

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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: 11/15/2019 Time: 14:19
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 07/01/2018 and ending 06/30/2019, 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

11/15/2019 14:19
Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		1,051,112	509,252			1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF		97,972				3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		1,149,084	509,252			200

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2 PART I

Hospital and Hospital Health Care Complex Address:

1	Street: 211 ST. FRANCIS DRIVE	P.O. Box:		1
2	City: CAPE GIRARDEAU	State: MO	ZIP Code: 63703 County: CAPE GIRARDEAU	2

Hospital and Hospital-Based Component Identification:

	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	SAINT FRANCIS MEDICAL CENTER	26-0183	16020	1	07 / 01 / 1966	N	P	P	3
4	Subprovider - IPF									4
5	Subprovider - IRF	REHAB UNIT	26-T183	16020	5	07 / 01 / 1988	N	P	N	5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA	HOME HEALTH AGENCY	26-7515	16020		08 / 08 / 1996	N	P	N	12
13	Separately Certified ASC									13
14	Hospital-Based Hospice	HOSPICE	26-1657	16020		01 / 01 / 2015				14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2018	To: 06 / 30 / 2019		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.	3,323	1,044	895	1,012	5,431	214	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.	121	409					25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1		26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.			35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.			37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPSS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)			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	N
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N

		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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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**WORKSHEET S-2
PART I**

		V	XIX	
Title V and XIX Services		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97
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 §1903(w)(3) of the Act? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N		122

Transplant Center Information

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**WORKSHEET S-2
PART I**

All Providers

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

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

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

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

		Title XVIII				
		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)				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

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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	08/31/2019	Y	08/31/2019	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

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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	

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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			16,512	4,197	37,868	1
2	HMO and other (see instructions)						3,682	5,431		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			16,512	4,197	37,868	7
8	Intensive Care Unit	31	31	11,315			3,117	846	4,915	8
8.01	NEONATOLOGY/NICU	31.01	36	13,140				1,069	5,240	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						162	1,775	13
14	Total (see instructions)		283	103,295			19,629	6,274	49,798	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41	24	8,760			1,948	121	3,596	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					3,691		6,847	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)		307							27
28	Observation Bed Days							331	7,347	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							214	379	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33
33.01	LTCH site neutral days and discharges									33.01

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					4,791	1,326	10,055	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)		2,462.20			4,791	1,326	10,055	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF		18.90			163	30	313	17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		11.38						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)		2,492.48						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32.01
33	LTCH non-covered days								33
33.01	LTCH site neutral days and discharges								33.01

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HOSPITAL WAGE INDEX INFORMATION**WORKSHEET S-3
PARTS II-III****Part II - Wage Data**

	Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
SALARIES							
1 Total salaries (see instructions)	200	201,143,012		201,143,012	5,121,395.00	39.28	1
2 Non-physician anesthetist Part A							2
3 Non-physician anesthetest Part B							3
4 Physician-Part A - Administrative		17,934		17,934	147.00	122.00	4
4.01 Physician-Part A - Teaching							4.01
5 Physician-Part B		5,335,812		5,335,812	24,861.00	214.63	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)		83,073,969	3,477,724	86,551,693	1,525,126.00	56.75	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		3,965		3,965	33.00	120.15	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)		32,443,939		32,443,939			17
18 Wage-related costs (other)(see instructions)							18
19 Excluded areas		15,532,032		15,532,032			19
20 Non-physician anesthetist Part A							20
21 Non-physician anesthetist Part B							21
22 Physician Part A - Administrative		2,675		2,675			22
22.01 Physician Part A - Teaching							22.01
23 Physician Part B		574,916		574,916			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		4,414,550		4,414,550	22,269.00	198.24	26
27 Administrative & General		30,312,208	-3,432,562	26,879,646	1,186,977.00	22.65	27
28 Administrative & General under contract (see instructions)		422,400		422,400	2,001.00	211.09	28
29 Maintenance & Repairs		2,442,726	-362,752	2,079,974	84,417.00	24.64	29
30 Operation of Plant							30
31 Laundry & Linen Service		430,210	12	430,222	59,353.00	7.25	31
32 Housekeeping		993,915	1,596	995,511	70,970.00	14.03	32
33 Housekeeping under contract (see instructions)		1,910,545		1,910,545	135,789.00	14.07	33
34 Dietary		1,722,665	331	1,722,996	96,719.00	17.81	34
35 Dietary under contract (see instructions)							35
36 Cafeteria							36
37 Maintenance of Personnel							37
38 Nursing Administration		2,061,875	2,453	2,064,328	75,081.00	27.49	38
39 Central Services and Supply							39
40 Pharmacy							40
41 Medical Records & Medical Records Library		811,408	48	811,456	39,350.00	20.62	41
42 Social Service		329,216		329,216	10,760.00	30.60	42
43 Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		198,140,145		198,140,145	5,234,324.00	37.85	1
2	Excluded area salaries (see instructions)		83,073,969	3,477,724	86,551,693	1,525,126.00	56.75	2
3	Subtotal salaries (line 1 minus line 2)		115,066,176	-3,477,724	111,588,452	3,709,198.00	30.08	3
4	Subtotal other wages & related costs (see instructions)		3,965		3,965	33.00	120.15	4
5	Subtotal wage-related costs (see instructions)		32,446,614		32,446,614		29.08%	5
6	Total (sum of lines 3 through 5)		147,516,755	-3,477,724	144,039,031	3,709,231.00	38.83	6
7	Total overhead cost (see instructions)		45,851,718	-3,790,874	42,060,844	1,783,686.00	23.58	7

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HOSPITAL WAGE RELATED COSTS**WORKSHEET S-3****Part IV - Wage Related Cost****PART IV****Part A - Core List**

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	6,153,833	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	25,830,420	10
11	Life Insurance (If employee is owner or beneficiary)	585,402	11
12	Accident Insurance (If employee is owner or beneficiary)	900,550	12
13	Disability Insurance (If employee is owner or beneficiary)	585,966	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	2,277,338	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	11,985,924	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	47,450	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	31,195	22
23	Tuition Reimbursement	149,083	23
24	Total Wage Related cost (Sum of lines 1-23)	48,553,561	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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HOSPITAL CONTRACT LABOR AND BENEFIT COST**WORKSHEET S-3
PART V****Part V - Contract Labor and Benefit Cost****Hospital and Hospital-Based Component Identification:**

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost			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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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		648		52	700	1
2	Unduplicated Census Count (see instructions)		523.00		204.00	727.00	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)	0.61		0.61	4
5	Other Administrative Personnel				5
6	Direct Nursing Service	7.39		7.39	6
7	Nursing Supervisor				7
8	Physical Therapy Service	2.63		2.63	8
9	Physical Therapy Supervisor				9
10	Occupational Therapy Service	0.26		0.26	10
11	Occupational Therapy Supervisor				11
12	Speech Pathology Service	0.15		0.15	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	0.34		0.34	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	1,639		130	175	1,944	21
22	Skilled Nursing Visit Charges	546,448		42,968	58,056	647,472	22
23	Physical Therapy Visits	1,219		36	25	1,280	23
24	Physical Therapy Visit Charges	402,784		10,824	8,200	421,808	24
25	Occupational Therapy Visits	141		3	9	153	25
26	Occupational Therapy Visit Charges	48,216		984	3,608	52,808	26
27	Speech Pathology Visits	80		2		82	27
28	Speech Pathology Visit Charges	28,208		656		28,864	28
29	Medical Social Service Visits						29
30	Medical Social Service Visit Charges						30
31	Home Health Aide Visits	184		2	46	232	31
32	Home Health Aide Visit Charges	31,450		340	7,820	39,610	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,263		173	255	3,691	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	1,057,106		55,772	77,684	1,190,562	35
36	Total Number of Episodes (standard/non-outlier)	319		56	21	396	36
37	Total Number of Ourlier Episodes						37
38	Total Non-Routine Medical Supply Charges	134,061		6,155	17,205	157,421	38

KPMG LLP Compu-Max 2552-10

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HOSPITAL-BASED HOSPICE IDENTIFICATION DATA**HOSPICE CCN: 26-1657****WORKSHEET S-9
PARTS I THROUGH IV****PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015**

		Unduplicated Days						
		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	10,842	347	347	11,536	11
12	Hospice Inpatient Respite Care					12
13	Hospice General Inpatient Care					13
14	Total Hospice Days	10,842	347	347	11,536	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

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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)	0.153728	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)	45,809,229	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)	86,633,743	3,032,144	89,665,887	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	13,318,032	3,032,144	16,350,176	21
22	Payments received from patients for amounts previously written off as charity care	11,998	32,721	44,719	22
23	Cost of charity care (line 21 minus line 22)	13,306,034	2,999,423	16,305,457	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)	26,444,190	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,649,954	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	2,538,391	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	23,905,799	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	4,563,428	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	20,868,885	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	20,868,885	31

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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		17,224,341	17,224,341	6,264,075	23,488,416	-1,043,652	22,444,764	1
2	00200	Cap Rel Costs-Mvble Equip		17,057,268	17,057,268	220,011	17,277,279	-59,498	17,217,781	2
3	00300	Other Cap Rel Costs		701,144	701,144	-701,144			-0-	3
4	00400	Employee Benefits Department	4,414,550	4,746,008	9,160,558	312,901	9,473,459	-548,262	8,925,197	4
5.01	00540	COMMUNICATIONS	227,136	79,331	306,467	227,253	533,720	-60,729	472,991	5.01
5.02	00550	DATA PROCESSING	7,381,787	13,205,332	20,587,119	255	20,587,374		20,587,374	5.02
5.03	00560	PURCHASING	436,744	510,043	946,787	-38,630	908,157		908,157	5.03
5.04	00570	ADMITTING	3,005,186	1,219,057	4,224,243		4,224,243		4,224,243	5.04
5.05	00580	CREDIT & COLLECTIONS	1,789,960	4,221,173	6,011,133	142	6,011,275		6,011,275	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	17,471,395	36,670,071	54,141,466	-7,041,513	47,099,953	-1,437,274	45,662,679	5.06
6	00600	Maintenance & Repairs	2,442,726	5,963,484	8,406,210	-713,782	7,692,428	-6,732	7,685,696	6
7	00700	Operation of Plant								7
7.10	00701	SPD SOILED PROCESSING								7.10
8	00800	Laundry & Linen Service	430,210	635,883	1,066,093	24	1,066,117		1,066,117	8
9	00900	Housekeeping	993,915	2,657,939	3,651,854	3,140	3,654,994		3,654,994	9
10	01000	Dietary	1,722,665	1,590,298	3,312,963	652	3,313,615	-1,114,415	2,199,200	10
11	01100	Cafeteria								11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,394,353	359,475	1,753,828		1,753,828		1,753,828	13
13.10	01301	SPD STERILE PROCESSING	667,522	587,224	1,254,746	4,826	1,259,572	-27,980	1,231,592	13.10
14	01400	Central Services & Supply								14
15	01500	Pharmacy								15
16	01600	Medical Records & Library	811,408	1,684,501	2,495,909	94	2,496,003	-568,183	1,927,820	16
17	01700	Social Service	329,216	93,974	423,190		423,190		423,190	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	15,008,769	5,175,373	20,184,142	49,300	20,233,442		20,233,442	30
31	03100	Intensive Care Unit	4,469,776	1,929,431	6,399,207	47,192	6,446,399		6,446,399	31
31.01	02060	NEONATOLOGY/NICU	2,305,208	1,170,575	3,475,783	50,817	3,526,600	-40,810	3,485,790	31.01
41	04100	Subprovider - IRF	1,172,352	394,754	1,567,106	5,434	1,572,540		1,572,540	41
43	04300	Nursery	882,590	460,523	1,343,113	8,179	1,351,292		1,351,292	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	8,443,697	5,495,331	13,939,028	94,999	14,034,027		14,034,027	50
51	05100	Recovery Room	788,509	222,015	1,010,524	5,456	1,015,980		1,015,980	51
52	05200	Delivery Room & Labor Room	971,542	317,854	1,289,396	9,726	1,299,122		1,299,122	52
53	05300	Anesthesiology	74,755	365,260	440,015	13,253	453,268		453,268	53
54	05400	Radiology-Diagnostic	4,156,566	3,219,157	7,375,723	11,485	7,387,208	-712,898	6,674,310	54
56	05600	Radioisotope	247,017	239,323	486,340	879	487,219		487,219	56
57	05700	CT Scan	520,725	583,760	1,104,485	425	1,104,910		1,104,910	57
58	05800	MRI	248,849	378,303	627,152	2,545	629,697		629,697	58
59	05900	Cardiac Catheterization	2,828,889	2,506,854	5,335,743	16,479	5,352,222		5,352,222	59
60	06000	Laboratory	4,254,710	8,452,629	12,707,339	-302,366	12,404,973		12,404,973	60
60.10	06001	CARDIOVASCULAR LABORATORY								60.10
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	3,153,652	1,783,975	4,937,627	47,810	4,985,437	-15,802	4,969,635	65
66	06600	Physical Therapy	2,275,623	744,679	3,020,302	4,625	3,024,927		3,024,927	66
67	06700	Occupational Therapy	943,179	237,277	1,180,456	727	1,181,183		1,181,183	67
68	06800	Speech Pathology	714,659	201,005	915,664	1,521	917,185		917,185	68
69	06900	Electrocardiology	1,090,733	1,196,914	2,287,647	80,572	2,368,219	-113,314	2,254,905	69
70	07000	Electroencephalography	974,751	412,092	1,386,843	8,165	1,395,008	-30,418	1,364,590	70
71	07100	Medical Supplies Charged to Patients	725,562	42,262,909	42,988,471	-21,679,533	21,308,938		21,308,938	71
72	07200	Impl. Dev. Charged to Patients				21,707,244	21,707,244		21,707,244	72
73	07300	Drugs Charged to Patients	3,168,322	28,841,132	32,009,454	79,191	32,088,645	-1,749	32,086,896	73
73.10	07301	REHABILITATION SERVICES	3,595,469	2,116,466	5,711,935	17,303	5,729,238	-347,863	5,381,375	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	161,102	174,438	335,540	150	335,690		335,690	90.10
90.20	09002	GYN SURG ONCOLOGIST PBC	28,386	21,282	49,668	22	49,690		49,690	90.20
90.30	09003	PHYSICIAN CARDIOLOGIST PBC	468,568	372,161	840,729	96	840,825		840,825	90.30
90.40	09004	CAPE THORACIC & CARDIOVASCULAR PBC	59,048	105,296	164,344	2	164,346		164,346	90.40
90.60	09005	CAPE NEUROSURGERY PBC	73,431	183,059	256,490	10	256,500		256,500	90.60
90.70	09007	CAPE PHYSICIAN ASSOCIATES PBC	545,547	661,046	1,206,593	500	1,207,093		1,207,093	90.70
91	09100	Emergency	11,370,636	3,816,295	15,186,931	26,171	15,213,102	-6,238,306	8,974,796	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								

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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		282,196	282,196		282,196		282,196	95
101	10100	Home Health Agency	929,986	336,206	1,266,192	189	1,266,381		1,266,381	101
		SPECIAL PURPOSE COST CENTERS								
113	11300	Interest Expense		5,782,942	5,782,942	-5,782,942				113
116	11600	Hospice	604,982	669,423	1,274,405		1,274,405		1,274,405	116
118		SUBTOTALS (sum of lines 1-117)	120,776,363	230,318,481	351,094,844	-6,936,070	344,158,774	-12,367,885	331,790,889	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen								190
194	07950	FITNESS CENTER	1,333,450	643,016	1,976,466	2,857	1,979,323		1,979,323	194
194.01	07951	RETAIL PHARMACY	864,695	5,657,496	6,522,191		6,522,191		6,522,191	194.01
194.04	07954	PHYSICIAN SERVICES	2,787,627	764,579	3,552,206	376	3,552,582		3,552,582	194.04
194.05	07955	ENDOCRINOLOGIST	624,611	103,503	728,114	321	728,435		728,435	194.05
194.06	07956	HOSPITALIST	12,825,751	5,452,231	18,277,982	4,133	18,282,115		18,282,115	194.06
194.07	07957	NEONATOLOGY PHYSICIANS	2,222,277	241,176	2,463,453		2,463,453		2,463,453	194.07
194.08	07958	ANESTHESIOLOGISTS	4,568,072	8,848,617	13,416,689		13,416,689		13,416,689	194.08
194.09	07959	PHYSICIAN CARDIOLOGIST	7,887,053	1,108,577	8,995,630	3,055	8,998,685		8,998,685	194.09
194.10	07960	PHYSICIAN ONCOLOGIST	2,925,051	242,369	3,167,420	1,937	3,169,357		3,169,357	194.10
194.12	07962	TRAUMA PHYSICIANS	1,953,369	271,406	2,224,775	188	2,224,963		2,224,963	194.12
194.13	07963	LANDMARK HOSPITAL				19,157	19,157		19,157	194.13
194.14	07964	GYN SURG ONCOLOGIST	794,976	67,628	862,604	247	862,851		862,851	194.14
194.15	07965	CAPE GASTROENTEROLOGY	3,853,268	530,710	4,383,978	118	4,384,096		4,384,096	194.15
194.16	07966	CAPE PHYSICIAN ASSOCIATES & PEDIATRI	3,676,007	1,073,322	4,749,329	8,458	4,757,787		4,757,787	194.16
194.17	07967	NONPATIENT MEALS								194.17
194.18	07968	BEAUTY SHOP								194.18
194.19	07969	MARKETING COSTS				6,868,966	6,868,966		6,868,966	194.19
194.20	07970	CAPE PRIMARY CARE	1,356,045	541,566	1,897,611	6,609	1,904,220		1,904,220	194.20
194.21	07971	CAPE CARE FOR WOMEN	5,256,856	1,132,276	6,389,132	9,363	6,398,495		6,398,495	194.21
194.22	07972	JACKSON FAMILY CLINIC	670,059	309,912	979,971	1,006	980,977		980,977	194.22
194.24	07974	CAPE ENT GROUP	2,103,997	466,569	2,570,566	2,356	2,572,922		2,572,922	194.24
194.25	07975	CHARLESTON FAMILY CARE	402,596	160,403	562,999	680	563,679		563,679	194.25
194.29	07979	JACKSON PHYSICIAN ASSOCIATES & ICC J	191,435	85,033	276,468	855	277,323		277,323	194.29
194.31	07981	PHYSICIANS PARK PRIMARY CARE	1,237,784	6,109,704	7,347,488		7,347,488		7,347,488	194.31
194.32	07982	IMMEDIATE CONVENIENT CARE - BLACK RI	630,037	798,371	1,428,408		1,428,408		1,428,408	194.32
194.33	07983	FARMINGTON PHYSICIAN ASSOCIATES	2,379,431	800,752	3,180,183	2,323	3,182,506		3,182,506	194.33
194.34	07984	PIEDMONT PHYSICIAN ASSOCIATES	1,700,971	733,125	2,434,096	2,961	2,437,057		2,437,057	194.34
194.36	07986	POPLAR BLUFF NEUROLOGY SPECIALISTS	547,155	86,993	634,148	104	634,252		634,252	194.36
194.37	07987	IMMEDIATE CONVENIENT CARE CAPE	842,728	297,986	1,140,714		1,140,714		1,140,714	194.37
194.39	07988	CAPE NEUROSURGICAL ASSOCIATES	299,557	957,827	1,257,384		1,257,384		1,257,384	194.39
194.40	07989	KNIEBERT CLINIC	6,096,732	1,813,621	7,910,353		7,910,353		7,910,353	194.40
194.41	07990	KNIEBERT PHARMACY	447,492	5,338,118	5,785,610		5,785,610		5,785,610	194.41
194.43	07991	KNEIBERT LAB	302,457	338,773	641,230		641,230		641,230	194.43
194.44	07992	PALLIATIVE CARE	261,067	74,378	335,445		335,445		335,445	194.44
194.45	07993	CAPE ORTHO SURGEONS	2,143,026	9,330,942	11,473,968		11,473,968		11,473,968	194.45
194.46	07994	SAINT FRANCIS OUTPATIENT CLINIC	911,452	629,143	1,540,595		1,540,595		1,540,595	194.46
194.47	07995	PHYSICIAN ALLIANCE	20,848		20,848		20,848		20,848	194.47
194.48	07996	INTENSIVISTS	793,452	91,507	884,959		884,959		884,959	194.48
194.49	07997	ACO	2,497	1,586	4,083		4,083		4,083	194.49
194.50	07998	SFOC IMG	3,100	293	3,393		3,393		3,393	194.50
194.51	07999	SFOC PB	1,507	359	1,866		1,866		1,866	194.51
194.52	07952	PHYSICIAN PARK GENERAL SURGERY	321,845	270,298	592,143		592,143		592,143	194.52
194.53	07953	POPLAR BLUFF PEDIATRICS	549,537	330,603	880,140		880,140		880,140	194.53
194.54	07961	FERGUSON MEDICAL GROUP	1,113,322	494,876	1,608,198		1,608,198		1,608,198	194.54
194.55	07973	FERGUSON MEDICAL GROUP SC	103,581	98,101	201,682		201,682		201,682	194.55
194.56	07976	FERGUSON MEDICAL GROUP CH	133,984	116,165	250,149		250,149		250,149	194.56
194.57	07977	FERGUSON MEDICAL GROUP EP	545,752	266,893	812,645		812,645		812,645	194.57
194.58	07978	FERGUSON MEDICAL GROUP SI	2,522,509	1,260,735	3,783,244		3,783,244		3,783,244	194.58
194.59	07980	SIKESTON IMAGING CENTER	24,043	148,700	172,743		172,743		172,743	194.59
194.60	07985	FERGUSON MEDICAL GROUP LAB	133,588	365,959	499,547		499,547		499,547	194.60
200		TOTAL (sum of lines 118-199)	201,143,012	288,774,678	489,917,690		489,917,690	-12,367,885	477,549,805	200

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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		312,901	1
2							2
500	Total reclassifications					312,901	500
	Code Letter - A						
1	RECLASS INTEREST EXPENSE	B	Cap Rel Costs-Bldg & Fixt	1		5,782,942	1
500	Total reclassifications					5,782,942	500
	Code Letter - B						
1	RECLASS TELEPHONE COSTS	C	COMMUNICATIONS	5.01		227,136	1
500	Total reclassifications					227,136	500
	Code Letter - C						
1	RECLASS MAIL CLERK	D	OTHER ADMINISTRATIVE & GENERA	5.06	38,677		1
500	Total reclassifications				38,677		500
	Code Letter - D						
1	RECLASS MARKETING COST	E	MARKETING COSTS	194.19	3,440,929	3,428,037	1
500	Total reclassifications				3,440,929	3,428,037	500
	Code Letter - E						
1	RECLASS BIOMED	F	COMMUNICATIONS	5.01	54	63	1
2			DATA PROCESSING	5.02	130	125	2
3			PURCHASING	5.03	24	23	3
4			CREDIT & COLLECTIONS	5.05	72	70	4
5			OTHER ADMINISTRATIVE & GENERA	5.06	8,087	7,825	5
6			Maintenance & Repairs	6	27,245	26,364	6
7			Laundry & Linen Service	8	12	12	7
8			Housekeeping	9	1,596	1,544	8
9			Dietary	10	331	321	9
10			SPD STERILE PROCESSING	13.10	2,453	2,373	10
11			Medical Records & Library	16	48	46	11
12			Adults & Pediatrics	30	43,780	42,365	12
13			Intensive Care Unit	31	24,850	24,048	13
14			NEONATOLOGY/NICU	31.01	25,826	24,991	14
15			Subprovider - IRF	41	2,809	2,718	15
16			Nursery	43	4,157	4,022	16
17			Operating Room	50	49,164	47,574	17
18			Recovery Room	51	2,773	2,683	18
19			Delivery Room & Labor Room	52	4,943	4,783	19
20			Anesthesiology	53	6,735	6,518	20
21			Radiology-Diagnostic	54	5,837	5,648	21
22			CT Scan	57	216	209	22
23			MRI	58	1,294	1,251	23
24			Radioisotope	56	447	432	24
25			Laboratory	60	5,354	5,181	25
26			Cardiac Catheterization	59	8,814	8,528	26
27			Respiratory Therapy	65	24,297	23,513	27
28			Physical Therapy	66	2,350	2,275	28
29			Occupational Therapy	67	370	357	29
30			Speech Pathology	68	773	748	30
31			Electrocardiology	69	7,151	6,920	31
32			Electroencephalography	70	4,149	4,016	32
33			Medical Supplies Charged to P	71	14,083	13,628	33
34			Drugs Charged to Patients	73	40,246	38,945	34
35			REHABILITATION SERVICES	73.10	8,794	8,509	35
36			CAPE MEDICAL ONCOLOGY PBC	90.10	75	75	36
37			GYN SURG ONCOLOGIST PBC	90.20	11	11	37
38			PHYSICIAN CARDIOLOGIST PBC	90.30	48	48	38
39			CAPE THORACIC & CARDIOVASCULA	90.40	1	1	39
40			CAPE NEUROSURGERY PBC	90.60	5	5	40
41			CAPE PHYSICIAN ASSOCIATES PBC	90.70	400	100	41
42			Emergency	91	26,135	25,291	42
43			Home Health Agency	101	96	93	43
44			FITNESS CENTER	194	1,452	1,405	44
45			PHYSICIAN SERVICES	194.04	191	185	45
46			ENDOCRINOLOGIST	194.05	163	158	46
47			HOSPITALIST	194.06	2,100	2,033	47
48			PHYSICIAN CARDIOLOGIST	194.09	1,553	1,502	48
49			PHYSICIAN ONCOLOGIST	194.10	986	951	49
50			TRAUMA PHYSICIANS	194.12	96	92	50
51			LANDMARK HOSPITAL	194.13	9,736	9,421	51
52			GYN SURG ONCOLOGIST	194.14	126	121	52
53			CAPE GASTROENTEROLOGY	194.15	60	58	53
54			CAPE PHYSICIAN ASSOCIATES & P	194.16	4,153	4,305	54
55			CAPE PRIMARY CARE	194.20	3,359	3,250	55

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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			CAPE CARE FOR WOMEN	194.21	4,759	4,604	56
57			JACKSON FAMILY CLINIC	194.22	511	495	57
58			CAPE ENT GROUP	194.24	1,198	1,158	58
59			CHARLESTON FAMILY CARE	194.25	346	334	59
60			JACKSON PHYSICIAN ASSOCIATES	194.29	434	421	60
61			FARMINGTON PHYSICIAN ASSOCIAT	194.33	1,181	1,142	61
62			PIEDMONT PHYSICIAN ASSOCIATES	194.34	1,505	1,456	62
63			POPLAR BLUFF NEUROLOGY SPECIA	194.36	53	51	63
500	Total reclassifications				389,997	377,394	500
	Code Letter - F						
1	RECLASS EKG COSTS	H	Electrocardiology	69	54,353	12,148	1
2							2
3							3
4							4
5							5
6							6
7							7
500	Total reclassifications				54,353	12,148	500
	Code Letter - H						
1	RECLASS IMP. DEVICES CHARGED	I	Impl. Dev. Charged to Patient	72	360,179	21,347,065	1
500	Total reclassifications				360,179	21,347,065	500
	Code Letter - I						
	GRAND TOTAL (Increases)				4,284,135	31,487,623	

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

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RECLASSIFICATIONS**WORKSHEET A-6**

	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		312,901		2
500	Total reclassifications					312,901		500
	Code letter - A							
1	RECLASS INTEREST EXPENSE	B	Interest Expense	113		5,782,942	11	1
500	Total reclassifications					5,782,942		500
	Code letter - B							
1	RECLASS TELEPHONE COSTS	C	OTHER ADMINISTRATIVE & GENERA	5.06		227,136		1
500	Total reclassifications					227,136		500
	Code letter - C							
1	RECLASS MAIL CLERK	D	PURCHASING	5.03	38,677			1
500	Total reclassifications				38,677			500
	Code letter - D							
1	RECLASS MARKETING COST	E	OTHER ADMINISTRATIVE & GENERA	5.06	3,440,929	3,428,037		1
500	Total reclassifications				3,440,929	3,428,037		500
	Code letter - E							
1	RECLASS BIOMED	F						1
2								2
3								3
4								4
5								5
6								6
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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			Maintenance & Repairs	6	389,997	377,394		63
500	Total reclassifications				389,997	377,394		500
	Code letter - F							
1	RECLASS EKG COSTS	H						1
2			Adults & Pediatrics	30	29,252	7,593		2
3			Intensive Care Unit	31	1,352	354		3
4			Subprovider - IRF	41	72	21		4
5			Operating Room	50	1,352	387		5
6			Cardiac Catheterization	59	700	163		6
7			Emergency	91	21,625	3,630		7
500	Total reclassifications				54,353	12,148		500
	Code letter - H							
1	RECLASS IMP. DEVICES CHARGED	I	Medical Supplies Charged to P	71	360,179	21,347,065		1
500	Total reclassifications				360,179	21,347,065		500
	Code letter - I							
	GRAND TOTAL (Decreases)				4,284,135	31,487,623		

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

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RECONCILIATION OF CAPITAL COST CENTERS**WORKSHEET A-7
PARTS I, II & III****PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES**

	Description	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	13,177,646				288,461	12,889,185	4,909,275	2
3	Buildings and Fixtures	245,875,500	19,243,636		19,243,636	13,333,289	251,785,847	39,360,006	3
4	Building Improvements								4
5	Fixed Equipment	151,015,474	498,737		498,737		151,514,211	34,546,306	5
6	Movable Equipment	185,390,104	11,037,223		11,037,223	2,278,195	194,149,132	76,735,451	6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	603,845,674	30,779,596		30,779,596	15,899,945	618,725,325	155,551,038	8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	603,845,674	30,779,596		30,779,596	15,899,945	618,725,325	155,551,038	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	17,224,341						17,224,341	1
2	Cap Rel Costs-Mvble Equip	17,057,268						17,057,268	2
3	Total (sum of lines 1-2)	34,281,609						34,281,609	3

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	424,576,192		424,576,192	0.686211			481,133	481,133	1
2	Cap Rel Costs-Mvble Equip	194,149,133		194,149,133	0.313789			220,011	220,011	2
3	Total (sum of lines 1-2)	618,725,325		618,725,325	1.000000			701,144	701,144	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	17,208,774		4,754,857			481,133	22,444,764	1
2	Cap Rel Costs-Mvble Equip	16,997,770					220,011	17,217,781	2
3	Total (sum of lines 1-2)	34,206,544		4,754,857			701,144	39,662,545	3

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

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ADJUSTMENTS TO EXPENSES
WORKSHEET A-8

				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	-1,028,085	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	-60,729	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	-7,151,548				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	-1,114,415	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	-1,749	Drugs Charged to Patients	73		17
18	Sale of medical records and abstracts	B	-568,183	Medical Records & Library	16		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	-30,847	Cap Rel Costs-Mvble Equip	2	9	33
34	TELEVISION ELECTRIC USAGE	A	-6,732	Maintenance & Repairs	6		34
35	PHYSICIAN RECRUITMENT	A	-628,405	OTHER ADMINISTRATIVE & GENERAL	5.06		35
36	COMMUNITY WELLNESS	B	-107,621	REHABILITATION SERVICES	73.10		36
37	OUTSIDE STERILE PROCESS	B	-27,980	SPD STERILE PROCESSING	13.10		37
38							38
39	COMMUNITY TRAINING CENTER	B	-224,521	REHABILITATION SERVICES	73.10		39
40							40
41	MISC. INCOME	B	-50,421	OTHER ADMINISTRATIVE & GENERAL	5.06		41
42	NON-ALLOW SUPPLIES-REHAB.	B	-6,831	REHABILITATION SERVICES	73.10		42
43							43
44							44
45	REHAB GYM USE	B	-8,890	REHABILITATION SERVICES	73.10		45
45.01	ADJ. DEPR. EXP.	A	-9,094	Cap Rel Costs-Bldg & Fixt	1	9	45.01
45.02	ADJ. DEPR. EXP.	A	-2,730	Cap Rel Costs-Mvble Equip	2	9	45.02
45.04	ADJ. DEPR. EXP	A	-22,577	Cap Rel Costs-Mvble Equip	2	9	45.04
45.05	AHA DUES FOR LOBBYING	A	-27,907	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	-2,304	OTHER ADMINISTRATIVE & GENERAL	5.06		45.08
45.09	NON-ALLOWABLE GOODWILL EXPENSE	A	-728,237	OTHER ADMINISTRATIVE & GENERAL	5.06		45.09
45.10	ER PHYSICAN BENEFITS	A	-548,262	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)		-12,367,885				50

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1

(2) Basis for adjustment (see instructions)

A. Costs - if cost, including applicable overhead, can be determined

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

				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.

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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:

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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	712,898	712,898		195,000				2
3	57	CT Scan CT SCAN				195,000				3
4	65	Respiratory Therapy RESPIRATORY THE	15,802	15,802		153,400				4
5	69	Electrocardiology ELECTROCARDIOLO	113,314	113,314		153,400				5
6	70	Electroencephalograp ELECTROENCEPHAL	30,418	30,418		153,400				6
7	73.10	REHABILITATION SERVI REHABILITATION				153,400				7
8	91	Emergency EMERGENCY	6,251,139	6,213,743	37,396	153,400	174	12,833	642	8
9	31.01	NEONATOLOGY/NICU NICU	40,810	40,810		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	7,164,381	7,126,985	37,396		174	12,833	642	200

KPMG LLP Compu-Max 2552-10

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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							712,898	2
3	57	CT Scan CT SCAN								3
4	65	Respiratory Therapy RESPIRATORY THE							15,802	4
5	69	Electrocardiology ELECTROCARDIOLO							113,314	5
6	70	Electroencephalograp ELECTROENCEPHAL							30,418	6
7	73.10	REHABILITATION SERVI REHABILITATION								7
8	91	Emergency EMERGENCY					12,833	24,563	6,238,306	8
9	31.01	NEONATOLOGY/NICU NICU							40,810	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	7,151,548	200

KPMG LLP Compu-Max 2552-10

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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	22,444,764	22,444,764					1
2	Cap Rel Costs-Mvble Equip	17,217,781		17,217,781				2
4	Employee Benefits Department	8,925,197	295,556	29,559	9,250,312			4
5.01	COMMUNICATIONS	472,991	17,245	241,695	10,856	742,787		5.01
5.02	DATA PROCESSING	20,587,374	417,168	7,992,922	352,730	40,252	29,390,446	5.02
5.03	PURCHASING	908,157	154,748	6,186	18,944	5,792	124,177	5.03
5.04	ADMITTING	4,224,243	76,752				1,184,184	5.04
5.05	CREDIT & COLLECTIONS	6,011,275	75,947	6,360	229,130	43,438	356,335	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	45,662,679	1,356,719	203,820	791,834	60,813	4,407,400	5.06
6	Maintenance & Repairs	7,685,696	908,704	103,352	99,385	13,611	568,696	6
7	Operation of Plant		2,861,633		2	1,738		7
7.10	SPD SOILED PROCESSING		178,988		1	579		7.10
8	Laundry & Linen Service	1,066,117	130,093	50,772	20,557	1,158	197,964	8
9	Housekeeping	3,654,994	139,660	34,039	47,569	4,633	476,913	9
10	Dietary	2,199,200	272,036	128,124	82,330	4,344	651,481	10
11	Cafeteria		260,477					11
12	Maintenance of Personnel							12
13	Nursing Administration	1,753,828	3,510	194,450	66,626	4,054	250,154	13
13.10	SPD STERILE PROCESSING	1,231,592	136,066	77,172	32,013	3,765	255,553	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	1,927,820	124,349	17,659	38,774	9,556	264,552	16
17	Social Service	423,190	6,868		15,731	2,027	71,987	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	20,233,442	3,478,024	516,814	717,858	140,158	3,655,134	30
31	Intensive Care Unit	6,446,399	565,733	281,428	214,702	22,298	899,836	31
31.01	NEONATOLOGY/NICU	3,485,790	361,840	216,512	111,384	10,135	502,109	31.01
41	Subprovider - IRF	1,572,540	445,305	26,506	56,149	11,873	264,552	41
43	Nursery	1,351,292	13,659	2,216	42,371		192,565	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	14,034,027	1,341,234	1,943,680	405,750	48,361	1,617,905	50
51	Recovery Room	1,015,980	75,207	11,913	37,810	4,923	179,967	51
52	Delivery Room & Labor Room	1,299,122			46,659		219,560	52
53	Anesthesiology	453,268	3,790	87	3,894	3,765	30,594	53
54	Radiology-Diagnostic	6,674,310	467,769	1,523,469	198,892	30,696	676,677	54
56	Radioisotope	487,219	61,422	69,985	11,825	2,606	43,192	56
57	CT Scan	1,104,910	44,090	335,147	24,892	1,448	113,379	57
58	MRI	629,697	20,606	627,471	11,953	869	61,189	58
59	Cardiac Catheterization	5,352,222	919,998	358,724	135,561	31,275	394,128	59
60	Laboratory	12,404,973	302,181	254,957	203,559	26,352	1,119,396	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	4,969,635	299,210	114,366	151,852	9,556	743,265	65
66	Physical Therapy	3,024,927	481,836	22,349	108,848	2,606	403,127	66
67	Occupational Therapy	1,181,183	42,096	3,858	45,086	4,344	167,370	67
68	Speech Pathology	917,185	33,280	2,054	34,185	2,317	124,177	68
69	Electrocardiology	2,254,905		299,690	55,057		212,361	69
70	Electroencephalography	1,364,590	93,720	113,903	46,775	16,217	188,966	70
71	Medical Supplies Charged to Patients	21,308,938	209,958	11,162	17,671	1,158	147,573	71
72	Impl. Dev. Charged to Patients	21,707,244	209,958	11,163	17,671	1,448	145,773	72
73	Drugs Charged to Patients	32,086,896	202,720	329,507	153,315	10,715	469,714	73
73.10	REHABILITATION SERVICES	5,381,375	1,297,266	382,293	172,222	31,854	656,880	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	335,690	12,867	1,338	7,702	869		90.10
90.20	GYN SURG ONCOLOGIST PBC	49,690		301	1,357	290		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	840,825	7,771	2,913	22,392	869	107,980	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	164,346	1,355	83	2,822			90.40
90.60	CAPE NEUROSURGERY PBC	256,500	131	222	3,509		107,980	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	1,207,093	37,992	227	26,068	579	62,989	90.70
91	Emergency	8,974,796	900,960	391,352	286,791	31,565	1,326,358	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	282,196						95
101	Home Health Agency	1,266,381	66,051	4,674	44,442	4,923	154,772	101

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI- CATIONS	DATA PROCESSING	
		0	1	2	4	5.01	5.02	
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	1,274,405	114,437		28,908		131,376	116
118	SUBTOTALS (sum of lines 1-117)	331,790,889	19,528,985	16,946,474	5,256,414	649,829	23,930,240	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		51,260			1,158		190
194	FITNESS CENTER	1,979,323	1,044,639	40,692	63,786	9,267	383,330	194
194.01	RETAIL PHARMACY	6,522,191	65,044	18,394	41,318	6,081	125,977	194.01
194.04	PHYSICIAN SERVICES	3,552,582	101,779	3,006	133,210	5,213	124,177	194.04
194.05	ENDOCRINOLOGIST	728,435		7,019	29,854	5,792	77,386	194.05
194.06	HOSPITALIST	18,282,115	87,094	8,290	612,953	4,054	604,690	194.06
194.07	NEONATOLOGY PHYSICIANS	2,463,453	25,324	181	106,187	1,448	111,580	194.07
194.08	ANESTHESIOLOGISTS	13,416,689	15,901		218,276		298,746	194.08
194.09	PHYSICIAN CARDIOLOGIST	8,998,685	211,114	42,041	376,941	16,217	448,118	194.09
194.10	PHYSICIAN ONCOLOGIST	3,169,357	165,528	4,697	139,815	9,267	167,370	194.10
194.12	TRAUMA PHYSICIANS	2,224,963	56,263	1,926	93,342	2,896	113,379	194.12
194.13	LANDMARK HOSPITAL	19,157			465			194.13
194.14	GYN SURG ONCOLOGIST	862,851		3,337	37,992	3,185	39,593	194.14
194.15	CAPE GASTROENTEROLOGY	4,384,096		2,726	184,124	6,371	165,570	194.15
194.16	CAPE PHYSICIAN ASSOCIATES & PEDIATRI	4,757,787	468,580	12,838	175,868	21,719	473,314	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP		2,764			290		194.18
194.19	MARKETING COSTS	6,868,966			152,096			194.19
194.20	CAPE PRIMARY CARE	1,904,220		45,586	64,956		210,562	194.20
194.21	CAPE CARE FOR WOMEN	6,398,495		47,324	251,416		534,503	194.21
194.22	JACKSON FAMILY CLINIC	980,977		6,860	32,042		88,184	194.22
194.24	CAPE ENT GROUP	2,572,922		19,985	100,593		163,770	194.24
194.25	CHARLESTON FAMILY CARE	563,679		6,405	19,254		68,388	194.25
194.29	JACKSON PHYSICIAN ASSOCIATES & ICC J	277,323			9,168		35,993	194.29
194.31	PHYSICIANS PARK PRIMARY CARE	7,347,488			59,145		437,320	194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI	1,428,408			30,105		174,568	194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES	3,182,506			113,753		318,542	194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES	2,437,057			81,349			194.34
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS	634,252			26,147			194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE	1,140,714			40,268		151,172	194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES	1,257,384			14,314			194.39
194.40	KNIEBERT CLINIC	7,910,353			291,320			194.40
194.41	KNIEBERT PHARMACY	5,785,610			21,383			194.41
194.43	KNEIBERT LAB	641,230			14,452		104,381	194.43
194.44	PALLIATIVE CARE	335,445	3,262		12,475		39,593	194.44
194.45	CAPE ORTHO SURGEONS	11,473,968	617,227		102,400			194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC	1,540,595			43,552			194.46
194.47	PHYSICIAN ALLIANCE	20,848			996			194.47
194.48	INTENSIVISTS	884,959			37,914			194.48
194.49	ACO	4,083			119			194.49
194.50	SFOC IMG	3,393			148			194.50
194.51	SFOC PB	1,866			72			194.51
194.52	PHYSICIAN PARK GENERAL SURGERY	592,143			15,379			194.52
194.53	POPLAR BLUFF PEDIATRICS	880,140			26,259			194.53
194.54	FERGUSON MEDICAL GROUP	1,608,198			53,198			194.54
194.55	FERGUSON MEDICAL GROUP SC	201,682			4,949			194.55
194.56	FERGUSON MEDICAL GROUP CH	250,149			6,402			194.56
194.57	FERGUSON MEDICAL GROUP EP	812,645			26,078			194.57
194.58	FERGUSON MEDICAL GROUP SI	3,783,244			120,533			194.58
194.59	SIKESTON IMAGING CENTER	172,743			1,149			194.59
194.60	FERGUSON MEDICAL GROUP LAB	499,547			6,383			194.60
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	477,549,805	22,444,764	17,217,781	9,250,312	742,787	29,390,446	202

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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	1,218,004						5.03
5.04	ADMITTING	330	5,485,509					5.04
5.05	CREDIT & COLLECTIONS	371		6,722,856				5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	6,207			52,489,472	52,489,472		5.06
6	Maintenance & Repairs	13,427			9,392,871	1,159,897	10,552,768	6
7	Operation of Plant				2,863,373	353,589	1,577,592	7
7.10	SPD SOILED PROCESSING				179,568	22,174	98,675	7.10
8	Laundry & Linen Service	3,667			1,470,328	181,566	71,719	8
9	Housekeeping	3,347			4,361,155	538,546	76,993	9
10	Dietary	3,364			3,340,879	412,555	149,971	10
11	Cafeteria				260,477	32,166	143,599	11
12	Maintenance of Personnel							12
13	Nursing Administration	178			2,272,800	280,661	1,935	13
13.10	SPD STERILE PROCESSING	3,855			1,740,016	214,869	75,012	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	154			2,382,864	294,253	68,553	16
17	Social Service				519,803	64,189	3,786	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	11,129	302,263	370,513	29,425,335	3,633,646	1,917,400	30
31	Intensive Care Unit	9,206	163,061	199,879	8,802,542	1,087,000	311,883	31
31.01	NEONATOLOGY/NICU	5,785	89,940	110,248	4,893,743	604,314	199,479	31.01
41	Subprovider - IRF	495	15,928	19,524	2,412,872	297,958	245,492	41
43	Nursery	2,677	27,525	33,739	1,666,044	205,735	7,530	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	28,279	351,503	430,870	20,201,609	2,494,636	739,410	50
51	Recovery Room	248	54,906	67,303	1,448,257	178,841	41,461	51
52	Delivery Room & Labor Room	680	36,670	44,950	1,647,641	203,462		52
53	Anesthesiology	4,114	174,745	214,201	888,458	109,713	2,090	53
54	Radiology-Diagnostic	10,401	277,399	340,035	10,199,648	1,259,524	257,877	54
56	Radioisotope	2,071	45,612	55,911	779,843	96,300	33,862	56
57	CT Scan	6,105	347,391	425,830	2,403,192	296,763	24,306	57
58	MRI	3,850	79,357	97,275	1,532,267	189,215	11,360	58
59	Cardiac Catheterization	18,889	228,470	280,058	7,719,325	953,236	507,187	59
60	Laboratory	63,512	595,165	728,299	15,698,394	1,938,548	166,590	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	9,811	312,846	383,485	6,994,026	863,671	164,952	65
66	Physical Therapy	291	51,749	63,434	4,159,167	513,603	265,632	66
67	Occupational Therapy	172	25,938	31,795	1,501,842	185,458	23,207	67
68	Speech Pathology	155	23,588	28,914	1,165,855	143,968	18,347	68
69	Electrocardiology	9,355	111,416	136,573	3,079,357	380,261		69
70	Electroencephalography	1,342	24,832	30,439	1,880,784	232,252	51,667	70
71	Medical Supplies Charged to Patients	255,715	559,873	686,289	23,198,337	2,864,693	115,748	71
72	Impl. Dev. Charged to Patients	255,715	559,873	686,289	23,595,134	2,913,692	115,748	72
73	Drugs Charged to Patients	343,458	476,702	584,339	34,657,366	4,279,782	111,758	73
73.10	REHABILITATION SERVICES	4,731	119,433	146,401	8,192,455	1,011,662	715,171	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	126	7,989	9,793	376,374	46,477	7,094	90.10
90.20	GYN SURG ONCOLOGIST PBC	7	886	1,086	53,617	6,621		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	278	15,626	19,154	1,017,808	125,686	4,284	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	48	2,470	3,028	174,152	21,506	747	90.40
90.60	CAPE NEUROSURGERY PBC	77	2,231	2,734	373,384	46,108	72	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	329	21,989	26,954	1,384,220	170,933	20,945	90.70
91	Emergency	9,125	347,901	426,456	12,695,304	1,567,705	496,691	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		1,114	1,366	284,676	35,154		95
101	Home Health Agency	857	6,944	8,512	1,557,556	192,338	36,413	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	
116	Hospice	169	22,174	27,180	1,598,649	197,412	63,088	116
118	SUBTOTALS (sum of lines 1-117)	1,094,102	5,485,509	6,722,856	318,932,839	32,902,338	8,945,326	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				52,418	6,473	28,259	190
194	FITNESS CENTER	1,405			3,522,442	434,976	575,900	194
194.01	RETAIL PHARMACY	66,189			6,845,194	845,292	35,858	194.01
194.04	PHYSICIAN SERVICES	611			3,920,578	484,140	56,110	194.04
194.05	ENDOCRINOLOGIST	100			848,586	104,789		194.05
194.06	HOSPITALIST	8,093			19,607,289	2,421,245	48,014	194.06
194.07	NEONATOLOGY PHYSICIANS	76			2,708,249	334,434	13,961	194.07
194.08	ANESTHESIOLOGISTS				13,949,612	1,722,596	8,766	194.08
194.09	PHYSICIAN CARDIOLOGIST	889			10,094,005	1,246,478	116,385	194.09
194.10	PHYSICIAN ONCOLOGIST	166			3,656,200	451,493	91,254	194.10
194.12	TRAUMA PHYSICIANS				2,492,769	307,825	31,017	194.12
194.13	LANDMARK HOSPITAL				19,622	2,423		194.13
194.14	GYN SURG ONCOLOGIST	18			946,976	116,939		194.14
194.15	CAPE GASTROENTEROLOGY	682			4,743,569	585,769		194.15
194.16	CAPE PHYSICIAN ASSOCIATES & PEDIATRI	6,140			5,916,246	730,579	258,324	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP				3,054	377	1,524	194.18
194.19	MARKETING COSTS				7,021,062	867,010		194.19
194.20	CAPE PRIMARY CARE	484			2,225,808	274,858		194.20
194.21	CAPE CARE FOR WOMEN	4,173			7,235,911	893,541		194.21
194.22	JACKSON FAMILY CLINIC	2,021			1,110,084	137,081		194.22
194.24	CAPE ENT GROUP	2,200			2,859,470	353,107		194.24
194.25	CHARLESTON FAMILY CARE	772			658,498	81,316		194.25
194.29	JACKSON PHYSICIAN ASSOCIATES & ICC J				322,484	39,823		194.29
194.31	PHYSICIANS PARK PRIMARY CARE	1,391			7,845,344	968,798		194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI	6,056			1,639,137	202,412		194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES	546			3,615,347	446,448		194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES	630			2,519,036	311,068		194.34
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS	168			660,567	81,571		194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE	388			1,332,542	164,552		194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES	33			1,271,731	157,042		194.39
194.40	KNIEBERT CLINIC	1,908			8,203,581	1,013,036		194.40
194.41	KNIEBERT PHARMACY	276			5,807,269	717,122		194.41
194.43	KNIEBERT LAB	355			760,418	93,902		194.43
194.44	PALLIATIVE CARE				390,775	48,256	1,799	194.44
194.45	CAPE ORTHO SURGEONS	12,172			12,205,767	1,507,254	340,271	194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC	387			1,584,534	195,669		194.46
194.47	PHYSICIAN ALLIANCE				21,844	2,697		194.47
194.48	INTENSIVISTS	6			922,879	113,964		194.48
194.49	ACO				4,202	519		194.49
194.50	SFOC IMG				3,541	437		194.50
194.51	SFOC PB	3			1,941	240		194.51
194.52	PHYSICIAN PARK GENERAL SURGERY	35			607,557	75,025		194.52
194.53	POPLAR BLUFF PEDIATRICS	1,369			907,768	112,098		194.53
194.54	FERGUSON MEDICAL GROUP	39			1,661,435	205,166		194.54
194.55	FERGUSON MEDICAL GROUP SC	36			206,667	25,521		194.55
194.56	FERGUSON MEDICAL GROUP CH	153			256,704	31,700		194.56
194.57	FERGUSON MEDICAL GROUP EP	147			838,870	103,590		194.57
194.58	FERGUSON MEDICAL GROUP SI	706			3,904,483	482,153		194.58
194.59	SIKESTON IMAGING CENTER	10			173,902	21,475		194.59
194.60	FERGUSON MEDICAL GROUP LAB	3,069			508,999	62,855		194.60
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,218,004	5,485,509	6,722,856	477,549,805	52,489,472	10,552,768	202

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	4,794,554						7
7.10	SPD SOILED PROCESSING	52,712	353,129					7.10
8	Laundry & Linen Service	38,312	353,129	2,115,054				8
9	Housekeeping	41,130		39,307	5,057,131			9
10	Dietary	80,115		17,920	86,897	4,088,337		10
11	Cafeteria	76,711			83,205	1,650,624	2,246,782	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,034			1,121		27,465	13
13.10	SPD STERILE PROCESSING	40,071		77,561	43,464		28,061	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	36,621			39,721		29,075	16
17	Social Service	2,023			2,194		7,950	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	1,024,283		828,921	1,111,000	1,417,462	401,532	30
31	Intensive Care Unit	166,609		121,889	180,714	178,848	99,157	31
31.01	NEONATOLOGY/NICU	106,562		39,589	115,584		55,678	31.01
41	Subprovider - IRF	131,142		46,395	142,245	130,852	29,093	41
43	Nursery	4,023		19,714	4,363		21,194	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	394,994		212,177	428,435		178,658	50
51	Recovery Room	22,148		49,669	24,023		19,902	51
52	Delivery Room & Labor Room						24,222	52
53	Anesthesiology	1,116			1,211		3,534	53
54	Radiology-Diagnostic	137,758		49,777	149,421		76,029	54
56	Radioisotope	18,089		3,902	19,620		4,657	56
57	CT Scan	12,985		39,288	14,084		12,388	57
58	MRI	6,068		20,186	6,582		6,737	58
59	Cardiac Catheterization	270,940		29,277	293,878		43,453	59
60	Laboratory	88,992		5,683	96,527		122,949	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	88,117		14,525	95,578		82,106	65
66	Physical Therapy	141,901		2,949	153,915		49,239	66
67	Occupational Therapy	12,397			13,447		20,359	67
68	Speech Pathology	9,801			10,631		13,562	68
69	Electrocardiology			38,963			25,046	69
70	Electroencephalography	27,600		6,611	29,937		20,734	70
71	Medical Supplies Charged to Patients	61,833		3,199	67,068		32,460	71
72	Impl. Dev. Charged to Patients	61,833		3,201	67,068		26,198	72
73	Drugs Charged to Patients	59,701		2,395	64,756		26,198	73
73.10	REHABILITATION SERVICES	382,045		89,629	414,391		92,627	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	3,789			4,110		1,478	90.10
90.20	GYN SURG ONCOLOGIST PBC						185	90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	2,289		29	2,482		281	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	399		182	433		1,330	90.40
90.60	CAPE NEUROSURGERY PBC	38			42		369	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	11,189			12,136		406	90.70
91	Emergency	265,333		320,963	287,797		145,571	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
101	Home Health Agency	19,452			21,099		17,002	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113

KPMG LLP Compu-Max 2552-10

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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	
116	Hospice	33,702			36,555		14,372	116
118	SUBTOTALS (sum of lines 1-117)	3,935,857	353,129	2,083,901	4,125,734	3,377,786	1,761,257	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	15,096			16,374			190
194	FITNESS CENTER	307,646			333,693		55,089	194
194.01	RETAIL PHARMACY	19,155			20,777		13,825	194.01
194.04	PHYSICIAN SERVICES	29,974		9,332	32,512		12,385	194.04
194.05	ENDOCRINOLOGIST						8,401	194.05
194.06	HOSPITALIST	25,649			27,821		77,917	194.06
194.07	NEONATOLOGY PHYSICIANS	7,458			8,089		12,248	194.07
194.08	ANESTHESIOLOGISTS	4,683			5,079		32,812	194.08
194.09	PHYSICIAN CARDIOLOGIST	62,173		1,194	67,437		60,816	194.09
194.10	PHYSICIAN ONCOLOGIST	48,748			52,875		16,903	194.10
194.12	TRAUMA PHYSICIANS	16,570			17,972		12,376	194.12
194.13	LANDMARK HOSPITAL						1,051	194.13
194.14	GYN SURG ONCOLOGIST						4,102	194.14
194.15	CAPE GASTROENTEROLOGY						18,228	194.15
194.16	CAPE PHYSICIAN ASSOCIATES & PEDIATRI	137,997			149,680		59,694	194.16
194.17	NONPATIENT MEALS					710,551		194.17
194.18	BEAUTY SHOP	814		20,627	883		381	194.18
194.19	MARKETING COSTS							194.19
194.20	CAPE PRIMARY CARE						23,184	194.20
194.21	CAPE CARE FOR WOMEN							194.21
194.22	JACKSON FAMILY CLINIC							194.22
194.24	CAPE ENT GROUP						17,977	194.24
194.25	CHARLESTON FAMILY CARE							194.25
194.29	JACKSON PHYSICIAN ASSOCIATES & ICC J							194.29
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
194.36	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	961			1,042		4,375	194.44
194.45	CAPE ORTHO SURGEONS	181,773			197,163		50,440	194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC							194.46
194.47	PHYSICIAN ALLIANCE						505	194.47
194.48	INTENSIVISTS						2,816	194.48
194.49	ACO							194.49
194.50	SFOC IMG							194.50
194.51	SFOC PB							194.51
194.52	PHYSICIAN PARK GENERAL SURGERY							194.52
194.53	POPLAR BLUFF PEDIATRICS							194.53
194.54	FERGUSON MEDICAL GROUP							194.54
194.55	FERGUSON MEDICAL GROUP SC							194.55
194.56	FERGUSON MEDICAL GROUP CH							194.56
194.57	FERGUSON MEDICAL GROUP EP							194.57
194.58	FERGUSON MEDICAL GROUP SI							194.58
194.59	SIKESTON IMAGING CENTER							194.59
194.60	FERGUSON MEDICAL GROUP LAB							194.60
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	4,794,554	353,129	2,115,054	5,057,131	4,088,337	2,246,782	202

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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	2,585,016						13
13.10	SPD STERILE PROCESSING		2,219,054					13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library			2,851,087				16
17	Social Service				599,945			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	1,046,800		968,800	387,711	42,162,890		30
31	Intensive Care Unit	258,504	655	71,562	55,484	11,334,847		31
31.01	NEONATOLOGY/NICU	145,154	12,388	48,468	35,401	6,256,360		31.01
41	Subprovider - IRF	75,846		9,694	27,912	3,549,501		41
43	Nursery		40,628	15,111	12,254	1,996,596		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		1,845,746	112,903	14,977	26,623,545		50
51	Recovery Room			174,487		1,958,788		51
52	Delivery Room & Labor Room	63,146		42,766	14,977	1,996,214		52
53	Anesthesiology					1,006,122		53
54	Radiology-Diagnostic		106,359	330,156		12,566,549		54
56	Radioisotope					956,273		56
57	CT Scan					2,803,006		57
58	MRI					1,772,415		58
59	Cardiac Catheterization		6,453	78,975	340	9,903,064		59
60	Laboratory	320,530	29,960			18,468,173		60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		61,242			8,364,217		65
66	Physical Therapy			56,166		5,342,572		66
67	Occupational Therapy					1,756,710		67
68	Speech Pathology		846			1,363,010		68
69	Electrocardiology			44,762		3,568,389		69
70	Electroencephalography	54,053		11,404		2,315,042		70
71	Medical Supplies Charged to Patients		54,926			26,398,264		71
72	Impl. Dev. Charged to Patients		54,926			26,837,800		72
73	Drugs Charged to Patients					39,201,956		73
73.10	REHABILITATION SERVICES	241,479	1,010	570		11,141,039		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					439,322		90.10
90.20	GYN SURG ONCOLOGIST PBC					60,423		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC					1,152,859		90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC					198,749		90.40
90.60	CAPE NEUROSURGERY PBC					420,013		90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC					1,599,829		90.70
91	Emergency	379,504	3,915	885,263	50,889	17,098,935		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services					319,830		95
101	Home Health Agency					1,843,860		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	
116	Hospice					1,943,778		116
118	SUBTOTALS (sum of lines 1-117)	2,585,016	2,219,054	2,851,087	599,945	294,720,940		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					118,620		190
194	FITNESS CENTER					5,229,746		194
194.01	RETAIL PHARMACY					7,780,101		194.01
194.04	PHYSICIAN SERVICES					4,545,031		194.04
194.05	ENDOCRINOLOGIST					961,776		194.05
194.06	HOSPITALIST					22,207,935		194.06
194.07	NEONATOLOGY PHYSICIANS					3,084,439		194.07
194.08	ANESTHESIOLOGISTS					15,723,548		194.08
194.09	PHYSICIAN CARDIOLOGIST					11,648,488		194.09
194.10	PHYSICIAN ONCOLOGIST					4,317,473		194.10
194.12	TRAUMA PHYSICIANS					2,878,529		194.12
194.13	LANDMARK HOSPITAL					23,096		194.13
194.14	GYN SURG ONCOLOGIST					1,068,017		194.14
194.15	CAPE GASTROENTEROLOGY					5,347,566		194.15
194.16	CAPE PHYSICIAN ASSOCIATES & PEDIATRI					7,252,520		194.16
194.17	NONPATIENT MEALS					710,551		194.17
194.18	BEAUTY SHOP					27,660		194.18
194.19	MARKETING COSTS					7,888,072		194.19
194.20	CAPE PRIMARY CARE					2,523,850		194.20
194.21	CAPE CARE FOR WOMEN					8,129,452		194.21
194.22	JACKSON FAMILY CLINIC					1,247,165		194.22
194.24	CAPE ENT GROUP					3,230,554		194.24
194.25	CHARLESTON FAMILY CARE					739,814		194.25
194.29	JACKSON PHYSICIAN ASSOCIATES & ICC J					362,307		194.29
194.31	PHYSICIANS PARK PRIMARY CARE					8,814,142		194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI					1,841,549		194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES					4,061,795		194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES					2,830,104		194.34
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS					742,138		194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE					1,497,094		194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES					1,428,773		194.39
194.40	KNIEBERT CLINIC					9,216,617		194.40
194.41	KNIEBERT PHARMACY					6,524,391		194.41
194.43	KNIEBERT LAB					854,320		194.43
194.44	PALLIATIVE CARE					447,208		194.44
194.45	CAPE ORTHO SURGEONS					14,482,668		194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC					1,780,203		194.46
194.47	PHYSICIAN ALLIANCE					25,046		194.47
194.48	INTENSIVISTS					1,039,659		194.48
194.49	ACO					4,721		194.49
194.50	SFOC IMG					3,978		194.50
194.51	SFOC PB					2,181		194.51
194.52	PHYSICIAN PARK GENERAL SURGERY					682,582		194.52
194.53	POPLAR BLUFF PEDIATRICS					1,019,866		194.53
194.54	FERGUSON MEDICAL GROUP					1,866,601		194.54
194.55	FERGUSON MEDICAL GROUP SC					232,188		194.55
194.56	FERGUSON MEDICAL GROUP CH					288,404		194.56
194.57	FERGUSON MEDICAL GROUP EP					942,460		194.57
194.58	FERGUSON MEDICAL GROUP SI					4,386,636		194.58
194.59	SIKESTON IMAGING CENTER					195,377		194.59
194.60	FERGUSON MEDICAL GROUP LAB					571,854		194.60
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,585,016	2,219,054	2,851,087	599,945	477,549,805		202

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	42,162,890					30
31	Intensive Care Unit	11,334,847					31
31.01	NEONATOLOGY/NICU	6,256,360					31.01
41	Subprovider - IRF	3,549,501					41
43	Nursery	1,996,596					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	26,623,545					50
51	Recovery Room	1,958,788					51
52	Delivery Room & Labor Room	1,996,214					52
53	Anesthesiology	1,006,122					53
54	Radiology-Diagnostic	12,566,549					54
56	Radioisotope	956,273					56
57	CT Scan	2,803,006					57
58	MRI	1,772,415					58
59	Cardiac Catheterization	9,903,064					59
60	Laboratory	18,468,173					60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	8,364,217					65
66	Physical Therapy	5,342,572					66
67	Occupational Therapy	1,756,710					67
68	Speech Pathology	1,363,010					68
69	Electrocardiology	3,568,389					69
70	Electroencephalography	2,315,042					70
71	Medical Supplies Charged to Patients	26,398,264					71
72	Impl. Dev. Charged to Patients	26,837,800					72
73	Drugs Charged to Patients	39,201,956					73
73.10	REHABILITATION SERVICES	11,141,039					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	439,322					90.10
90.20	GYN SURG ONCOLOGIST PBC	60,423					90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	1,152,859					90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	198,749					90.40
90.60	CAPE NEUROSURGERY PBC	420,013					90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	1,599,829					90.70
91	Emergency	17,098,935					91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	319,830					95
101	Home Health Agency	1,843,860					101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
116	Hospice	1,943,778					116
118	SUBTOTALS (sum of lines 1-117)	294,720,940					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	118,620					190
194	FITNESS CENTER	5,229,746					194
194.01	RETAIL PHARMACY	7,780,101					194.01
194.04	PHYSICIAN SERVICES	4,545,031					194.04
194.05	ENDOCRINOLOGIST	961,776					194.05
194.06	HOSPITALIST	22,207,935					194.06
194.07	NEONATOLOGY PHYSICIANS	3,084,439					194.07
194.08	ANESTHESIOLOGISTS	15,723,548					194.08
194.09	PHYSICIAN CARDIOLOGIST	11,648,488					194.09
194.10	PHYSICIAN ONCOLOGIST	4,317,473					194.10
194.12	TRAUMA PHYSICIANS	2,878,529					194.12
194.13	LANDMARK HOSPITAL	23,096					194.13
194.14	GYN SURG ONCOLOGIST	1,068,017					194.14
194.15	CAPE GASTROENTEROLOGY	5,347,566					194.15
194.16	CAPE PHYSICIAN ASSOCIATES & PEDIATRI	7,252,520					194.16
194.17	NONPATIENT MEALS	710,551					194.17
194.18	BEAUTY SHOP	27,660					194.18
194.19	MARKETING COSTS	7,888,072					194.19
194.20	CAPE PRIMARY CARE	2,523,850					194.20
194.21	CAPE CARE FOR WOMEN	8,129,452					194.21
194.22	JACKSON FAMILY CLINIC	1,247,165					194.22
194.24	CAPE ENT GROUP	3,230,554					194.24
194.25	CHARLESTON FAMILY CARE	739,814					194.25
194.29	JACKSON PHYSICIAN ASSOCIATES & ICC J	362,307					194.29
194.31	PHYSICIANS PARK PRIMARY CARE	8,814,142					194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI	1,841,549					194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES	4,061,795					194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES	2,830,104					194.34
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS	742,138					194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE	1,497,094					194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES	1,428,773					194.39
194.40	KNIEBERT CLINIC	9,216,617					194.40
194.41	KNIEBERT PHARMACY	6,524,391					194.41
194.43	KNIEBERT LAB	854,320					194.43
194.44	PALLIATIVE CARE	447,208					194.44
194.45	CAPE ORTHO SURGEONS	14,482,668					194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC	1,780,203					194.46
194.47	PHYSICIAN ALLIANCE	25,046					194.47
194.48	INTENSIVISTS	1,039,659					194.48
194.49	ACO	4,721					194.49
194.50	SFOC IMG	3,978					194.50
194.51	SFOC PB	2,181					194.51
194.52	PHYSICIAN PARK GENERAL SURGERY	682,582					194.52
194.53	POPLAR BLUFF PEDIATRICS	1,019,866					194.53
194.54	FERGUSON MEDICAL GROUP	1,866,601					194.54
194.55	FERGUSON MEDICAL GROUP SC	232,188					194.55
194.56	FERGUSON MEDICAL GROUP CH	288,404					194.56
194.57	FERGUSON MEDICAL GROUP EP	942,460					194.57
194.58	FERGUSON MEDICAL GROUP SI	4,386,636					194.58
194.59	SIKESTON IMAGING CENTER	195,377					194.59
194.60	FERGUSON MEDICAL GROUP LAB	571,854					194.60
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	477,549,805					202

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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		295,556	29,559	325,115	325,115		4
5.01	COMMUNICATIONS		17,245	241,695	258,940	381	259,321	5.01
5.02	DATA PROCESSING		417,168	7,992,922	8,410,090	12,394	14,053	5.02
5.03	PURCHASING		154,748	6,186	160,934	666	2,022	5.03
5.04	ADMITTING		76,752		76,752			5.04
5.05	CREDIT & COLLECTIONS		75,947	6,360	82,307	8,051	15,165	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL		1,356,719	203,820	1,560,539	27,902	21,231	5.06
6	Maintenance & Repairs		908,704	103,352	1,012,056	3,492	4,752	6
7	Operation of Plant		2,861,633		2,861,633		607	7
7.10	SPD SOILED PROCESSING		178,988		178,988		202	7.10
8	Laundry & Linen Service		130,093	50,772	180,865	722	404	8
9	Housekeeping		139,660	34,039	173,699	1,671	1,618	9
10	Dietary		272,036	128,124	400,160	2,893	1,516	10
11	Cafeteria		260,477		260,477			11
12	Maintenance of Personnel							12
13	Nursing Administration		3,510	194,450	197,960	2,341	1,415	13
13.10	SPD STERILE PROCESSING		136,066	77,172	213,238	1,125	1,314	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		124,349	17,659	142,008	1,362	3,336	16
17	Social Service		6,868		6,868	553	708	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		3,478,024	516,814	3,994,838	25,224	48,936	30
31	Intensive Care Unit		565,733	281,428	847,161	7,544	7,785	31
31.01	NEONATOLOGY/NICU		361,840	216,512	578,352	3,914	3,538	31.01
41	Subprovider - IRF		445,305	26,506	471,811	1,973	4,145	41
43	Nursery		13,659	2,216	15,875	1,489		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		1,341,234	1,943,680	3,284,914	14,257	16,884	50
51	Recovery Room		75,207	11,913	87,120	1,329	1,719	51
52	Delivery Room & Labor Room					1,640		52
53	Anesthesiology		3,790	87	3,877	137	1,314	53
54	Radiology-Diagnostic		467,769	1,523,469	1,991,238	6,989	10,717	54
56	Radioisotope		61,422	69,985	131,407	415	910	56
57	CT Scan		44,090	335,147	379,237	875	505	57
58	MRI		20,606	627,471	648,077	420	303	58
59	Cardiac Catheterization		919,998	358,724	1,278,722	4,763	10,919	59
60	Laboratory		302,181	254,957	557,138	7,153	9,200	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		299,210	114,366	413,576	5,336	3,336	65
66	Physical Therapy		481,836	22,349	504,185	3,825	910	66
67	Occupational Therapy		42,096	3,858	45,954	1,584	1,516	67
68	Speech Pathology		33,280	2,054	35,334	1,201	809	68
69	Electrocardiology			299,690	299,690	1,935		69
70	Electroencephalography		93,720	113,903	207,623	1,644	5,662	70
71	Medical Supplies Charged to Patients		209,958	11,162	221,120	621	404	71
72	Impl. Dev. Charged to Patients		209,958	11,163	221,121	621	505	72
73	Drugs Charged to Patients		202,720	329,507	532,227	5,387	3,741	73
73.10	REHABILITATION SERVICES		1,297,266	382,293	1,679,559	6,052	11,121	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		12,867	1,338	14,205	271	303	90.10
90.20	GYN SURG ONCOLOGIST PBC			301	301	48	101	90.20
90.30	PHYSICIAN CARDIOLOGIST PBC		7,771	2,913	10,684	787	303	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC		1,355	83	1,438	99		90.40
90.60	CAPE NEUROSURGERY PBC		131	222	353	123		90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC		37,992	227	38,219	916	202	90.70
91	Emergency		900,960	391,352	1,292,312	10,077	11,020	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
101	Home Health Agency		66,051	4,674	70,725	1,562	1,719	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI- CATIONS	
		0	1	2	2A	4	5.01	
116	Hospice		114,437		114,437	1,016		116
118	SUBTOTALS (sum of lines 1-117)		19,528,985	16,946,474	36,475,459	184,780	226,870	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		51,260		51,260		404	190
194	FITNESS CENTER		1,044,639	40,692	1,085,331	2,241	3,235	194
194.01	RETAIL PHARMACY		65,044	18,394	83,438	1,452	2,123	194.01
194.04	PHYSICIAN SERVICES		101,779	3,006	104,785	4,681	1,820	194.04
194.05	ENDOCRINOLOGIST			7,019	7,019	1,049	2,022	194.05
194.06	HOSPITALIST		87,094	8,290	95,384	21,538	1,415	194.06
194.07	NEONATOLOGY PHYSICIANS		25,324	181	25,505	3,731	505	194.07
194.08	ANESTHESIOLOGISTS		15,901		15,901	7,670		194.08
194.09	PHYSICIAN CARDIOLOGIST		211,114	42,041	253,155	13,245	5,662	194.09
194.10	PHYSICIAN ONCOLOGIST		165,528	4,697	170,225	4,913	3,235	194.10
194.12	TRAUMA PHYSICIANS		56,263	1,926	58,189	3,280	1,011	194.12
194.13	LANDMARK HOSPITAL					16		194.13
194.14	GYN SURG ONCOLOGIST			3,337	3,337	1,335	1,112	194.14
194.15	CAPE GASTROENTEROLOGY			2,726	2,726	6,470	2,224	194.15
194.16	CAPE PHYSICIAN ASSOCIATES & PEDIATRI		468,580	12,838	481,418	6,180	7,582	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP		2,764		2,764		101	194.18
194.19	MARKETING COSTS					5,344		194.19
194.20	CAPE PRIMARY CARE			45,586	45,586	2,282		194.20
194.21	CAPE CARE FOR WOMEN			47,324	47,324	8,834		194.21
194.22	JACKSON FAMILY CLINIC			6,860	6,860	1,126		194.22
194.24	CAPE ENT GROUP			19,985	19,985	3,535		194.24
194.25	CHARLESTON FAMILY CARE			6,405	6,405	677		194.25
194.29	JACKSON PHYSICIAN ASSOCIATES & ICC J					322		194.29
194.31	PHYSICIANS PARK PRIMARY CARE					2,078		194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI					1,058		194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES					3,997		194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES					2,858		194.34
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS					919		194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE					1,415		194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES					503		194.39
194.40	KNIEBERT CLINIC					10,236		194.40
194.41	KNIEBERT PHARMACY					751		194.41
194.43	KNIEBERT LAB					508		194.43
194.44	PALLIATIVE CARE		3,262		3,262	438		194.44
194.45	CAPE ORTHO SURGEONS		617,227		617,227	3,598		194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC					1,530		194.46
194.47	PHYSICIAN ALLIANCE					35		194.47
194.48	INTENSIVISTS					1,332		194.48
194.49	ACO					4		194.49
194.50	SFOC IMG					5		194.50
194.51	SFOC PB					3		194.51
194.52	PHYSICIAN PARK GENERAL SURGERY					540		194.52
194.53	POPLAR BLUFF PEDIATRICS					923		194.53
194.54	FERGUSON MEDICAL GROUP					1,869		194.54
194.55	FERGUSON MEDICAL GROUP SC					174		194.55
194.56	FERGUSON MEDICAL GROUP CH					225		194.56
194.57	FERGUSON MEDICAL GROUP EP					916		194.57
194.58	FERGUSON MEDICAL GROUP SI					4,235		194.58
194.59	SIKESTON IMAGING CENTER					40		194.59
194.60	FERGUSON MEDICAL GROUP LAB					224		194.60
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		22,444,764	17,217,781	39,662,545	325,115	259,321	202

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	8,436,537						5.02
5.03	PURCHASING	35,645	199,267					5.03
5.04	ADMITTING	339,920	54	416,726				5.04
5.05	CREDIT & COLLECTIONS	102,286	61		207,870			5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	1,265,143	1,015			2,875,830		5.06
6	Maintenance & Repairs	163,244	2,196			63,552	1,249,292	6
7	Operation of Plant					19,374	186,764	7
7.10	SPD SOILED PROCESSING					1,215	11,682	7.10
8	Laundry & Linen Service	56,826	600			9,948	8,491	8
9	Housekeeping	136,898	547			29,508	9,115	9
10	Dietary	187,008	550			22,604	17,754	10
11	Cafeteria					1,762	17,000	11
12	Maintenance of Personnel							12
13	Nursing Administration	71,807	29			15,378	229	13
13.10	SPD STERILE PROCESSING	73,357	631			11,773	8,880	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	75,940	25			16,122	8,116	16
17	Social Service	20,664				3,517	448	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	1,049,207	1,820	22,926	11,410	199,092	226,990	30
31	Intensive Care Unit	258,298	1,506	12,368	6,155	59,558	36,922	31
31.01	NEONATOLOGY/NICU	144,130	946	6,822	3,395	33,111	23,615	31.01
41	Subprovider - IRF	75,940	81	1,208	601	16,325	29,063	41
43	Nursery	55,276	438	2,088	1,039	11,272	891	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	464,420	4,625	26,661	13,269	136,684	87,535	50
51	Recovery Room	51,660	41	4,164	2,073	9,799	4,908	51
52	Delivery Room & Labor Room	63,025	111	2,781	1,384	11,148		52
53	Anesthesiology	8,782	673	13,254	6,596	6,011	247	53
54	Radiology-Diagnostic	194,240	1,701	21,040	10,472	69,011	30,529	54
56	Radioisotope	12,398	339	3,460	1,722	5,276	4,009	56
57	CT Scan	32,546	999	26,349	13,114	16,260	2,878	57
58	MRI	17,564	630	6,019	2,996	10,367	1,345	58
59	Cardiac Catheterization	113,135	3,090	17,329	8,625	52,229	60,044	59
60	Laboratory	321,323	10,388	45,804	23,265	106,215	19,722	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	213,354	1,605	23,729	11,810	47,322	19,528	65
66	Physical Therapy	115,718	48	3,925	1,953	28,141	31,447	66
67	Occupational Therapy	48,043	28	1,967	979	10,161	2,747	67
68	Speech Pathology	35,645	25	1,789	890	7,888	2,172	68
69	Electrocardiology	60,958	1,530	8,451	4,206	20,835		69
70	Electroencephalography	54,243	220	1,883	937	12,725	6,117	70
71	Medical Supplies Charged to Patients	42,361	41,826	42,465	21,135	156,960	13,703	71
72	Impl. Dev. Charged to Patients	41,844	41,826	42,465	21,135	159,645	13,703	72
73	Drugs Charged to Patients	134,832	56,224	36,157	17,995	234,366	13,230	73
73.10	REHABILITATION SERVICES	188,558	774	9,059	4,508	55,430	84,666	73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.10	CAPE MEDICAL ONCOLOGY PBC		21	606	302	2,547	840	90.10
90.20	GYN SURG ONCOLOGIST PBC		1	67	33	363		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	30,996	45	1,185	590	6,886	507	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC		8	187	93	1,178	88	90.40
90.60	CAPE NEUROSURGERY PBC	30,996	13	169	84	2,526	9	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	18,081	54	1,668	830	9,366	2,480	90.70
91	Emergency	380,732	1,493	26,387	13,133	85,896	58,801	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services			85	42	1,926		95
101	Home Health Agency	44,427	140	527	262	10,538	4,311	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	
116	Hospice	37,712	28	1,682	837	10,816	7,469	116
118	SUBTOTALS (sum of lines 1-117)	6,869,182	179,005	416,726	207,870	1,802,626	1,058,995	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					355	3,345	190
194	FITNESS CENTER	110,035	230			23,833	68,178	194
194.01	RETAIL PHARMACY	36,162	10,826			46,315	4,245	194.01
194.04	PHYSICIAN SERVICES	35,645	100			26,527	6,643	194.04
194.05	ENDOCRINOLOGIST	22,214	16			5,742		194.05
194.06	HOSPITALIST	173,576	1,324			132,663	5,684	194.06
194.07	NEONATOLOGY PHYSICIANS	32,029	12			18,324	1,653	194.07
194.08	ANESTHESIOLOGISTS	85,755				94,383	1,038	194.08
194.09	PHYSICIAN CARDIOLOGIST	128,633	145			68,296	13,778	194.09
194.10	PHYSICIAN ONCOLOGIST	48,043	27			24,738	10,803	194.10
194.12	TRAUMA PHYSICIANS	32,546				16,866	3,672	194.12
194.13	LANDMARK HOSPITAL					133		194.13
194.14	GYN SURG ONCOLOGIST	11,365	3			6,407		194.14
194.15	CAPE GASTROENTEROLOGY	47,527	112			32,095		194.15
194.16	CAPE PHYSICIAN ASSOCIATES & PEDIATRI	135,865	1,004			40,029	30,582	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP					21	180	194.18
194.19	MARKETING COSTS					47,505		194.19
194.20	CAPE PRIMARY CARE	60,442	79			15,060		194.20
194.21	CAPE CARE FOR WOMEN	153,429	682			48,958		194.21
194.22	JACKSON FAMILY CLINIC	25,313	331			7,511		194.22
194.24	CAPE ENT GROUP	47,010	360			19,347		194.24
194.25	CHARLESTON FAMILY CARE	19,631	126			4,455		194.25
194.29	JACKSON PHYSICIAN ASSOCIATES & ICC J	10,332				2,182		194.29
194.31	PHYSICIANS PARK PRIMARY CARE	125,533	227			53,082		194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI	50,110	990			11,090		194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES	91,438	89			24,461		194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES		103			17,044		194.34
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS		27			4,469		194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE	43,394	64			9,016		194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES		5			8,605		194.39
194.40	KNIEBERT CLINIC		312			55,505		194.40
194.41	KNIEBERT PHARMACY		45			39,292		194.41
194.43	KNIEBERT LAB	29,963	58			5,145		194.43
194.44	PALLIATIVE CARE	11,365				2,644	213	194.44
194.45	CAPE ORTHO SURGEONS		1,991			82,584	40,283	194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC		63			10,721		194.46
194.47	PHYSICIAN ALLIANCE					148		194.47
194.48	INTENSIVISTS		1			6,244		194.48
194.49	ACO					28		194.49
194.50	SFOC IMG					24		194.50
194.51	SFOC PB					13		194.51
194.52	PHYSICIAN PARK GENERAL SURGERY		6			4,111		194.52
194.53	POPLAR BLUFF PEDIATRICS		224			6,142		194.53
194.54	FERGUSON MEDICAL GROUP		6			11,241		194.54
194.55	FERGUSON MEDICAL GROUP SC		6			1,398		194.55
194.56	FERGUSON MEDICAL GROUP CH		25			1,737		194.56
194.57	FERGUSON MEDICAL GROUP EP		24			5,676		194.57
194.58	FERGUSON MEDICAL GROUP SI		115			26,418		194.58
194.59	SIKESTON IMAGING CENTER		2			1,177		194.59
194.60	FERGUSON MEDICAL GROUP LAB		502			3,444		194.60
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	8,436,537	199,267	416,726	207,870	2,875,830	1,249,292	202

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	3,068,378						7
7.10	SPD SOILED PROCESSING	33,734	225,821					7.10
8	Laundry & Linen Service	24,519	225,821	508,196				8
9	Housekeeping	26,322		9,445	388,823			9
10	Dietary	51,271		4,306	6,681	694,743		10
11	Cafeteria	49,093			6,397	280,495	615,224	11
12	Maintenance of Personnel							12
13	Nursing Administration	662			86		7,521	13
13.10	SPD STERILE PROCESSING	25,645		18,636	3,342		7,684	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	23,436			3,054		7,961	16
17	Social Service	1,294			169		2,177	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	655,509		199,169	85,419	240,874	109,949	30
31	Intensive Care Unit	106,625		29,287	13,894	30,392	27,152	31
31.01	NEONATOLOGY/NICU	68,197		9,512	8,887		15,246	31.01
41	Subprovider - IRF	83,927		11,148	10,937	22,236	7,966	41
43	Nursery	2,574		4,737	335		5,803	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	252,785		50,981	32,941		48,921	50
51	Recovery Room	14,174		11,934	1,847		5,450	51
52	Delivery Room & Labor Room						6,632	52
53	Anesthesiology	714			93		968	53
54	Radiology-Diagnostic	88,161		11,960	11,488		20,819	54
56	Radioisotope	11,576		937	1,509		1,275	56
57	CT Scan	8,310		9,440	1,083		3,392	57
58	MRI	3,884		4,850	506		1,845	58
59	Cardiac Catheterization	173,394		7,035	22,595		11,899	59
60	Laboratory	56,953		1,365	7,422		33,666	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	56,393		3,490	7,349		22,482	65
66	Physical Therapy	90,813		708	11,834		13,483	66
67	Occupational Therapy	7,934			1,034		5,575	67
68	Speech Pathology	6,272			817		3,713	68
69	Electrocardiology			9,362			6,858	69
70	Electroencephalography	17,664		1,589	2,302		5,677	70
71	Medical Supplies Charged to Patients	39,571		769	5,157		8,888	71
72	Impl. Dev. Charged to Patients	39,571		769	5,157		7,174	72
73	Drugs Charged to Patients	38,207		575	4,979		7,174	73
73.10	REHABILITATION SERVICES	244,498		21,536	31,861		25,363	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	2,425			316		405	90.10
90.20	GYN SURG ONCOLOGIST PBC						51	90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	1,465		7	191		77	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	255		44	33		364	90.40
90.60	CAPE NEUROSURGERY PBC	25			3		101	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	7,160			933		111	90.70
91	Emergency	169,806		77,120	22,128		39,861	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
101	Home Health Agency	12,449			1,622		4,655	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113

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ALLOCATION OF CAPITAL-RELATED COSTS**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	SPD SOILED PROCESSIN G	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		7	7.10	8	9	10	11	
116	Hospice	21,568			2,811		3,935	116
118	SUBTOTALS (sum of lines 1-117)	2,518,835	225,821	500,711	317,212	573,997	482,273	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	9,661			1,259			190
194	FITNESS CENTER	196,885			25,656		15,085	194
194.01	RETAIL PHARMACY	12,259			1,597		3,786	194.01
194.04	PHYSICIAN SERVICES	19,183		2,242	2,500		3,391	194.04
194.05	ENDOCRINOLOGIST						2,301	194.05
194.06	HOSPITALIST	16,415			2,139		21,336	194.06
194.07	NEONATOLOGY PHYSICIANS	4,773			622		3,354	194.07
194.08	ANESTHESIOLOGISTS	2,997			391		8,985	194.08
194.09	PHYSICIAN CARDIOLOGIST	39,789		287	5,185		16,653	194.09
194.10	PHYSICIAN ONCOLOGIST	31,197			4,065		4,629	194.10
194.12	TRAUMA PHYSICIANS	10,604			1,382		3,389	194.12
194.13	LANDMARK HOSPITAL						288	194.13
194.14	GYN SURG ONCOLOGIST						1,123	194.14
194.15	CAPE GASTROENTEROLOGY						4,991	194.15
194.16	CAPE PHYSICIAN ASSOCIATES & PEDIATRI	88,314			11,508		16,346	194.16
194.17	NONPATIENT MEALS					120,746		194.17
194.18	BEAUTY SHOP	521		4,956	68		104	194.18
194.19	MARKETING COSTS							194.19
194.20	CAPE PRIMARY CARE						6,348	194.20
194.21	CAPE CARE FOR WOMEN							194.21
194.22	JACKSON FAMILY CLINIC							194.22
194.24	CAPE ENT GROUP						4,923	194.24
194.25	CHARLESTON FAMILY CARE							194.25
194.29	JACKSON PHYSICIAN ASSOCIATES & ICC J							194.29
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
194.36	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	615			80		1,198	194.44
194.45	CAPE ORTHO SURGEONS	116,330			15,159		13,812	194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC							194.46
194.47	PHYSICIAN ALLIANCE						138	194.47
194.48	INTENSIVISTS						771	194.48
194.49	ACO							194.49
194.50	SFOC IMG							194.50
194.51	SFOC PB							194.51
194.52	PHYSICIAN PARK GENERAL SURGERY							194.52
194.53	POPLAR BLUFF PEDIATRICS							194.53
194.54	FERGUSON MEDICAL GROUP							194.54
194.55	FERGUSON MEDICAL GROUP SC							194.55
194.56	FERGUSON MEDICAL GROUP CH							194.56
194.57	FERGUSON MEDICAL GROUP EP							194.57
194.58	FERGUSON MEDICAL GROUP SI							194.58
194.59	SIKESTON IMAGING CENTER							194.59
194.60	FERGUSON MEDICAL GROUP LAB							194.60
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	3,068,378	225,821	508,196	388,823	694,743	615,224	202

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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	297,428						13
13.10	SPD STERILE PROCESSING		365,625					13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library			281,360				16
17	Social Service				36,398			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	120,443		95,608	23,522	7,110,936		30
31	Intensive Care Unit	29,743	108	7,062	3,366	1,484,926		31
31.01	NEONATOLOGY/NICU	16,701	2,041	4,783	2,148	925,338		31.01
41	Subprovider - IRF	8,727		957	1,693	748,738		41
43	Nursery		6,694	1,491	743	110,745		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		304,118	11,142	909	4,751,046		50
51	Recovery Room			17,219		213,437		51
52	Delivery Room & Labor Room	7,266		4,220	909	99,116		52
53	Anesthesiology					42,666		53
54	Radiology-Diagnostic		17,524	32,581		2,518,470		54
56	Radioisotope					175,233		56
57	CT Scan					494,988		57
58	MRI					698,806		58
59	Cardiac Catheterization		1,063	7,794	21	1,772,657		59
60	Laboratory	36,880	4,936			1,241,430		60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		10,091			839,401		65
66	Physical Therapy			5,543		812,533		66
67	Occupational Therapy					127,522		67
68	Speech Pathology		139			96,694		68
69	Electrocardiology			4,417		418,242		69
70	Electroencephalography	6,219		1,125		325,630		70
71	Medical Supplies Charged to Patients		9,050			604,030		71
72	Impl. Dev. Charged to Patients		9,050			604,586		72
73	Drugs Charged to Patients					1,085,094		73
73.10	REHABILITATION SERVICES	27,784	166	56		2,390,991		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					22,241		90.10
90.20	GYN SURG ONCOLOGIST PBC					965		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC					53,723		90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC					3,787		90.40
90.60	CAPE NEUROSURGERY PBC					34,402		90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC					80,020		90.70
91	Emergency	43,665	645	87,362	3,087	2,323,525		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services					2,053		95
101	Home Health Agency					152,937		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	
116	Hospice					202,311		116
118	SUBTOTALS (sum of lines 1-117)	297,428	365,625	281,360	36,398	32,569,219		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					66,284		190
194	FITNESS CENTER					1,530,709		194
194.01	RETAIL PHARMACY					202,203		194.01
194.04	PHYSICIAN SERVICES					207,517		194.04
194.05	ENDOCRINOLOGIST					40,363		194.05
194.06	HOSPITALIST					471,474		194.06
194.07	NEONATOLOGY PHYSICIANS					90,508		194.07
194.08	ANESTHESIOLOGISTS					217,120		194.08
194.09	PHYSICIAN CARDIOLOGIST					544,828		194.09
194.10	PHYSICIAN ONCOLOGIST					301,875		194.10
194.12	TRAUMA PHYSICIANS					130,939		194.12
194.13	LANDMARK HOSPITAL					437		194.13
194.14	GYN SURG ONCOLOGIST					24,682		194.14
194.15	CAPE GASTROENTEROLOGY					96,145		194.15
194.16	CAPE PHYSICIAN ASSOCIATES & PEDIATRI					818,828		194.16
194.17	NONPATIENT MEALS					120,746		194.17
194.18	BEAUTY SHOP					8,715		194.18
194.19	MARKETING COSTS					52,849		194.19
194.20	CAPE PRIMARY CARE					129,797		194.20
194.21	CAPE CARE FOR WOMEN					259,227		194.21
194.22	JACKSON FAMILY CLINIC					41,141		194.22
194.24	CAPE ENT GROUP					95,160		194.24
194.25	CHARLESTON FAMILY CARE					31,294		194.25
194.29	JACKSON PHYSICIAN ASSOCIATES & ICC J					12,836		194.29
194.31	PHYSICIANS PARK PRIMARY CARE					180,920		194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI					63,248		194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES					119,985		194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES					20,005		194.34
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS					5,415		194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE					53,889		194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES					9,113		194.39
194.40	KNIEBERT CLINIC					66,053		194.40
194.41	KNIEBERT PHARMACY					40,088		194.41
194.43	KNIEBERT LAB					35,674		194.43
194.44	PALLIATIVE CARE					19,815		194.44
194.45	CAPE ORTHO SURGEONS					890,984		194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC					12,314		194.46
194.47	PHYSICIAN ALLIANCE					321		194.47
194.48	INTENSIVISTS					8,348		194.48
194.49	ACO					32		194.49
194.50	SFOC IMG					29		194.50
194.51	SFOC PB					16		194.51
194.52	PHYSICIAN PARK GENERAL SURGERY					4,657		194.52
194.53	POPLAR BLUFF PEDIATRICS					7,289		194.53
194.54	FERGUSON MEDICAL GROUP					13,116		194.54
194.55	FERGUSON MEDICAL GROUP SC					1,578		194.55
194.56	FERGUSON MEDICAL GROUP CH					1,987		194.56
194.57	FERGUSON MEDICAL GROUP EP					6,616		194.57
194.58	FERGUSON MEDICAL GROUP SI					30,768		194.58
194.59	SIKESTON IMAGING CENTER					1,219		194.59
194.60	FERGUSON MEDICAL GROUP LAB					4,170		194.60
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	297,428	365,625	281,360	36,398	39,662,545		202

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	7,110,936					30
31	Intensive Care Unit	1,484,926					31
31.01	NEONATOLOGY/NICU	925,338					31.01
41	Subprovider - IRF	748,738					41
43	Nursery	110,745					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,751,046					50
51	Recovery Room	213,437					51
52	Delivery Room & Labor Room	99,116					52
53	Anesthesiology	42,666					53
54	Radiology-Diagnostic	2,518,470					54
56	Radioisotope	175,233					56
57	CT Scan	494,988					57
58	MRI	698,806					58
59	Cardiac Catheterization	1,772,657					59
60	Laboratory	1,241,430					60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	839,401					65
66	Physical Therapy	812,533					66
67	Occupational Therapy	127,522					67
68	Speech Pathology	96,694					68
69	Electrocardiology	418,242					69
70	Electroencephalography	325,630					70
71	Medical Supplies Charged to Patients	604,030					71
72	Impl. Dev. Charged to Patients	604,586					72
73	Drugs Charged to Patients	1,085,094					73
73.10	REHABILITATION SERVICES	2,390,991					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	22,241					90.10
90.20	GYN SURG ONCOLOGIST PBC	965					90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	53,723					90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	3,787					90.40
90.60	CAPE NEUROSURGERY PBC	34,402					90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	80,020					90.70
91	Emergency	2,323,525					91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	2,053					95
101	Home Health Agency	152,937					101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
116	Hospice	202,311					116
118	SUBTOTALS (sum of lines 1-117)	32,569,219					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	66,284					190
194	FITNESS CENTER	1,530,709					194
194.01	RETAIL PHARMACY	202,203					194.01
194.04	PHYSICIAN SERVICES	207,517					194.04
194.05	ENDOCRINOLOGIST	40,363					194.05
194.06	HOSPITALIST	471,474					194.06
194.07	NEONATOLOGY PHYSICIANS	90,508					194.07
194.08	ANESTHESIOLOGISTS	217,120					194.08
194.09	PHYSICIAN CARDIOLOGIST	544,828					194.09
194.10	PHYSICIAN ONCOLOGIST	301,875					194.10
194.12	TRAUMA PHYSICIANS	130,939					194.12
194.13	LANDMARK HOSPITAL	437					194.13
194.14	GYN SURG ONCOLOGIST	24,682					194.14
194.15	CAPE GASTROENTEROLOGY	96,145					194.15
194.16	CAPE PHYSICIAN ASSOCIATES & PEDIATRI	818,828					194.16
194.17	NONPATIENT MEALS	120,746					194.17
194.18	BEAUTY SHOP	8,715					194.18
194.19	MARKETING COSTS	52,849					194.19
194.20	CAPE PRIMARY CARE	129,797					194.20
194.21	CAPE CARE FOR WOMEN	259,227					194.21
194.22	JACKSON FAMILY CLINIC	41,141					194.22
194.24	CAPE ENT GROUP	95,160					194.24
194.25	CHARLESTON FAMILY CARE	31,294					194.25
194.29	JACKSON PHYSICIAN ASSOCIATES & ICC J	12,836					194.29
194.31	PHYSICIANS PARK PRIMARY CARE	180,920					194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI	63,248					194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES	119,985					194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES	20,005					194.34
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS	5,415					194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE	53,889					194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES	9,113					194.39
194.40	KNIEBERT CLINIC	66,053					194.40
194.41	KNIEBERT PHARMACY	40,088					194.41
194.43	KNIEBERT LAB	35,674					194.43
194.44	PALLIATIVE CARE	19,815					194.44
194.45	CAPE ORTHO SURGEONS	890,984					194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC	12,314					194.46
194.47	PHYSICIAN ALLIANCE	321					194.47
194.48	INTENSIVISTS	8,348					194.48
194.49	ACO	32					194.49
194.50	SFOC IMG	29					194.50
194.51	SFOC PB	16					194.51
194.52	PHYSICIAN PARK GENERAL SURGERY	4,657					194.52
194.53	POPLAR BLUFF PEDIATRICS	7,289					194.53
194.54	FERGUSON MEDICAL GROUP	13,116					194.54
194.55	FERGUSON MEDICAL GROUP SC	1,578					194.55
194.56	FERGUSON MEDICAL GROUP CH	1,987					194.56
194.57	FERGUSON MEDICAL GROUP EP	6,616					194.57
194.58	FERGUSON MEDICAL GROUP SI	30,768					194.58
194.59	SIKESTON IMAGING CENTER	1,219					194.59
194.60	FERGUSON MEDICAL GROUP LAB	4,170					194.60
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	39,662,545					202

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	8,248,928						1
2	Cap Rel Costs-Mvble Equip		15,962,636					2
4	Employee Benefits Department	108,623	27,404	193,588,804				4
5.01	COMMUNICATIONS	6,338	224,076	227,190	2,565			5.01
5.02	DATA PROCESSING	153,318	7,410,250	7,381,917	139	16,331		5.02
5.03	PURCHASING	56,873	5,735	396,458	20	69	99,810,475	5.03
5.04	ADMITTING	28,208				658	27,064	5.04
5.05	CREDIT & COLLECTIONS	27,912	5,896	4,795,218	150	198	30,399	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	498,623	188,962	16,570,280	210	2,449	508,622	5.06
6	Maintenance & Repairs	333,968	95,818	2,079,926	47	316	1,100,318	6
7	Operation of Plant	1,051,711		48	6			7
7.10	SPD SOILED PROCESSING	65,782		12	2			7.10
8	Laundry & Linen Service	47,812	47,071	430,210	4	110	300,474	8
9	Housekeeping	51,328	31,558	995,511	16	265	274,283	9
10	Dietary	99,979	118,784	1,722,996	15	362	275,676	10
11	Cafeteria	95,731						11
12	Maintenance of Personnel							12
13	Nursing Administration	1,290	180,275	1,394,353	14	139	14,562	13
13.10	SPD STERILE PROCESSING	50,007	71,546	669,975	13	142	315,939	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	45,701	16,372	811,456	33	147	12,650	16
17	Social Service	2,524		329,216	7	40	19	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	1,278,248	479,139	15,023,297	484	2,031	911,972	30
31	Intensive Care Unit	207,919	260,912	4,493,274	77	500	754,369	31
31.01	NEONATOLOGY/NICU	132,984	200,729	2,331,034	35	279	474,036	31.01
41	Subprovider - IRF	163,659	24,574	1,175,089	41	147	40,546	41
43	Nursery	5,020	2,054	886,747		107	219,348	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	492,932	1,801,990	8,491,509	167	899	2,317,381	50
51	Recovery Room	27,640	11,045	791,282	17	100	20,293	51
52	Delivery Room & Labor Room			976,485		122	55,693	52
53	Anesthesiology	1,393	81	81,490	13	17	337,136	53
54	Radiology-Diagnostic	171,915	1,412,411	4,162,403	106	376	852,297	54
56	Radioisotope	22,574	64,883	247,464	9	24	169,701	56
57	CT Scan	16,204	310,715	520,941	5	63	500,263	57
58	MRI	7,573	581,730	250,143	3	34	315,464	58
59	Cardiac Catheterization	338,119	332,574	2,837,003	108	219	1,547,917	59
60	Laboratory	111,058	236,371	4,260,064	91	622	5,204,631	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	109,966	106,029	3,177,949	33	413	803,949	65
66	Physical Therapy	177,085	20,720	2,277,973	9	224	23,887	66
67	Occupational Therapy	15,471	3,577	943,549	15	93	14,090	67
68	Speech Pathology	12,231	1,904	715,432	8	69	12,674	68
69	Electrocardiology		277,843	1,152,237		118	766,579	69
70	Electroencephalography	34,444	105,600	978,900	56	105	110,009	70
71	Medical Supplies Charged to Patients	77,164	10,348	369,822	4	82	20,955,054	71
72	Impl. Dev. Charged to Patients	77,164	10,349	369,823	5	81	20,955,054	72
73	Drugs Charged to Patients	74,504	305,487	3,208,568	37	261	28,144,190	73
73.10	REHABILITATION SERVICES	476,773	354,425	3,604,263	110	365	387,658	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	161,177	3		10,310	90.10
90.20	GYN SURG ONCOLOGIST PBC		279	28,397	1		564	90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	2,856	2,701	468,616	3	60	22,787	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	498	77	59,049			3,957	90.40
90.60	CAPE NEUROSURGERY PBC	48	206	73,436		60	6,295	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	13,963	210	545,547	2	35	26,984	90.70
91	Emergency	331,122	362,823	6,001,938	109	737	747,806	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
101	Home Health Agency	24,275	4,333	930,082	17	86	70,263	101
	SPECIAL PURPOSE COST CENTERS							

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	
116	Hospice	42,058		604,982		73	13,868	116
118	SUBTOTALS (sum of lines 1-117)	7,177,317	15,711,106	110,004,731	2,244	13,297	89,657,031	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	18,839			4			190
194	FITNESS CENTER	383,927	37,726	1,334,902	32	213	115,165	194
194.01	RETAIL PHARMACY	23,905	17,053	864,695	21	70	5,423,969	194.01
194.04	PHYSICIAN SERVICES	37,406	2,787	2,787,818	18	69	50,039	194.04
194.05	ENDOCRINOLOGIST		6,507	624,774	20	43	8,208	194.05
194.06	HOSPITALIST	32,009	7,686	12,827,851	14	336	663,182	194.06
194.07	NEONATOLOGY PHYSICIANS	9,307	168	2,222,277	5	62	6,257	194.07
194.08	ANESTHESIOLOGISTS	5,844		4,568,072		166		194.08
194.09	PHYSICIAN CARDIOLOGIST	77,589	38,976	7,888,606	56	249	72,881	194.09
194.10	PHYSICIAN ONCOLOGIST	60,835	4,355	2,926,037	32	93	13,631	194.10
194.12	TRAUMA PHYSICIANS	20,678	1,786	1,953,465	10	63		194.12
194.13	LANDMARK HOSPITAL			9,736				194.13
194.14	GYN SURG ONCOLOGIST		3,094	795,102	11	22	1,468	194.14
194.15	CAPE GASTROENTEROLOGY		2,527	3,853,328	22	92	55,909	194.15
194.16	CAPE PHYSICIAN ASSOCIATES & PEDIATRI	172,213	11,902	3,680,560	75	263	503,169	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP	1,016			1			194.18
194.19	MARKETING COSTS			3,183,062				194.19
194.20	CAPE PRIMARY CARE		42,263	1,359,404		117	39,695	194.20
194.21	CAPE CARE FOR WOMEN		43,874	5,261,615		297	341,932	194.21
194.22	JACKSON FAMILY CLINIC		6,360	670,570		49	165,614	194.22
194.24	CAPE ENT GROUP		18,528	2,105,195		91	180,273	194.24
194.25	CHARLESTON FAMILY CARE		5,938	402,942		38	63,281	194.25
194.29	JACKSON PHYSICIAN ASSOCIATES & ICC J			191,869		20		194.29
194.31	PHYSICIANS PARK PRIMARY CARE			1,237,784		243	113,964	194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI			630,037		97	496,236	194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES			2,380,612		177	44,759	194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES			1,702,476			51,612	194.34
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS			547,208			13,752	194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE			842,728		84	31,821	194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES			299,557			2,722	194.39
194.40	KNIEBERT CLINIC			6,096,732			156,354	194.40
194.41	KNIEBERT PHARMACY			447,492			22,642	194.41
194.43	KNEIBERT LAB			302,457		58	29,126	194.43
194.44	PALLIATIVE CARE	1,199		261,067		22	31	194.44
194.45	CAPE ORTHO SURGEONS	226,844		2,143,026			997,460	194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC			911,452			31,694	194.46
194.47	PHYSICIAN ALLIANCE			20,848				194.47
194.48	INTENSIVISTS			793,452			471	194.48
194.49	ACO			2,497				194.49
194.50	SFOC IMG			3,100				194.50
194.51	SFOC PB			1,507			225	194.51
194.52	PHYSICIAN PARK GENERAL SURGERY			321,845			2,895	194.52
194.53	POPLAR BLUFF PEDIATRICS			549,537			112,182	194.53
194.54	FERGUSON MEDICAL GROUP			1,113,322			3,206	194.54
194.55	FERGUSON MEDICAL GROUP SC			103,581			2,934	194.55
194.56	FERGUSON MEDICAL GROUP CH			133,984			12,532	194.56
194.57	FERGUSON MEDICAL GROUP EP			545,752			12,025	194.57
194.58	FERGUSON MEDICAL GROUP SI			2,522,509			57,838	194.58
194.59	SIKESTON IMAGING CENTER			24,043			782	194.59
194.60	FERGUSON MEDICAL GROUP LAB			133,588			251,508	194.60
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	22,444,764	17,217,781	9,250,312	742,787	29,390,446	1,218,004	202
203	Unit Cost Multiplier (Wkst. B, Part I)	2.720931	1.078630	0.047783	289.585575	1,799.672157	0.012203	203
204	Cost to be allocated (Per Wkst. B, Part II)			325,115	259,321	8,436,537	199,267	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.001679	101.099805	516.596473	0.001996	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	1,917,154,614						5.04
5.05	CREDIT & COLLECTIONS		1,917,154,614					5.05
5.06	OTHER ADMINISTRATIVE & GENERAL			-52,489,472	425,060,333			5.06
6	Maintenance & Repairs				9,392,871	7,035,065		6
7	Operation of Plant				2,863,373	1,051,711	5,983,354	7
7.10	SPD SOILED PROCESSING				179,568	65,782	65,782	7.10
8	Laundry & Linen Service				1,470,328	47,812	47,812	8
9	Housekeeping				4,361,155	51,328	51,328	9
10	Dietary				3,340,879	99,979	99,979	10
11	Cafeteria				260,477	95,731	95,731	11
12	Maintenance of Personnel							12
13	Nursing Administration				2,272,800	1,290	1,290	13
13.10	SPD STERILE PROCESSING				1,740,016	50,007	50,007	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library				2,382,864	45,701	45,701	16
17	Social Service				519,803	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	105,649,521	105,649,521		29,425,335	1,278,248	1,278,248	30
31	Intensive Care Unit	56,994,296	56,994,296		8,802,542	207,919	207,919	31
31.01	NEONATOLOGY/NICU	31,436,697	31,436,697		4,893,743	132,984	132,984	31.01
41	Subprovider - IRF	5,567,147	5,567,147		2,412,872	163,659	163,659	41
43	Nursery	9,620,589	9,620,589		1,666,044	5,020	5,020	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	122,860,035	122,860,035		20,201,609	492,932	492,932	50
51	Recovery Room	19,191,036	19,191,036		1,448,257	27,640	27,640	51
52	Delivery Room & Labor Room	12,817,357	12,817,357		1,647,641			52
53	Anesthesiology	61,078,207	61,078,207		888,458	1,393	1,393	53
54	Radiology-Diagnostic	96,958,812	96,958,812		10,199,648	171,915	171,915	54
56	Radioisotope	15,942,557	15,942,557		779,843	22,574	22,574	56
57	CT Scan	121,422,968	121,422,968		2,403,192	16,204	16,204	57
58	MRI	27,737,498	27,737,498		1,532,267	7,573	7,573	58
59	Cardiac Catheterization	79,856,786	79,856,786		7,719,325	338,119	338,119	59
60	Laboratory	207,842,350	207,842,350		15,698,394	111,058	111,058	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	109,348,321	109,348,321		6,994,026	109,966	109,966	65
66	Physical Therapy	18,087,790	18,087,790		4,159,167	177,085	177,085	66
67	Occupational Therapy	9,066,095	9,066,095		1,501,842	15,471	15,471	67
68	Speech Pathology	8,244,778	8,244,778		1,165,855	12,231	12,231	68
69	Electrocardiology	38,943,037	38,943,037		3,079,357			69
70	Electroencephalography	8,679,456	8,679,456		1,880,784	34,444	34,444	70
71	Medical Supplies Charged to Patients	195,691,227	195,691,227		23,198,337	77,164	77,164	71
72	Impl. Dev. Charged to Patients	195,691,228	195,691,228		23,595,134	77,164	77,164	72
73	Drugs Charged to Patients	166,620,758	166,620,758		34,657,366	74,504	74,504	73
73.10	REHABILITATION SERVICES	41,745,312	41,745,312		8,192,455	476,773	476,773	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	2,792,409	2,792,409		376,374	4,729	4,729	90.10
90.20	GYN SURG ONCOLOGIST PBC	309,725	309,725		53,617			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	5,461,703	5,461,703		1,017,808	2,856	2,856	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	863,384	863,384		174,152	498	498	90.40
90.60	CAPE NEUROSURGERY PBC	779,675	779,675		373,384	48	48	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	7,685,887	7,685,887		1,384,220	13,963	13,963	90.70
91	Emergency	121,601,238	121,601,238		12,695,304	331,122	331,122	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	389,411	389,411		284,676			95
101	Home Health Agency	2,427,053	2,427,053		1,557,556	24,275	24,275	101
	SPECIAL PURPOSE COST CENTERS							

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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	
116	Hospice	7,750,271	7,750,271		1,598,649	42,058	42,058	116
118	SUBTOTALS (sum of lines 1-117)	1,917,154,614	1,917,154,614	-52,489,472	266,443,367	5,963,454	4,911,743	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				52,418	18,839	18,839	190
194	FITNESS CENTER				3,522,442	383,927	383,927	194
194.01	RETAIL PHARMACY				6,845,194	23,905	23,905	194.01
194.04	PHYSICIAN SERVICES				3,920,578	37,406	37,406	194.04
194.05	ENDOCRINOLOGIST				848,586			194.05
194.06	HOSPITALIST				19,607,289	32,009	32,009	194.06
194.07	NEONATOLOGY PHYSICIANS				2,708,249	9,307	9,307	194.07
194.08	ANESTHESIOLOGISTS				13,949,612	5,844	5,844	194.08
194.09	PHYSICIAN CARDIOLOGIST				10,094,005	77,589	77,589	194.09
194.10	PHYSICIAN ONCOLOGIST				3,656,200	60,835	60,835	194.10
194.12	TRAUMA PHYSICIANS				2,492,769	20,678	20,678	194.12
194.13	LANDMARK HOSPITAL				19,622			194.13
194.14	GYN SURG ONCOLOGIST				946,976			194.14
194.15	CAPE GASTROENTEROLOGY				4,743,569			194.15
194.16	CAPE PHYSICIAN ASSOCIATES & PEDIATRI				5,916,246	172,213	172,213	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP				3,054	1,016	1,016	194.18
194.19	MARKETING COSTS				7,021,062			194.19
194.20	CAPE PRIMARY CARE				2,225,808			194.20
194.21	CAPE CARE FOR WOMEN				7,235,911			194.21
194.22	JACKSON FAMILY CLINIC				1,110,084			194.22
194.24	CAPE ENT GROUP				2,859,470			194.24
194.25	CHARLESTON FAMILY CARE				658,498			194.25
194.29	JACKSON PHYSICIAN ASSOCIATES & ICC J				322,484			194.29
194.31	PHYSICIANS PARK PRIMARY CARE				7,845,344			194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI				1,639,137			194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES				3,615,347			194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES				2,519,036			194.34
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS				660,567			194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE				1,332,542			194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES				1,271,731			194.39
194.40	KNIEBERT CLINIC				8,203,581			194.40
194.41	KNIEBERT PHARMACY				5,807,269			194.41
194.43	KNEIBERT LAB				760,418			194.43
194.44	PALLIATIVE CARE				390,775	1,199	1,199	194.44
194.45	CAPE ORTHO SURGEONS				12,205,767	226,844	226,844	194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC				1,584,534			194.46
194.47	PHYSICIAN ALLIANCE				21,844			194.47
194.48	INTENSIVISTS				922,879			194.48
194.49	ACO				4,202			194.49
194.50	SFOC IMG				3,541			194.50
194.51	SFOC PB				1,941			194.51
194.52	PHYSICIAN PARK GENERAL SURGERY				607,557			194.52
194.53	POPLAR BLUFF PEDIATRICS				907,768			194.53
194.54	FERGUSON MEDICAL GROUP				1,661,435			194.54
194.55	FERGUSON MEDICAL GROUP SC				206,667			194.55
194.56	FERGUSON MEDICAL GROUP CH				256,704			194.56
194.57	FERGUSON MEDICAL GROUP EP				838,870			194.57
194.58	FERGUSON MEDICAL GROUP SI				3,904,483			194.58
194.59	SIKESTON IMAGING CENTER				173,902			194.59
194.60	FERGUSON MEDICAL GROUP LAB				508,999			194.60
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	5,485,509	6,722,856		52,489,472	10,552,768	4,794,554	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.002861	0.003507		0.123487	1.500024	0.801315	203
204	Cost to be allocated (Per Wkst. B, Part II)	416,726	207,870		2,875,830	1,249,292	3,068,378	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000217	0.000108		0.006766	0.177581	0.512819	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

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COST ALLOCATION - STATISTICAL BASIS
WORKSHEET B-1

	COST CENTER DESCRIPTIONS	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	1,451,153					8
9	Housekeeping		26,969	5,818,432				9
10	Dietary		12,295	99,979	337,061			10
11	Cafeteria			95,731	136,085	3,040,914		11
12	Maintenance of Personnel							12
13	Nursing Administration			1,290		37,173	1,342,035	13
13.10	SPD STERILE PROCESSING		53,215	50,007		37,979		13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library			45,701		39,351		16
17	Social Service			2,524		10,760		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		568,729	1,278,248	116,862	543,456	543,456	30
31	Intensive Care Unit		83,629	207,919	14,745	134,205	134,205	31
31.01	NEONATOLOGY/NICU		27,162	132,984		75,358	75,358	31.01
41	Subprovider - IRF		31,832	163,659	10,788	39,376	39,376	41
43	Nursery		13,526	5,020		28,685		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		145,576	492,932		241,805		50
51	Recovery Room		34,078	27,640		26,936		51
52	Delivery Room & Labor Room					32,783	32,783	52
53	Anesthesiology			1,393		4,783		53
54	Radiology-Diagnostic		34,152	171,915		102,902		54
56	Radioisotope		2,677	22,574		6,303		56
57	CT Scan		26,956	16,204		16,766		57
58	MRI		13,850	7,573		9,118		58
59	Cardiac Catheterization		20,087	338,119		58,812		59
60	Laboratory		3,899	111,058		166,406	166,406	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		9,966	109,966		111,126		65
66	Physical Therapy		2,023	177,085		66,643		66
67	Occupational Therapy			15,471		27,555		67
68	Speech Pathology			12,231		18,355		68
69	Electrocardiology		26,733			33,899		69
70	Electroencephalography		4,536	34,444		28,062	28,062	70
71	Medical Supplies Charged to Patients		2,195	77,164		43,933		71
72	Impl. Dev. Charged to Patients		2,196	77,164		35,458		72
73	Drugs Charged to Patients		1,643	74,504		35,458		73
73.10	REHABILITATION SERVICES		61,495	476,773		125,366	125,366	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		2,000		90.10
90.20	GYN SURG ONCOLOGIST PBC					250		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC		20	2,856		380		90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC		125	498		1,800		90.40
90.60	CAPE NEUROSURGERY PBC			48		500		90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC			13,963		550		90.70
91	Emergency		220,215	331,122		197,023	197,023	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
101	Home Health Agency			24,275		23,011		101
	SPECIAL PURPOSE COST CENTERS							

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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	
116	Hospice			42,058		19,452		116
118	SUBTOTALS (sum of lines 1-117)	100	1,429,779	4,746,821	278,480	2,383,778	1,342,035	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen			18,839				190
194	FITNESS CENTER			383,927		74,561		194
194.01	RETAIL PHARMACY			23,905		18,711		194.01
194.04	PHYSICIAN SERVICES		6,403	37,406		16,763		194.04
194.05	ENDOCRINOLOGIST					11,371		194.05
194.06	HOSPITALIST			32,009		105,457		194.06
194.07	NEONATOLOGY PHYSICIANS			9,307		16,577		194.07
194.08	ANESTHESIOLOGISTS			5,844		44,410		194.08
194.09	PHYSICIAN CARDIOLOGIST		819	77,589		82,312		194.09
194.10	PHYSICIAN ONCOLOGIST			60,835		22,878		194.10
194.12	TRAUMA PHYSICIANS			20,678		16,750		194.12
194.13	LANDMARK HOSPITAL					1,422		194.13
194.14	GYN SURG ONCOLOGIST					5,552		194.14
194.15	CAPE GASTROENTEROLOGY					24,671		194.15
194.16	CAPE PHYSICIAN ASSOCIATES & PEDIATRI			172,213		80,793		194.16
194.17	NONPATIENT MEALS				58,581			194.17
194.18	BEAUTY SHOP		14,152	1,016		515		194.18
194.19	MARKETING COSTS							194.19
194.20	CAPE PRIMARY CARE					31,378		194.20
194.21	CAPE CARE FOR WOMEN							194.21
194.22	JACKSON FAMILY CLINIC							194.22
194.24	CAPE ENT GROUP					24,331		194.24
194.25	CHARLESTON FAMILY CARE							194.25
194.29	JACKSON PHYSICIAN ASSOCIATES & ICC J							194.29
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
194.36	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		5,921		194.44
194.45	CAPE ORTHO SURGEONS			226,844		68,268		194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC							194.46
194.47	PHYSICIAN ALLIANCE					684		194.47
194.48	INTENSIVISTS					3,811		194.48
194.49	ACO							194.49
194.50	SFOC IMG							194.50
194.51	SFOC PB							194.51
194.52	PHYSICIAN PARK GENERAL SURGERY							194.52
194.53	POPLAR BLUFF PEDIATRICS							194.53
194.54	FERGUSON MEDICAL GROUP							194.54
194.55	FERGUSON MEDICAL GROUP SC							194.55
194.56	FERGUSON MEDICAL GROUP CH							194.56
194.57	FERGUSON MEDICAL GROUP EP							194.57
194.58	FERGUSON MEDICAL GROUP SI							194.58
194.59	SIKESTON IMAGING CENTER							194.59
194.60	FERGUSON MEDICAL GROUP LAB							194.60
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	353,129	2,115,054	5,057,131	4,088,337	2,246,782	2,585,016	202
203	Unit Cost Multiplier (Wkst. B, Part I)	3,531.290000	1.457499	0.869157	12.129368	0.738851	1.926191	203
204	Cost to be allocated (Per Wkst. B, Part II)	225,821	508,196	388,823	694,743	615,224	297,428	204
205	Unit Cost Multiplier (Wkst. B, Part II)	2,258.210000	0.350202	0.066826	2.061179	0.202315	0.221625	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	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	162,654						13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		10,000					16
17	Social Service			3,525				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		3,398	2,278				30
31	Intensive Care Unit	48	251	326				31
31.01	NEONATOLOGY/NICU	908	170	208				31.01
41	Subprovider - IRF		34	164				41
43	Nursery	2,978	53	72				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	135,291	396	88				50
51	Recovery Room		612					51
52	Delivery Room & Labor Room		150	88				52
53	Anesthesiology							53
54	Radiology-Diagnostic	7,796	1,158					54
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization	473	277	2				59
60	Laboratory	2,196						60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	4,489						65
66	Physical Therapy		197					66
67	Occupational Therapy							67
68	Speech Pathology	62						68
69	Electrocardiology		157					69
70	Electroencephalography		40					70
71	Medical Supplies Charged to Patients	4,026						71
72	Impl. Dev. Charged to Patients	4,026						72
73	Drugs Charged to Patients							73
73.10	REHABILITATION SERVICES	74	2					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	3,105	299				91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95

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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			
101	Home Health Agency						101
	SPECIAL PURPOSE COST CENTERS						
116	Hospice						116
118	SUBTOTALS (sum of lines 1-117)	162,654	10,000	3,525			118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen						190
194	FITNESS CENTER						194
194.01	RETAIL PHARMACY						194.01
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
194.12	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 & PEDIATRI						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
194.24	CAPE ENT GROUP						194.24
194.25	CHARLESTON FAMILY CARE						194.25
194.29	JACKSON PHYSICIAN ASSOCIATES & ICC J						194.29
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
194.36	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
194.47	PHYSICIAN ALLIANCE						194.47
194.48	INTENSIVISTS						194.48
194.49	ACO						194.49
194.50	SFOC IMG						194.50
194.51	SFOC PB						194.51
194.52	PHYSICIAN PARK GENERAL SURGERY						194.52
194.53	POPLAR BLUFF PEDIATRICS						194.53
194.54	FERGUSON MEDICAL GROUP						194.54
194.55	FERGUSON MEDICAL GROUP SC						194.55
194.56	FERGUSON MEDICAL GROUP CH						194.56
194.57	FERGUSON MEDICAL GROUP EP						194.57
194.58	FERGUSON MEDICAL GROUP SI						194.58
194.59	SIKESTON IMAGING CENTER						194.59
194.60	FERGUSON MEDICAL GROUP LAB						194.60
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	2,219,054	2,851,087	599,945			202
203	Unit Cost Multiplier (Wkst. B, Part I)	13.642788	285.108700	170.197163			203
204	Cost to be allocated (Per Wkst. B, Part II)	365,625	281,360	36,398			204
205	Unit Cost Multiplier (Wkst. B, Part II)	2.247870	28.136000	10.325674			205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)						206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)						207

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

		WORKSHEET			
	DESCRIPTION	CODE	LINE NO.	AMOUNT	
	1	2	3	4	

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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	42,162,890		42,162,890		42,162,890	30
31	Intensive Care Unit	11,334,847		11,334,847		11,334,847	31
31.01	NEONATOLOGY/NICU	6,256,360		6,256,360		6,256,360	31.01
41	Subprovider - IRF	3,549,501		3,549,501		3,549,501	41
43	Nursery	1,996,596		1,996,596		1,996,596	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	26,623,545		26,623,545		26,623,545	50
51	Recovery Room	1,958,788		1,958,788		1,958,788	51
52	Delivery Room & Labor Room	1,996,214		1,996,214		1,996,214	52
53	Anesthesiology	1,006,122		1,006,122		1,006,122	53
54	Radiology-Diagnostic	12,566,549		12,566,549		12,566,549	54
56	Radioisotope	956,273		956,273		956,273	56
57	CT Scan	2,803,006		2,803,006		2,803,006	57
58	MRI	1,772,415		1,772,415		1,772,415	58
59	Cardiac Catheterization	9,903,064		9,903,064		9,903,064	59
60	Laboratory	18,468,173		18,468,173		18,468,173	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	8,364,217		8,364,217		8,364,217	65
66	Physical Therapy	5,342,572		5,342,572		5,342,572	66
67	Occupational Therapy	1,756,710		1,756,710		1,756,710	67
68	Speech Pathology	1,363,010		1,363,010		1,363,010	68
69	Electrocardiology	3,568,389		3,568,389		3,568,389	69
70	Electroencephalography	2,315,042		2,315,042		2,315,042	70
71	Medical Supplies Charged to Patients	26,398,264		26,398,264		26,398,264	71
72	Impl. Dev. Charged to Patients	26,837,800		26,837,800		26,837,800	72
73	Drugs Charged to Patients	39,201,956		39,201,956		39,201,956	73
73.10	REHABILITATION SERVICES	11,141,039		11,141,039		11,141,039	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	439,322		439,322		439,322	90.10
90.20	GYN SURG ONCOLOGIST PBC	60,423		60,423		60,423	90.20
90.30	PHYSICIAN RADIOLOGIST PBC	1,152,859		1,152,859		1,152,859	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	198,749		198,749		198,749	90.40
90.60	CAPE NEUROSURGERY PBC	420,013		420,013		420,013	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	1,599,829		1,599,829		1,599,829	90.70
91	Emergency	17,098,935		17,098,935	24,563	17,123,498	91
92	Observation Beds (Non-Distinct Part)	6,851,078		6,851,078		6,851,078	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	319,830		319,830		319,830	95
101	Home Health Agency	1,843,860		1,843,860		1,843,860	101
113	Interest Expense						113
116	Hospice	1,943,778		1,943,778		1,943,778	116
200	Subtotal (sum of lines 30 thru 199)	301,572,018		301,572,018	24,563	301,596,581	200
201	Less Observation Beds	6,851,078		6,851,078		6,851,078	201
202	Total (line 200 minus line 201)	294,720,940		294,720,940		294,745,503	202

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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	91,025,076		91,025,076				30
31	Intensive Care Unit	56,994,296		56,994,296				31
31.01	NEONATOLOGY/NICU	31,436,697		31,436,697				31.01
41	Subprovider - IRF	5,567,147		5,567,147				41
43	Nursery	9,620,589		9,620,589				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	47,254,557	75,605,478	122,860,035	0.216698	0.216698	0.216698	50
51	Recovery Room	7,173,578	12,017,458	19,191,036	0.102068	0.102068	0.102068	51
52	Delivery Room & Labor Room	11,106,370	1,710,987	12,817,357	0.155743	0.155743	0.155743	52
53	Anesthesiology	35,262,375	25,815,832	61,078,207	0.016473	0.016473	0.016473	53
54	Radiology-Diagnostic	17,460,068	79,498,744	96,958,812	0.129607	0.129607	0.129607	54
56	Radioisotope	1,949,148	13,993,409	15,942,557	0.059982	0.059982	0.059982	56
57	CT Scan	31,195,104	90,227,864	121,422,968	0.023085	0.023085	0.023085	57
58	MRI	5,554,573	22,182,925	27,737,498	0.063900	0.063900	0.063900	58
59	Cardiac Catheterization	29,758,735	50,098,051	79,856,786	0.124010	0.124010	0.124010	59
60	Laboratory	70,985,805	136,856,545	207,842,350	0.088857	0.088857	0.088857	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	91,749,066	17,599,255	109,348,321	0.076491	0.076491	0.076491	65
66	Physical Therapy	7,963,389	10,124,401	18,087,790	0.295369	0.295369	0.295369	66
67	Occupational Therapy	7,219,585	1,846,510	9,066,095	0.193767	0.193767	0.193767	67
68	Speech Pathology	6,078,490	2,166,288	8,244,778	0.165318	0.165318	0.165318	68
69	Electrocardiology	12,217,802	26,725,235	38,943,037	0.091631	0.091631	0.091631	69
70	Electroencephalography	2,540,176	6,139,280	8,679,456	0.266727	0.266727	0.266727	70
71	Medical Supplies Charged to Patients	99,042,753	96,648,474	195,691,227	0.134898	0.134898	0.134898	71
72	Impl. Dev. Charged to Patients	99,042,754	96,648,474	195,691,228	0.137144	0.137144	0.137144	72
73	Drugs Charged to Patients	83,644,058	82,976,700	166,620,758	0.235277	0.235277	0.235277	73
73.10	REHABILITATION SERVICES	1,768,135	39,977,177	41,745,312	0.266881	0.266881	0.266881	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	12,350	2,780,059	2,792,409	0.157327	0.157327	0.157327	90.10
90.20	GYN SURG ONCOLOGIST PBC		309,725	309,725	0.195086	0.195086	0.195086	90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	31,712	5,429,991	5,461,703	0.211080	0.211080	0.211080	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	130,219	733,165	863,384	0.230198	0.230198	0.230198	90.40
90.60	CAPE NEUROSURGERY PBC	975	778,700	779,675	0.538703	0.538703	0.538703	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	7,421	7,678,466	7,685,887	0.208152	0.208152	0.208152	90.70
91	Emergency	29,564,382	92,036,856	121,601,238	0.140615	0.140615	0.140615	91
92	Observation Beds (Non-Distinct Part)	2,280,286	12,344,159	14,624,445	0.468468	0.468468	0.468468	92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	172,155	217,256	389,411	0.821317	0.821317	0.821317	95
101	Home Health Agency		2,427,053	2,427,053				101
113	Interest Expense							113
116	Hospice		7,750,271	7,750,271				116
200	Subtotal (sum of lines 30 thru 199)	895,809,826	1,021,344,788	1,917,154,614				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	895,809,826	1,021,344,788	1,917,154,614				202

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE XIX (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)**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	42,162,890		42,162,890		42,162,890	30
31	Intensive Care Unit	11,334,847		11,334,847		11,334,847	31
31.01	NEONATOLOGY/NICU	6,256,360		6,256,360		6,256,360	31.01
41	Subprovider - IRF	3,549,501		3,549,501		3,549,501	41
43	Nursery	1,996,596		1,996,596		1,996,596	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	26,623,545		26,623,545		26,623,545	50
51	Recovery Room	1,958,788		1,958,788		1,958,788	51
52	Delivery Room & Labor Room	1,996,214		1,996,214		1,996,214	52
53	Anesthesiology	1,006,122		1,006,122		1,006,122	53
54	Radiology-Diagnostic	12,566,549		12,566,549		12,566,549	54
56	Radioisotope	956,273		956,273		956,273	56
57	CT Scan	2,803,006		2,803,006		2,803,006	57
58	MRI	1,772,415		1,772,415		1,772,415	58
59	Cardiac Catheterization	9,903,064		9,903,064		9,903,064	59
60	Laboratory	18,468,173		18,468,173		18,468,173	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	8,364,217		8,364,217		8,364,217	65
66	Physical Therapy	5,342,572		5,342,572		5,342,572	66
67	Occupational Therapy	1,756,710		1,756,710		1,756,710	67
68	Speech Pathology	1,363,010		1,363,010		1,363,010	68
69	Electrocardiology	3,568,389		3,568,389		3,568,389	69
70	Electroencephalography	2,315,042		2,315,042		2,315,042	70
71	Medical Supplies Charged to Patients	26,398,264		26,398,264		26,398,264	71
72	Impl. Dev. Charged to Patients	26,837,800		26,837,800		26,837,800	72
73	Drugs Charged to Patients	39,201,956		39,201,956		39,201,956	73
73.10	REHABILITATION SERVICES	11,141,039		11,141,039		11,141,039	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	439,322		439,322		439,322	90.10
90.20	GYN SURG ONCOLOGIST PBC	60,423		60,423		60,423	90.20
90.30	PHYSICIAN RADIOLOGIST PBC	1,152,859		1,152,859		1,152,859	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	198,749		198,749		198,749	90.40
90.60	CAPE NEUROSURGERY PBC	420,013		420,013		420,013	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	1,599,829		1,599,829		1,599,829	90.70
91	Emergency	17,098,935		17,098,935		17,098,935	91
92	Observation Beds (Non-Distinct Part)	6,851,078		6,851,078		6,851,078	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	319,830		319,830		319,830	95
101	Home Health Agency	1,843,860		1,843,860		1,843,860	101
113	Interest Expense						113
116	Hospice	1,943,778		1,943,778		1,943,778	116
200	Subtotal (sum of lines 30 thru 199)	301,572,018		301,572,018		301,572,018	200
201	Less Observation Beds	6,851,078		6,851,078		6,851,078	201
202	Total (line 200 minus line 201)	294,720,940		294,720,940		294,720,940	202

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE XIX (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	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
101	Home Health Agency							101
113	Interest Expense							113
116	Hospice							116
200	Subtotal (sum of lines 30 thru 199)							200
201	Less Observation Beds							201
202	Total (line 200 minus line 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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY
**WORKSHEET C
PART II**
[] Title V
[XX] Title XIX

	COST CENTER DESCRIPTIONS	Total Cost (Wkst B, Part I, col. 26)	Capital Cost (Wkst B, Part II, col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	
		1	2	3	4	
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	26,623,545	4,751,046	21,872,499		50
51	Recovery Room	1,958,788	213,437	1,745,351		51
52	Delivery Room & Labor Room	1,996,214	99,116	1,897,098		52
53	Anesthesiology	1,006,122	42,666	963,456		53
54	Radiology-Diagnostic	12,566,549	2,518,470	10,048,079		54
56	Radioisotope	956,273	175,233	781,040		56
57	CT Scan	2,803,006	494,988	2,308,018		57
58	MRI	1,772,415	698,806	1,073,609		58
59	Cardiac Catheterization	9,903,064	1,772,657	8,130,407		59
60	Laboratory	18,468,173	1,241,430	17,226,743		60
60.10	CARDIOVASCULAR LABORATORY					60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	8,364,217	839,401	7,524,816		65
66	Physical Therapy	5,342,572	812,533	4,530,039		66
67	Occupational Therapy	1,756,710	127,522	1,629,188		67
68	Speech Pathology	1,363,010	96,694	1,266,316		68
69	Electrocardiology	3,568,389	418,242	3,150,147		69
70	Electroencephalography	2,315,042	325,630	1,989,412		70
71	Medical Supplies Charged to Patients	26,398,264	604,030	25,794,234		71
72	Impl. Dev. Charged to Patients	26,837,800	604,586	26,233,214		72
73	Drugs Charged to Patients	39,201,956	1,085,094	38,116,862		73
73.10	REHABILITATION SERVICES	11,141,039	2,390,991	8,750,048		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	439,322	22,241	417,081		90.10
90.20	GYN SURG ONCOLOGIST PBC	60,423	965	59,458		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	1,152,859	53,723	1,099,136		90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	198,749	3,787	194,962		90.40
90.60	CAPE NEUROSURGERY PBC	420,013	34,402	385,611		90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	1,599,829	80,020	1,519,809		90.70
91	Emergency	17,098,935	2,323,525	14,775,410		91
92	Observation Beds (Non-Distinct Part)	6,851,078	1,155,462	5,695,616		92
	OTHER REIMBURSABLE COST CENTERS					
95	Ambulance Services	319,830	2,053	317,777		95
101	Home Health Agency	1,843,860	152,937	1,690,923		101
113	Interest Expense					113
116	Hospice	1,943,778	202,311	1,741,467		116
200	Subtotal	236,271,824	23,343,998	212,927,826		200
201	Less Observation Beds	6,851,078	1,155,462	5,695,616		201
202	Total	229,420,746	22,188,536	207,232,210		202

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY
**WORKSHEET C
PART II**
☐ Title V

☒ Title XIX

	COST CENTER DESCRIPTIONS	Operating Cost Reduction Amount	Cost Net of Capital and Operating Cost Reduction	Total Charges (Wkst C, Part I, col. 8)	Outpatient Cost to Charge Ratio(col. 6 ÷ col. 7)	
		5	6	7	8	
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room		26,623,545			50
51	Recovery Room		1,958,788			51
52	Delivery Room & Labor Room		1,996,214			52
53	Anesthesiology		1,006,122			53
54	Radiology-Diagnostic		12,566,549			54
56	Radioisotope		956,273			56
57	CT Scan		2,803,006			57
58	MRI		1,772,415			58
59	Cardiac Catheterization		9,903,064			59
60	Laboratory		18,468,173			60
60.10	CARDIOVASCULAR LABORATORY					60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy		8,364,217			65
66	Physical Therapy		5,342,572			66
67	Occupational Therapy		1,756,710			67
68	Speech Pathology		1,363,010			68
69	Electrocardiology		3,568,389			69
70	Electroencephalography		2,315,042			70
71	Medical Supplies Charged to Patients		26,398,264			71
72	Impl. Dev. Charged to Patients		26,837,800			72
73	Drugs Charged to Patients		39,201,956			73
73.10	REHABILITATION SERVICES		11,141,039			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		439,322			90.10
90.20	GYN SURG ONCOLOGIST PBC		60,423			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC		1,152,859			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC		198,749			90.40
90.60	CAPE NEUROSURGERY PBC		420,013			90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC		1,599,829			90.70
91	Emergency		17,098,935			91
92	Observation Beds (Non-Distinct Part)		6,851,078	14,624,445	0.468468	92
	OTHER REIMBURSABLE COST CENTERS					
95	Ambulance Services		319,830			95
101	Home Health Agency		1,843,860			101
113	Interest Expense					113
116	Hospice		1,943,778			116
200	Subtotal		236,271,824	14,624,445		200
201	Less Observation Beds		6,851,078	14,624,445		201
202	Total		229,420,746			202

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D PART I

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

		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)	7,110,936		7,110,936	45,215	157.27	16,512	2,596,842	30
31	Intensive Care Unit	1,484,926		1,484,926	4,915	302.12	3,117	941,708	31
31.01	NEONATOLOGY/NICU	925,338		925,338	5,240	176.59			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	748,738		748,738	3,596	208.21	1,948	405,593	41
42	Subprovider I								42
43	Nursery	110,745		110,745	1,775	62.39			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	10,380,683		10,380,683	60,741		21,577	3,944,143	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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	4,751,046	122,860,035	0.038670	29,145,018	1,127,038	50
51	Recovery Room	213,437	19,191,036	0.011122	4,229,087	47,036	51
52	Delivery Room & Labor Room	99,116	12,817,357	0.007733	74,648	577	52
53	Anesthesiology	42,666	61,078,207	0.000699	5,227,501	3,654	53
54	Radiology-Diagnostic	2,518,470	96,958,812	0.025975	9,465,283	245,861	54
56	Radioisotope	175,233	15,942,557	0.010992	1,637,471	17,999	56
57	CT Scan	494,988	121,422,968	0.004077	17,408,496	70,974	57
58	MRI	698,806	27,737,498	0.025194	2,884,225	72,665	58
59	Cardiac Catheterization	1,772,657	79,856,786	0.022198	17,876,910	396,832	59
60	Laboratory	1,241,430	207,842,350	0.005973	42,120,210	251,584	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	839,401	109,348,321	0.007676	39,022,347	299,536	65
66	Physical Therapy	812,533	18,087,790	0.044922	3,199,391	143,723	66
67	Occupational Therapy	127,522	9,066,095	0.014066	2,429,355	34,171	67
68	Speech Pathology	96,694	8,244,778	0.011728	2,078,652	24,378	68
69	Electrocardiology	418,242	38,943,037	0.010740	2,385,989	25,626	69
70	Electroencephalography	325,630	8,679,456	0.037517	1,141,497	42,826	70
71	Medical Supplies Charged to Pat	604,030	195,691,227	0.003087	51,933,384	160,318	71
72	Impl. Dev. Charged to Patients	604,586	195,691,228	0.003089	56,337,424	174,026	72
73	Drugs Charged to Patients	1,085,094	166,620,758	0.006512	60,087,363	391,289	73
73.10	REHABILITATION SERVICES	2,390,991	41,745,312	0.057276	11,656	668	73.10
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.10	CAPE MEDICAL ONCOLOGY PBC	22,241	2,792,409	0.007965			90.10
90.20	GYN SURG ONCOLOGIST PBC	965	309,725	0.003116			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	53,723	5,461,703	0.009836			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	3,787	863,384	0.004386			90.40
90.60	CAPE NEUROSURGERY PBC	34,402	779,675	0.044124			90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	80,020	7,685,887	0.010411			90.70
91	Emergency	2,323,525	121,601,238	0.019108	6,543,237	125,028	91
92	Observation Beds (Non-Distinct	1,155,462	14,624,445	0.079009	2,057,151	162,533	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	22,986,697	1,711,944,074		357,296,295	3,818,342	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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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)	45,215		16,512		30
31	Intensive Care Unit	4,915		3,117		31
31.01	NEONATOLOGY/NICU	5,240				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	3,596		1,948		41
42	Subprovider I					42
43	Nursery	1,775				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	60,741		21,577		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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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
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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	122,860,035			29,145,018		31,021,036		50
51	Recovery Room	19,191,036			4,229,087		9,442,450		51
52	Delivery Room & Labor Room	12,817,357			74,648				52
53	Anesthesiology	61,078,207			5,227,501		6,865,839		53
54	Radiology-Diagnostic	96,958,812			9,465,283		19,230,691		54
56	Radioisotope	15,942,557			1,637,471		10,859,356		56
57	CT Scan	121,422,968			17,408,496		57,113,073		57
58	MRI	27,737,498			2,884,225		9,389,509		58
59	Cardiac Catheterization	79,856,786			17,876,910		35,429,218		59
60	Laboratory	207,842,350			42,120,210		33,966,715		60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	109,348,321			39,022,347		6,705,300		65
66	Physical Therapy	18,087,790			3,199,391		526,514		66
67	Occupational Therapy	9,066,095			2,429,355		56,905		67
68	Speech Pathology	8,244,778			2,078,652		161,663		68
69	Electrocardiology	38,943,037			2,385,989		4,583,692		69
70	Electroencephalography	8,679,456			1,141,497		1,853,191		70
71	Medical Supplies Charged to Pat	195,691,227			51,933,384		47,998,504		71
72	Impl. Dev. Charged to Patients	195,691,228			56,337,424		41,697,901		72
73	Drugs Charged to Patients	166,620,758			60,087,363		56,492,926		73
73.10	REHABILITATION SERVICES	41,745,312			11,656		6,795,031		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	2,792,409					1,804,038		90.10
90.20	GYN SURG ONCOLOGIST PBC	309,725					221,975		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	5,461,703					3,136,053		90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	863,384					473,850		90.40
90.60	CAPE NEUROSURGERY PBC	779,675					316,803		90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	7,685,887					248,435		90.70
91	Emergency	121,601,238			6,543,237		25,642,513		91
92	Observation Beds (Non-Distinct	14,624,445			2,057,151		6,619,833		92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	1,711,944,074			357,296,295		418,653,014		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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	0.216698	31,021,036			6,722,196			50
51	Recovery Room	0.102068	9,442,450			963,772			51
52	Delivery Room & Labor Room	0.155743							52
53	Anesthesiology	0.016473	6,865,839			113,101			53
54	Radiology-Diagnostic	0.129607	19,230,691			2,492,432			54
56	Radioisotope	0.059982	10,859,356			651,366			56
57	CT Scan	0.023085	57,113,073			1,318,455			57
58	MRI	0.063900	9,389,509			599,990			58
59	Cardiac Catheterization	0.124010	35,429,218			4,393,577			59
60	Laboratory	0.088857	33,966,715			3,018,180			60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.076491	6,705,300			512,895			65
66	Physical Therapy	0.295369	526,514			155,516			66
67	Occupational Therapy	0.193767	56,905			11,026			67
68	Speech Pathology	0.165318	161,663			26,726			68
69	Electrocardiology	0.091631	4,583,692			420,008			69
70	Electroencephalography	0.266727	1,853,191			494,296			70
71	Medical Supplies Charged to Pat	0.134898	47,998,504			6,474,902			71
72	Impl. Dev. Charged to Patients	0.137144	41,697,901			5,718,617			72
73	Drugs Charged to Patients	0.235277	56,492,926		204,021	13,291,486		48,001	73
73.10	REHABILITATION SERVICES	0.266881	6,795,031			1,813,465			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	0.157327	1,804,038			283,824			90.10
90.20	GYN SURG ONCOLOGIST PBC	0.195086	221,975			43,304			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	0.211080	3,136,053			661,958			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	0.230198	473,850			109,079			90.40
90.60	CAPE NEUROSURGERY PBC	0.538703	316,803			170,663			90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	0.208152	248,435			51,712			90.70
91	Emergency	0.140615	25,642,513			3,605,722			91
92	Observation Beds (Non-Distinct	0.468468	6,619,833			3,101,180			92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	0.821317							95
200	Subtotal (see instructions)		418,653,014		204,021	57,219,448		48,001	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		418,653,014		204,021	57,219,448		48,001	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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	4,751,046	122,860,035	0.038670	22,394	866	50
51	Recovery Room	213,437	19,191,036	0.011122	4,883	54	51
52	Delivery Room & Labor Room	99,116	12,817,357	0.007733			52
53	Anesthesiology	42,666	61,078,207	0.000699	3,225	2	53
54	Radiology-Diagnostic	2,518,470	96,958,812	0.025975	101,195	2,629	54
56	Radioisotope	175,233	15,942,557	0.010992	4,793	53	56
57	CT Scan	494,988	121,422,968	0.004077	75,344	307	57
58	MRI	698,806	27,737,498	0.025194	19,756	498	58
59	Cardiac Catheterization	1,772,657	79,856,786	0.022198	6,640	147	59
60	Laboratory	1,241,430	207,842,350	0.005973	432,656	2,584	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	839,401	109,348,321	0.007676	1,091,562	8,379	65
66	Physical Therapy	812,533	18,087,790	0.044922	1,212,730	54,478	66
67	Occupational Therapy	127,522	9,066,095	0.014066	1,239,780	17,439	67
68	Speech Pathology	96,694	8,244,778	0.011728	812,448	9,528	68
69	Electrocardiology	418,242	38,943,037	0.010740	4,824	52	69
70	Electroencephalography	325,630	8,679,456	0.037517	5,547	208	70
71	Medical Supplies Charged to Pat	604,030	195,691,227	0.003087	155,855	481	71
72	Impl. Dev. Charged to Patients	604,586	195,691,228	0.003089	6,021	19	72
73	Drugs Charged to Patients	1,085,094	166,620,758	0.006512	1,515,069	9,866	73
73.10	REHABILITATION SERVICES	2,390,991	41,745,312	0.057276	232,816	13,335	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	22,241	2,792,409	0.007965			90.10
90.20	GYN SURG ONCOLOGIST PBC	965	309,725	0.003116			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	53,723	5,461,703	0.009836			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	3,787	863,384	0.004386			90.40
90.60	CAPE NEUROSURGERY PBC	34,402	779,675	0.044124			90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	80,020	7,685,887	0.010411			90.70
91	Emergency	2,323,525	121,601,238	0.019108			91
92	Observation Beds (Non-Distinct		14,624,445				92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	21,831,235	1,711,944,074		6,947,538	120,925	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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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
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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	122,860,035			22,394				50
51	Recovery Room	19,191,036			4,883				51
52	Delivery Room & Labor Room	12,817,357							52
53	Anesthesiology	61,078,207			3,225				53
54	Radiology-Diagnostic	96,958,812			101,195				54
56	Radioisotope	15,942,557			4,793				56
57	CT Scan	121,422,968			75,344				57
58	MRI	27,737,498			19,756				58
59	Cardiac Catheterization	79,856,786			6,640				59
60	Laboratory	207,842,350			432,656				60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	109,348,321			1,091,562				65
66	Physical Therapy	18,087,790			1,212,730				66
67	Occupational Therapy	9,066,095			1,239,780				67
68	Speech Pathology	8,244,778			812,448				68
69	Electrocardiology	38,943,037			4,824				69
70	Electroencephalography	8,679,456			5,547				70
71	Medical Supplies Charged to Pat	195,691,227			155,855				71
72	Impl. Dev. Charged to Patients	195,691,228			6,021				72
73	Drugs Charged to Patients	166,620,758			1,515,069				73
73.10	REHABILITATION SERVICES	41,745,312			232,816				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	2,792,409							90.10
90.20	GYN SURG ONCOLOGIST PBC	309,725							90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	5,461,703							90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	863,384							90.40
90.60	CAPE NEUROSURGERY PBC	779,675							90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	7,685,887							90.70
91	Emergency	121,601,238							91
92	Observation Beds (Non-Distinct	14,624,445							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	1,711,944,074			6,947,538				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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.216698							50
51	Recovery Room	0.102068							51
52	Delivery Room & Labor Room	0.155743							52
53	Anesthesiology	0.016473							53
54	Radiology-Diagnostic	0.129607							54
56	Radioisotope	0.059982							56
57	CT Scan	0.023085							57
58	MRI	0.063900							58
59	Cardiac Catheterization	0.124010							59
60	Laboratory	0.088857							60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.076491							65
66	Physical Therapy	0.295369							66
67	Occupational Therapy	0.193767							67
68	Speech Pathology	0.165318							68
69	Electrocardiology	0.091631							69
70	Electroencephalography	0.266727							70
71	Medical Supplies Charged to Pat	0.134898							71
72	Impl. Dev. Charged to Patients	0.137144							72
73	Drugs Charged to Patients	0.235277							73
73.10	REHABILITATION SERVICES	0.266881							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	0.157327							90.10
90.20	GYN SURG ONCOLOGIST PBC	0.195086							90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	0.211080							90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	0.230198							90.40
90.60	CAPE NEUROSURGERY PBC	0.538703							90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	0.208152							90.70
91	Emergency	0.140615							91
92	Observation Beds (Non-Distinct	0.468468							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	0.821317							95
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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D PART I

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

		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)	7,110,936		7,110,936	45,215	157.27	4,197	660,062	30
31	Intensive Care Unit	1,484,926		1,484,926	4,915	302.12	846	255,594	31
31.01	NEONATOLOGY/NICU	925,338		925,338	5,240	176.59	1,069	188,775	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	748,738		748,738	3,596	208.21	121	25,193	41
42	Subprovider I								42
43	Nursery	110,745		110,745	1,775	62.39	162	10,107	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	10,380,683		10,380,683	60,741		6,395	1,139,731	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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-0183

WORKSHEET D PART II

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

		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	4,751,046	122,860,035	0.038670	4,287,526	165,799	50
51	Recovery Room	213,437	19,191,036	0.011122	12,286	137	51
52	Delivery Room & Labor Room	99,116	12,817,357	0.007733	416,821	3,223	52
53	Anesthesiology	42,666	61,078,207	0.000699	755,864	528	53
54	Radiology-Diagnostic	2,518,470	96,958,812	0.025975	1,315,330	34,166	54
56	Radioisotope	175,233	15,942,557	0.010992	160,762	1,767	56
57	CT Scan	494,988	121,422,968	0.004077	2,029,296	8,273	57
58	MRI	698,806	27,737,498	0.025194	490,750	12,364	58
59	Cardiac Catheterization	1,772,657	79,856,786	0.022198	1,901,142	42,202	59
60	Laboratory	1,241,430	207,842,350	0.005973	6,339,635	37,867	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	839,401	109,348,321	0.007676	8,539,504	65,549	65
66	Physical Therapy	812,533	18,087,790	0.044922	674,484	30,299	66
67	Occupational Therapy	127,522	9,066,095	0.014066	704,472	9,909	67
68	Speech Pathology	96,694	8,244,778	0.011728	650,665	7,631	68
69	Electrocardiology	418,242	38,943,037	0.010740	304,335	3,269	69
70	Electroencephalography	325,630	8,679,456	0.037517	315,727	11,845	70
71	Medical Supplies Charged to Pat	604,030	195,691,227	0.003087	15,137,114	46,728	71
72	Impl. Dev. Charged to Patients	604,586	195,691,228	0.003089	114,103	352	72
73	Drugs Charged to Patients	1,085,094	166,620,758	0.006512	11,158,568	72,665	73
73.10	REHABILITATION SERVICES	2,390,991	41,745,312	0.057276	547,251	31,344	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	22,241	2,792,409	0.007965			90.10
90.20	GYN SURG ONCOLOGIST PBC	965	309,725	0.003116			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	53,723	5,461,703	0.009836			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	3,787	863,384	0.004386			90.40
90.60	CAPE NEUROSURGERY PBC	34,402	779,675	0.044124			90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	80,020	7,685,887	0.010411			90.70
91	Emergency	2,323,525	121,601,238	0.019108	1,826,197	34,895	91
92	Observation Beds (Non-Distinct	1,155,462	14,624,445	0.079009	223,135	17,630	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	22,986,697	1,711,944,074		57,904,967	638,442	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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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)	45,215		4,197		30
31	Intensive Care Unit	4,915		846		31
31.01	NEONATOLOGY/NICU	5,240		1,069		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	3,596		121		41
42	Subprovider I					42
43	Nursery	1,775		162		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	60,741		6,395		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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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 RADIOLOGIST 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
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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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				4,287,526				50
51	Recovery Room				12,286				51
52	Delivery Room & Labor Room				416,821				52
53	Anesthesiology				755,864				53
54	Radiology-Diagnostic				1,315,330				54
56	Radioisotope				160,762				56
57	CT Scan				2,029,296				57
58	MRI				490,750				58
59	Cardiac Catheterization				1,901,142				59
60	Laboratory				6,339,635				60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy				8,539,504				65
66	Physical Therapy				674,484				66
67	Occupational Therapy				704,472				67
68	Speech Pathology				650,665				68
69	Electrocardiology				304,335				69
70	Electroencephalography				315,727				70
71	Medical Supplies Charged to Pat				15,137,114				71
72	Impl. Dev. Charged to Patients				114,103				72
73	Drugs Charged to Patients				11,158,568				73
73.10	REHABILITATION SERVICES				547,251				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				1,826,197				91
92	Observation Beds (Non-Distinct				223,135				92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)				57,904,967				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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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 ☒ Hospital ☐ SUB (Other) ☐ Swing Bed SNF
Applicable ☐ Title XVIII, Part B ☐ IPF ☐ SNF ☐ Swing Bed NF
Boxes: ☒ Title XIX - O/P ☐ IRF ☐ NF ☐ ICF/IID

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room			7,044,066					50
51	Recovery Room			67,990					51
52	Delivery Room & Labor Room			16,979					52
53	Anesthesiology			102,378					53
54	Radiology-Diagnostic			2,802,362					54
56	Radioisotope			765,092					56
57	CT Scan			7,957,343					57
58	MRI			1,778,214					58
59	Cardiac Catheterization			2,546,405					59
60	Laboratory			7,048,223					60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy			635,984					65
66	Physical Therapy			139,987					66
67	Occupational Therapy			88,959					67
68	Speech Pathology			111,713					68
69	Electrocardiology			446,244					69
70	Electroencephalography			514,573					70
71	Medical Supplies Charged to Pat			11,671,407					71
72	Impl. Dev. Charged to Patients			196,538					72
73	Drugs Charged to Patients			9,397,202					73
73.10	REHABILITATION SERVICES			676,843					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			227,207					90.10
90.20	GYN SURG ONCOLOGIST PBC			37,050					90.20
90.30	PHYSICIAN CARDIOLOGIST PBC			277,786					90.30
90.40	CAPE THORACIC & CARDIOVASCULAR			56,209					90.40
90.60	CAPE NEUROSURGERY PBC			161,525					90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC			76,053					90.70
91	Emergency			8,174,172					91
92	Observation Beds (Non-Distinct			727,577					92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services			44,315					95
200	Subtotal (see instructions)			63,790,396					200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)			63,790,396					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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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)	45,215	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	45,215	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)	16,512	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)	42,162,890	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)	42,162,890	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)	42,162,890	37

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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)						932.50	38
39	Program general inpatient routine service cost (line 9 x line 38)						15,397,440	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)							40
41	Total Program general inpatient routine service cost (line 39 + line 40)						15,397,440	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	11,334,847	4,915	2,306.17	3,117	7,188,332		43
43.01	NEONATOLOGY/NICU	6,256,360	5,240	1,193.96				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)						50,740,584	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						73,326,356	49
PASS THROUGH COST ADJUSTMENTS								
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						3,538,550	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						3,818,342	51
52	Total Program excludable cost (sum of lines 50 and 51)						7,356,892	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						65,969,464	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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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)					7,347	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					932.50	88
89	Observation bed cost (line 87 x line 88) (see instructions)					6,851,078	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	7,110,936	42,162,890	0.168654	6,851,078	1,155,462	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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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)	3,596	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,596	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)	3,596	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,948	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)	3,549,501	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)	3,549,501	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)	3,549,501	37

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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)	987.07	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,922,812	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)	1,922,812	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,319,682	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	3,242,494	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	405,593	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	120,925	51
52	Total Program excludable cost (sum of lines 50 and 51)	526,518	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	2,715,976	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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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)	45,215	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	45,215	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)	4,197	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)	1,775	15
16	Nursery days (title V or XIX only)	162	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)	42,162,890	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)	42,162,890	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)	42,162,890	37

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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)						932.50 38
39	Program general inpatient routine service cost (line 9 x line 38)						3,913,703 39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)						3,913,703 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)	1,996,596	1,775	1,124.84	162	182,224	42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	11,334,847	4,915	2,306.17	846	1,951,020	43
43.01	NEONATOLOGY/NICU	6,256,360	5,240	1,193.96	1,069	1,276,343	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)						48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					7,323,290	49
PASS THROUGH COST ADJUSTMENTS							
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,114,538	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					638,442	51
52	Total Program excludable cost (sum of lines 50 and 51)					1,752,980	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					5,570,310	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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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)					7,347	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					932.50	88
89	Observation bed cost (line 87 x line 88) (see instructions)					6,851,078	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	7,110,936	42,162,890	0.168654	6,851,078	1,155,462	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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-0183

WORKSHEET D-3

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

		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		35,928,189		30
31	Intensive Care Unit		13,234,309		31
31.01	NEONATOLOGY/NICU				31.01
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.216698	29,145,018	6,315,667	50
51	Recovery Room	0.102068	4,229,087	431,654	51
52	Delivery Room & Labor Room	0.155743	74,648	11,626	52
53	Anesthesiology	0.016473	5,227,501	86,113	53
54	Radiology-Diagnostic	0.129607	9,465,283	1,226,767	54
56	Radioisotope	0.059982	1,637,471	98,219	56
57	CT Scan	0.023085	17,408,496	401,875	57
58	MRI	0.063900	2,884,225	184,302	58
59	Cardiac Catheterization	0.124010	17,876,910	2,216,916	59
60	Laboratory	0.088857	42,120,210	3,742,675	60
60.10	CARDIOVASCULAR LABORATORY				60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.076491	39,022,347	2,984,858	65
66	Physical Therapy	0.295369	3,199,391	945,001	66
67	Occupational Therapy	0.193767	2,429,355	470,729	67
68	Speech Pathology	0.165318	2,078,652	343,639	68
69	Electrocardiology	0.091631	2,385,989	218,631	69
70	Electroencephalography	0.266727	1,141,497	304,468	70
71	Medical Supplies Charged to Patients	0.134898	51,933,384	7,005,710	71
72	Impl. Dev. Charged to Patients	0.137144	56,337,424	7,726,340	72
73	Drugs Charged to Patients	0.235277	60,087,363	14,137,175	73
73.10	REHABILITATION SERVICES	0.266881	11,656	3,111	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	0.157327			90.10
90.20	GYN SURG ONCOLOGIST PBC	0.195086			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	0.211080			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	0.230198			90.40
90.60	CAPE NEUROSURGERY PBC	0.538703			90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	0.208152			90.70
91	Emergency	0.140817	6,543,237	921,399	91
92	Observation Beds (Non-Distinct Part)	0.468468	2,057,151	963,709	92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		357,296,295	50,740,584	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		357,296,295		202

(A) Worksheet A line numbers

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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		2,758,604		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.216698	22,394	4,853	50
51	Recovery Room	0.102068	4,883	498	51
52	Delivery Room & Labor Room	0.155743			52
53	Anesthesiology	0.016473	3,225	53	53
54	Radiology-Diagnostic	0.129607	101,195	13,116	54
56	Radioisotope	0.059982	4,793	287	56
57	CT Scan	0.023085	75,344	1,739	57
58	MRI	0.063900	19,756	1,262	58
59	Cardiac Catheterization	0.124010	6,640	823	59
60	Laboratory	0.088857	432,656	38,445	60
60.10	CARDIOVASCULAR LABORATORY				60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.076491	1,091,562	83,495	65
66	Physical Therapy	0.295369	1,212,730	358,203	66
67	Occupational Therapy	0.193767	1,239,780	240,228	67
68	Speech Pathology	0.165318	812,448	134,312	68
69	Electrocardiology	0.091631	4,824	442	69
70	Electroencephalography	0.266727	5,547	1,480	70
71	Medical Supplies Charged to Patients	0.134898	155,855	21,025	71
72	Impl. Dev. Charged to Patients	0.137144	6,021	826	72
73	Drugs Charged to Patients	0.235277	1,515,069	356,461	73
73.10	REHABILITATION SERVICES	0.266881	232,816	62,134	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	0.157327			90.10
90.20	GYN SURG ONCOLOGIST PBC	0.195086			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	0.211080			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	0.230198			90.40
90.60	CAPE NEUROSURGERY PBC	0.538703			90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	0.208152			90.70
91	Emergency	0.140817			91
92	Observation Beds (Non-Distinct Part)	0.468468			92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		6,947,538	1,319,682	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		6,947,538		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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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		5,648,366		30
31	Intensive Care Unit		2,176,448		31
31.01	NEONATOLOGY/NICU		3,498,298		31.01
41	Subprovider - IRF				41
43	Nursery		230,560		43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room		4,287,526		50
51	Recovery Room		12,286		51
52	Delivery Room & Labor Room		416,821		52
53	Anesthesiology		755,864		53
54	Radiology-Diagnostic		1,315,330		54
56	Radioisotope		160,762		56
57	CT Scan		2,029,296		57
58	MRI		490,750		58
59	Cardiac Catheterization		1,901,142		59
60	Laboratory		6,339,635		60
60.10	CARDIOVASCULAR LABORATORY				60.10
62.30	BLOOD CLOTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy		8,539,504		65
66	Physical Therapy		674,484		66
67	Occupational Therapy		704,472		67
68	Speech Pathology		650,665		68
69	Electrocardiology		304,335		69
70	Electroencephalography		315,727		70
71	Medical Supplies Charged to Patients		15,137,114		71
72	Impl. Dev. Charged to Patients		114,103		72
73	Drugs Charged to Patients		11,158,568		73
73.10	REHABILITATION SERVICES		547,251		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		1,826,197		91
92	Observation Beds (Non-Distinct Part)		223,135		92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		57,904,967		200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		57,904,967		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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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)	11,000,916			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	32,139,932			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)	2,592,143			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
2.03	Outlier payment for discharges occurring prior to October 1 (see instructions)				2.03
2.04	Outlier payment for discharges occurring on or after October 1 (see instructions)				2.04
3	Managed care simulated payments				3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	262.87			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)	0.0775			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2375			31
32	Sum of lines 30 and 31	0.3150			32
33	Allowable disproportionate share percentage (see instructions)	0.1715			33
34	Disproportionate share adjustment (see instructions)	1,849,664			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)	6,766,695,164		8,272,872,447	35
35.01	Factor 3 (see instructions)	0.000399225		0.000437921	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,701,434		3,622,861	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	680,910		2,709,701	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,390,611			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

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CALCULATION OF REIMBURSEMENT SETTLEMENT**WORKSHEET E
PART A****PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	50,973,266			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)	50,973,266			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	4,252,451			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)	55,231,827			59
60	Primary payer payments	25,465			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	55,206,362			61
62	Deductibles billed to program beneficiaries	4,769,132			62
63	Coinsurance billed to program beneficiaries	81,276			63
64	Allowable bad debts (see instructions)	1,448,276			64
65	Adjusted reimbursable bad debts (see instructions)	941,379			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,146,150			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	51,297,333			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)	3,965			70.93
70.99	HAC adjustment amount (see instructions)	138,999			70.99
71	Amount due provider (see instructions)	51,162,299			71
71.01	Sequestration adjustment (see instructions)	1,023,246			71.01
71.02	Demonstration payment adjustment amount after sequestration				71.02
72	Interim payments	49,087,941			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	1,051,112			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

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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	11,000,916	11,000,916				11,000,916	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	32,139,932			32,139,932		32,139,932	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	2,592,143	660,996		1,931,147		2,592,143	2
2.01	Outlier payment for discharges for Model 4 BPCI							2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)							2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)							2.03
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	0.1715	0.1715	0.1715	0.1715	0.1715		10
11	Disproportionate share adjustment	1,849,664	471,664		1,378,000		1,849,664	11
11.01	Uncompensated care payments	3,390,611	680,910		2,709,701		3,390,611	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12	Total ESRD additional payment							12
13	Subtotal	50,973,266	12,814,486		38,158,780		50,973,266	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	50,973,266	12,814,486		38,158,780		50,973,266	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	4,252,451	1,084,376		3,168,075		4,252,451	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		13,898,862		41,332,965		55,231,827	19
20	Capital DRG other than outlier	3,440,893	877,428		2,563,465		3,440,893	20
20.01	Model 4 BPCI Capital DRG other than outlier							20.01
21	Capital DRG outlier payments	584,803	149,125		435,678		584,803	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	0.0659	0.0659		0.0659			24
25	Disproportionate share adjustment	226,755	57,823		168,932		226,755	25
26	Total prospective capital payments	4,252,451	1,084,376		3,168,075		4,252,451	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	3,965	1,011		2,954		3,965	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		138,999				138,999	32

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 26-0183****WORKSHEET E
PART B**Check applicable box: ☒ [XX] 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)	48,001			1
2	Medical and other services reimbursed under OPPS (see instructions)	57,219,448			2
3	OPPS payments	55,406,190			3
4	Outlier payment (see instructions)	497,639			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)	48,001			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)	156,020			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)	48,001			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)	55,903,829			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	9,985,266			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)	45,966,564			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)	45,966,564			30
31	Primary payer payments	11,464			31
32	Subtotal (line 30 minus line 31)	45,955,100			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	1,090,115			34
35	Adjusted reimbursable bad debts (see instructions)	708,575			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	644,481			36
37	Subtotal (see instructions)	46,663,675			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)	46,665,124			40
40.01	Sequestration adjustment (see instructions)	933,302			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	45,222,570			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	509,252			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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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			49,087,941		45,222,570	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)			49,087,941		45,222,570	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	1,051,112		509,252	6.01
	based on the cost report (1)		.02				6.02
7	Total Medicare program liability (see instructions)			50,139,053		45,731,822	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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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			2,987,656		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)			2,987,656		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		97,972		6.01
		.02				6.02
7	Total Medicare program liability (see instructions)			3,085,628		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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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)	2,865,318		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.042700		2
3	Inpatient Rehabilitation LIP payments (see instructions)	162,750		3
4	Outlier payments	170,520		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 excludnig FTEs in the new program growth period of a 'new teaching program' (see instructions)			7
8	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)			8
9	Intern and resident count for IRF PPS medical education adjustment (see instructions)			9
10	Average daily census (see instructions)	9.852055		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	3,198,588		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)	3,198,588		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	3,198,588		19
20	Deductibles	28,380		20
21	Subtotal (line 19 minus line 20)	3,170,208		21
22	Coinsurance	21,608		22
23	Subtotal (line 21 minus line 22)	3,148,600		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)	3,148,600		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)	3,148,600		32
32.01	Sequestration adjustment (see instructions)	62,972		32.01
32.02	Demonstration payment adjustment amount after sequestration			32.02
33	Interim payments	2,987,656		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)	97,972		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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)			4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)			7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	Routine service charges	27,304,119		8
9	Ancillary service charges	57,904,967	63,790,396	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)	85,209,086	63,790,396	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)	85,209,086	63,790,396	16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	85,209,086	63,790,396	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)			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)			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)			31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)			38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)			40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	(Omit Cents)	1	2	3	4	
	CURRENT ASSETS					
1	Cash on hand and in banks	43,881,201				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	100,486,665				4
5	Other receivables					5
6	Allowances for uncollectible notes and accounts receivable	-40,991,241				6
7	Inventory	11,207,378				7
8	Prepaid expenses	16,137,197				8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	130,721,200				11

	FIXED ASSETS					
12	Land	8,386,950				12
13	Land improvements	12,889,185				13
14	Accumulated depreciation	-8,450,156				14
15	Buildings	251,785,847				15
16	Accumulated depreciation	-106,128,810				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment	151,514,211				19
20	Accumulated depreciation	-85,777,795				20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	194,149,132				23
24	Accumulated depreciation	-123,551,630				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)	294,816,934				30

	OTHER ASSETS					
31	Investments	556,467,155				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	7,036,768				34
35	Total other assets (sum of lines 31-34)	563,503,923				35
36	Total assets (sum of lines 11, 30 and 35)	989,042,057				36

	Liabilities and Fund Balances	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	(Omit Cents)	1	2	3	4	
	CURRENT LIABILITIES					
37	Accounts payable	21,114,828				37
38	Salaries, wages and fees payable	30,545,087				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	43,147,264				44
45	Total current liabilities (sum of lines 37 thru 44)	94,807,179				45

	LONG TERM LIABILITIES					
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	141,300,592				49
50	Total long term liabilities (sum of lines 46 thru 49)	141,300,592				50
51	Total liabilities (sum of lines 45 and 50)	236,107,771				51

	CAPITAL ACCOUNTS					
52	General fund balance	752,934,286				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)	752,934,286				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	989,042,057				60

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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		705,505,842		1
2	Net income (loss) (from Worksheet G-3, line 29)		47,428,444		2
3	Total (sum of line 1 and line 2)		752,934,286		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)		752,934,286		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)		752,934,286		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

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES**WORKSHEET G-2
PARTS I & II****PART I - PATIENT REVENUES**

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	39,121,844		39,121,844	1
2	Subprovider IPF				2
3	Subprovider IRF	5,567,147		5,567,147	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)	44,688,991		44,688,991	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	28,832,993		28,832,993	11
11.01	NEONATOLOGY/NICU	31,436,697		31,436,697	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)	60,269,690		60,269,690	16
17	Total inpatient routine care services (sum of lines 10 and 16)	104,958,681		104,958,681	17
18	Ancillary services	819,622,300		819,622,300	18
19	Outpatient services		1,271,510,096	1,271,510,096	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		2,427,053	2,427,053	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	OTHER PATIENT REVENUES		7,750,271	7,750,271	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	924,580,981	1,281,687,420	2,206,268,401	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		489,917,690	29
30	Add (specify)			30
31	BAD DEBT	37,504,066		31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)		37,504,066	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)		527,421,756	43

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STATEMENT OF REVENUES AND EXPENSES**WORKSHEET G-3**

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	2,206,268,401	1
2	Less contractual allowances and discounts on patients' accounts	1,679,000,492	2
3	Net patient revenues (line 1 minus line 2)	527,267,909	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	527,421,756	4
5	Net income from service to patients (line 3 minus line 4)	-153,847	5

OTHER INCOME

6	Contributions, donations, bequests, etc.	203,634	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	1,114,415	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	1,749	17
18	Revenue from sale of medical records and abstracts	568,183	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)	2,220,164	24
24.01	Other (WELLNESS)	107,621	24.01
24.02	Other (MISC)	3,362,613	24.02
24.03	Other (OTHER: RETAIL PHARMACY)	15,612,322	24.03
24.04	Other (GAIN ON SALE OF FIXED ASSETS)	28,437	24.04
24.05	Other (GAIN ON INVESTMENTS)	34,363,153	24.05
25	Total other income (sum of lines 6-24)	57,582,291	25
26	Total (line 5 plus line 25)	57,428,444	26
27.01	Other expenses (MISC)		27.01
27.02	Other expenses (CASH TRANSFER)	10,000,000	27.02
28	Total other expenses (sum of line 27 and subscripts)	10,000,000	28
29	Net income (or loss) for the period (line 26 minus line 28)	47,428,444	29

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	82,276	19,945			64,314	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	558,713	135,601	12,803			6
7	Physical Therapy	244,783	59,409	7,505			7
8	Occupational Therapy	23,660	5,743	867			8
9	Speech Pathology	10,642	2,583	399			9
10	Medical Social Services	95	23				10
11	Home Health Aide	9,913	2,406	1,183			11
12	Supplies (see instructions)					23,424	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)	930,082	225,710	22,757		87,738	24

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	166,535		166,535	94	166,629	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	707,117		707,117		707,117	6
7	Physical Therapy	311,697		311,697		311,697	7
8	Occupational Therapy	30,270		30,270		30,270	8
9	Speech Pathology	13,624		13,624		13,624	9
10	Medical Social Services	118		118		118	10
11	Home Health Aide	13,502		13,502		13,502	11
12	Supplies (see instructions)	23,424		23,424		23,424	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)	1,266,287		1,266,287	94	1,266,381	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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	166,629				5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care	707,117				6
7	Physical Therapy	311,697				7
8	Occupational Therapy	30,270				8
9	Speech Pathology	13,624				9
10	Medical Social Services	118				10
11	Home Health Aide	13,502				11
12	Supplies (see instructions)	23,424				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)	1,266,381				24

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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		166,629	166,629		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		707,117	107,139	814,256	6
7	Physical Therapy		311,697	47,227	358,924	7
8	Occupational Therapy		30,270	4,586	34,856	8
9	Speech Pathology		13,624	2,064	15,688	9
10	Medical Social Services		118	18	136	10
11	Home Health Aide		13,502	2,046	15,548	11
12	Supplies (see instructions)		23,424	3,549	26,973	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)		1,266,381		1,266,381	24

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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					-166,629	1,099,752	5
	HHA REIMBURSABLE SERVICES							
6	Skilled Nursing Care						707,117	6
7	Physical Therapy						311,697	7
8	Occupational Therapy						30,270	8
9	Speech Pathology						13,624	9
10	Medical Social Services						118	10
11	Home Health Aide						13,502	11
12	Supplies (see instructions)						23,424	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)					-166,629	1,099,752	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						166,629	25
26	Unit Cost Multiplier						0.151515	26

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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		66,051	4,674	3,931	4,923	154,772	1
2	Skilled Nursing Care	814,256			26,696			2
3	Physical Therapy	358,924			11,696			3
4	Occupational Therapy	34,856			1,131			4
5	Speech Pathology	15,688			509			5
6	Medical Social Services	136			5			6
7	Home Health Aide	15,548			474			7
8	Supplies	26,973						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)	1,266,381	66,051	4,674	44,442	4,923	154,772	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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	857	6,944	8,512	250,664	30,954	36,413	1
2	Skilled Nursing Care				840,952	103,846		2
3	Physical Therapy				370,620	45,767		3
4	Occupational Therapy				35,987	4,444		4
5	Speech Pathology				16,197	2,000		5
6	Medical Social Services				141	17		6
7	Home Health Aide				16,022	1,979		7
8	Supplies				26,973	3,331		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)	857	6,944	8,512	1,557,556	192,338	36,413	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.

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	19,452			21,099		17,002	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)	19,452			21,099		17,002	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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	375,584		375,584				1
2	Skilled Nursing Care	944,798		944,798	241,679	1,186,477		2
3	Physical Therapy	416,387		416,387	106,511	522,898		3
4	Occupational Therapy	40,431		40,431	10,342	50,773		4
5	Speech Pathology	18,197		18,197	4,655	22,852		5
6	Medical Social Services	158		158	40	198		6
7	Home Health Aide	18,001		18,001	4,605	22,606		7
8	Supplies	30,304		30,304	7,752	38,056		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)	1,843,860		1,843,860	375,584	1,843,860		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.				0.255799			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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	4,333	82,276	17	86	70,263	1
2	Skilled Nursing Care			558,713				2
3	Physical Therapy			244,783				3
4	Occupational Therapy			23,660				4
5	Speech Pathology			10,642				5
6	Medical Social Services			95				6
7	Home Health Aide			9,913				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	4,333	930,082	17	86	70,263	20
21	Total cost to be allocated	66,051	4,674	44,442	4,923	154,772	857	21
22	Unit Cost Multiplier	2.720947		0.047783		1,799.674419		22
22	Unit Cost Multiplier		1.078698		289.588235		0.012197	22

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	2,427,053	2,427,053		250,664	24,275	24,275	1
2	Skilled Nursing Care				840,952			2
3	Physical Therapy				370,620			3
4	Occupational Therapy				35,987			4
5	Speech Pathology				16,197			5
6	Medical Social Services				141			6
7	Home Health Aide				16,022			7
8	Supplies				26,973			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)	2,427,053	2,427,053		1,557,556	24,275	24,275	20
21	Total cost to be allocated	6,944	8,512		192,338	36,413	19,452	21
22	Unit Cost Multiplier	0.002861				1.500021		22
22	Unit Cost Multiplier		0.003507		0.123487		0.801318	22

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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		23,011		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		23,011		20
21	Total cost to be allocated			21,099		17,002		21
22	Unit Cost Multiplier			0.869166		0.738864		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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	1,186,477		1,186,477	3,852	308.02	1
2	Physical Therapy	3	522,898		522,898	2,258	231.58	2
3	Occupational Therapy	4	50,773		50,773	261	194.53	3
4	Speech Pathology	5	22,852		22,852	120	190.43	4
5	Medical Social Services	6	198		198			5
6	Home Health Aide	7	22,606		22,606	356	63.50	6
7	Total (sum of lines 1-6)		1,805,804		1,805,804	6,847		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		1,944			8
9	Physical Therapy		99926		1,280			9
10	Occupational Therapy		99926		153			10
11	Speech Pathology		99926		82			11
12	Medical Social Services		99926					12
13	Home Health Aide		99926		232			13
14	Total (sum of lines 8-13)				3,691			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	38,056		38,056	157,421	0.241747	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	0.295369			col. 2, line 2	1
2	Occupational Therapy	67	0.193767			col. 2, line 3	2
3	Speech Pathology	68	0.165318			col. 2, line 4	3
4	Medical Supplies Charged to Pat	71	0.134898			col. 2, line 15	4
5	Drugs Charged to Patients	73	0.235277			col. 2, line 16	5
5.10	REHABILITATION SERVICES	73.10	0.266881			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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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		1,944			598,791		598,791	1
2	Physical Therapy		1,280			296,422		296,422	2
3	Occupational Therapy		153			29,763		29,763	3
4	Speech Pathology		82			15,615		15,615	4
5	Medical Social Services								5
6	Home Health Aide		232			14,732		14,732	6
7	Total (sum of lines 1-6)		3,691			955,323		955,323	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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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		699,163	11
12	Total PPS Reimbursement - Full Episodes with Outliers			12
13	Total PPS Reimbursement - LUPA Episodes		24,974	13
14	Total PPS Reimbursement - PEP Episodes		28,325	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)		752,462	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		752,462	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		752,462	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)		752,462	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		752,462	31
31.01	Sequestration adjustment (see instructions)			31.01
31.02	Demonstration payment adjustment amount after sequestration			31.02
32	Interim payments (see instructions)		752,462	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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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					752,462	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)					752,462	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)					752,462	7
8	Name of Contractor		Contractor Number		NPR Date: Month, Day, Year		8

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

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 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	3,440,893	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	584,803	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)	132.61	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)	0.0775	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.2375	8
9	Sum of lines 7 and 8	0.3150	9
10	Allowable disproportionate share percentage (see instructions)	0.0659	10
11	Disproportionate share adjustment (see instructions)	226,755	11
12	Total prospective capital payments (see instructions)	4,252,451	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

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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

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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
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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		
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
194.04	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
194.12	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 & PEDIATRI							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
194.24	CAPE ENT GROUP							194.24
194.25	CHARLESTON FAMILY CARE							194.25
194.29	JACKSON PHYSICIAN ASSOCIATES & ICC J							194.29
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
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS							194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE							194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES							194.39
194.40	KNIEBERT CLINIC							194.40
194.41	KNIEBERT PHARMACY							194.41
194.43	KNIEBERT LAB							194.43
194.44	PALLIATIVE CARE							194.44
194.45	CAPE ORTHO SURGEONS							194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC							194.46
194.47	PHYSICIAN ALLIANCE							194.47
194.48	INTENSIVISTS							194.48
194.49	ACO							194.49
194.50	SFOC IMG							194.50
194.51	SFOC PB							194.51
194.52	PHYSICIAN PARK GENERAL SURGERY							194.52
194.53	POPLAR BLUFF PEDIATRICS							194.53
194.54	FERGUSON MEDICAL GROUP							194.54
194.55	FERGUSON MEDICAL GROUP SC							194.55
194.56	FERGUSON MEDICAL GROUP CH							194.56
194.57	FERGUSON MEDICAL GROUP EP							194.57
194.58	FERGUSON MEDICAL GROUP SI							194.58
194.59	SIKESTON IMAGING CENTER							194.59
194.60	FERGUSON MEDICAL GROUP LAB							194.60
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202

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ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE CCN: 26-1657
WORKSHEET O

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department		133,437	133,437		133,437		133,437	3
4	Administrative & General	36,177		36,177		36,177		36,177	4
5	Plant Operation & Maintenance		4,479	4,479		4,479		4,479	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	5,196		5,196		5,196		5,196	13
14	Pharmacy		73,844	73,844		73,844		73,844	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	15,494		15,494		15,494		15,494	26
27	Nurse Practitioner								27
28	Registered Nurse	430,751		430,751		430,751		430,751	28
29	LPN/LVN	51,079		51,079		51,079		51,079	29
30	Physical Therapy								30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services								33
34	Spiritual Counseling	23,487		23,487		23,487		23,487	34
35	Dietary Counseling								35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services	31,533		31,533		31,533		31,533	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		6,195	6,195		6,195		6,195	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	11,265		11,265		11,265		11,265	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		451,468	451,468		451,468		451,468	71
100	TOTAL	604,982	669,423	1,274,405		1,274,405		1,274,405	100

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	15,494		15,494		15,494		15,494	26
27	Nurse Practitioner								27
28	Registered Nurse	430,751		430,751		430,751		430,751	28
29	LPN/LVN	51,079		51,079		51,079		51,079	29
30	Physical Therapy								30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services								33
34	Spiritual Counseling	23,487		23,487		23,487		23,487	34
35	Dietary Counseling								35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services	31,533		31,533		31,533		31,533	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		6,195	6,195		6,195		6,195	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	11,265		11,265		11,265		11,265	46
100	TOTAL	563,609	6,195	569,804		569,804		569,804	100

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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		114,437	114,437	1
2	Cap Rel Costs-Mvble Equip				2
3	Employee Benefits Department	133,437	28,908	162,345	3
4	Administrative & General	36,177	392,683	428,860	4
5	Plant Operation & Maintenance	4,479	96,790	101,269	5
6	Laundry & Linen Service				6
7	Housekeeping		36,555	36,555	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	5,196		5,196	13
14	Pharmacy	73,844		73,844	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	569,804		569,804	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	451,468		451,468	71
99	Negative Cost Center				99
100	TOTAL	1,274,405	669,373	1,943,778	100

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	114,437	114,437						1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department	162,345			162,345				3
4	Administrative & General	428,860	114,437		9,708	553,005	553,005		4
5	Plant Operation & Maintenance	101,269				101,269	40,267	141,536	5
6	Laundry & Linen Service								6
7	Housekeeping	36,555				36,555	14,535		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	5,196			1,394	6,590	2,620		13
14	Pharmacy	73,844				73,844	29,362		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	569,804			151,243	721,047	286,706		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	451,468				451,468	179,515	141,536	71
99	Negative Cost Center								99
100	TOTAL	1,943,778	114,437		162,345	1,943,778	553,005	141,536	100

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
HOSPICE CCN: 26-1657
**WORKSHEET O-6
PART I**

	Descriptions	LAUNDRY & LINEN	HOUSE- KEEPING	DIETARY	NURSING ADMINIS- TRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANS- PORTATION	
		6	7	8	9	10	11	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		51,090						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		51,090						71
99	Negative Cost Center								99
100	TOTAL		51,090						100

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	9,210						13
14	Pharmacy		103,206					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	9,210	103,206				1,120,169	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						823,609	71
99	Negative Cost Center							99
100	TOTAL	9,210	103,206				1,943,778	100

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	42,058							1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department			604,982					3
4	Administrative & General	42,058		36,177	-553,005	1,390,773			4
5	Plant Operation & Maintenance					101,269	42,058		5
6	Laundry & Linen Service								6
7	Housekeeping					36,555			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			5,196		6,590			13
14	Pharmacy					73,844			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			563,609		721,047			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					451,468	42,058		71
99	Negative Cost Center								99
100	Cost to be allocated (per O-6 Pt I)	114,437		162,345		553,005	141,536		100
101	Unit cost multiplier	2.720933		0.268347		0.397624	3.365258		101

KPMG LLP Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	42,058							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							100	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							100	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	42,058							71
99	Negative Cost Center								99
100	Cost to be allocated (per O-6 Pt I)	51,090						9,210	100
101	Unit cost multiplier	1.214751						92.100000	101

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	100				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	100				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)	103,206				100
101	Unit cost multiplier	1,032.060000				101

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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	0.295369					1
2	Occupational Therapy	67	0.193767					2
3	Speech Language Pathology	68	0.165318					3
4	Drugs, Biological & Infusion Therapy	73	0.235277					4
5	Durable Medical Equipment/Oxygen	96						5
6	Labs and Diagnostics	60	0.088857					6
7	Medical Supplies	71	0.134898					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: 07/01/2018 To: 06/30/2019	Run Date: 11/15/2019 Run Time: 14:19 Version: 2018.12 (07/24/2019)
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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			1,120,169	6
7	Total unduplicated days			11,536	7
8	Total average cost per diem			97.10	8
9	Unduplicated program days	10,842	347		9
10	Program cost	1,052,758	33,694		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				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			1,120,169	21
22	Total unduplicated days			11,536	22
23	Average cost per diem			97.10	23