525	2,250,737	8,843,262		8,843,262		8,843,262	194.40
194.41	07990	KNIEBERT PHARMACY	449,522	4,710,601	5,160,123		5,160,123		5,160,123	194.41
194.43	07991	KNEIBERT LAB	351,570	325,446	677,016		677,016		677,016	194.43
194.44	07992	PALLIATIVE CARE	245,716	63,930	309,646		309,646		309,646	194.44
194.45	07993	CAPE ORTHO SURGEONS	1,891,580	5,110,503	7,002,083		7,002,083		7,002,083	194.45
194.46	07994	SAINT FRANCIS OUTPATIENT CLINIC	508,333	550,695	1,059,028		1,059,028		1,059,028	194.46
200		TOTAL (sum of lines 118-199)	189,165,869	284,055,419	473,221,288		473,221,288	-13,057,917	460,163,371	200

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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RECLASSIFICATIONS**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES			
			COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
1	RECLASS EMPLOYEE BENEFITS	A	Employee Benefits Department	4		216,117
2						
500	Total reclassifications					216,117
	Code Letter - A					
1	RECLASS INTEREST EXPENSE	B	Cap Rel Costs-Bldg & Fixt	1		6,656,400
500	Total reclassifications					6,656,400
	Code Letter - B					
1	RECLASS TELEPHONE COSTS	C	COMMUNICATIONS	5.01		247,247
500	Total reclassifications					247,247
	Code Letter - C					
1	RECLASS MAIL CLERK	D	OTHER ADMINISTRATIVE & GENERA	5.06	39,716	
500	Total reclassifications				39,716	
	Code Letter - D					
1	RECLASS MARKETING COST	E	MARKETING COSTS	194.19	3,285,721	8,244,534
500	Total reclassifications				3,285,721	8,244,534
	Code Letter - E					
1	RECLASS BIOMED	F	Employee Benefits Department	4	657	560
2			COMMUNICATIONS	5.01	1,252	1,057
3			DATA PROCESSING	5.02	6,837	5,823
4			PURCHASING	5.03	474	404
5			CREDIT & COLLECTIONS	5.05	1,390	1,184
6			OTHER ADMINISTRATIVE & GENERA	5.06	13,820	11,773
7			Maintenance & Repairs	6	36,700	31,264
8			Laundry & Linen Service	8	43	37
9			Housekeeping	9	1,239	1,056
10			Dietary	10	657	560
11			Nursing Administration	13	593	504
12			SPD STERILE PROCESSING	13.10	2,925	2,492
13			Medical Records & Library	16	1,045	890
14			Social Service	17	86	74
15			Adults & Pediatrics	30	48,555	41,363
16			Intensive Care Unit	31	32,862	27,993
17			NEONATOLOGY/NICU	31.01	20,986	17,876
18			Subprovider - IRF	41	2,450	2,088
19			Nursery	43	3,380	2,880
20			Operating Room	50	50,288	42,838
21			Recovery Room	51	2,373	2,021
22			Delivery Room & Labor Room	52	4,057	3,457
23			Anesthesiology	53	7,051	6,007
24			Radiology-Diagnostic	54	6,995	5,959
25			CT Scan	57	213	182
26			MRI	58	826	704
27			Radioisotope	56	220	187
28			Laboratory	60	7,192	6,126
29			Cardiac Catheterization	59	7,482	6,374
30			Respiratory Therapy	65	30,306	25,816
31			Physical Therapy	66	2,205	1,879
32			Occupational Therapy	67	950	810
33			Speech Pathology	68	593	504
34			Electrocardiology	69	5,463	4,654
35			Electroencephalography	70	3,149	2,682
36			Medical Supplies Charged to P	71	16,260	13,851
37			Drugs Charged to Patients	73	33,512	28,547
38			REHABILITATION SERVICES	73.10	12,094	10,302
39			CAPE MEDICAL ONCOLOGY PBC	90.10	130	102
40			GYN SURG ONCOLOGIST PBC	90.20	74	66
41			PHYSICIAN RADIOLOGIST PBC	90.30	68	60
42			CAPE THORACIC & CARDIOVASCULA	90.40	5	5
43			CAPE NEUROSURGERY PBC	90.60	14	11
44			CAPE PHYSICIAN ASSOCIATES PBC	90.70	408	102
45			Emergency	91	26,329	22,429
46			Home Health Agency	101	323	276
47			Hospice	116	86	74
48			FITNESS CENTER	194	1,952	1,663
49			RETAIL PHARMACY	194.01	302	257
50			PHYSICIAN SERVICES	194.04	562	477
51			ENDOCRINOLOGIST	194.05	460	393
52			HOSPITALIST	194.06	3,893	3,317
53			NEONATOLOGY PHYSICIANS	194.07	65	55
54			ANESTHESIOLOGISTS	194.08	86	74
55			PHYSICIAN RADIOLOGIST	194.09	2,275	1,936

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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RECLASSIFICATIONS**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
56			PHYSICIAN ONCOLOGIST	194.10	1,506	1,291	56
57			PERINATOLOGY	194.11	43	37	57
58			TRAUMA PHYSICIANS	194.12	65	55	58
59			LANDMARK HOSPITAL	194.13	8,799	7,495	59
60			GYN SURG ONCOLOGIST	194.14	865	735	60
61			CAPE GASTROENTEROLOGY	194.15	151	128	61
62			CAPE PHYSICIAN ASSOCIATES	194.16	7,752	6,849	62
63			CAPE PRIMARY CARE	194.20	2,392	2,038	63
64			CAPE CARE FOR WOMEN	194.21	3,639	3,101	64
65			JACKSON FAMILY CLINIC	194.22	1,548	1,319	65
66			CAPE ENT GROUP	194.24	1,928	1,643	66
67			CHARLESTON FAMILY CARE	194.25	340	290	67
68			IMMEDIATE CONVENIENT CARE - J	194.29	950	810	68
69			FARMINGTON PHYSICIAN ASSOCIAT	194.33	2,572	2,191	69
70			PIEDMONT PHYSICIAN ASSOCIATES	194.34	1,957	1,667	70
71			CAPE PEDIATRIC GROUP	194.35	657	560	71
72			POPLAR BLUFF NEUROLOGY SPECIA	194.36	145	124	72
500	Total reclassifications				439,521	374,408	500
	Code Letter - F						
1	RECLASS EKG COSTS	H	Electrocardiology	69	50,626	11,090	1
2							2
3							3
4							4
5							5
6							6
500	Total reclassifications				50,626	11,090	500
	Code Letter - H						
1	RECLASS IMP. DEVICES CHARGED	I	Impl. Dev. Charged to Patient	72	381,413	19,475,370	1
500	Total reclassifications				381,413	19,475,370	500
	Code Letter - I						
	GRAND TOTAL (Increases)				4,196,997	35,225,166	

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

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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	
1	RECLASS EMPLOYEE BENEFITS	A						1
2			Laboratory	60		216,117		2
500	Total reclassifications					216,117		500
	Code letter - A							
1	RECLASS INTEREST EXPENSE	B	Interest Expense	113		6,656,400	11	1
500	Total reclassifications					6,656,400		500
	Code letter - B							
1	RECLASS TELEPHONE COSTS	C	OTHER ADMINISTRATIVE & GENERA	5.06		247,247		1
500	Total reclassifications					247,247		500
	Code letter - C							
1	RECLASS MAIL CLERK	D	PURCHASING	5.03	39,716			1
500	Total reclassifications				39,716			500
	Code letter - D							
1	RECLASS MARKETING COST	E	OTHER ADMINISTRATIVE & GENERA	5.06	3,285,721	8,244,534		1
500	Total reclassifications				3,285,721	8,244,534		500
	Code letter - E							
1	RECLASS BIOMED	F						1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
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54								54

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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	439,521	374,408		72
500	Total reclassifications				439,521	374,408		500
	Code letter - F							
1	RECLASS EKG COSTS	H						1
2			Adults & Pediatrics	30	28,680	7,160		2
3			Intensive Care Unit	31	1,507	373		3
4			Operating Room	50	377	101		4
5			Cardiac Catheterization	59	1,413	327		5
6			Emergency	91	18,649	3,129		6
500	Total reclassifications				50,626	11,090		500
	Code letter - H							
1	RECLASS IMP. DEVICES CHARGED	I	Medical Supplies Charged to P	71	381,413	19,475,370		1
500	Total reclassifications				381,413	19,475,370		500
	Code letter - I							
	GRAND TOTAL (Decreases)				4,196,997	35,225,166		

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

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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	Acquisitions				Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		Beginning Balances	Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	8,386,950					8,386,950		1
2	Land Improvements	12,817,239	360,407		360,407		13,177,646	4,253,881	2
3	Buildings and Fixtures	248,270,149	16,167,592		16,167,592	18,562,241	245,875,500	35,327,529	3
4	Building Improvements								4
5	Fixed Equipment	149,942,507	1,072,967		1,072,967		151,015,474	31,739,194	5
6	Movable Equipment	183,305,572	10,364,493		10,364,493	8,279,961	185,390,104	57,911,502	6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	602,722,417	27,965,459		27,965,459	26,842,202	603,845,674	129,232,106	8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	602,722,417	27,965,459		27,965,459	26,842,202	603,845,674	129,232,106	10

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

	Description	SUMMARY OF CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	Cap Rel Costs-Bldg & Fixt	17,710,927						17,710,927	1
2	Cap Rel Costs-Mvble Equip	18,657,164						18,657,164	2
3	Total (sum of lines 1-2)	36,368,091						36,368,091	3

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	418,455,570		418,455,570	0.692984			472,062	472,062	1
2	Cap Rel Costs-Mvble Equip	185,390,104		185,390,104	0.307016			209,140	209,140	2
3	Total (sum of lines 1-2)	603,845,674		603,845,674	1.000000			681,202	681,202	3

	Description	SUMMARY OF CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	Cap Rel Costs-Bldg & Fixt	17,695,360		4,683,008			472,062	22,850,430	1
2	Cap Rel Costs-Mvble Equip	18,625,008					209,140	18,834,148	2
3	Total (sum of lines 1-2)	36,320,368		4,683,008			681,202	41,684,578	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.)

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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ADJUSTMENTS TO EXPENSES**WORKSHEET A-8**

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	
1	Investment income-buildings & fixtures (chapter 2)	B	-1,973,392	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	-31,187	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	-7,306,649				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	-1,098,191	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	-2,477	Drugs Charged to Patients	73		17
18	Sale of medical records and abstracts	B					18
19	Nursing and allied health education (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	-3,505	Cap Rel Costs-Mvble Equip	2	9	33
34	TELEVISION ELECTRIC USAGE	A	-6,776	Maintenance & Repairs	6		34
35	PHYSICIAN RECRUITMENT	A	-595,590	OTHER ADMINISTRATIVE & GENERAL	5.06		35
36	COMMUNITY WELLNESS	B	-117,210	REHABILITATION SERVICES	73.10		36
37	OUTSIDE STERILE PROCESS	B	-49,766	SPD STERILE PROCESSING	13.10		37
38							38
39	COMMUNITY TRAINING CENTER	B	-159,956	REHABILITATION SERVICES	73.10		39
40							40
41	MISC. INCOME	B	-49,562	OTHER ADMINISTRATIVE & GENERAL	5.06		41
42	NON-ALLOW SUPPLIES-REHAB.	B	-7,667	REHABILITATION SERVICES	73.10		42
43							43
44							44
45	REHAB GYM USE	B	-7,324	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	-24,225	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	-13,604	OTHER ADMINISTRATIVE & GENERAL	5.06		45.08
45.09	NON-ALLOWABLE GOODWILL EXPENSE	A	-1,090,380	OTHER ADMINISTRATIVE & GENERAL	5.06		45.09
45.10	ER PHYSICAN BENEFITS	A	-476,238	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)		-13,057,917				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

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

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

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.

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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			
	1	2	3	Name	Percentage of Ownership	Type of Business	
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:

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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	366,654	366,654		195,000				2
3	57	CT Scan CT SCAN				195,000				3
4	65	Respiratory Therapy RESPIRATORY THE	15,827	15,827		153,400				4
5	69	Electrocardiology ELECTROCARDIOLO	145,435	145,435		153,400				5
6	70	Electroencephalograp ELECTROENCEPHAL	43,873	43,873		153,400				6
7	73.10	REHABILITATION SERVI REHABILITATION				153,400				7
8	91	Emergency EMERGENCY	6,702,661	6,665,265	37,396	153,400	174	12,833	642	8
9	31.01	NEONATOLOGY/NICU NICU	45,032	45,032		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	7,319,482	7,282,086	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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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							366,654	2
3	57	CT Scan CT SCAN								3
4	65	Respiratory Therapy RESPIRATORY THE							15,827	4
5	69	Electrocardiology ELECTROCARDIOLO							145,435	5
6	70	Electroencephalograp ELECTROENCEPHAL							43,873	6
7	73.10	REHABILITATION SERVI REHABILITATION								7
8	91	Emergency EMERGENCY					12,833	24,563	6,689,828	8
9	31.01	NEONATOLOGY/NICU NICU							45,032	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	7,306,649	200

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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COST ALLOCATION - GENERAL SERVICE COSTS**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI- CATIONS	DATA PROCESSING	
		0	1	2	4	5.01	5.02	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	22,850,430	22,850,430					1
2	Cap Rel Costs-Mvble Equip	18,834,148		18,834,148				2
4	Employee Benefits Department	7,447,147	296,387	35,599	7,779,133			4
5.01	COMMUNICATIONS	516,204	17,153	288,741	9,255	831,353		5.01
5.02	DATA PROCESSING	17,968,503	407,354	8,263,850	284,484	47,383	26,971,574	5.02
5.03	PURCHASING	1,420,385	161,318	6,058	17,934	6,627	39,573	5.03
5.04	ADMITTING	1,500,616	31,531				442,291	5.04
5.05	CREDIT & COLLECTIONS	6,537,584	72,932	3,399	110,456	41,087	2,125,322	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	44,171,974	1,346,687	166,383	613,225	68,920	7,146,478	5.06
6	Maintenance & Repairs	7,758,394	885,240	145,270	95,837	15,905	122,212	6
7	Operation of Plant		2,839,323			1,988		7
7.10	SPD SOILED PROCESSING		202,892		9	331		7.10
8	Laundry & Linen Service	1,054,183	129,394	31,197	18,815	1,325	5,820	8
9	Housekeeping	3,931,497	144,011	33,802	52	6,296	1,164	9
10	Dietary	2,298,149	270,574	188,095	76,473	7,952	215,326	10
11	Cafeteria		212,351					11
12	Maintenance of Personnel							12
13	Nursing Administration	1,288,582	3,491	174,064	42,741	5,302	578,469	13
13.10	SPD STERILE PROCESSING	1,275,991	135,334	49,126	29,703	3,313	87,294	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	2,592,246	139,692	20,867	36,255	11,266	839,188	16
17	Social Service	405,515	6,831		13,650	2,319	25,606	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	21,079,771	4,036,080	529,470	665,052	146,127	1,026,580	30
31	Intensive Care Unit	7,174,575	555,849	350,996	217,361	21,206	346,849	31
31.01	NEONATOLOGY/NICU	3,405,561	359,896	241,636	99,106	11,266	147,818	31.01
41	Subprovider - IRF	1,662,530	442,912	26,804	51,901	15,242	94,278	41
43	Nursery	1,346,784	13,586	1,712	38,427		94,278	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	13,943,596	1,462,758	2,208,170	361,515	52,022	829,877	50
51	Recovery Room	1,044,670	74,802	19,185	34,332	5,633	27,934	51
52	Delivery Room & Labor Room	1,285,164			41,106		124,540	52
53	Anesthesiology	519,965	3,770	528	3,632	2,651	15,131	53
54	Radiology-Diagnostic	6,733,253	465,255	1,857,974	175,167	40,093	1,619,016	54
56	Radioisotope	501,697	61,092	68,832	11,433	3,313	32,590	56
57	CT Scan	1,042,790	43,853	396,221	18,931	1,657	5,820	57
58	MRI	618,738	20,495	454,601	10,440	994	19,787	58
59	Cardiac Catheterization	5,732,932	915,055	526,854	138,907	35,454	384,094	59
60	Laboratory	13,367,279	300,557	334,552	185,845	31,809	1,721,441	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	5,118,066	141,383	68,816	141,856	11,929	348,013	65
66	Physical Therapy	2,944,226	431,232	25,502	92,160	2,982	152,474	66
67	Occupational Therapy	1,164,689	59,872	3,950	38,756	3,976	13,967	67
68	Speech Pathology	889,747	33,144	2,823	29,581	2,651	61,688	68
69	Electrocardiology	2,270,106		357,521	50,476		678,567	69
70	Electroencephalography	1,574,939	82,469	119,710	47,029	18,556	612,223	70
71	Medical Supplies Charged to Patients	20,794,064	208,410	10,695	15,864	1,325	9,311	71
72	Impl. Dev. Charged to Patients	19,856,783	225,766	11,585	17,186	1,657	9,311	72
73	Drugs Charged to Patients	26,897,109	201,163	417,185	138,664	11,929	1,680,704	73
73.10	REHABILITATION SERVICES	6,473,195	1,291,766	714,709	160,908	38,436	1,115,038	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	276,821	12,798	1,310	6,270	994		90.10
90.20	GYN SURG ONCOLOGIST PBC	56,103		295	1,557	331		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	503,850	7,729	2,853	12,036	663	69,835	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	76,857	1,348	81	1,434			90.40
90.60	CAPE NEUROSURGERY PBC	77,383	130	218	1,225		69,835	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	7,258	38,616	222	161	663	40,737	90.70
91	Emergency	8,721,885	898,771	324,042	257,288	38,436	570,322	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	263,688						95
97	Durable Medical Equip-Sold					331		97

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI- CATIONS	DATA PROCESSING	
		0	1	2	4	5.01	5.02	
101	Home Health Agency	1,406,408	65,696	4,582	43,895	5,302	50,049	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	1,094,716	113,822		24,331		19,787	116
118	SUBTOTALS (sum of lines 1-117)	321,778,746	19,872,570	18,490,085	4,482,721	727,642	23,620,637	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		50,984			1,325		190
194	FITNESS CENTER	2,182,344	1,098,624	43,327	58,984	10,934	59,360	194
194.01	RETAIL PHARMACY	5,829,312	66,903	20,440	35,378	6,296	883,417	194.01
194.02	GARDEN VIEW DELI		71,939	3,530			1,164	194.02
194.03	MEDICAL OFFICE BLDG			446				194.03
194.04	PHYSICIAN SERVICES	4,617,209	101,232	1,994	170,634	6,296	169,933	194.04
194.05	ENDOCRINOLOGIST	877,400		11,575	23,890	6,627	61,688	194.05
194.06	HOSPITALIST	18,640,434	20,495	14,849	529,949	2,982	274,686	194.06
194.07	NEONATOLOGY PHYSICIANS	2,161,909	25,188	190	82,223	1,657	22,115	194.07
194.08	ANESTHESIOLOGISTS	12,789,530	15,816		178,334		30,262	194.08
194.09	PHYSICIAN CARDIOLOGIST	9,149,693	209,980	58,840	338,499	19,218	288,653	194.09
194.10	PHYSICIAN ONCOLOGIST	2,989,628	164,638	5,171	115,962	11,266	75,655	194.10
194.11	PERINATOLOGY	80			2		18,623	194.11
194.12	TRAUMA PHYSICIANS	2,088,404	55,883	3,728	71,466	2,982	66,344	194.12
194.13	LANDMARK HOSPITAL	16,294			373			194.13
194.14	GYN SURG ONCOLOGIST	946,808		4,066	36,379	3,645	9,311	194.14
194.15	CAPE GASTROENTEROLOGY	4,264,890		3,101	158,037	6,958	108,245	194.15
194.16	CAPE PHYSICIAN ASSOCIATES	4,485,928	476,273	13,150	136,138	23,194	370,127	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP		2,750			331		194.18
194.19	MARKETING COSTS	11,530,255			139,196			194.19
194.20	CAPE PRIMARY CARE	1,915,343		65,965	55,195		104,753	194.20
194.21	CAPE CARE FOR WOMEN	6,002,977		53,611	209,218		243,260	194.21
194.22	JACKSON FAMILY CLINIC	1,253,681		6,792	38,384		52,377	194.22
194.23	CAPE MEDICAL GROUP							194.23
194.24	CAPE ENT GROUP	2,431,210		21,156	84,269		45,393	194.24
194.25	CHARLESTON FAMILY CARE	621,491		12,132	18,576		22,115	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	343,089			9,631		22,115	194.29
194.30	JACKSON PHYSICIAN ASSOCIATES						2,328	194.30
194.31	PHYSICIANS PARK PRIMARY CARE	7,775,328			55,847		152,474	194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI	1,316,518			25,177		19,787	194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES	3,441,837			105,940		141,999	194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES	2,583,425			76,007			194.34
194.35	CAPE PEDIATRIC GROUP	1,289,471			32,291			194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS	719,208			24,514			194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE	1,375,794			43,811		72,163	194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES	1,693,977			16,804			194.39
194.40	KNIEBERT CLINIC	8,843,262			279,286			194.40
194.41	KNIEBERT PHARMACY	5,160,123			19,044			194.41
194.43	KNEIBERT LAB	677,016			14,894		12,803	194.43
194.44	PALLIATIVE CARE	309,646	3,245		10,410		19,787	194.44
194.45	CAPE ORTHO SURGEONS	7,002,083	613,910		80,135			194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC	1,059,028			21,535			194.46
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	460,163,371	22,850,430	18,834,148	7,779,133	831,353	26,971,574	202

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	PURCHASING	ADMITTING	CREDIT & COLLECTION	SUBTOTAL (cols.0-4)	OTHER ADMIN & GENERAL	MAIN- TENANCE & REPAIRS	
		5.03	5.04	5.05	4A	5.06	6	
	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	1,651,895						5.03
5.04	ADMITTING	279	1,974,717					5.04
5.05	CREDIT & COLLECTIONS	3,087		8,893,867				5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	12,499			53,526,166	53,526,166		5.06
6	Maintenance & Repairs	18,480			9,041,338	1,190,120	10,231,458	6
7	Operation of Plant				2,841,311	374,005	1,479,762	7
7.10	SPD SOILED PROCESSING				203,232	26,752	105,741	7.10
8	Laundry & Linen Service	5,633			1,246,367	164,061	67,436	8
9	Housekeeping	758			4,117,580	542,001	75,054	9
10	Dietary	5,313			3,061,882	403,039	141,014	10
11	Cafeteria				212,351	27,952	110,670	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,137			2,093,786	275,607	1,819	13
13.10	SPD STERILE PROCESSING	6,333			1,587,094	208,911	70,532	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	545			3,640,059	479,145	72,803	16
17	Social Service				453,921	59,750	3,560	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	19,053	109,628	493,908	28,105,669	3,699,577	2,103,467	30
31	Intensive Care Unit	13,261	51,318	231,204	8,962,619	1,179,759	289,690	31
31.01	NEONATOLOGY/NICU	5,227	35,276	158,927	4,464,713	587,695	187,566	31.01
41	Subprovider - IRF	784	6,022	27,129	2,327,602	306,385	230,831	41
43	Nursery	3,752	8,923	40,200	1,547,662	203,720	7,080	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	43,122	123,990	558,611	19,583,661	2,577,817	762,341	50
51	Recovery Room	435	19,917	89,734	1,316,642	173,311	38,985	51
52	Delivery Room & Labor Room	1,206	13,267	59,771	1,525,054	200,744		52
53	Anesthesiology	7,300	64,188	289,185	906,350	119,304	1,965	53
54	Radiology-Diagnostic	16,062	92,991	418,953	11,418,764	1,503,063	242,476	54
56	Radioisotope	3,097	15,581	70,195	767,830	101,070	31,839	56
57	CT Scan	9,703	130,578	588,294	2,237,847	294,570	22,855	57
58	MRI	5,473	30,157	135,868	1,296,553	170,667	10,681	58
59	Cardiac Catheterization	27,542	79,698	359,063	8,199,599	1,079,321	476,897	59
60	Laboratory	109,859	244,745	1,099,828	17,395,915	2,289,842	156,641	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	14,309	116,719	525,854	6,486,945	853,883	73,684	65
66	Physical Therapy	455	17,968	80,950	3,747,949	493,346	224,744	66
67	Occupational Therapy	344	8,870	39,962	1,334,386	175,647	31,203	67
68	Speech Pathology	221	7,471	33,661	1,060,987	139,659	17,274	68
69	Electrocardiology	13,679	35,881	161,655	3,567,885	469,644		69
70	Electroencephalography	2,524	10,246	46,161	2,513,857	330,902	42,980	70
71	Medical Supplies Charged to Patients	344,769	199,691	899,667	22,483,796	2,959,565	108,617	71
72	Impl. Dev. Charged to Patients	373,499	200,491	903,272	21,599,550	2,843,170	117,662	72
73	Drugs Charged to Patients	415,991	171,166	771,157	30,705,068	4,041,839	104,839	73
73.10	REHABILITATION SERVICES	8,984	40,936	184,431	10,028,403	1,320,049	673,226	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	74	2,569	11,574	312,410	41,123	6,670	90.10
90.20	GYN SURG ONCOLOGIST PBC	7	308	1,386	59,987	7,896		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	351	4,309	19,413	621,039	81,748	4,028	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	56	687	3,093	83,556	10,999	702	90.40
90.60	CAPE NEUROSURGERY PBC	46	639	2,880	152,356	20,055	68	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	2	344	1,551	89,554	11,788	20,126	90.70
91	Emergency	14,636	120,658	543,600	11,489,638	1,512,393	468,410	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		407	1,832	265,927	35,004		95
97	Durable Medical Equip-Sold				331	44		97
101	Home Health Agency	1,576	2,856	12,865	1,593,229	209,718	34,238	101
	SPECIAL PURPOSE COST CENTERS							

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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COST ALLOCATION - GENERAL SERVICE COSTS**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PURCHASING	ADMITTING	CREDIT & COLLECTION	SUBTOTAL (cols.0-4)	OTHER ADMIN & GENERAL	MAIN- TENANCE & REPAIRS	
		5.03	5.04	5.05	4A	5.06	6	
113	Interest Expense							113
116	Hospice	400	6,222	28,033	1,287,311	169,450	59,320	116
118	SUBTOTALS (sum of lines 1-117)	1,511,863	1,974,717	8,893,867	311,565,731	33,966,110	8,679,496	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				52,309	6,885	26,571	190
194	FITNESS CENTER	2,818			3,456,391	454,968	572,567	194
194.01	RETAIL PHARMACY	87,146			6,928,892	912,057	34,867	194.01
194.02	GARDEN VIEW DELI				76,633	10,087	37,492	194.02
194.03	MEDICAL OFFICE BLDG				446	59		194.03
194.04	PHYSICIAN SERVICES	652			5,067,950	667,099	52,759	194.04
194.05	ENDOCRINOLOGIST	3,477			984,657	129,611		194.05
194.06	HOSPITALIST	13,455			19,496,850	2,566,390	10,681	194.06
194.07	NEONATOLOGY PHYSICIANS	189			2,293,471	301,892	13,127	194.07
194.08	ANESTHESIOLOGISTS	21			13,013,963	1,713,041	8,243	194.08
194.09	PHYSICIAN CARDIOLOGIST	1,862			10,066,745	1,325,096	109,435	194.09
194.10	PHYSICIAN ONCOLOGIST	138			3,362,458	442,604	85,804	194.10
194.11	PERINATOLOGY				18,705	2,462		194.11
194.12	TRAUMA PHYSICIANS	43			2,288,850	301,284	29,124	194.12
194.13	LANDMARK HOSPITAL				16,667	2,194		194.13
194.14	GYN SURG ONCOLOGIST	30			1,000,239	131,662		194.14
194.15	CAPE GASTROENTEROLOGY	1,100			4,542,331	597,912		194.15
194.16	CAPE PHYSICIAN ASSOCIATES	9,769			5,514,579	725,890	248,218	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP				3,081	406	1,433	194.18
194.19	MARKETING COSTS				11,669,451	1,536,062		194.19
194.20	CAPE PRIMARY CARE	584			2,141,840	281,933		194.20
194.21	CAPE CARE FOR WOMEN	6,108			6,515,174	857,599		194.21
194.22	JACKSON FAMILY CLINIC	3,225			1,354,459	178,289		194.22
194.23	CAPE MEDICAL GROUP							194.23
194.24	CAPE ENT GROUP	2,936			2,584,964	340,261		194.24
194.25	CHARLESTON FAMILY CARE	1,448			675,762	88,951		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	98			374,933	49,353		194.29
194.30	JACKSON PHYSICIAN ASSOCIATES				2,328	306		194.30
194.31	PHYSICIANS PARK PRIMARY CARE	707			7,984,356	1,050,989		194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI				1,361,482	179,213		194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES	794			3,690,570	485,793		194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES	1,132			2,660,564	350,213		194.34
194.35	CAPE PEDIATRIC GROUP	748			1,322,510	174,083		194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS				743,722	97,897		194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE	586			1,492,354	196,440		194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES				1,710,781	225,192		194.39
194.40	KNIEBERT CLINIC				9,122,548	1,200,810		194.40
194.41	KNIEBERT PHARMACY				5,179,167	681,739		194.41
194.43	KNEIBERT LAB	480			705,193	92,825		194.43
194.44	PALLIATIVE CARE	9			343,097	45,162	1,691	194.44
194.45	CAPE ORTHO SURGEONS				7,696,128	1,013,049	319,950	194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC	477			1,081,040	142,298		194.46
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,651,895	1,974,717	8,893,867	460,163,371	53,526,166	10,231,458	202

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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COST ALLOCATION - GENERAL SERVICE COSTS
**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	SPD SOILED PROCESSIN G	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		7	7.10	8	9	10	11	
	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	4,695,078						7
7.10	SPD SOILED PROCESSING	56,727	392,452					7.10
8	Laundry & Linen Service	36,178	392,452	1,906,494				8
9	Housekeeping	40,265		62,858	4,837,758			9
10	Dietary	75,651		33,761	80,225	3,795,572		10
11	Cafeteria	59,372			62,962	1,464,487	1,937,794	11
12	Maintenance of Personnel							12
13	Nursing Administration	976			1,035		16,094	13
13.10	SPD STERILE PROCESSING	37,839		77,133	40,127		25,439	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	39,057			41,419		27,374	16
17	Social Service	1,910			2,025		6,596	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	1,128,457		756,466	1,196,697	1,385,309	343,846	30
31	Intensive Care Unit	155,412		119,943	164,809	187,113	97,529	31
31.01	NEONATOLOGY/NICU	100,625		29,937	106,709		46,228	31.01
41	Subprovider - IRF	123,836		45,310	131,324	119,961	25,338	41
43	Nursery	3,798		20,007	4,028		18,173	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	408,978		175,969	433,708		154,375	50
51	Recovery Room	20,914		40,106	22,179		17,392	51
52	Delivery Room & Labor Room						20,384	52
53	Anesthesiology	1,054			1,118		3,041	53
54	Radiology-Diagnostic	130,083		36,356	137,948		66,212	54
56	Radioisotope	17,081		2,309	18,114		4,484	56
57	CT Scan	12,261		27,971	13,002		9,088	57
58	MRI	5,730		12,891	6,077		5,585	58
59	Cardiac Catheterization	255,844		28,145	271,314		42,749	59
60	Laboratory	84,034		835	89,115		115,267	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	39,530		8,282	41,920		74,522	65
66	Physical Therapy	120,570		3,527	127,860		42,002	66
67	Occupational Therapy	16,740			17,752		16,640	67
68	Speech Pathology	9,267			9,827		11,562	68
69	Electrocardiology			30,809			22,478	69
70	Electroencephalography	23,058		4,961	24,452		21,024	70
71	Medical Supplies Charged to Patients	58,270		2,060	61,794		13,437	71
72	Impl. Dev. Charged to Patients	63,123		2,231	66,940		14,556	72
73	Drugs Charged to Patients	56,244		1,773	59,645		46,525	73
73.10	REHABILITATION SERVICES	361,170		68,349	383,009		83,811	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	3,578			3,795		1,309	90.10
90.20	GYN SURG ONCOLOGIST PBC						239	90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	2,161		25	2,292		238	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	377		157	400		200	90.40
90.60	CAPE NEUROSURGERY PBC	36			39		332	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	10,797			11,450		250	90.70
91	Emergency	251,291		282,128	266,486		124,609	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	18,368			19,479		17,220	101
	SPECIAL PURPOSE COST CENTERS							

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	SPD SOILED PROCESSIN G	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		7	7.10	8	9	10	11	
113	Interest Expense							113
116	Hospice	31,824			33,748		11,311	116
118	SUBTOTALS (sum of lines 1-117)	3,862,486	392,452	1,874,299	3,954,823	3,156,870	1,547,459	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	14,255			15,117			190
194	FITNESS CENTER	307,169			325,742		50,432	194
194.01	RETAIL PHARMACY	18,706			19,837		10,619	194.01
194.02	GARDEN VIEW DELI	20,114			21,330		58	194.02
194.03	MEDICAL OFFICE BLDG							194.03
194.04	PHYSICIAN SERVICES	28,304		8,581	30,015		13,340	194.04
194.05	ENDOCRINOLOGIST						8,288	194.05
194.06	HOSPITALIST	5,730			6,077		63,928	194.06
194.07	NEONATOLOGY PHYSICIANS	7,042			7,468		9,340	194.07
194.08	ANESTHESIOLOGISTS	4,422			4,689		25,905	194.08
194.09	PHYSICIAN CARDIOLOGIST	58,709		993	62,259		51,654	194.09
194.10	PHYSICIAN ONCOLOGIST	46,032			48,815		15,873	194.10
194.11	PERINATOLOGY						6	194.11
194.12	TRAUMA PHYSICIANS	15,624			16,569		8,451	194.12
194.13	LANDMARK HOSPITAL						832	194.13
194.14	GYN SURG ONCOLOGIST						4,712	194.14
194.15	CAPE GASTROENTEROLOGY						17,549	194.15
194.16	CAPE PHYSICIAN ASSOCIATES	133,163			141,215		45,198	194.16
194.17	NONPATIENT MEALS					638,702		194.17
194.18	BEAUTY SHOP	769		22,621	815		322	194.18
194.19	MARKETING COSTS							194.19
194.20	CAPE PRIMARY CARE						21,182	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						15,275	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	907			962		3,530	194.44
194.45	CAPE ORTHO SURGEONS	171,646			182,025		23,841	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)	4,695,078	392,452	1,906,494	4,837,758	3,795,572	1,937,794	202

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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COST ALLOCATION - GENERAL SERVICE COSTS
**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION	SPD STERIL E PROCESSI NG	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		13	13.10	16	17	24	25	
	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	2,389,317						13
13.10	SPD STERILE PROCESSING		2,047,075					13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library			4,299,857				16
17	Social Service				527,762			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	935,972		1,834,750	324,021	41,814,231		30
31	Intensive Care Unit	265,227	624	149,205	49,094	11,621,024		31
31.01	NEONATOLOGY/NICU	125,709	11,800	147,055	35,440	5,843,477		31.01
41	Subprovider - IRF	69,049		24,939	42,497	3,447,072		41
43	Nursery		38,987	77,827	13,654	1,934,936		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		1,704,495	286,370	13,808	26,101,522		50
51	Recovery Room			56,758		1,686,287		51
52	Delivery Room & Labor Room	55,461		48,588	19,638	1,869,869		52
53	Anesthesiology					1,032,832		53
54	Radiology-Diagnostic		96,116	390,857		14,021,875		54
56	Radioisotope					942,727		56
57	CT Scan					2,617,594		57
58	MRI					1,508,184		58
59	Cardiac Catheterization		6,147	181,024		10,541,040		59
60	Laboratory	313,697	27,135			20,472,481		60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		53,581			7,632,347		65
66	Physical Therapy			39,989		4,799,987		66
67	Occupational Therapy					1,592,368		67
68	Speech Pathology		806			1,249,382		68
69	Electrocardiology			96,317		4,187,133		69
70	Electroencephalography	57,217		27,519		3,045,970		70
71	Medical Supplies Charged to Patients		49,293			25,736,832		71
72	Impl. Dev. Charged to Patients		53,399			24,760,631		72
73	Drugs Charged to Patients					35,015,933		73
73.10	REHABILITATION SERVICES	228,138	962	206,823		13,353,940		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					368,885		90.10
90.20	GYN SURG ONCOLOGIST PBC					68,122		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC					711,531		90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC					96,391		90.40
90.60	CAPE NEUROSURGERY PBC					172,886		90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC					143,965		90.70
91	Emergency	338,847	3,730	731,836	29,610	15,498,978		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services					300,931		95
97	Durable Medical Equip-Sold					375		97
101	Home Health Agency					1,892,252		101
	SPECIAL PURPOSE COST CENTERS							

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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COST ALLOCATION - GENERAL SERVICE COSTS**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION	SPD STERIL E PROCESSI NG	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		13	13.10	16	17	24	25	
113	Interest Expense							113
116	Hospice					1,592,964		116
118	SUBTOTALS (sum of lines 1-117)	2,389,317	2,047,075	4,299,857	527,762	287,676,954		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					115,137		190
194	FITNESS CENTER					5,167,269		194
194.01	RETAIL PHARMACY					7,924,978		194.01
194.02	GARDEN VIEW DELI					165,714		194.02
194.03	MEDICAL OFFICE BLDG					505		194.03
194.04	PHYSICIAN SERVICES					5,868,048		194.04
194.05	ENDOCRINOLOGIST					1,122,556		194.05
194.06	HOSPITALIST					22,149,656		194.06
194.07	NEONATOLOGY PHYSICIANS					2,632,340		194.07
194.08	ANESTHESIOLOGISTS					14,770,263		194.08
194.09	PHYSICIAN CARDIOLOGIST					11,674,891		194.09
194.10	PHYSICIAN ONCOLOGIST					4,001,586		194.10
194.11	PERINATOLOGY					21,173		194.11
194.12	TRAUMA PHYSICIANS					2,659,902		194.12
194.13	LANDMARK HOSPITAL					19,693		194.13
194.14	GYN SURG ONCOLOGIST					1,136,613		194.14
194.15	CAPE GASTROENTEROLOGY					5,157,792		194.15
194.16	CAPE PHYSICIAN ASSOCIATES					6,808,263		194.16
194.17	NONPATIENT MEALS					638,702		194.17
194.18	BEAUTY SHOP					29,447		194.18
194.19	MARKETING COSTS					13,205,513		194.19
194.20	CAPE PRIMARY CARE					2,444,955		194.20
194.21	CAPE CARE FOR WOMEN					7,372,773		194.21
194.22	JACKSON FAMILY CLINIC					1,532,748		194.22
194.23	CAPE MEDICAL GROUP							194.23
194.24	CAPE ENT GROUP					2,940,500		194.24
194.25	CHARLESTON FAMILY CARE					764,713		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					424,286		194.29
194.30	JACKSON PHYSICIAN ASSOCIATES					2,634		194.30
194.31	PHYSICIANS PARK PRIMARY CARE					9,035,345		194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI					1,540,695		194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES					4,176,363		194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES					3,010,777		194.34
194.35	CAPE PEDIATRIC GROUP					1,496,593		194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS					841,619		194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE					1,688,794		194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES					1,935,973		194.39
194.40	KNIEBERT CLINIC					10,323,358		194.40
194.41	KNIEBERT PHARMACY					5,860,906		194.41
194.43	KNEIBERT LAB					798,018		194.43
194.44	PALLIATIVE CARE					395,349		194.44
194.45	CAPE ORTHO SURGEONS					9,406,639		194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC					1,223,338		194.46
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,389,317	2,047,075	4,299,857	527,762	460,163,371		202

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	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						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 SERV COST CENTERS						
30	Adults & Pediatrics	41,814,231					30
31	Intensive Care Unit	11,621,024					31
31.01	NEONATOLOGY/NICU	5,843,477					31.01
41	Subprovider - IRF	3,447,072					41
43	Nursery	1,934,936					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	26,101,522					50
51	Recovery Room	1,686,287					51
52	Delivery Room & Labor Room	1,869,869					52
53	Anesthesiology	1,032,832					53
54	Radiology-Diagnostic	14,021,875					54
56	Radioisotope	942,727					56
57	CT Scan	2,617,594					57
58	MRI	1,508,184					58
59	Cardiac Catheterization	10,541,040					59
60	Laboratory	20,472,481					60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	7,632,347					65
66	Physical Therapy	4,799,987					66
67	Occupational Therapy	1,592,368					67
68	Speech Pathology	1,249,382					68
69	Electrocardiology	4,187,133					69
70	Electroencephalography	3,045,970					70
71	Medical Supplies Charged to Patients	25,736,832					71
72	Impl. Dev. Charged to Patients	24,760,631					72
73	Drugs Charged to Patients	35,015,933					73
73.10	REHABILITATION SERVICES	13,353,940					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	368,885					90.10
90.20	GYN SURG ONCOLOGIST PBC	68,122					90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	711,531					90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	96,391					90.40
90.60	CAPE NEUROSURGERY PBC	172,886					90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	143,965					90.70
91	Emergency	15,498,978					91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	300,931					95
97	Durable Medical Equip-Sold	375					97
101	Home Health Agency	1,892,252					101
	SPECIAL PURPOSE COST CENTERS						

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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COST ALLOCATION - GENERAL SERVICE COSTS**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
113	Interest Expense						113
116	Hospice	1,592,964					116
118	SUBTOTALS (sum of lines 1-117)	287,676,954					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	115,137					190
194	FITNESS CENTER	5,167,269					194
194.01	RETAIL PHARMACY	7,924,978					194.01
194.02	GARDEN VIEW DELI	165,714					194.02
194.03	MEDICAL OFFICE BLDG	505					194.03
194.04	PHYSICIAN SERVICES	5,868,048					194.04
194.05	ENDOCRINOLOGIST	1,122,556					194.05
194.06	HOSPITALIST	22,149,656					194.06
194.07	NEONATOLOGY PHYSICIANS	2,632,340					194.07
194.08	ANESTHESIOLOGISTS	14,770,263					194.08
194.09	PHYSICIAN CARDIOLOGIST	11,674,891					194.09
194.10	PHYSICIAN ONCOLOGIST	4,001,586					194.10
194.11	PERINATOLOGY	21,173					194.11
194.12	TRAUMA PHYSICIANS	2,659,902					194.12
194.13	LANDMARK HOSPITAL	19,693					194.13
194.14	GYN SURG ONCOLOGIST	1,136,613					194.14
194.15	CAPE GASTROENTEROLOGY	5,157,792					194.15
194.16	CAPE PHYSICIAN ASSOCIATES	6,808,263					194.16
194.17	NONPATIENT MEALS	638,702					194.17
194.18	BEAUTY SHOP	29,447					194.18
194.19	MARKETING COSTS	13,205,513					194.19
194.20	CAPE PRIMARY CARE	2,444,955					194.20
194.21	CAPE CARE FOR WOMEN	7,372,773					194.21
194.22	JACKSON FAMILY CLINIC	1,532,748					194.22
194.23	CAPE MEDICAL GROUP						194.23
194.24	CAPE ENT GROUP	2,940,500					194.24
194.25	CHARLESTON FAMILY CARE	764,713					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	424,286					194.29
194.30	JACKSON PHYSICIAN ASSOCIATES	2,634					194.30
194.31	PHYSICIANS PARK PRIMARY CARE	9,035,345					194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI	1,540,695					194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES	4,176,363					194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES	3,010,777					194.34
194.35	CAPE PEDIATRIC GROUP	1,496,593					194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS	841,619					194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE	1,688,794					194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES	1,935,973					194.39
194.40	KNIEBERT CLINIC	10,323,358					194.40
194.41	KNIEBERT PHARMACY	5,860,906					194.41
194.43	KNEIBERT LAB	798,018					194.43
194.44	PALLIATIVE CARE	395,349					194.44
194.45	CAPE ORTHO SURGEONS	9,406,639					194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC	1,223,338					194.46
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	460,163,371					202

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	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		296,387	35,599	331,986	331,986		4
5.01	COMMUNICATIONS		17,153	288,741	305,894	395	306,289	5.01
5.02	DATA PROCESSING		407,354	8,263,850	8,671,204	12,141	17,457	5.02
5.03	PURCHASING		161,318	6,058	167,376	765	2,442	5.03
5.04	ADMITTING		31,531		31,531			5.04
5.05	CREDIT & COLLECTIONS		72,932	3,399	76,331	4,714	15,137	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL		1,346,687	166,383	1,513,070	26,171	25,392	5.06
6	Maintenance & Repairs		885,240	145,270	1,030,510	4,090	5,860	6
7	Operation of Plant		2,839,323		2,839,323			7
7.10	SPD SOILED PROCESSING		202,892		202,892		122	7.10
8	Laundry & Linen Service		129,394	31,197	160,591	803	488	8
9	Housekeeping		144,011	33,802	177,813	2	2,319	9
10	Dietary		270,574	188,095	458,669	3,264	2,930	10
11	Cafeteria		212,351		212,351			11
12	Maintenance of Personnel							12
13	Nursing Administration		3,491	174,064	177,555	1,824	1,953	13
13.10	SPD STERILE PROCESSING		135,334	49,126	184,460	1,268	1,221	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		139,692	20,867	160,559	1,547	4,151	16
17	Social Service		6,831		6,831	583	855	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		4,036,080	529,470	4,565,550	28,376	53,835	30
31	Intensive Care Unit		555,849	350,996	906,845	9,276	7,813	31
31.01	NEONATOLOGY/NICU		359,896	241,636	601,532	4,230	4,151	31.01
41	Subprovider - IRF		442,912	26,804	469,716	2,215	5,616	41
43	Nursery		13,586	1,712	15,298	1,640		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		1,462,758	2,208,170	3,670,928	15,429	19,166	50
51	Recovery Room		74,802	19,185	93,987	1,465	2,075	51
52	Delivery Room & Labor Room					1,754		52
53	Anesthesiology		3,770	528	4,298	155	977	53
54	Radiology-Diagnostic		465,255	1,857,974	2,323,229	7,476	14,771	54
56	Radioisotope		61,092	68,832	129,924	488	1,221	56
57	CT Scan		43,853	396,221	440,074	808	610	57
58	MRI		20,495	454,601	475,096	446	366	58
59	Cardiac Catheterization		915,055	526,854	1,441,909	5,928	13,062	59
60	Laboratory		300,557	334,552	635,109	7,931	11,719	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		141,383	68,816	210,199	6,054	4,395	65
66	Physical Therapy		431,232	25,502	456,734	3,933	1,099	66
67	Occupational Therapy		59,872	3,950	63,822	1,654	1,465	67
68	Speech Pathology		33,144	2,823	35,967	1,262	977	68
69	Electrocardiology			357,521	357,521	2,154		69
70	Electroencephalography		82,469	119,710	202,179	2,007	6,836	70
71	Medical Supplies Charged to Patients		208,410	10,695	219,105	677	488	71
72	Impl. Dev. Charged to Patients		225,766	11,585	237,351	733	610	72
73	Drugs Charged to Patients		201,163	417,185	618,348	5,918	4,395	73
73.10	REHABILITATION SERVICES		1,291,766	714,709	2,006,475	6,867	14,161	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		12,798	1,310	14,108	268	366	90.10
90.20	GYN SURG ONCOLOGIST PBC			295	295	66	122	90.20
90.30	PHYSICIAN CARDIOLOGIST PBC		7,729	2,853	10,582	514	244	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC		1,348	81	1,429	61		90.40
90.60	CAPE NEUROSURGERY PBC		130	218	348	52		90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC		38,616	222	38,838	7	244	90.70
91	Emergency		898,771	324,042	1,222,813	10,980	14,161	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold						122	97
101	Home Health Agency		65,696	4,582	70,278	1,873	1,953	101
	SPECIAL PURPOSE COST CENTERS							

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI- CATIONS	
		0	1	2	2A	4	5.01	
113	Interest Expense							113
116	Hospice		113,822		113,822	1,038		116
118	SUBTOTALS (sum of lines 1-117)		19,872,570	18,490,085	38,362,655	191,302	268,079	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		50,984		50,984		488	190
194	FITNESS CENTER		1,098,624	43,327	1,141,951	2,517	4,029	194
194.01	RETAIL PHARMACY		66,903	20,440	87,343	1,510	2,319	194.01
194.02	GARDEN VIEW DELI		71,939	3,530	75,469			194.02
194.03	MEDICAL OFFICE BLDG			446	446			194.03
194.04	PHYSICIAN SERVICES		101,232	1,994	103,226	7,282	2,319	194.04
194.05	ENDOCRINOLOGIST			11,575	11,575	1,020	2,442	194.05
194.06	HOSPITALIST		20,495	14,849	35,344	22,617	1,099	194.06
194.07	NEONATOLOGY PHYSICIANS		25,188	190	25,378	3,509	610	194.07
194.08	ANESTHESIOLOGISTS		15,816		15,816	7,611		194.08
194.09	PHYSICIAN CARDIOLOGIST		209,980	58,840	268,820	14,446	7,080	194.09
194.10	PHYSICIAN ONCOLOGIST		164,638	5,171	169,809	4,949	4,151	194.10
194.11	PERINATOLOGY							194.11
194.12	TRAUMA PHYSICIANS		55,883	3,728	59,611	3,050	1,099	194.12
194.13	LANDMARK HOSPITAL					16		194.13
194.14	GYN SURG ONCOLOGIST			4,066	4,066	1,553	1,343	194.14
194.15	CAPE GASTROENTEROLOGY			3,101	3,101	6,745	2,564	194.15
194.16	CAPE PHYSICIAN ASSOCIATES		476,273	13,150	489,423	5,810	8,545	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP		2,750		2,750		122	194.18
194.19	MARKETING COSTS					5,941		194.19
194.20	CAPE PRIMARY CARE			65,965	65,965	2,356		194.20
194.21	CAPE CARE FOR WOMEN			53,611	53,611	8,929		194.21
194.22	JACKSON FAMILY CLINIC			6,792	6,792	1,638		194.22
194.23	CAPE MEDICAL GROUP							194.23
194.24	CAPE ENT GROUP			21,156	21,156	3,596		194.24
194.25	CHARLESTON FAMILY CARE			12,132	12,132	793		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					411		194.29
194.30	JACKSON PHYSICIAN ASSOCIATES							194.30
194.31	PHYSICIANS PARK PRIMARY CARE					2,383		194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI					1,075		194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES					4,521		194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES					3,244		194.34
194.35	CAPE PEDIATRIC GROUP					1,378		194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS					1,046		194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE					1,870		194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES					717		194.39
194.40	KNIEBERT CLINIC					11,919		194.40
194.41	KNIEBERT PHARMACY					813		194.41
194.43	KNEIBERT LAB					636		194.43
194.44	PALLIATIVE CARE		3,245		3,245	444		194.44
194.45	CAPE ORTHO SURGEONS		613,910		613,910	3,420		194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC					919		194.46
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		22,850,430	18,834,148	41,684,578	331,986	306,289	202

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DATA PROCESSING	PURCHASING	ADMITTING	CREDIT & COLLECTION	OTHER ADMIN & GENERAL	MAIN- TENANCE & REPAIRS	
		5.02	5.03	5.04	5.05	5.06	6	
	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	8,700,802						5.02
5.03	PURCHASING	12,766	183,349					5.03
5.04	ADMITTING	142,679	31	174,241				5.04
5.05	CREDIT & COLLECTIONS	685,611	343		782,136			5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	2,305,397	1,387			3,871,417		5.06
6	Maintenance & Repairs	39,425	2,051			86,083	1,168,019	6
7	Operation of Plant					27,052	168,929	7
7.10	SPD SOILED PROCESSING					1,935	12,071	7.10
8	Laundry & Linen Service	1,877	625			11,867	7,698	8
9	Housekeeping	375	84			39,203	8,568	9
10	Dietary	69,462	590			29,152	16,098	10
11	Cafeteria					2,022	12,634	11
12	Maintenance of Personnel							12
13	Nursing Administration	186,609	126			19,935	208	13
13.10	SPD STERILE PROCESSING	28,160	703			15,111	8,052	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	270,715	60			34,657	8,311	16
17	Social Service	8,260				4,322	406	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	331,166	2,115	9,726	43,450	267,594	240,135	30
31	Intensive Care Unit	111,891	1,472	4,553	20,339	85,333	33,071	31
31.01	NEONATOLOGY/NICU	47,685	580	3,130	13,981	42,509	21,412	31.01
41	Subprovider - IRF	30,413	87	534	2,387	22,161	26,352	41
43	Nursery	30,413	416	792	3,536	14,735	808	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	267,711	4,787	11,000	49,142	186,456	87,028	50
51	Recovery Room	9,011	48	1,767	7,894	12,536	4,450	51
52	Delivery Room & Labor Room	40,175	134	1,177	5,258	14,520		52
53	Anesthesiology	4,881	810	5,695	25,440	8,629	224	53
54	Radiology-Diagnostic	522,281	1,783	8,250	36,856	108,718	27,681	54
56	Radioisotope	10,513	344	1,382	6,175	7,311	3,635	56
57	CT Scan	1,877	1,077	11,585	51,753	21,307	2,609	57
58	MRI	6,383	608	2,675	11,952	12,344	1,219	58
59	Cardiac Catheterization	123,906	3,057	7,071	31,587	78,068	54,442	59
60	Laboratory	555,322	12,194	20,762	96,487	165,627	17,882	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	112,266	1,588	10,355	46,260	61,762	8,412	65
66	Physical Therapy	49,187	51	1,594	7,121	35,684	25,657	66
67	Occupational Therapy	4,506	38	787	3,516	12,705	3,562	67
68	Speech Pathology	19,900	25	663	2,961	10,102	1,972	68
69	Electrocardiology	218,900	1,518	3,183	14,221	33,970		69
70	Electroencephalography	197,498	280	909	4,061	23,934	4,907	70
71	Medical Supplies Charged to Patients	3,004	38,270	17,716	79,144	214,068	12,400	71
72	Impl. Dev. Charged to Patients	3,004	41,459	17,787	79,462	205,649	13,432	72
73	Drugs Charged to Patients	542,181	46,164	15,185	67,839	292,166	11,968	73
73.10	REHABILITATION SERVICES	359,702	997	3,632	16,225	95,480	76,855	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		8	228	1,018	2,974	761	90.10
90.20	GYN SURG ONCOLOGIST PBC		1	27	122	571		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	22,528	39	382	1,708	5,913	460	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC		6	61	272	796	80	90.40
90.60	CAPE NEUROSURGERY PBC	22,528	5	57	253	1,451	8	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	13,142		31	136	853	2,298	90.70
91	Emergency	183,981	1,625	10,704	47,821	109,393	53,473	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services			36	161	2,532		95
97	Durable Medical Equip-Sold					3		97
101	Home Health Agency	16,145	175	253	1,132	15,169	3,909	101
	SPECIAL PURPOSE COST CENTERS							

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	DATA PROCESSING	PURCHASING	ADMITTING	CREDIT & COLLECTION	OTHER ADMIN & GENERAL	MAIN- TENANCE & REPAIRS	
		5.02	5.03	5.04	5.05	5.06	6	
113	Interest Expense							113
116	Hospice	6,383	44	552	2,466	12,256	6,772	116
118	SUBTOTALS (sum of lines 1-117)	7,619,819	167,805	174,241	782,136	2,456,618	990,849	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					498	3,033	190
194	FITNESS CENTER	19,149	313			32,908	65,364	194
194.01	RETAIL PHARMACY	284,983	9,673			65,970	3,980	194.01
194.02	GARDEN VIEW DELI	375				730	4,280	194.02
194.03	MEDICAL OFFICE BLDG					4		194.03
194.04	PHYSICIAN SERVICES	54,819	72			48,252	6,023	194.04
194.05	ENDOCRINOLOGIST	19,900	386			9,375		194.05
194.06	HOSPITALIST	88,611	1,494			185,630	1,219	194.06
194.07	NEONATOLOGY PHYSICIANS	7,134	21			21,836	1,499	194.07
194.08	ANESTHESIOLOGISTS	9,762	2			123,906	941	194.08
194.09	PHYSICIAN CARDIOLOGIST	93,117	207			95,845	12,493	194.09
194.10	PHYSICIAN ONCOLOGIST	24,406	15			32,014	9,795	194.10
194.11	PERINATOLOGY	6,008				178		194.11
194.12	TRAUMA PHYSICIANS	21,402	5			21,792	3,325	194.12
194.13	LANDMARK HOSPITAL					159		194.13
194.14	GYN SURG ONCOLOGIST	3,004	3			9,523		194.14
194.15	CAPE GASTROENTEROLOGY	34,919	122			43,248		194.15
194.16	CAPE PHYSICIAN ASSOCIATES	119,400	1,084			52,504	28,336	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP					29	164	194.18
194.19	MARKETING COSTS					111,105		194.19
194.20	CAPE PRIMARY CARE	33,792	65			20,392		194.20
194.21	CAPE CARE FOR WOMEN	78,474	678			62,031		194.21
194.22	JACKSON FAMILY CLINIC	16,896	358			12,896		194.22
194.23	CAPE MEDICAL GROUP							194.23
194.24	CAPE ENT GROUP	14,643	326			24,611		194.24
194.25	CHARLESTON FAMILY CARE	7,134	161			6,434		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	7,134	11			3,570		194.29
194.30	JACKSON PHYSICIAN ASSOCIATES	751				22		194.30
194.31	PHYSICIANS PARK PRIMARY CARE	49,187	79			76,019		194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI	6,383				12,963		194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES	45,808	88			35,138		194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES		126			25,331		194.34
194.35	CAPE PEDIATRIC GROUP		83			12,592		194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS					7,081		194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE	23,279	65			14,209		194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES					16,288		194.39
194.40	KNIEBERT CLINIC					86,856		194.40
194.41	KNIEBERT PHARMACY					49,311		194.41
194.43	KNEIBERT LAB	4,130	53			6,714		194.43
194.44	PALLIATIVE CARE	6,383	1			3,267	193	194.44
194.45	CAPE ORTHO SURGEONS					73,275	36,525	194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC		53			10,293		194.46
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	8,700,802	183,349	174,241	782,136	3,871,417	1,168,019	202

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS
**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	SPD SOILED PROCESSIN G	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		7	7.10	8	9	10	11	
	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	3,036,036						7
7.10	SPD SOILED PROCESSING	36,682	253,702					7.10
8	Laundry & Linen Service	23,394	253,702	461,045				8
9	Housekeeping	26,037		15,201	269,602			9
10	Dietary	48,919		8,164	4,471	641,719		10
11	Cafeteria	38,392			3,509	247,601	516,509	11
12	Maintenance of Personnel							12
13	Nursing Administration	631			58		4,290	13
13.10	SPD STERILE PROCESSING	24,468		18,653	2,236		6,781	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	25,256			2,308		7,296	16
17	Social Service	1,235			113		1,758	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	729,714		182,936	66,689	234,215	91,648	30
31	Intensive Care Unit	100,496		29,006	9,185	31,635	25,996	31
31.01	NEONATOLOGY/NICU	65,068		7,240	5,947		12,322	31.01
41	Subprovider - IRF	80,077		10,957	7,319	20,282	6,754	41
43	Nursery	2,456		4,838	224		4,844	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	264,462		42,554	24,170		41,148	50
51	Recovery Room	13,524		9,699	1,236		4,636	51
52	Delivery Room & Labor Room						5,433	52
53	Anesthesiology	682			62		810	53
54	Radiology-Diagnostic	84,117		8,792	7,688		17,648	54
56	Radioisotope	11,045		558	1,009		1,195	56
57	CT Scan	7,929		6,764	725		2,422	57
58	MRI	3,705		3,117	339		1,489	58
59	Cardiac Catheterization	165,439		6,806	15,120		11,395	59
60	Laboratory	54,340		202	4,966		30,724	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	25,562		2,003	2,336		19,863	65
66	Physical Therapy	77,965		853	7,126		11,195	66
67	Occupational Therapy	10,825			989		4,435	67
68	Speech Pathology	5,992			548		3,082	68
69	Electrocardiology			7,450			5,991	69
70	Electroencephalography	14,910		1,200	1,363		5,604	70
71	Medical Supplies Charged to Patients	37,680		498	3,444		3,581	71
72	Impl. Dev. Charged to Patients	40,818		540	3,730		3,880	72
73	Drugs Charged to Patients	36,370		429	3,324		12,401	73
73.10	REHABILITATION SERVICES	233,547		16,529	21,345		22,339	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	2,314			211		349	90.10
90.20	GYN SURG ONCOLOGIST PBC						64	90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	1,397		6	128		64	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	244		38	22		53	90.40
90.60	CAPE NEUROSURGERY PBC	23			2		88	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	6,982			638		67	90.70
91	Emergency	162,495		68,227	14,851		33,214	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	11,878			1,086		4,590	101
	SPECIAL PURPOSE COST CENTERS							

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	SPD SOILED PROCESSIN G	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		7	7.10	8	9	10	11	
113	Interest Expense							113
116	Hospice	20,579			1,881		3,015	116
118	SUBTOTALS (sum of lines 1-117)	2,497,649	253,702	453,260	220,398	533,733	412,464	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	9,218			842			190
194	FITNESS CENTER	198,628			18,153		13,442	194
194.01	RETAIL PHARMACY	12,096			1,105		2,831	194.01
194.02	GARDEN VIEW DELI	13,006			1,189		16	194.02
194.03	MEDICAL OFFICE BLDG							194.03
194.04	PHYSICIAN SERVICES	18,302		2,075	1,673		3,556	194.04
194.05	ENDOCRINOLOGIST						2,209	194.05
194.06	HOSPITALIST	3,705			339		17,040	194.06
194.07	NEONATOLOGY PHYSICIANS	4,554			416		2,490	194.07
194.08	ANESTHESIOLOGISTS	2,859			261		6,905	194.08
194.09	PHYSICIAN CARDIOLOGIST	37,964		240	3,470		13,768	194.09
194.10	PHYSICIAN ONCOLOGIST	29,766			2,720		4,231	194.10
194.11	PERINATOLOGY						2	194.11
194.12	TRAUMA PHYSICIANS	10,103			923		2,253	194.12
194.13	LANDMARK HOSPITAL						222	194.13
194.14	GYN SURG ONCOLOGIST						1,256	194.14
194.15	CAPE GASTROENTEROLOGY						4,678	194.15
194.16	CAPE PHYSICIAN ASSOCIATES	86,109			7,870		12,047	194.16
194.17	NONPATIENT MEALS					107,986		194.17
194.18	BEAUTY SHOP	497		5,470	45		86	194.18
194.19	MARKETING COSTS							194.19
194.20	CAPE PRIMARY CARE						5,646	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						4,071	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	587			54		941	194.44
194.45	CAPE ORTHO SURGEONS	110,993			10,144		6,355	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)	3,036,036	253,702	461,045	269,602	641,719	516,509	202

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION	SPD STERIL E PROCESSI NG	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		13	13.10	16	17	24	25	
	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	393,189						13
13.10	SPD STERILE PROCESSING		291,113					13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library			514,860				16
17	Social Service				24,363			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	154,024		219,690	14,958	7,235,821		30
31	Intensive Care Unit	43,646	89	17,866	2,266	1,440,778		31
31.01	NEONATOLOGY/NICU	20,687	1,678	17,608	1,636	871,396		31.01
41	Subprovider - IRF	11,363		2,986	1,962	701,181		41
43	Nursery		5,544	9,319	630	95,493		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		242,394	34,290	637	4,961,302		50
51	Recovery Room			6,796		169,124		51
52	Delivery Room & Labor Room	9,127		5,818	907	84,303		52
53	Anesthesiology					52,663		53
54	Radiology-Diagnostic		13,669	46,801		3,229,760		54
56	Radioisotope					174,800		56
57	CT Scan					549,540		57
58	MRI					519,739		58
59	Cardiac Catheterization		874	21,676		1,980,340		59
60	Laboratory	51,622	3,859			1,668,746		60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		7,620			518,675		65
66	Physical Therapy			4,788		682,987		66
67	Occupational Therapy					108,304		67
68	Speech Pathology		115			83,566		68
69	Electrocardiology			11,533		656,441		69
70	Electroencephalography	9,416		3,295		478,399		70
71	Medical Supplies Charged to Patients		7,010			637,085		71
72	Impl. Dev. Charged to Patients		7,594			656,049		72
73	Drugs Charged to Patients					1,656,688		73
73.10	REHABILITATION SERVICES	37,543	137	24,765		2,936,599		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					22,605		90.10
90.20	GYN SURG ONCOLOGIST PBC					1,268		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC					43,965		90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC					3,062		90.40
90.60	CAPE NEUROSURGERY PBC					24,815		90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC					63,236		90.70
91	Emergency	55,761	530	87,629	1,367	2,079,025		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services					2,729		95
97	Durable Medical Equip-Sold					125		97
101	Home Health Agency					128,441		101
	SPECIAL PURPOSE COST CENTERS							

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION	SPD STERIL E PROCESSI NG	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		13	13.10	16	17	24	25	
113	Interest Expense							113
116	Hospice					168,808		116
118	SUBTOTALS (sum of lines 1-117)	393,189	291,113	514,860	24,363	34,687,858		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					65,063		190
194	FITNESS CENTER					1,496,454		194
194.01	RETAIL PHARMACY					471,810		194.01
194.02	GARDEN VIEW DELI					95,065		194.02
194.03	MEDICAL OFFICE BLDG					450		194.03
194.04	PHYSICIAN SERVICES					247,599		194.04
194.05	ENDOCRINOLOGIST					46,907		194.05
194.06	HOSPITALIST					357,098		194.06
194.07	NEONATOLOGY PHYSICIANS					67,447		194.07
194.08	ANESTHESIOLOGISTS					168,063		194.08
194.09	PHYSICIAN CARDIOLOGIST					547,450		194.09
194.10	PHYSICIAN ONCOLOGIST					281,856		194.10
194.11	PERINATOLOGY					6,188		194.11
194.12	TRAUMA PHYSICIANS					123,563		194.12
194.13	LANDMARK HOSPITAL					397		194.13
194.14	GYN SURG ONCOLOGIST					20,748		194.14
194.15	CAPE GASTROENTEROLOGY					95,377		194.15
194.16	CAPE PHYSICIAN ASSOCIATES					811,128		194.16
194.17	NONPATIENT MEALS					107,986		194.17
194.18	BEAUTY SHOP					9,163		194.18
194.19	MARKETING COSTS					117,046		194.19
194.20	CAPE PRIMARY CARE					128,216		194.20
194.21	CAPE CARE FOR WOMEN					203,723		194.21
194.22	JACKSON FAMILY CLINIC					38,580		194.22
194.23	CAPE MEDICAL GROUP							194.23
194.24	CAPE ENT GROUP					68,403		194.24
194.25	CHARLESTON FAMILY CARE					26,654		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					11,126		194.29
194.30	JACKSON PHYSICIAN ASSOCIATES					773		194.30
194.31	PHYSICIANS PARK PRIMARY CARE					127,668		194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI					20,421		194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES					85,555		194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES					28,701		194.34
194.35	CAPE PEDIATRIC GROUP					14,053		194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS					8,127		194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE					39,423		194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES					17,005		194.39
194.40	KNIEBERT CLINIC					98,775		194.40
194.41	KNIEBERT PHARMACY					50,124		194.41
194.43	KNEIBERT LAB					11,533		194.43
194.44	PALLIATIVE CARE					15,115		194.44
194.45	CAPE ORTHO SURGEONS					854,622		194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC					11,265		194.46
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	393,189	291,113	514,860	24,363	41,684,578		202

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	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							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 SERV COST CENTERS							
30	Adults & Pediatrics	7,235,821						30
31	Intensive Care Unit	1,440,778						31
31.01	NEONATOLOGY/NICU	871,396						31.01
41	Subprovider - IRF	701,181						41
43	Nursery	95,493						43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	4,961,302						50
51	Recovery Room	169,124						51
52	Delivery Room & Labor Room	84,303						52
53	Anesthesiology	52,663						53
54	Radiology-Diagnostic	3,229,760						54
56	Radioisotope	174,800						56
57	CT Scan	549,540						57
58	MRI	519,739						58
59	Cardiac Catheterization	1,980,340						59
60	Laboratory	1,668,746						60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	518,675						65
66	Physical Therapy	682,987						66
67	Occupational Therapy	108,304						67
68	Speech Pathology	83,566						68
69	Electrocardiology	656,441						69
70	Electroencephalography	478,399						70
71	Medical Supplies Charged to Patients	637,085						71
72	Impl. Dev. Charged to Patients	656,049						72
73	Drugs Charged to Patients	1,656,688						73
73.10	REHABILITATION SERVICES	2,936,599						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	22,605						90.10
90.20	GYN SURG ONCOLOGIST PBC	1,268						90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	43,965						90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	3,062						90.40
90.60	CAPE NEUROSURGERY PBC	24,815						90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	63,236						90.70
91	Emergency	2,079,025						91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	2,729						95
97	Durable Medical Equip-Sold	125						97
101	Home Health Agency	128,441						101
	SPECIAL PURPOSE COST CENTERS							

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
113	Interest Expense						113
116	Hospice	168,808					116
118	SUBTOTALS (sum of lines 1-117)	34,687,858					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	65,063					190
194	FITNESS CENTER	1,496,454					194
194.01	RETAIL PHARMACY	471,810					194.01
194.02	GARDEN VIEW DELI	95,065					194.02
194.03	MEDICAL OFFICE BLDG	450					194.03
194.04	PHYSICIAN SERVICES	247,599					194.04
194.05	ENDOCRINOLOGIST	46,907					194.05
194.06	HOSPITALIST	357,098					194.06
194.07	NEONATOLOGY PHYSICIANS	67,447					194.07
194.08	ANESTHESIOLOGISTS	168,063					194.08
194.09	PHYSICIAN CARDIOLOGIST	547,450					194.09
194.10	PHYSICIAN ONCOLOGIST	281,856					194.10
194.11	PERINATOLOGY	6,188					194.11
194.12	TRAUMA PHYSICIANS	123,563					194.12
194.13	LANDMARK HOSPITAL	397					194.13
194.14	GYN SURG ONCOLOGIST	20,748					194.14
194.15	CAPE GASTROENTEROLOGY	95,377					194.15
194.16	CAPE PHYSICIAN ASSOCIATES	811,128					194.16
194.17	NONPATIENT MEALS	107,986					194.17
194.18	BEAUTY SHOP	9,163					194.18
194.19	MARKETING COSTS	117,046					194.19
194.20	CAPE PRIMARY CARE	128,216					194.20
194.21	CAPE CARE FOR WOMEN	203,723					194.21
194.22	JACKSON FAMILY CLINIC	38,580					194.22
194.23	CAPE MEDICAL GROUP						194.23
194.24	CAPE ENT GROUP	68,403					194.24
194.25	CHARLESTON FAMILY CARE	26,654					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	11,126					194.29
194.30	JACKSON PHYSICIAN ASSOCIATES	773					194.30
194.31	PHYSICIANS PARK PRIMARY CARE	127,668					194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI	20,421					194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES	85,555					194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES	28,701					194.34
194.35	CAPE PEDIATRIC GROUP	14,053					194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS	8,127					194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE	39,423					194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES	17,005					194.39
194.40	KNIEBERT CLINIC	98,775					194.40
194.41	KNIEBERT PHARMACY	50,124					194.41
194.43	KNEIBERT LAB	11,533					194.43
194.44	PALLIATIVE CARE	15,115					194.44
194.45	CAPE ORTHO SURGEONS	854,622					194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC	11,265					194.46
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	41,684,578					202

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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	COMMUNI- CATIONS NUMBER OF PHONES	DATA PROCESSING WORK ORDER S	PURCHASING COSTED REQUISITIO	
		1	2	4	5.01	5.02	5.03	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	8,443,386						1
2	Cap Rel Costs-Mvble Equip		17,831,977					2
4	Employee Benefits Department	109,517	33,705	183,626,058				4
5.01	COMMUNICATIONS	6,338	273,377	218,469	2,509			5.01
5.02	DATA PROCESSING	150,520	7,824,132	6,715,222	143	23,173		5.02
5.03	PURCHASING	59,608	5,736	423,338	20	34	90,863,906	5.03
5.04	ADMITTING	11,651				380	15,365	5.04
5.05	CREDIT & COLLECTIONS	26,949	3,218	2,607,315	124	1,826	169,783	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	497,610	157,530	14,475,143	208	6,140	687,494	5.06
6	Maintenance & Repairs	327,102	137,540	2,262,218	48	105	1,016,503	6
7	Operation of Plant	1,049,149			6			7
7.10	SPD SOILED PROCESSING	74,970		215	1			7.10
8	Laundry & Linen Service	47,812	29,537	444,133	4	5	309,852	8
9	Housekeeping	53,213	32,003	1,239	19	1	41,697	9
10	Dietary	99,979	178,086	1,805,130	24	185	292,224	10
11	Cafeteria	78,465						11
12	Maintenance of Personnel							12
13	Nursing Administration	1,290	164,802	1,008,893	16	497	62,543	13
13.10	SPD STERILE PROCESSING	50,007	46,512	701,131	10	75	348,326	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	51,617	19,757	855,809	34	721	29,972	16
17	Social Service	2,524		322,214	7	22		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	1,491,357	501,297	15,698,520	441	882	1,048,034	30
31	Intensive Care Unit	205,390	332,319	5,130,795	64	298	729,422	31
31.01	NEONATOLOGY/NICU	132,984	228,778	2,339,388	34	127	287,518	31.01
41	Subprovider - IRF	163,659	25,378	1,225,116	46	81	43,149	41
43	Nursery	5,020	1,621	907,077		81	206,360	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	540,499	2,090,672	8,533,544	157	713	2,371,956	50
51	Recovery Room	27,640	18,164	810,401	17	24	23,930	51
52	Delivery Room & Labor Room			970,307		107	66,341	52
53	Anesthesiology	1,393	500	85,723	8	13	401,548	53
54	Radiology-Diagnostic	171,915	1,759,110	4,134,809	121	1,391	883,512	54
56	Radioisotope	22,574	65,169	269,884	10	28	170,330	56
57	CT Scan	16,204	375,138	446,868	5	5	533,720	57
58	MRI	7,573	430,411	246,436	3	17	301,064	58
59	Cardiac Catheterization	338,119	498,820	3,278,889	107	330	1,514,968	59
60	Laboratory	111,058	316,750	4,386,865	96	1,479	6,042,829	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	52,242	65,154	3,348,503	36	299	787,062	65
66	Physical Therapy	159,343	24,145	2,175,435	9	131	25,027	66
67	Occupational Therapy	22,123	3,740	914,832	12	12	18,921	67
68	Speech Pathology	12,247	2,673	698,254	8	53	12,171	68
69	Electrocardiology		338,497	1,191,493		583	752,410	69
70	Electroencephalography	30,473	113,340	1,110,112	56	526	138,829	70
71	Medical Supplies Charged to Patients	77,009	10,126	374,474	4	8	18,964,164	71
72	Impl. Dev. Charged to Patients	83,422	10,969	405,681	5	8	20,544,512	72
73	Drugs Charged to Patients	74,331	394,986	3,273,167	36	1,444	22,882,480	73
73.10	REHABILITATION SERVICES	477,316	676,679	3,798,236	116	958	494,196	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	148,014	3		4,095	90.10
90.20	GYN SURG ONCOLOGIST PBC		279	36,756	1		407	90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	2,856	2,701	284,106	2	60	19,329	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	498	77	33,854			3,059	90.40
90.60	CAPE NEUROSURGERY PBC	48	206	28,913		60	2,549	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	14,269	210	3,807	2	35	95	90.70
91	Emergency	332,102	306,800	6,073,259	116	490	805,038	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
97	Durable Medical Equip-Sold				1			97
101	Home Health Agency	24,275	4,338	1,036,137	16	43	86,695	101

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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	COMMUNI- CATIONS NUMBER OF PHONES	DATA PROCESSING WORK ORDER S	PURCHASING COSTED REQUISITIO	
		1	2	4	5.01	5.02	5.03	
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	42,058		574,342		17	21,985	116
118	SUBTOTALS (sum of lines 1-117)	7,343,047	17,506,222	105,814,466	2,196	20,294	83,161,464	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	18,839			4			190
194	FITNESS CENTER	405,949	41,022	1,392,318	33	51	155,009	194
194.01	RETAIL PHARMACY	24,721	19,352	835,089	19	759	4,793,496	194.01
194.02	GARDEN VIEW DELI	26,582	3,342			1		194.02
194.03	MEDICAL OFFICE BLDG		422					194.03
194.04	PHYSICIAN SERVICES	37,406	1,888	4,027,814	19	146	35,845	194.04
194.05	ENDOCRINOLOGIST		10,959	563,919	20	53	191,244	194.05
194.06	HOSPITALIST	7,573	14,059	12,509,430	9	236	740,108	194.06
194.07	NEONATOLOGY PHYSICIANS	9,307	180	1,940,876	5	19	10,375	194.07
194.08	ANESTHESIOLOGISTS	5,844		4,209,555		26	1,156	194.08
194.09	PHYSICIAN CARDIOLOGIST	77,589	55,709	7,990,255	58	248	102,405	194.09
194.10	PHYSICIAN ONCOLOGIST	60,835	4,896	2,737,274	34	65	7,586	194.10
194.11	PERINATOLOGY			43		16		194.11
194.12	TRAUMA PHYSICIANS	20,649	3,530	1,686,947	9	57	2,356	194.12
194.13	LANDMARK HOSPITAL			8,799				194.13
194.14	GYN SURG ONCOLOGIST		3,850	858,714	11	8	1,631	194.14
194.15	CAPE GASTROENTEROLOGY		2,936	3,730,450	21	93	60,527	194.15
194.16	CAPE PHYSICIAN ASSOCIATES	175,986	12,450	3,213,526	70	318	537,335	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP	1,016			1			194.18
194.19	MARKETING COSTS			3,285,721				194.19
194.20	CAPE PRIMARY CARE		62,455	1,302,864		90	32,150	194.20
194.21	CAPE CARE FOR WOMEN		50,758	4,938,575		209	335,972	194.21
194.22	JACKSON FAMILY CLINIC		6,431	906,042		45	177,378	194.22
194.23	CAPE MEDICAL GROUP							194.23
194.24	CAPE ENT GROUP		20,030	1,989,174		39	161,506	194.24
194.25	CHARLESTON FAMILY CARE		11,486	438,493		19	79,633	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			227,349		19	5,403	194.29
194.30	JACKSON PHYSICIAN ASSOCIATES					2		194.30
194.31	PHYSICIANS PARK PRIMARY CARE			1,318,272		131	38,905	194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI			594,311		17		194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES			2,500,705		122	43,649	194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES			1,794,141			62,285	194.34
194.35	CAPE PEDIATRIC GROUP			762,228			41,120	194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS			578,645				194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE			1,034,154		62	32,231	194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES			396,663				194.39
194.40	KNIEBERT CLINIC			6,592,525				194.40
194.41	KNIEBERT PHARMACY			449,522				194.41
194.43	KNEIBERT LAB			351,570		11	26,425	194.43
194.44	PALLIATIVE CARE	1,199		245,716		17	481	194.44
194.45	CAPE ORTHO SURGEONS	226,844		1,891,580				194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC			508,333			26,231	194.46
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	22,850,430	18,834,148	7,779,133	831,353	26,971,574	1,651,895	202
203	Unit Cost Multiplier (Wkst. B, Part I)	2.706311	1.056201	0.042364	331.348346	1,163.922410	0.018180	203
204	Cost to be allocated (Per Wkst. B, Part II)			331,986	306,289	8,700,802	183,349	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.001808	122.076126	375.471540	0.002018	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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COST ALLOCATION - STATISTICAL BASIS**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	ADMITTING GROSS REVENUE	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	5A.06	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							5.03
5.04	ADMITTING	1,903,766,183						5.04
5.05	CREDIT & COLLECTIONS		1,903,766,183					5.05
5.06	OTHER ADMINISTRATIVE & GENERAL			-53,526,166	406,637,205			5.06
6	Maintenance & Repairs				9,041,338	7,254,091		6
7	Operation of Plant				2,841,311	1,049,149	6,204,942	7
7.10	SPD SOILED PROCESSING				203,232	74,970	74,970	7.10
8	Laundry & Linen Service				1,246,367	47,812	47,812	8
9	Housekeeping				4,117,580	53,213	53,213	9
10	Dietary				3,061,882	99,979	99,979	10
11	Cafeteria				212,351	78,465	78,465	11
12	Maintenance of Personnel							12
13	Nursing Administration				2,093,786	1,290	1,290	13
13.10	SPD STERILE PROCESSING				1,587,094	50,007	50,007	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library				3,640,059	51,617	51,617	16
17	Social Service				453,921	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	105,716,550	105,716,550		28,105,669	1,491,357	1,491,357	30
31	Intensive Care Unit	49,487,207	49,487,207		8,962,619	205,390	205,390	31
31.01	NEONATOLOGY/NICU	34,016,910	34,016,910		4,464,713	132,984	132,984	31.01
41	Subprovider - IRF	5,806,716	5,806,716		2,327,602	163,659	163,659	41
43	Nursery	8,604,553	8,604,553		1,547,662	5,020	5,020	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	119,565,698	119,565,698		19,583,661	540,499	540,499	50
51	Recovery Room	19,206,746	19,206,746		1,316,642	27,640	27,640	51
52	Delivery Room & Labor Room	12,793,347	12,793,347		1,525,054			52
53	Anesthesiology	61,897,476	61,897,476		906,350	1,393	1,393	53
54	Radiology-Diagnostic	89,673,235	89,673,235		11,418,764	171,915	171,915	54
56	Radioisotope	15,024,717	15,024,717		767,830	22,574	22,574	56
57	CT Scan	125,919,197	125,919,197		2,237,847	16,204	16,204	57
58	MRI	29,081,421	29,081,421		1,296,553	7,573	7,573	58
59	Cardiac Catheterization	76,854,190	76,854,190		8,199,599	338,119	338,119	59
60	Laboratory	235,521,198	235,521,198		17,395,915	111,058	111,058	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	112,554,426	112,554,426		6,486,945	52,242	52,242	65
66	Physical Therapy	17,326,579	17,326,579		3,747,949	159,343	159,343	66
67	Occupational Therapy	8,553,567	8,553,567		1,334,386	22,123	22,123	67
68	Speech Pathology	7,204,796	7,204,796		1,060,987	12,247	12,247	68
69	Electrocardiology	34,600,779	34,600,779		3,567,885			69
70	Electroencephalography	9,880,379	9,880,379		2,513,857	30,473	30,473	70
71	Medical Supplies Charged to Patients	192,565,618	192,565,618		22,483,796	77,009	77,009	71
72	Impl. Dev. Charged to Patients	193,337,424	193,337,424		21,599,550	83,422	83,422	72
73	Drugs Charged to Patients	165,059,291	165,059,291		30,705,068	74,331	74,331	73
73.10	REHABILITATION SERVICES	39,475,875	39,475,875		10,028,403	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	2,477,267	2,477,267		312,410	4,729	4,729	90.10
90.20	GYN SURG ONCOLOGIST PBC	296,725	296,725		59,987			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	4,155,087	4,155,087		621,039	2,856	2,856	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	662,025	662,025		83,556	498	498	90.40
90.60	CAPE NEUROSURGERY PBC	616,421	616,421		152,356	48	48	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	331,945	331,945		89,554	14,269	14,269	90.70
91	Emergency	116,352,713	116,352,713		11,489,638	332,102	332,102	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	392,156	392,156		265,927			95
97	Durable Medical Equip-Sold				331			97
101	Home Health Agency	2,753,635	2,753,635		1,593,229	24,275	24,275	101

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	ADMITTING GROSS REVENUE	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	5A.06	5.06	6	7	
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	6,000,314	6,000,314		1,287,311	42,058	42,058	116
118	SUBTOTALS (sum of lines 1-117)	1,903,766,183	1,903,766,183	-53,526,166	258,039,565	6,153,752	5,104,603	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				52,309	18,839	18,839	190
194	FITNESS CENTER				3,456,391	405,949	405,949	194
194.01	RETAIL PHARMACY				6,928,892	24,721	24,721	194.01
194.02	GARDEN VIEW DELI				76,633	26,582	26,582	194.02
194.03	MEDICAL OFFICE BLDG				446			194.03
194.04	PHYSICIAN SERVICES				5,067,950	37,406	37,406	194.04
194.05	ENDOCRINOLOGIST				984,657			194.05
194.06	HOSPITALIST				19,496,850	7,573	7,573	194.06
194.07	NEONATOLOGY PHYSICIANS				2,293,471	9,307	9,307	194.07
194.08	ANESTHESIOLOGISTS				13,013,963	5,844	5,844	194.08
194.09	PHYSICIAN CARDIOLOGIST				10,066,745	77,589	77,589	194.09
194.10	PHYSICIAN ONCOLOGIST				3,362,458	60,835	60,835	194.10
194.11	PERINATOLOGY				18,705			194.11
194.12	TRAUMA PHYSICIANS				2,288,850	20,649	20,649	194.12
194.13	LANDMARK HOSPITAL				16,667			194.13
194.14	GYN SURG ONCOLOGIST				1,000,239			194.14
194.15	CAPE GASTROENTEROLOGY				4,542,331			194.15
194.16	CAPE PHYSICIAN ASSOCIATES				5,514,579	175,986	175,986	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP				3,081	1,016	1,016	194.18
194.19	MARKETING COSTS				11,669,451			194.19
194.20	CAPE PRIMARY CARE				2,141,840			194.20
194.21	CAPE CARE FOR WOMEN				6,515,174			194.21
194.22	JACKSON FAMILY CLINIC				1,354,459			194.22
194.23	CAPE MEDICAL GROUP							194.23
194.24	CAPE ENT GROUP				2,584,964			194.24
194.25	CHARLESTON FAMILY CARE				675,762			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				374,933			194.29
194.30	JACKSON PHYSICIAN ASSOCIATES				2,328			194.30
194.31	PHYSICIANS PARK PRIMARY CARE				7,984,356			194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI				1,361,482			194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES				3,690,570			194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES				2,660,564			194.34
194.35	CAPE PEDIATRIC GROUP				1,322,510			194.35
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS				743,722			194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE				1,492,354			194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES				1,710,781			194.39
194.40	KNIEBERT CLINIC				9,122,548			194.40
194.41	KNIEBERT PHARMACY				5,179,167			194.41
194.43	KNEIBERT LAB				705,193			194.43
194.44	PALLIATIVE CARE				343,097	1,199	1,199	194.44
194.45	CAPE ORTHO SURGEONS				7,696,128	226,844	226,844	194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC				1,081,040			194.46
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,974,717	8,893,867		53,526,166	10,231,458	4,695,078	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.001037	0.004672		0.131631	1.410440	0.756668	203
204	Cost to be allocated (Per Wkst. B, Part II)	174,241	782,136		3,871,417	1,168,019	3,036,036	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000092	0.000411		0.009521	0.161015	0.489293	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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COST ALLOCATION - STATISTICAL BASIS
WORKSHEET B-1

	COST CENTER DESCRIPTIONS	SPD SOILED PROCESSING HOURS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA HOURS	NURSING ADMINIS- TRATION HOURS OF SERVICE	
		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	100						7.10
8	Laundry & Linen Service	100	1,522,599					8
9	Housekeeping		50,201	6,028,947				9
10	Dietary		26,963	99,979	362,025			10
11	Cafeteria			78,465	139,684	3,097,368		11
12	Maintenance of Personnel							12
13	Nursing Administration			1,290		25,724	1,403,931	13
13.10	SPD STERILE PROCESSING		61,601	50,007		40,661		13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library			51,617		43,755		16
17	Social Service			2,524		10,543		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		604,144	1,491,357	132,132	549,598	549,965	30
31	Intensive Care Unit		95,791	205,390	17,847	155,891	155,844	31
31.01	NEONATOLOGY/NICU		23,909	132,984		73,891	73,865	31.01
41	Subprovider - IRF		36,186	163,659	11,442	40,500	40,572	41
43	Nursery		15,978	5,020		29,047		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		140,536	540,499		246,753		50
51	Recovery Room		32,030	27,640		27,800		51
52	Delivery Room & Labor Room					32,582	32,588	52
53	Anesthesiology			1,393		4,860		53
54	Radiology-Diagnostic		29,035	171,915		105,833		54
56	Radioisotope		1,844	22,574		7,167		56
57	CT Scan		22,339	16,204		14,527		57
58	MRI		10,295	7,573		8,927		58
59	Cardiac Catheterization		22,478	338,119		68,330		59
60	Laboratory		667	111,058		184,242	184,324	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		6,614	52,242		119,116		65
66	Physical Therapy		2,817	159,343		67,136		66
67	Occupational Therapy			22,123		26,598		67
68	Speech Pathology			12,247		18,481		68
69	Electrocardiology		24,605			35,929		69
70	Electroencephalography		3,962	30,473		33,605	33,620	70
71	Medical Supplies Charged to Patients		1,645	77,009		21,477		71
72	Impl. Dev. Charged to Patients		1,782	83,422		23,266		72
73	Drugs Charged to Patients		1,416	74,331		74,365		73
73.10	REHABILITATION SERVICES		54,586	477,316		133,964	134,051	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					382		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC		20	2,856		381		90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC		125	498		320		90.40
90.60	CAPE NEUROSURGERY PBC			48		530		90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC			14,269		400		90.70
91	Emergency		225,318	332,102		199,175	199,102	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			24,275		27,525		101

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	SPD SOILED PROCESSING HOURS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA HOURS	NURSING ADMINIS- TRATION HOURS OF SERVICE	
		7.10	8	9	10	11	13	
	SPECIAL PURPOSE COST CENTERS							
116	Hospice			42,058		18,080		116
118	SUBTOTALS (sum of lines 1-117)	100	1,496,887	4,928,608	301,105	2,473,454	1,403,931	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen			18,839				190
194	FITNESS CENTER			405,949		80,611		194
194.01	RETAIL PHARMACY			24,721		16,974		194.01
194.02	GARDEN VIEW DELI			26,582		93		194.02
194.03	MEDICAL OFFICE BLDG							194.03
194.04	PHYSICIAN SERVICES		6,853	37,406		21,322		194.04
194.05	ENDOCRINOLOGIST					13,248		194.05
194.06	HOSPITALIST			7,573		102,183		194.06
194.07	NEONATOLOGY PHYSICIANS			9,307		14,929		194.07
194.08	ANESTHESIOLOGISTS			5,844		41,406		194.08
194.09	PHYSICIAN CARDIOLOGIST		793	77,589		82,564		194.09
194.10	PHYSICIAN ONCOLOGIST			60,835		25,372		194.10
194.11	PERINATOLOGY					10		194.11
194.12	TRAUMA PHYSICIANS			20,649		13,508		194.12
194.13	LANDMARK HOSPITAL					1,330		194.13
194.14	GYN SURG ONCOLOGIST					7,531		194.14
194.15	CAPE GASTROENTEROLOGY					28,050		194.15
194.16	CAPE PHYSICIAN ASSOCIATES			175,986		72,245		194.16
194.17	NONPATIENT MEALS				60,920			194.17
194.18	BEAUTY SHOP		18,066	1,016		515		194.18
194.19	MARKETING COSTS							194.19
194.20	CAPE PRIMARY CARE					33,857		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					24,415		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			1,199		5,643		194.44
194.45	CAPE ORTHO SURGEONS			226,844		38,108		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)	392,452	1,906,494	4,837,758	3,795,572	1,937,794	2,389,317	202
203	Unit Cost Multiplier (Wkst. B, Part I)	3,924.520000	1.252131	0.802422	10.484281	0.625626	1.701876	203
204	Cost to be allocated (Per Wkst. B, Part II)	253,702	461,045	269,602	641,719	516,509	393,189	204
205	Unit Cost Multiplier (Wkst. B, Part II)	2,537.020000	0.302801	0.044718	1.772582	0.166757	0.280063	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	SPD STERILE PROCESSING SURVEY	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE PATIENT CASES				
		13.10	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	157,519						13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		10,000					16
17	Social Service			3,440				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		4,267	2,112				30
31	Intensive Care Unit	48	347	320				31
31.01	NEONATOLOGY/NICU	908	342	231				31.01
41	Subprovider - IRF		58	277				41
43	Nursery	3,000	181	89				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	131,158	666	90				50
51	Recovery Room		132					51
52	Delivery Room & Labor Room		113	128				52
53	Anesthesiology							53
54	Radiology-Diagnostic	7,396	909					54
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization	473	421					59
60	Laboratory	2,088						60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	4,123						65
66	Physical Therapy		93					66
67	Occupational Therapy							67
68	Speech Pathology	62						68
69	Electrocardiology		224					69
70	Electroencephalography		64					70
71	Medical Supplies Charged to Patients	3,793						71
72	Impl. Dev. Charged to Patients	4,109						72
73	Drugs Charged to Patients							73
73.10	REHABILITATION SERVICES	74	481					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
90.70	CAPE PHYSICIAN ASSOCIATES PBC							90.70
91	Emergency	287	1,702	193				91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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COST ALLOCATION - STATISTICAL BASIS**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	SPD STERIL E PROCESSI NG SURVEY	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE PATIENT CA SES			
		13.10	16	17			
97	Durable Medical Equip-Sold						97
101	Home Health Agency						101
	SPECIAL PURPOSE COST CENTERS						
116	Hospice						116
118	SUBTOTALS (sum of lines 1-117)	157,519	10,000	3,440			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	Cost to be allocated (Per Wkst. B, Part I)	2,047,075	4,299,857	527,762			202
203	Unit Cost Multiplier (Wkst. B, Part I)	12.995734	429.985700	153.419186			203
204	Cost to be allocated (Per Wkst. B, Part II)	291,113	514,860	24,363			204
205	Unit Cost Multiplier (Wkst. B, Part II)	1.848114	51.486000	7.082267			205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)						206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)						207

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

		WORKSHEET			
	DESCRIPTION	CODE	LINE NO.	AMOUNT	
	1	2	3	4	

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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COMPUTATION OF RATIO OF COST TO CHARGES
**WORKSHEET C
PART I**

				COSTS			
	COST CENTER DESCRIPTIONS	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	41,814,231		41,814,231		41,814,231	30
31	Intensive Care Unit	11,621,024		11,621,024		11,621,024	31
31.01	NEONATOLOGY/NICU	5,843,477		5,843,477		5,843,477	31.01
41	Subprovider - IRF	3,447,072		3,447,072		3,447,072	41
43	Nursery	1,934,936		1,934,936		1,934,936	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	26,101,522		26,101,522		26,101,522	50
51	Recovery Room	1,686,287		1,686,287		1,686,287	51
52	Delivery Room & Labor Room	1,869,869		1,869,869		1,869,869	52
53	Anesthesiology	1,032,832		1,032,832		1,032,832	53
54	Radiology-Diagnostic	14,021,875		14,021,875		14,021,875	54
56	Radioisotope	942,727		942,727		942,727	56
57	CT Scan	2,617,594		2,617,594		2,617,594	57
58	MRI	1,508,184		1,508,184		1,508,184	58
59	Cardiac Catheterization	10,541,040		10,541,040		10,541,040	59
60	Laboratory	20,472,481		20,472,481		20,472,481	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	7,632,347		7,632,347		7,632,347	65
66	Physical Therapy	4,799,987		4,799,987		4,799,987	66
67	Occupational Therapy	1,592,368		1,592,368		1,592,368	67
68	Speech Pathology	1,249,382		1,249,382		1,249,382	68
69	Electrocardiology	4,187,133		4,187,133		4,187,133	69
70	Electroencephalography	3,045,970		3,045,970		3,045,970	70
71	Medical Supplies Charged to Patients	25,736,832		25,736,832		25,736,832	71
72	Impl. Dev. Charged to Patients	24,760,631		24,760,631		24,760,631	72
73	Drugs Charged to Patients	35,015,933		35,015,933		35,015,933	73
73.10	REHABILITATION SERVICES	13,353,940		13,353,940		13,353,940	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	368,885		368,885		368,885	90.10
90.20	GYN SURG ONCOLOGIST PBC	68,122		68,122		68,122	90.20
90.30	PHYSICIAN RADIOLOGIST PBC	711,531		711,531		711,531	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	96,391		96,391		96,391	90.40
90.60	CAPE NEUROSURGERY PBC	172,886		172,886		172,886	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	143,965		143,965		143,965	90.70
91	Emergency	15,498,978		15,498,978	24,563	15,523,541	91
92	Observation Beds (Non-Distinct Part)	6,712,899		6,712,899		6,712,899	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	300,931		300,931		300,931	95
97	Durable Medical Equip-Sold	375		375		375	97
101	Home Health Agency	1,892,252		1,892,252		1,892,252	101
113	Interest Expense						113
116	Hospice	1,592,964		1,592,964		1,592,964	116
200	Subtotal (sum of lines 30 thru 199)	294,389,853		294,389,853	24,563	294,414,416	200
201	Less Observation Beds	6,712,899		6,712,899		6,712,899	201
202	Total (line 200 minus line 201)	287,676,954		287,676,954		287,701,517	202

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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COMPUTATION OF RATIO OF COST TO CHARGES
**WORKSHEET C
PART I**

		CHARGES						
	COST CENTER DESCRIPTIONS	Inpatient	Outpatient	Total (column 6 + column 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	91,510,870		91,510,870				30
31	Intensive Care Unit	49,487,207		49,487,207				31
31.01	NEONATOLOGY/NICU	34,016,910		34,016,910				31.01
41	Subprovider - IRF	5,806,716		5,806,716				41
43	Nursery	8,604,553		8,604,553				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	49,716,888	69,848,810	119,565,698	0.218303	0.218303	0.218303	50
51	Recovery Room	7,777,705	11,429,041	19,206,746	0.087797	0.087797	0.087797	51
52	Delivery Room & Labor Room	10,979,855	1,813,492	12,793,347	0.146159	0.146159	0.146159	52
53	Anesthesiology	37,943,640	23,953,836	61,897,476	0.016686	0.016686	0.016686	53
54	Radiology-Diagnostic	20,575,615	69,097,620	89,673,235	0.156366	0.156366	0.156366	54
56	Radioisotope	2,099,965	12,924,752	15,024,717	0.062745	0.062745	0.062745	56
57	CT Scan	35,705,150	90,214,047	125,919,197	0.020788	0.020788	0.020788	57
58	MRI	6,843,130	22,238,291	29,081,421	0.051861	0.051861	0.051861	58
59	Cardiac Catheterization	31,259,789	45,594,401	76,854,190	0.137156	0.137156	0.137156	59
60	Laboratory	84,771,292	150,749,906	235,521,198	0.086924	0.086924	0.086924	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	99,993,075	12,561,351	112,554,426	0.067810	0.067810	0.067810	65
66	Physical Therapy	8,274,208	9,052,371	17,326,579	0.277030	0.277030	0.277030	66
67	Occupational Therapy	7,103,067	1,450,500	8,553,567	0.186164	0.186164	0.186164	67
68	Speech Pathology	5,465,579	1,739,217	7,204,796	0.173410	0.173410	0.173410	68
69	Electrocardiology	12,025,079	22,575,700	34,600,779	0.121013	0.121013	0.121013	69
70	Electroencephalography	3,024,644	6,855,735	9,880,379	0.308285	0.308285	0.308285	70
71	Medical Supplies Charged to Patients	103,695,363	88,870,255	192,565,618	0.133652	0.133652	0.133652	71
72	Impl. Dev. Charged to Patients	104,110,976	89,226,448	193,337,424	0.128070	0.128070	0.128070	72
73	Drugs Charged to Patients	94,115,067	70,944,224	165,059,291	0.212142	0.212142	0.212142	73
73.10	REHABILITATION SERVICES	1,919,019	37,556,856	39,475,875	0.338281	0.338281	0.338281	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	4,827	2,472,440	2,477,267	0.148908	0.148908	0.148908	90.10
90.20	GYN SURG ONCOLOGIST PBC	325	296,400	296,725	0.229580	0.229580	0.229580	90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	42,975	4,112,112	4,155,087	0.171243	0.171243	0.171243	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	9,036	652,989	662,025	0.145600	0.145600	0.145600	90.40
90.60	CAPE NEUROSURGERY PBC	325	616,096	616,421	0.280467	0.280467	0.280467	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	975	330,970	331,945	0.433701	0.433701	0.433701	90.70
91	Emergency	31,489,592	84,863,121	116,352,713	0.133207	0.133207	0.133418	91
92	Observation Beds (Non-Distinct Part)	2,477,864	11,727,816	14,205,680	0.472550	0.472550	0.472550	92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	243,446	148,710	392,156	0.767376	0.767376	0.767376	95
97	Durable Medical Equip-Sold							97
101	Home Health Agency		2,753,635	2,753,635				101
113	Interest Expense							113
116	Hospice		6,000,314	6,000,314				116
200	Subtotal (sum of lines 30 thru 199)	951,094,727	952,671,456	1,903,766,183				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	951,094,727	952,671,456	1,903,766,183				202

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

		Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjust- ment	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)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	7,235,821		7,235,821	45,110	160.40	19,134	3,069,094	30
31	Intensive Care Unit	1,440,778		1,440,778	5,949	242.19	3,818	924,681	31
31.01	NEONATOLOGY/NICU	871,396		871,396	5,736	151.92			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	701,181		701,181	3,814	183.84	2,083	382,939	41
42	Subprovider I								42
43	Nursery	95,493		95,493	1,683	56.74			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	10,344,669		10,344,669	62,292		25,035	4,376,714	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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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

		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)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,961,302	119,565,698	0.041494	30,960,620	1,284,680	50
51	Recovery Room	169,124	19,206,746	0.008805	4,411,253	38,841	51
52	Delivery Room & Labor Room	84,303	12,793,347	0.006590	35,721	235	52
53	Anesthesiology	52,663	61,897,476	0.000851	5,373,337	4,573	53
54	Radiology-Diagnostic	3,229,760	89,673,235	0.036017	10,922,325	393,389	54
56	Radioisotope	174,800	15,024,717	0.011634	1,786,582	20,785	56
57	CT Scan	549,540	125,919,197	0.004364	18,539,554	80,907	57
58	MRI	519,739	29,081,421	0.017872	3,455,263	61,752	58
59	Cardiac Catheterization	1,980,340	76,854,190	0.025767	19,561,138	504,032	59
60	Laboratory	1,668,746	235,521,198	0.007085	47,938,465	339,644	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	518,675	112,554,426	0.004608	42,750,214	196,993	65
66	Physical Therapy	682,987	17,326,579	0.039418	3,416,567	134,674	66
67	Occupational Therapy	108,304	8,553,567	0.012662	2,281,852	28,893	67
68	Speech Pathology	83,566	7,204,796	0.011599	1,797,134	20,845	68
69	Electrocardiology	656,441	34,600,779	0.018972	2,134,827	40,502	69
70	Electroencephalography	478,399	9,880,379	0.048419	1,272,834	61,629	70
71	Medical Supplies Charged to Pat	637,085	192,565,618	0.003308	54,391,042	179,926	71
72	Impl. Dev. Charged to Patients	656,049	193,337,424	0.003393	59,604,110	202,237	72
73	Drugs Charged to Patients	1,656,688	165,059,291	0.010037	59,830,427	600,518	73
73.10	REHABILITATION SERVICES	2,936,599	39,475,875	0.074390	15,560	1,158	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	22,605	2,477,267	0.009125			90.10
90.20	GYN SURG ONCOLOGIST PBC	1,268	296,725	0.004273			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	43,965	4,155,087	0.010581			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	3,062	662,025	0.004625			90.40
90.60	CAPE NEUROSURGERY PBC	24,815	616,421	0.040257			90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	63,236	331,945	0.190501			90.70
91	Emergency	2,079,025	116,352,713	0.017868	6,566,088	117,323	91
92	Observation Beds (Non-Distinct	1,161,647	14,205,680	0.081773	2,177,252	178,040	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
97	Durable Medical Equip-Sold	125					97
200	Total (sum of lines 50-199)	25,204,858	1,705,193,822		379,222,165	4,491,576	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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**WORKSHEET D
PART III**

Check ☐ Title V
Applicable ☒ Title XVIII, Part A
Boxes: ☐ Title XIX

☒ PPS
☐ TEFRA
☐ Other

		Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjust- ment Amount (see instruct- ions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1A	1	2A	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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

Check
Applicable
Boxes:

☐ Title V
☒ Title XVIII, Part A
☐ Title XIX

☒ PPS
☐ TEFRA
☐ 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)	45,110		19,134		30
31	Intensive Care Unit	5,949		3,818		31
31.01	NEONATOLOGY/NICU	5,736				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	3,814		2,083		41
42	Subprovider I					42
43	Nursery	1,683				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	62,292		25,035		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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	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)	
(A)	Cost Center Description	1	2A	2	3A	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
90.70	CAPE PHYSICIAN ASSOCIATES PBC									90.70
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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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

		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)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	119,565,698			30,960,620		30,557,602		50
51	Recovery Room	19,206,746			4,411,253		8,176,521		51
52	Delivery Room & Labor Room	12,793,347			35,721				52
53	Anesthesiology	61,897,476			5,373,337		6,312,635		53
54	Radiology-Diagnostic	89,673,235			10,922,325		17,500,465		54
56	Radioisotope	15,024,717			1,786,582		10,886,738		56
57	CT Scan	125,919,197			18,539,554		54,350,268		57
58	MRI	29,081,421			3,455,263		10,105,353		58
59	Cardiac Catheterization	76,854,190			19,561,138		31,006,638		59
60	Laboratory	235,521,198			47,938,465		33,039,872		60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	112,554,426			42,750,214		5,957,097		65
66	Physical Therapy	17,326,579			3,416,567		358,639		66
67	Occupational Therapy	8,553,567			2,281,852		44,749		67
68	Speech Pathology	7,204,796			1,797,134		140,043		68
69	Electrocardiology	34,600,779			2,134,827		3,572,124		69
70	Electroencephalography	9,880,379			1,272,834		1,902,841		70
71	Medical Supplies Charged to Pat	192,565,618			54,391,042		39,792,284		71
72	Impl. Dev. Charged to Patients	193,337,424			59,604,110		34,091,874		72
73	Drugs Charged to Patients	165,059,291			59,830,427		49,880,749		73
73.10	REHABILITATION SERVICES	39,475,875			15,560		5,012,750		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	2,477,267					1,804,038		90.10
90.20	GYN SURG ONCOLOGIST PBC	296,725					221,975		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	4,155,087					3,136,053		90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	662,025					473,850		90.40
90.60	CAPE NEUROSURGERY PBC	616,421					316,803		90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	331,945					248,435		90.70
91	Emergency	116,352,713			6,566,088		22,523,814		91
92	Observation Beds (Non-Distinct	14,205,680			2,177,252		6,269,414		92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
97	Durable Medical Equip-Sold								97
200	Total (sum of lines 50-199)	1,705,193,822			379,222,165		377,683,624		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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.218303	30,557,602			6,670,816			50
51	Recovery Room	0.087797	8,176,521			717,874			51
52	Delivery Room & Labor Room	0.146159							52
53	Anesthesiology	0.016686	6,312,635			105,333			53
54	Radiology-Diagnostic	0.156366	17,500,465			2,736,478			54
56	Radioisotope	0.062745	10,886,738			683,088			56
57	CT Scan	0.020788	54,350,268			1,129,833			57
58	MRI	0.051861	10,105,353			524,074			58
59	Cardiac Catheterization	0.137156	31,006,638			4,252,746			59
60	Laboratory	0.086924	33,039,872			2,871,958			60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.067810	5,957,097			403,951			65
66	Physical Therapy	0.277030	358,639			99,354			66
67	Occupational Therapy	0.186164	44,749			8,331			67
68	Speech Pathology	0.173410	140,043			24,285			68
69	Electrocardiology	0.121013	3,572,124			432,273			69
70	Electroencephalography	0.308285	1,902,841			586,617			70
71	Medical Supplies Charged to Pat	0.133652	39,792,284			5,318,318			71
72	Impl. Dev. Charged to Patients	0.128070	34,091,874			4,366,146			72
73	Drugs Charged to Patients	0.212142	49,880,749		204,021	10,581,802		43,281	73
73.10	REHABILITATION SERVICES	0.338281	5,012,750			1,695,718			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	0.148908	1,804,038			268,636			90.10
90.20	GYN SURG ONCOLOGIST PBC	0.229580	221,975			50,961			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	0.171243	3,136,053			537,027			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	0.145600	473,850			68,993			90.40
90.60	CAPE NEUROSURGERY PBC	0.280467	316,803			88,853			90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	0.433701	248,435			107,747			90.70
91	Emergency	0.133207	22,523,814			3,000,330			91
92	Observation Beds (Non-Distinct	0.472550	6,269,414			2,962,612			92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	0.767376							95
97	Durable Medical Equip-Sold								97
200	Subtotal (see instructions)		377,683,624		204,021	50,294,154		43,281	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		377,683,624		204,021	50,294,154		43,281	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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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) ☒ PPS
Applicable ☒ Title XVIII, Part A ☐ IPF ☐ TEFRA
Boxes: ☐ Title XIX ☒ IRF

		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)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,961,302	119,565,698	0.041494	5,465	227	50
51	Recovery Room	169,124	19,206,746	0.008805	1,374	12	51
52	Delivery Room & Labor Room	84,303	12,793,347	0.006590			52
53	Anesthesiology	52,663	61,897,476	0.000851	1,041	1	53
54	Radiology-Diagnostic	3,229,760	89,673,235	0.036017	97,631	3,516	54
56	Radioisotope	174,800	15,024,717	0.011634			56
57	CT Scan	549,540	125,919,197	0.004364	73,602	321	57
58	MRI	519,739	29,081,421	0.017872	18,632	333	58
59	Cardiac Catheterization	1,980,340	76,854,190	0.025767	4,967	128	59
60	Laboratory	1,668,746	235,521,198	0.007085	525,209	3,721	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	518,675	112,554,426	0.004608	984,389	4,536	65
66	Physical Therapy	682,987	17,326,579	0.039418	1,334,309	52,596	66
67	Occupational Therapy	108,304	8,553,567	0.012662	1,358,569	17,202	67
68	Speech Pathology	83,566	7,204,796	0.011599	755,788	8,766	68
69	Electrocardiology	656,441	34,600,779	0.018972	8,442	160	69
70	Electroencephalography	478,399	9,880,379	0.048419			70
71	Medical Supplies Charged to Pat	637,085	192,565,618	0.003308	238,481	789	71
72	Impl. Dev. Charged to Patients	656,049	193,337,424	0.003393	279	1	72
73	Drugs Charged to Patients	1,656,688	165,059,291	0.010037	1,642,135	16,482	73
73.10	REHABILITATION SERVICES	2,936,599	39,475,875	0.074390	211,261	15,716	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	22,605	2,477,267	0.009125			90.10
90.20	GYN SURG ONCOLOGIST PBC	1,268	296,725	0.004273			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	43,965	4,155,087	0.010581			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	3,062	662,025	0.004625			90.40
90.60	CAPE NEUROSURGERY PBC	24,815	616,421	0.040257			90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	63,236	331,945	0.190501			90.70
91	Emergency	2,079,025	116,352,713	0.017868	1,352	24	91
92	Observation Beds (Non-Distinct		14,205,680				92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
97	Durable Medical Equip-Sold	125					97
200	Total (sum of lines 50-199)	24,043,211	1,705,193,822		7,262,926	124,531	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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	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)	
(A)	Cost Center Description	1	2A	2	3A	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
90.70	CAPE PHYSICIAN ASSOCIATES PBC									90.70
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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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

		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)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	119,565,698			5,465				50
51	Recovery Room	19,206,746			1,374				51
52	Delivery Room & Labor Room	12,793,347							52
53	Anesthesiology	61,897,476			1,041				53
54	Radiology-Diagnostic	89,673,235			97,631				54
56	Radioisotope	15,024,717							56
57	CT Scan	125,919,197			73,602				57
58	MRI	29,081,421			18,632				58
59	Cardiac Catheterization	76,854,190			4,967				59
60	Laboratory	235,521,198			525,209				60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	112,554,426			984,389				65
66	Physical Therapy	17,326,579			1,334,309				66
67	Occupational Therapy	8,553,567			1,358,569				67
68	Speech Pathology	7,204,796			755,788				68
69	Electrocardiology	34,600,779			8,442				69
70	Electroencephalography	9,880,379							70
71	Medical Supplies Charged to Pat	192,565,618			238,481				71
72	Impl. Dev. Charged to Patients	193,337,424			279				72
73	Drugs Charged to Patients	165,059,291			1,642,135				73
73.10	REHABILITATION SERVICES	39,475,875			211,261				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	2,477,267							90.10
90.20	GYN SURG ONCOLOGIST PBC	296,725							90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	4,155,087							90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	662,025							90.40
90.60	CAPE NEUROSURGERY PBC	616,421							90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	331,945							90.70
91	Emergency	116,352,713			1,352				91
92	Observation Beds (Non-Distinct	14,205,680							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
97	Durable Medical Equip-Sold								97
200	Total (sum of lines 50-199)	1,705,193,822			7,262,926				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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.218303							50
51	Recovery Room	0.087797							51
52	Delivery Room & Labor Room	0.146159							52
53	Anesthesiology	0.016686							53
54	Radiology-Diagnostic	0.156366							54
56	Radioisotope	0.062745							56
57	CT Scan	0.020788							57
58	MRI	0.051861							58
59	Cardiac Catheterization	0.137156							59
60	Laboratory	0.086924							60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.067810							65
66	Physical Therapy	0.277030							66
67	Occupational Therapy	0.186164							67
68	Speech Pathology	0.173410							68
69	Electrocardiology	0.121013							69
70	Electroencephalography	0.308285							70
71	Medical Supplies Charged to Pat	0.133652							71
72	Impl. Dev. Charged to Patients	0.128070							72
73	Drugs Charged to Patients	0.212142							73
73.10	REHABILITATION SERVICES	0.338281							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	0.148908							90.10
90.20	GYN SURG ONCOLOGIST PBC	0.229580							90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	0.171243							90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	0.145600							90.40
90.60	CAPE NEUROSURGERY PBC	0.280467							90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	0.433701							90.70
91	Emergency	0.133207							91
92	Observation Beds (Non-Distinct	0.472550							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	0.767376							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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

		Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjust- ment	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)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	7,235,821		7,235,821	45,110	160.40	4,597	737,359	30
31	Intensive Care Unit	1,440,778		1,440,778	5,949	242.19	1,033	250,182	31
31.01	NEONATOLOGY/NICU	871,396		871,396	5,736	151.92	1,818	276,191	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	701,181		701,181	3,814	183.84	49	9,008	41
42	Subprovider I								42
43	Nursery	95,493		95,493	1,683	56.74	253	14,355	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	10,344,669		10,344,669	62,292		7,750	1,287,095	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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-0183

WORKSHEET D PART II

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

		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)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,961,302	119,565,698	0.041494	5,710,750	236,962	50
51	Recovery Room	169,124	19,206,746	0.008805	149,733	1,318	51
52	Delivery Room & Labor Room	84,303	12,793,347	0.006590	669,329	4,411	52
53	Anesthesiology	52,663	61,897,476	0.000851	1,049,045	893	53
54	Radiology-Diagnostic	3,229,760	89,673,235	0.036017	2,026,356	72,983	54
56	Radioisotope	174,800	15,024,717	0.011634	276,940	3,222	56
57	CT Scan	549,540	125,919,197	0.004364	3,231,694	14,103	57
58	MRI	519,739	29,081,421	0.017872	736,404	13,161	58
59	Cardiac Catheterization	1,980,340	76,854,190	0.025767	3,000,205	77,306	59
60	Laboratory	1,668,746	235,521,198	0.007085	9,635,284	68,266	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	518,675	112,554,426	0.004608	12,801,880	58,991	65
66	Physical Therapy	682,987	17,326,579	0.039418	772,750	30,460	66
67	Occupational Therapy	108,304	8,553,567	0.012662	819,992	10,383	67
68	Speech Pathology	83,566	7,204,796	0.011599	891,689	10,343	68
69	Electrocardiology	656,441	34,600,779	0.018972	276,828	5,252	69
70	Electroencephalography	478,399	9,880,379	0.048419	467,096	22,616	70
71	Medical Supplies Charged to Pat	637,085	192,565,618	0.003308	20,109,956	66,524	71
72	Impl. Dev. Charged to Patients	656,049	193,337,424	0.003393	1,618,530	5,492	72
73	Drugs Charged to Patients	1,656,688	165,059,291	0.010037	14,789,089	148,438	73
73.10	REHABILITATION SERVICES	2,936,599	39,475,875	0.074390	688,841	51,243	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	22,605	2,477,267	0.009125			90.10
90.20	GYN SURG ONCOLOGIST PBC	1,268	296,725	0.004273			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	43,965	4,155,087	0.010581			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	3,062	662,025	0.004625			90.40
90.60	CAPE NEUROSURGERY PBC	24,815	616,421	0.040257			90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	63,236	331,945	0.190501			90.70
91	Emergency	2,079,025	116,352,713	0.017868	2,283,231	40,797	91
92	Observation Beds (Non-Distinct	1,161,647	14,205,680	0.081773	300,612	24,582	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
97	Durable Medical Equip-Sold	125					97
200	Total (sum of lines 50-199)	25,204,858	1,705,193,822		82,306,234	967,746	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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART III

Check ☐ Title V
Applicable ☐ Title XVIII, Part A
Boxes: ☒ Title XIX

☒ PPS
☐ TEFRA
☐ Other

		Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjust- ment Amount (see instruct- ions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1A	1	2A	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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

Check
Applicable
Boxes:

☐ Title V
☐ Title XVIII, Part A
☒ Title XIX

☒ PPS
☐ TEFRA
☐ 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)	45,110		4,597		30
31	Intensive Care Unit	5,949		1,033		31
31.01	NEONATOLOGY/NICU	5,736		1,818		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	3,814		49		41
42	Subprovider I					42
43	Nursery	1,683		253		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	62,292		7,750		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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	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)	
(A)	Cost Center Description	1	2A	2	3A	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
90.70	CAPE PHYSICIAN ASSOCIATES PBC									90.70
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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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 [XX] Hospital [] SUB (Other) [] ICF/IID [XX] PPS
Applicable [] Title XVIII, Part A [] IPF [] SNF [] TEFRA
Boxes: [XX] Title XIX [] IRF [] NF [] Other

		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)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	119,565,698			5,710,750				50
51	Recovery Room	19,206,746			149,733				51
52	Delivery Room & Labor Room	12,793,347			669,329				52
53	Anesthesiology	61,897,476			1,049,045				53
54	Radiology-Diagnostic	89,673,235			2,026,356				54
56	Radioisotope	15,024,717			276,940				56
57	CT Scan	125,919,197			3,231,694				57
58	MRI	29,081,421			736,404				58
59	Cardiac Catheterization	76,854,190			3,000,205				59
60	Laboratory	235,521,198			9,635,284				60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	112,554,426			12,801,880				65
66	Physical Therapy	17,326,579			772,750				66
67	Occupational Therapy	8,553,567			819,992				67
68	Speech Pathology	7,204,796			891,689				68
69	Electrocardiology	34,600,779			276,828				69
70	Electroencephalography	9,880,379			467,096				70
71	Medical Supplies Charged to Pat	192,565,618			20,109,956				71
72	Impl. Dev. Charged to Patients	193,337,424			1,618,530				72
73	Drugs Charged to Patients	165,059,291			14,789,089				73
73.10	REHABILITATION SERVICES	39,475,875			688,841				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	2,477,267							90.10
90.20	GYN SURG ONCOLOGIST PBC	296,725							90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	4,155,087							90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	662,025							90.40
90.60	CAPE NEUROSURGERY PBC	616,421							90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	331,945							90.70
91	Emergency	116,352,713			2,283,231				91
92	Observation Beds (Non-Distinct	14,205,680			300,612				92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
97	Durable Medical Equip-Sold								97
200	Total (sum of lines 50-199)	1,705,193,822			82,306,234				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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.218303		8,870,711			1,936,503		50
51	Recovery Room	0.087797		418,127			36,710		51
52	Delivery Room & Labor Room	0.146159		40,863			5,972		52
53	Anesthesiology	0.016686		164,746			2,749		53
54	Radiology-Diagnostic	0.156366		3,480,597			544,247		54
56	Radioisotope	0.062745		828,993			52,015		56
57	CT Scan	0.020788		11,158,959			231,972		57
58	MRI	0.051861		2,091,971			108,492		58
59	Cardiac Catheterization	0.137156		2,629,016			360,585		59
60	Laboratory	0.086924		9,302,707			808,629		60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.067810		677,162			45,918		65
66	Physical Therapy	0.277030		288,256			79,856		66
67	Occupational Therapy	0.186164		131,194			24,424		67
68	Speech Pathology	0.173410		160,595			27,849		68
69	Electrocardiology	0.121013		485,682			58,774		69
70	Electroencephalography	0.308285		802,565			247,419		70
71	Medical Supplies Charged to Pat	0.133652		14,619,363			1,953,907		71
72	Impl. Dev. Charged to Patients	0.128070		559,205			71,617		72
73	Drugs Charged to Patients	0.212142		9,634,443			2,043,870		73
73.10	REHABILITATION SERVICES	0.338281		1,254,279			424,299		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	0.148908		208,357			31,026		90.10
90.20	GYN SURG ONCOLOGIST PBC	0.229580		34,775			7,984		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	0.171243		239,373			40,991		90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	0.145600		52,309			7,616		90.40
90.60	CAPE NEUROSURGERY PBC	0.280467		135,200			37,919		90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	0.433701		15,576			6,755		90.70
91	Emergency	0.133207		9,314,499			1,240,756		91
92	Observation Beds (Non-Distinct	0.472550		948,183			448,064		92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	0.767376		35,332			27,113		95
97	Durable Medical Equip-Sold								97
200	Subtotal (see instructions)			78,583,038			10,914,031		200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)			78,583,038			10,914,031		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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 26-0183****WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	45,110	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	45,110	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)	37,868	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)	19,134	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	41,814,231	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	41,814,231	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 31)		32
33	Average semi-private room per diem charge (line 30 ÷ line 31)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	41,814,231	37

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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	
38	Adjusted general inpatient routine service cost per diem (see instructions)						926.94	38
39	Program general inpatient routine service cost (line 9 x line 38)						17,736,070	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)						17,736,070	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
42	Nursery (Titles V and XIX only)							42
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	11,621,024	5,949	1,953.44	3,818	7,458,234		43
43.01	NEONATOLOGY/NICU	5,843,477	5,736	1,018.74				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
							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						51,213,710	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						76,408,014	49
PASS THROUGH COST ADJUSTMENTS								
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						3,993,775	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						4,491,576	51
52	Total Program excludable cost (sum of lines 50 and 51)						8,485,351	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						67,922,663	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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0183

WORKSHEET D-1
PARTS III & IV

Check
Applicable
Boxes:

☐ Title V - I/P

☒ Title XVIII, Part A

☐ Title XIX - I/P

☒ Hospital

☐ IPF

☐ IRF

☐ SUB (Other)

☐ SNF

☐ NF

☐ ICF/IID

☒ PPS

☐ TEFRA

☐ Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					7,242	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					926.94	88
89	Observation bed cost (line 87 x line 88) (see instructions)					6,712,899	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	7,235,821	41,814,231	0.173047	6,712,899	1,161,647	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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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** ☒ **PPS**
Applicable ☒ **Title XVIII, Part A** ☐ **IPF** ☐ **SNF** ☐ **TEFRA**
Boxes: ☐ **Title XIX - I/P** ☒ **IRF** ☐ **NF** ☐ **Other**

PART I - ALL PROVIDER COMPONENTS**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,814	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,814	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)	3,814	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)	2,083	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)	3,447,072	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)	3,447,072	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 31)		32
33	Average semi-private room per diem charge (line 30 ÷ line 31)		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)	3,447,072	37

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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) ☒ PPS
 Applicable ☒ Title XVIII, Part A ☐ IPF ☐ TEFRA
 Boxes: ☐ Title XIX - I/P ☒ IRF ☐ Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS			1
38	Adjusted general inpatient routine service cost per diem (see instructions)	903.79	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,882,595	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)	1,882,595	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,338,743	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	3,221,338	49
PASS THROUGH COST ADJUSTMENTS			
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	382,939	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	124,531	51
52	Total Program excludable cost (sum of lines 50 and 51)	507,470	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	2,713,868	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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 26-0183****WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	45,110	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	45,110	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)	37,868	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	4,597	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)	1,683	15
16	Nursery days (title V or XIX only)	253	16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	41,814,231	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	41,814,231	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 31)		32
33	Average semi-private room per diem charge (line 30 ÷ line 31)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	41,814,231	37

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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
38	Adjusted general inpatient routine service cost per diem (see instructions)						926.94 38
39	Program general inpatient routine service cost (line 9 x line 38)						4,261,143 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)						4,261,143 41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (Titles V and XIX only)	1,934,936	1,683	1,149.69	253	290,872	42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	11,621,024	5,949	1,953.44	1,033	2,017,904	43
43.01	NEONATOLOGY/NICU	5,843,477	5,736	1,018.74	1,818	1,852,069	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
							1
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					11,342,844	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					19,764,832	49
PASS THROUGH COST ADJUSTMENTS							
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,278,087	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					967,746	51
52	Total Program excludable cost (sum of lines 50 and 51)					2,245,833	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					17,518,999	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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0183

WORKSHEET D-1
PARTS III & IV

Check
Applicable
Boxes:

☐ Title V - I/P

☐ Title XVIII, Part A

☒ Title XIX - I/P

☒ Hospital

☐ IPF

☐ IRF

☐ SUB (Other)

☐ SNF

☐ NF

☐ ICF/IID

☒ PPS

☐ TEFRA

☐ Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					7,242	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					926.94	88
89	Observation bed cost (line 87 x line 88) (see instructions)					6,712,899	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	7,235,821	41,814,231	0.173047	6,712,899	1,161,647	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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-0183

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		38,988,610		30
31	Intensive Care Unit		15,807,922		31
31.01	NEONATOLOGY/NICU				31.01
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.218303	30,960,620	6,758,796	50
51	Recovery Room	0.087797	4,411,253	387,295	51
52	Delivery Room & Labor Room	0.146159	35,721	5,221	52
53	Anesthesiology	0.016686	5,373,337	89,660	53
54	Radiology-Diagnostic	0.156366	10,922,325	1,707,880	54
56	Radioisotope	0.062745	1,786,582	112,099	56
57	CT Scan	0.020788	18,539,554	385,400	57
58	MRI	0.051861	3,455,263	179,193	58
59	Cardiac Catheterization	0.137156	19,561,138	2,682,927	59
60	Laboratory	0.086924	47,938,465	4,167,003	60
60.10	CARDIOVASCULAR LABORATORY				60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.067810	42,750,214	2,898,892	65
66	Physical Therapy	0.277030	3,416,567	946,492	66
67	Occupational Therapy	0.186164	2,281,852	424,799	67
68	Speech Pathology	0.173410	1,797,134	311,641	68
69	Electrocardiology	0.121013	2,134,827	258,342	69
70	Electroencephalography	0.308285	1,272,834	392,396	70
71	Medical Supplies Charged to Patients	0.133652	54,391,042	7,269,472	71
72	Impl. Dev. Charged to Patients	0.128070	59,604,110	7,633,498	72
73	Drugs Charged to Patients	0.212142	59,830,427	12,692,546	73
73.10	REHABILITATION SERVICES	0.338281	15,560	5,264	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	0.148908			90.10
90.20	GYN SURG ONCOLOGIST PBC	0.229580			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	0.171243			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	0.145600			90.40
90.60	CAPE NEUROSURGERY PBC	0.280467			90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	0.433701			90.70
91	Emergency	0.133418	6,566,088	876,034	91
92	Observation Beds (Non-Distinct Part)	0.472550	2,177,252	1,028,860	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)		379,222,165	51,213,710	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		379,222,165		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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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 ☒ PPS
 Applicable ☒ Title XVIII, Part A ☐ IPF ☐ SNF ☐ Swing Bed NF ☐ TEFRA
 Boxes: ☐ Title XIX ☒ IRF ☐ NF ☐ ICF/IID ☐ Other

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
31.01	NEONATOLOGY/NICU				31.01
41	Subprovider - IRF		2,998,789		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.218303	5,465	1,193	50
51	Recovery Room	0.087797	1,374	121	51
52	Delivery Room & Labor Room	0.146159			52
53	Anesthesiology	0.016686	1,041	17	53
54	Radiology-Diagnostic	0.156366	97,631	15,266	54
56	Radioisotope	0.062745			56
57	CT Scan	0.020788	73,602	1,530	57
58	MRI	0.051861	18,632	966	58
59	Cardiac Catheterization	0.137156	4,967	681	59
60	Laboratory	0.086924	525,209	45,653	60
60.10	CARDIOVASCULAR LABORATORY				60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.067810	984,389	66,751	65
66	Physical Therapy	0.277030	1,334,309	369,644	66
67	Occupational Therapy	0.186164	1,358,569	252,917	67
68	Speech Pathology	0.173410	755,788	131,061	68
69	Electrocardiology	0.121013	8,442	1,022	69
70	Electroencephalography	0.308285			70
71	Medical Supplies Charged to Patients	0.133652	238,481	31,873	71
72	Impl. Dev. Charged to Patients	0.128070	279	36	72
73	Drugs Charged to Patients	0.212142	1,642,135	348,366	73
73.10	REHABILITATION SERVICES	0.338281	211,261	71,466	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	0.148908			90.10
90.20	GYN SURG ONCOLOGIST PBC	0.229580			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	0.171243			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	0.145600			90.40
90.60	CAPE NEUROSURGERY PBC	0.280467			90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	0.433701			90.70
91	Emergency	0.133418	1,352	180	91
92	Observation Beds (Non-Distinct Part)	0.472550			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)		7,262,926	1,338,743	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		7,262,926		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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		7,894,760		30
31	Intensive Care Unit		3,491,729		31
31.01	NEONATOLOGY/NICU		8,146,234		31.01
41	Subprovider - IRF				41
43	Nursery		454,440		43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.218303	5,710,750	1,246,674	50
51	Recovery Room	0.087797	149,733	13,146	51
52	Delivery Room & Labor Room	0.146159	669,329	97,828	52
53	Anesthesiology	0.016686	1,049,045	17,504	53
54	Radiology-Diagnostic	0.156366	2,026,356	316,853	54
56	Radioisotope	0.062745	276,940	17,377	56
57	CT Scan	0.020788	3,231,694	67,180	57
58	MRI	0.051861	736,404	38,191	58
59	Cardiac Catheterization	0.137156	3,000,205	411,496	59
60	Laboratory	0.086924	9,635,284	837,537	60
60.10	CARDIOVASCULAR LABORATORY				60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.067810	12,801,880	868,095	65
66	Physical Therapy	0.277030	772,750	214,075	66
67	Occupational Therapy	0.186164	819,992	152,653	67
68	Speech Pathology	0.173410	891,689	154,628	68
69	Electrocardiology	0.121013	276,828	33,500	69
70	Electroencephalography	0.308285	467,096	143,999	70
71	Medical Supplies Charged to Patients	0.133652	20,109,956	2,687,736	71
72	Impl. Dev. Charged to Patients	0.128070	1,618,530	207,285	72
73	Drugs Charged to Patients	0.212142	14,789,089	3,137,387	73
73.10	REHABILITATION SERVICES	0.338281	688,841	233,022	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	0.148908			90.10
90.20	GYN SURG ONCOLOGIST PBC	0.229580			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	0.171243			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	0.145600			90.40
90.60	CAPE NEUROSURGERY PBC	0.280467			90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	0.433701			90.70
91	Emergency	0.133418	2,283,231	304,624	91
92	Observation Beds (Non-Distinct Part)	0.472550	300,612	142,054	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)		82,306,234	11,342,844	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		82,306,234		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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**WORKSHEET E
PART A****PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	11,858,767			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	34,689,244			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)	3,633,210			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)	264.16			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)	0.0710			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2585			31
32	Sum of lines 30 and 31	0.3295			32
33	Allowable disproportionate share percentage (see instructions)	0.1640			33
34	Disproportionate share adjustment (see instructions)	1,908,469			34
		Prior to		On or after	
	Uncompensated Care Adjustment	October 1 (1.00)	(1.01)	October 1 (2.00)	
35	Total uncompensated care amount (see instructions)	5,977,483,147		6,766,695,164	35
35.01	Factor 3 (see instructions)	0.000428618		0.000399225	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,562,057		2,701,434	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	645,779		2,020,524	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,666,303			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

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**WORKSHEET E
PART A****PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
47	Subtotal (see instructions)	54,755,993			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)	54,755,993			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	4,641,570			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	6,110			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)	59,403,673			59
60	Primary payer payments	20,303			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	59,383,370			61
62	Deductibles billed to program beneficiaries	5,156,104			62
63	Coinsurance billed to program beneficiaries	168,182			63
64	Allowable bad debts (see instructions)	973,834			64
65	Adjusted reimbursable bad debts (see instructions)	632,992			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,199,930			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	54,692,076			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)	-109,745			70.93
70.99	HAC adjustment amount (see instructions)	151,619			70.99
71	Amount due provider (see instructions)	54,430,712			71
71.01	Sequestration adjustment (see instructions)	1,088,614			71.01
71.02	Demonstration payment adjustment amount after sequestration				71.02
72	Interim payments	53,234,905			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	107,193			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	252,844			75
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. I, line 2				91
92	Operating outlier reconciliation adjustment amount (see instructions)				92
93	Capital outlier reconciliation adjustment amount (see instructions)				93
94	The rate used to calculate the time value of money (see instructions)				94
95	Time value of money for operating expenses (see instructions)				95
96	Time value of money for capital related expenses (see instructions)				96
HSP Bonus Payment Amount		Prior to 10/1	On or After 10/1		
100	HSP bonus amount (see instructions)				100
HVBP Adjustment for HSP Bonus Payment		Prior to 10/1	On or After 10/1		
101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102
HRR Adjustment for HSP Bonus Payment		Prior to 10/1	On or After 10/1		
103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION
EXHIBIT 5

		(Amt. from Wkst. E, Pt. A or L Pt. I)	Prior to October 1		On or After October 1		Total (cols. 2 and 3)	
		(1)	(2)	(2.01)	(3)	(3.01)	(4)	
1	DRG Amounts Other Than Outlier Payments							1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	11,858,767	11,858,767				11,858,767	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	34,689,244			34,689,244		34,689,244	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	3,633,210	1,047,190		2,586,020		3,633,210	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	0.1640	0.1640	0.1640	0.1640	0.1640		10
11	Disproportionate share adjustment	1,908,469	486,210		1,422,259		1,908,469	11
11.01	Uncompensated care payments	2,666,303	645,779		2,020,524		2,666,303	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12	Total ESRD additional payment							12
13	Subtotal	54,755,993	14,037,946		40,718,047		54,755,993	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	54,755,993	14,037,946		40,718,047		54,755,993	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	4,641,570	1,184,044		3,457,526		4,641,570	16
17	Special add-on payments for new technologies	6,110			6,110		6,110	17
17.01	DO NOT USE THIS LINE							17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG							17.02
18	Capital outlier reconciliation adjustment amount							18
19	SUBTOTAL		15,221,990		44,181,683		59,403,673	19
20	Capital DRG other than outlier	3,733,031	952,634		2,780,397		3,733,031	20
20.01	Model 4 BPCI Capital DRG other than outlier							20.01
21	Capital DRG outlier payments	650,960	165,678		485,282		650,960	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	0.0690	0.0690		0.0690			24
25	Disproportionate share adjustment	257,579	65,732		191,847		257,579	25
26	Total prospective capital payments	4,641,570	1,184,044		3,457,526		4,641,570	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	-109,745	-60,053		-49,692		-109,745	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		151,619				151,619	32

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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)	43,281			1
2	Medical and other services reimbursed under OPPS (see instructions)	50,294,154			2
3	OPPS payments	48,085,043			3
4	Outlier payment (see instructions)	427,780			4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of lines 3, 4, and 4.01, divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	43,281			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	204,021			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)	204,021			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)	204,021			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	160,740			19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (see instructions)	43,281			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	48,512,823			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	8,995,023			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)	39,561,081			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)	39,561,081			30
31	Primary payer payments	13,275			31
32	Subtotal (line 30 minus line 31)	39,547,806			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)	880,835			34
35	Adjusted reimbursable bad debts (see instructions)	572,543			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	390,727			36
37	Subtotal (see instructions)	40,120,349			37
38	MSP-LCC reconciliation amount from PS&R	-1,449			38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	40,121,798			40
40.01	Sequestration adjustment (see instructions)	802,436			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	39,239,366			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	79,996			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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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 OPPS (see instructions)				2
3	OPPS payments				3
4	Outlier payment (see instructions)				4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of lines 3, 4, and 4.01, divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)				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
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments				41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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

			INPATIENT PART A		PART B		
			mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
DESCRIPTION			1	2	3	4	
1	Total interim payments paid to provider			53,234,905		39,239,366	1
2	Interim payments payable on individual bills, eitehr 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		.01				3.01
	amount based on subsequent revision of the interim		.02				3.02
	rate for the cost reporting period. Also show date of	Program	.03				3.03
	each payment. If none, write 'NONE' or enter a zero. (1)	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)			53,234,905		39,239,366	4
	TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment		.01				5.01
	after desk review. Also show date of each payment.		.02				5.02
	If none, write 'NONE' or enter a zero. (1)	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)		.01	107,193		79,996	6.01
	based on the cost report (1)		.02				6.02
7	Total Medicare program liability (see instructions)			53,342,098		39,319,362	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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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

			INPATIENT PART A		PART B	
			mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
DESCRIPTION			1	2	3	4
1	Total interim payments paid to provider			3,297,744		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	.01				3.01
	amount based on subsequent revision of the interim	.02				3.02
	rate for the cost reporting period. Also show date of	Program	.03			3.03
	each payment. If none, write 'NONE' or enter a zero. (1)	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)			3,297,744		4
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment	.01				5.01
	after desk review. Also show date of each payment.	.02				5.02
	If none, write 'NONE' or enter a zero. (1)	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		-102,119		6.02
7	Total Medicare program liability (see instructions)			3,195,625		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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 26-T183****WORKSHEET E-3
PART III**

Check ☐ Hospital
Applicable ☒ Subprovider IRF
Box:

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	Net Federal PPS payment (see instructions)	2,895,991		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.035200		2
3	Inpatient Rehabilitation LIP payments (see instructions)	54,155		3
4	Outlier payments	356,410		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)	10.449315		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	3,306,556		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)	3,306,556		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	3,306,556		19
20	Deductibles	22,540		20
21	Subtotal (line 19 minus line 20)	3,284,016		21
22	Coinsurance	23,174		22
23	Subtotal (line 21 minus line 22)	3,260,842		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)	3,260,842		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)	3,260,842		32
32.01	Sequestration adjustment (see instructions)	65,217		32.01
32.02	Demonstration payment adjustment amount after sequestration			32.02
33	Interim payments	3,297,744		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33 and 34)	-102,119		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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-0183

WORKSHEET E-3
PART VII

Check ☐ Title V ☒ Hospital ☐ NF ☒ PPS
Applicable ☒ Title XIX ☐ SUB (Other) ☐ ICF/IID ☐ TEFRA
Boxes: ☐ SNF ☐ Other

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services			1
2	Medical and other services		10,914,031	2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)		10,914,031	4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)		10,914,031	7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	Routine service charges	27,304,119		8
9	Ancillary service charges	82,306,234	78,583,038	9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)	109,610,353	78,583,038	12
	CUSTOMARY CHARGES			
13	Amount actually collected from patients liable for payment for services on a cahрге basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)	109,610,353	78,583,038	16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	109,610,353	67,669,007	17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)			18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)		10,914,031	21
	PROSPECTIVE PAYMENT AMOUNT			
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)		10,914,031	29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	Excess of reasonable cost (from line 18)			30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		10,914,031	31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)		10,914,031	36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)		10,914,031	38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)		10,914,031	40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)		10,914,031	42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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)

	Assets (Omit Cents)	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	21,564,700				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	119,410,796				4
5	Other receivables					5
6	Allowances for uncollectible notes and accounts receivable	-50,898,200				6
7	Inventory	10,881,441				7
8	Prepaid expenses	15,348,209				8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	116,306,946				11

FIXED ASSETS						
12	Land	8,386,950				12
13	Land improvements	13,177,646				13
14	Accumulated depreciation	-7,835,972				14
15	Buildings	245,875,502				15
16	Accumulated depreciation	-96,533,966				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment	151,015,474				19
20	Accumulated depreciation	-78,789,378				20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	185,390,104				23
24	Accumulated depreciation	-108,687,861				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)	311,998,499				30

OTHER ASSETS						
31	Investments	503,203,919				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	7,765,005				34
35	Total other assets (sum of lines 31-34)	510,968,924				35
36	Total assets (sum of lines 11, 30 and 35)	939,274,369				36

	Liabilities and Fund Balances (Omit Cents)	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	21,516,509				37
38	Salaries, wages and fees payable	26,187,567				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	40,659,170				44
45	Total current liabilities (sum of lines 37 thru 44)	88,363,246				45

LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	145,405,281				49
50	Total long term liabilities (sum of lines 46 thru 49)	145,405,281				50
51	Total liabilities (sum of lines 45 and 50)	233,768,527				51

CAPITAL ACCOUNTS						
52	General fund balance	705,505,842				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)	705,505,842				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	939,274,369				60

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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		638,394,214			1
2	Net income (loss) (from Worksheet G-3, line 29)		67,111,628			2
3	Total (sum of line 1 and line 2)		705,505,842			3
4	Additions (credit adjustments) (specify)					4
5						5
6						6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)		705,505,842			11
12	Deductions (debit adjustments) (specify)					12
13						13
14						14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)					18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		705,505,842			19

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

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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	50,053,475		50,053,475	1
2	Subprovider IPF				2
3	Subprovider IRF	5,806,716		5,806,716	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)	55,860,191		55,860,191	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	49,487,207		49,487,207	11
11.01	NEONATOLOGY/NICU	34,016,910		34,016,910	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)	83,504,117		83,504,117	16
17	Total inpatient routine care services (sum of lines 10 and 16)	139,364,308		139,364,308	17
18	Ancillary services	846,798,199		846,798,199	18
19	Outpatient services		1,175,033,491	1,175,033,491	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		2,753,635	2,753,635	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	OTHER PATIENT REVENUES		6,000,314	6,000,314	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	986,162,507	1,183,787,440	2,169,949,947	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		473,221,288	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)		473,221,288	43

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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)	2,169,949,947	1
2	Less contractual allowances and discounts on patients' accounts	1,678,682,508	2
3	Net patient revenues (line 1 minus line 2)	491,267,439	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	473,221,288	4
5	Net income from service to patients (line 3 minus line 4)	18,046,151	5

OTHER INCOME

6	Contributions, donations, bequests, etc.	667,332	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	1,098,191	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	2,477	17
18	Revenue from sale of medical records and abstracts	533,603	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 hosptial space		22
23	Governmental appropriations		23
24	Other (FITNESS CENTER)	1,857,549	24
24.01	Other (WELLNESS)	117,210	24.01
24.02	Other (MISC)	3,078,707	24.02
24.03	Other (OTHER: RETAIL PHARMACY)	11,897,500	24.03
24.04	Other (MEDICAL OFFICE BUILDING)		24.04
24.05	Other (GAIN ON INVESTMENTS)	35,306,225	24.05
25	Total other income (sum of lines 6-24)	54,558,794	25
26	Total (line 5 plus line 25)	72,604,945	26
27	Other expenses (LOSS ON SALE OF FIXED ASSETS)	5,493,317	27
27.01	Other expenses (MISC)		27.01
28	Total other expenses (sum of line 27 and subscripts)	5,493,317	28
29	Net income (or loss) for the period (line 26 minus line 28)	67,111,628	29

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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	382,976	92,228			66,882	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	362,212	87,228	16,736			6
7	Physical Therapy	246,957	59,472	7,865			7
8	Occupational Therapy	17,540	4,224	834			8
9	Speech Pathology	12,569	3,028	523			9
10	Medical Social Services	26	6	7			10
11	Home Health Aide	13,534	3,259	2,279			11
12	Supplies (see instructions)					25,424	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)	1,035,814	249,445	28,244		92,306	24

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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	542,086		542,086	599	542,685	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	466,176		466,176		466,176	6
7	Physical Therapy	314,294		314,294		314,294	7
8	Occupational Therapy	22,598		22,598		22,598	8
9	Speech Pathology	16,120		16,120		16,120	9
10	Medical Social Services	39		39		39	10
11	Home Health Aide	19,072		19,072		19,072	11
12	Supplies (see instructions)	25,424		25,424		25,424	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)	1,405,809		1,405,809	599	1,406,408	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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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	542,685				5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care	466,176				6
7	Physical Therapy	314,294				7
8	Occupational Therapy	22,598				8
9	Speech Pathology	16,120				9
10	Medical Social Services	39				10
11	Home Health Aide	19,072				11
12	Supplies (see instructions)	25,424				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)	1,406,408				24

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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		542,685	542,685		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		466,176	292,902	759,078	6
7	Physical Therapy		314,294	197,474	511,768	7
8	Occupational Therapy		22,598	14,199	36,797	8
9	Speech Pathology		16,120	10,128	26,248	9
10	Medical Social Services		39	25	64	10
11	Home Health Aide		19,072	11,983	31,055	11
12	Supplies (see instructions)		25,424	15,974	41,398	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)		1,406,408		1,406,408	24

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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)	TRANSPORT- ATION (Mileage)	RECONCIL- IATION	ADMINI- STRATIVE & 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					-542,685	863,723	5
	HHA REIMBURSABLE SERVICES							
6	Skilled Nursing Care						466,176	6
7	Physical Therapy						314,294	7
8	Occupational Therapy						22,598	8
9	Speech Pathology						16,120	9
10	Medical Social Services						39	10
11	Home Health Aide						19,072	11
12	Supplies (see instructions)						25,424	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)					-542,685	863,723	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						542,685	25
26	Unit Cost Multiplier						0.628309	26

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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		65,696	4,582	16,239	5,302	50,049	1
2	Skilled Nursing Care	759,078			15,345			2
3	Physical Therapy	511,768			10,462			3
4	Occupational Therapy	36,797			743			4
5	Speech Pathology	26,248			532			5
6	Medical Social Services	64			1			6
7	Home Health Aide	31,055			573			7
8	Supplies	41,398						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)	1,406,408	65,696	4,582	43,895	5,302	50,049	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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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	ADMITTING	CREDIT & COLLECTION	SUBTOTAL (cols.0-4)	OTHER ADMIN & GENERAL	MAIN- TENANCE & REPAIRS	
		5.03	5.04	5.05	4A	5.06	6	
1	Administrative and General	1,576	2,856	12,865	159,165	20,951	34,238	1
2	Skilled Nursing Care				774,423	101,938		2
3	Physical Therapy				522,230	68,742		3
4	Occupational Therapy				37,540	4,941		4
5	Speech Pathology				26,780	3,525		5
6	Medical Social Services				65	9		6
7	Home Health Aide				31,628	4,163		7
8	Supplies				41,398	5,449		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)	1,576	2,856	12,865	1,593,229	209,718	34,238	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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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	18,368			19,479		17,220	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)	18,368			19,479		17,220	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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (cols 23 +/- 24)	ALLOCATED HHA A&G (see PtII)	TOTAL HHA COSTS		
		24	25	26	27	28		
1	Administrative and General	269,421		269,421				1
2	Skilled Nursing Care	876,361		876,361	145,493	1,021,854		2
3	Physical Therapy	590,972		590,972	98,113	689,085		3
4	Occupational Therapy	42,481		42,481	7,053	49,534		4
5	Speech Pathology	30,305		30,305	5,031	35,336		5
6	Medical Social Services	74		74	12	86		6
7	Home Health Aide	35,791		35,791	5,942	41,733		7
8	Supplies	46,847		46,847	7,777	54,624		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)	1,892,252		1,892,252	269,421	1,892,252		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.				0.166019			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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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	COMMUNI- CATIONS NUMBER OF PHONES	DATA PROCESSING WORK ORDER S	PURCHASING COSTED REQUISITIO	
		1	2	4	5.01	5.02	5.03	
1	Administrative and General	24,275	4,338	383,299	16	43	86,695	1
2	Skilled Nursing Care			362,212				2
3	Physical Therapy			246,957				3
4	Occupational Therapy			17,540				4
5	Speech Pathology			12,569				5
6	Medical Social Services			26				6
7	Home Health Aide			13,534				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)	24,275	4,338	1,036,137	16	43	86,695	20
21	Total cost to be allocated	65,696	4,582	43,895	5,302	50,049	1,576	21
22	Unit Cost Multiplier	2.706323		0.042364		1,163.930233		22
22	Unit Cost Multiplier		1.056247		331.375000		0.018179	22

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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 REVENUE	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	2,753,635	2,753,635		159,165	24,275	24,275	1
2	Skilled Nursing Care				774,423			2
3	Physical Therapy				522,230			3
4	Occupational Therapy				37,540			4
5	Speech Pathology				26,780			5
6	Medical Social Services				65			6
7	Home Health Aide				31,628			7
8	Supplies				41,398			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)	2,753,635	2,753,635		1,593,229	24,275	24,275	20
21	Total cost to be allocated	2,856	12,865		209,718	34,238	18,368	21
22	Unit Cost Multiplier	0.001037				1.410422		22
22	Unit Cost Multiplier		0.004672		0.131631		0.756663	22

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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			24,275		27,525		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)			24,275		27,525		20
21	Total cost to be allocated			19,479		17,220		21
22	Unit Cost Multiplier			0.802430		0.625613		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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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 ADMINIS- TRATION HOURS OF SERVICE	SPD STERIL E PROCESSI NG SURVEY	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE PATIENT CA SES	
		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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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	1,021,854		1,021,854	4,958	206.10	1
2	Physical Therapy	3	689,085		689,085	2,330	295.74	2
3	Occupational Therapy	4	49,534		49,534	247	200.54	3
4	Speech Pathology	5	35,336		35,336	155	227.97	4
5	Medical Social Services	6	86		86	2	43.00	5
6	Home Health Aide	7	41,733		41,733	675	61.83	6
7	Total (sum of lines 1-6)		1,837,628		1,837,628	8,367		7

Limitation Cost Computation								
				Program Visits				
				PART B				
	Patient Services		CBSA No.	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
			1	2	3	4		
8	Skilled Nursing Care		99926		2,271			8
9	Physical Therapy		99926		1,464			9
10	Occupational Therapy		99926		167			10
11	Speech Pathology		99926		88			11
12	Medical Social Services		99926		1			12
13	Home Health Aide		99926		429			13
14	Total (sum of lines 8-13)				4,420			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	54,624		54,624	211,421	0.258366	15
16	Cost of Drugs	9						16

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

		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charges (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
			1	2	3	4	
1	Physical Therapy	66	0.277030			col. 2, line 2	1
2	Occupational Therapy	67	0.186164			col. 2, line 3	2
3	Speech Pathology	68	0.173410			col. 2, line 4	3
4	Medical Supplies Charged to Pat	71	0.133652			col. 2, line 15	4
5	Drugs Charged to Patients	73	0.212142			col. 2, line 16	5
5.10	REHABILITATION SERVICES	73.10	0.338281			col. 2, line 16	5.10

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 26-7515

WORKSHEET H-3
PARTS I & IICheck applicable box: ☐ Title V ☒ Title XVIII ☐ Title XIX**PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST**

Cost Per Visit Computation		Program Visits			Cost of Services				
		Part B			Part B			Total Program Cost (sum of cols 9-10)	
	Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6	7	8	9	10	11	12	
1	Skilled Nursing Care		2,271			468,053		468,053	1
2	Physical Therapy		1,464			432,963		432,963	2
3	Occupational Therapy		167			33,490		33,490	3
4	Speech Pathology		88			20,061		20,061	4
5	Medical Social Services		1			43		43	5
6	Home Health Aide		429			26,525		26,525	6
7	Total (sum of lines 1-6)		4,420			981,135		981,135	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

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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**

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	Description	Part A Services	Part B Services	
		1	2	
10	Total reasonable cost (see instructions)			10
11	Total PPS Reimbursement - Full Episodes without Outliers		844,355	11
12	Total PPS Reimbursement - Full Episodes with Outliers			12
13	Total PPS Reimbursement - LUPA Episodes		41,056	13
14	Total PPS Reimbursement - PEP Episodes		32,039	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)		917,450	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		917,450	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		917,450	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)		917,450	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		917,450	31
31.01	Sequestration adjustment (see instructions)			31.01
31.02	Demonstration payment adjustment amount after sequestration			31.02
32	Interim payments (see instructions)		917,450	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM HHA CCN: 26-7515
BENEFICIARIES

WORKSHEET H-5

			Part A		Part B		
DESCRIPTION			mm/dd/yyyy 1	Amount 2	mm/dd/yyyy 3	Amount 4	
1	Total interim payments paid to provider					917,450	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
			.99				3.99
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)						
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)					917,450	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
			.99				5.99
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)						
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)					917,450	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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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	3,733,031	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	650,960	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)	136.97	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)	0.0710	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.2585	8
9	Sum of lines 7 and 8	0.3295	9
10	Allowable disproportionate share percentage (see instructions)	0.0690	10
11	Disproportionate share adjustment (see instructions)	257,579	11
12	Total prospective capital payments (see instructions)	4,641,570	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

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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
90.70	CAPE PHYSICIAN ASSOCIATES PBC							90.70
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							

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		0	2A	24	25	26		
113	Interest Expense							113
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

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department								3
4	Administrative & General	86,003	24,023	110,026	160	110,186		110,186	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
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25	Inpatient Care - Contracted								25
26	Physician Services	25,296	7,066	32,362		32,362		32,362	26
27	Nurse Practitioner								27
28	Registered Nurse	430,471	120,243	550,714		550,714		550,714	28
29	LPN/LVN	22,628	6,321	28,949		28,949		28,949	29
30	Physical Therapy								30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services								33
34	Spiritual Counseling	9,659	2,698	12,357		12,357		12,357	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		1,347	1,347		1,347		1,347	42
42.50	Drugs Charged to Patients								42.50
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services	199	55	254		254		254	46
	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		358,547	358,547		358,547		358,547	71
100	TOTAL	574,256	520,300	1,094,556	160	1,094,716		1,094,716	100

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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
42.50	Drugs Charged to Patients								42.50
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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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	25,296	7,066	32,362		32,362		32,362	26
27	Nurse Practitioner								27
28	Registered Nurse	430,471	120,243	550,714		550,714		550,714	28
29	LPN/LVN	22,628	6,321	28,949		28,949		28,949	29
30	Physical Therapy								30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services								33
34	Spiritual Counseling	9,659	2,698	12,357		12,357		12,357	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		1,347	1,347		1,347		1,347	42
42.50	Drugs Charged to Patients								42.50
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services	199	55	254		254		254	46
100	TOTAL	488,253	137,730	625,983		625,983		625,983	100

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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
42.50	Drugs Charged to Patients								42.50
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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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								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
42.50	Drugs Charged to Patients								42.50
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: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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		113,822	113,822	1
2	Cap Rel Costs-Mvble Equip				2
3	Employee Benefits Department		24,331	24,331	3
4	Administrative & General	110,186	235,203	345,389	4
5	Plant Operation & Maintenance		91,144	91,144	5
6	Laundry & Linen Service				6
7	Housekeeping		33,748	33,748	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	625,983		625,983	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	358,547		358,547	71
99	Negative Cost Center				99
100	TOTAL	1,094,716	498,248	1,592,964	100

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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 DEPART- MENT	SUBTOTAL	ADMINI- STRATIVE & GENERAL	PLANT OP & MAINT	
		0	1	2	3	3A	4	5	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	113,822	113,822						1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department	24,331			24,331				3
4	Administrative & General	345,389	113,822		4,613	463,824	463,824		4
5	Plant Operation & Maintenance	91,144				91,144	37,440	128,584	5
6	Laundry & Linen Service								6
7	Housekeeping	33,748				33,748	13,863		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	625,983			19,564	645,547	265,175		51
52	Hospice Inpatient Respite Care								52
53	Hospice General Inpatient Care				154	154	63		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	358,547				358,547	147,283	128,584	71
99	Negative Cost Center								99
100	TOTAL	1,592,964	113,822		24,331	1,592,964	463,824	128,584	100

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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 ADMINIS-TRATION 9	ROUTINE MEDICAL SUPPLIES 10	MEDICAL RECORDS 11	STAFF TRANS-PORTATION 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		47,611						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		47,611						71
99	Negative Cost Center								99
100	TOTAL		47,611						100

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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						910,722	51
52	Hospice Inpatient Respite Care							52
53	Hospice General Inpatient Care						217	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						682,025	71
99	Negative Cost Center							99
100	TOTAL						1,592,964	100

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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	-463,824	1,129,140			4
5	Plant Operation & Maintenance					91,144	37,319		5
6	Laundry & Linen Service								6
7	Housekeeping					33,748			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		645,547			51
52	Hospice Inpatient Respite Care								52
53	Hospice General Inpatient Care			3,575		154			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					358,547	37,319		71
99	Negative Cost Center								99
100	Cost to be allocated (per O-6 Pt I)	113,822		24,331		463,824	128,584		100
101	Unit cost multiplier	3.049975		0.043008		0.410776	3.445537		101

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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-FACIL-ITY DAYS 8	NURSING ADMINIS-TRATION DIRECT NURS. HRS. 9	ROUTINE MEDICAL SUPPLIES PATIENT DAYS 10	MEDICAL RECORDS PATIENT DAYS 11	STAFF TRANS-PORTATION MILEAGE 12	VOLUNTEER SVC COOR-DINATION 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)	47,611							100
101	Unit cost multiplier	1.275784							101

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS
HOSPICE CCN: 26-1657
**WORKSHEET O-6
PART II**

		PHARMACY	PHYSICIAN ADMIN SERVICES PATIENT	OTHER GENERAL SERVICE SPECIFY BASIS	PATIENT/ RESIDENT CARE SVCS IN-FACIL- ITY DAYS	
	Descriptions	CHARGES	DAYS			
		14	15	16	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

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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	0.277030					1
2	Occupational Therapy	67	0.186164					2
3	Speech Language Pathology	68	0.173410					3
4	Drugs, Biological & Infusion Therapy	73	0.212142					4
5	Durable Medical Equipment/Oxygen	96						5
6	Labs and Diagnostics	60	0.086924					6
7	Medical Supplies	71	0.133652					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

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 09/27/2018 Run Time: 16:03 Version: 2018.04 (07/10/2018)
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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			910,722	6
7	Total unduplicated days			6,139	7
8	Total average cost per diem			148.35	8
9	Unduplicated program days	5,785	225		9
10	Program cost	858,205	33,379		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			217	16
17	Total unduplicated days				17
18	Total average cost per diem				18
19	Unduplicated program days				19
20	Program cost				20
	TOTAL HOSPICE CARE				
21	Total cost			910,939	21
22	Total unduplicated days			6,139	22
23	Average cost per diem			148.39	23