

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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 prepared cost report 2. ☐ Manually prepared 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: 01/26/2021 Time: 12:13	
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 07/01/2019 and ending 06/30/2020, 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) JUSTIN DAVISON
Chief Financial Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER
Title

01/26/2021 12:13
Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII				TITLE XIX	
		TITLE V	PART A	PART B	HIT		
		1	2	3	4	5	
1	HOSPITAL		1,832,707	101,321			1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF		35,680				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		1,868,387	101,321			200

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

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2 PART I

Hospital and Hospital Health Care Complex Address:

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

Hospital and Hospital-Based Component Identification:

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

20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2019	To: 06 / 30 / 2020	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.	3,474	589	813	412	5,615	216	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.	366	50	1		59		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)	N	N	40
		V	XVIII	
	Prospective Payment System (PPS)-Capital	1	2	3
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	48

		1	2	3	
	Teaching Hospitals				
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter 'Y' for yes or 'N' for no in column 2.	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	NAHE MA Y/N 2	3	
60	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter 'Y' for yes or 'N' for no in column 2.	N			60
		1	Worksheet A Line # 2	Pass-Through Qualification Criteria Code 3	
		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 osteopathci 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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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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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

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	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes or 'N' for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter 'Y' for yes or 'N' for no in column 2. (see instructions)					107
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.			N		108
		Physical	Occupational	Speech	Respiratory	
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.		N	N	N	109

		1	2	3	
110	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N		110
		1	2		
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.		N		111
		1	2	3	
112	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.		Y		116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.		N		117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	1,383,758			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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2 PART I

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	Removed and reserved			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

All Providers

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

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

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

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y		167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)			168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)			168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)			169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			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	09/17/2020	Y	09/17/2020	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: JUSTIN	Last name: DAVISON	Title: CHIEF FINANCIAL OFFICER
42	Employer: SFMC		
43	Phone number: 573-331-5244	E-mail Address: JDAVISON@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	Hospital 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	79,056			13,577	3,522	30,307	1
2	HMO and other (see instructions)						4,333	5,738		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider						269	110		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	79,056			13,577	3,522	30,307	7
8	Intensive Care Unit	31	30	10,980			2,803	713	4,900	8
8.01	NEONATOLOGY/NICU	31.01	36	13,176				786	4,994	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						144	1,700	13
14	Total (see instructions)		282	103,212			16,380	5,165	41,901	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41	24	8,784			1,689	366	3,554	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					3,762		6,704	22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		306							27
28	Observation Bed Days							290	6,914	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							216	365	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)					3,950	1,326	9,303	1
2	HMO and other (see instructions)					920			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)		2,400.80			3,950	1,326	9,303	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF		18.10			133	30	305	17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		9.60						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)		2,428.50						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	202,275,713		202,275,713	5,121,395.00	39.50	1
2 Non-physician anesthetist Part A							2
3 Non-physician anesthetist Part B							3
4 Physician-Part A - Administrative		338,835		338,835	1,897.00	178.62	4
4.01 Physician-Part A - Teaching							4.01
5 Physician-Part B		5,157,119		5,157,119	22,520.00	229.00	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)		88,575,453	2,784,919	91,360,372	1,525,126.00	59.90	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		8,693		8,693	71.00	122.44	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
16.01 Home office Physicians Part A - Teaching							16.01
16.02 Home office contract Physicians Part A - Teaching							16.02
WAGE-RELATED COSTS							
17 Wage-related costs (core)(see instructions)		34,029,275		34,029,275			17
18 Wage-related costs (other)(see instructions)							18
19 Excluded areas		17,960,616		17,960,616			19
20 Non-physician anesthetist Part A							20
21 Non-physician anesthetist Part B							21
22 Physician Part A - Administrative		4,680		4,680			22
22.01 Physician Part A - Teaching							22.01
23 Physician Part B		569,925		569,925			23
24 Wage-related costs (RHC/FOHC)							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: Physicians Part A - Teaching - wage-related (core)							25.53
OVERHEAD COSTS - DIRECT SALARIES							
26 Employee Benefits Department		3,075,803		3,075,803	46,789.00	65.74	26
27 Administrative & General		32,079,235	-2,733,545	29,345,690	1,197,690.00	24.50	27
28 Administrative & General under contract (see instructions)		1,289,018		1,289,018	6,803.00	189.48	28
29 Maintenance & Repairs		2,460,976	-386,667	2,074,309	85,688.00	24.21	29
30 Operation of Plant							30
31 Laundry & Linen Service		392,836		392,836	25,575.00	15.36	31
32 Housekeeping		2,107,338	1,399	2,108,737	145,297.00	14.51	32
33 Housekeeping under contract (see instructions)							33
34 Dietary		1,646,381	451	1,646,832	91,559.00	17.99	34
35 Dietary under contract (see instructions)							35
36 Cafeteria							36
37 Maintenance of Personnel							37
38 Nursing Administration		1,825,394	2,708	1,828,102	75,894.00	24.09	38
39 Central Services and Supply							39
40 Pharmacy							40
41 Medical Records & Medical Records Library		887,210	542	887,752	39,802.00	22.30	41
42 Social Service		317,707		317,707	9,814.00	32.37	42
43 Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		198,407,612		198,407,612	5,105,678.00	38.86	1
2	Excluded area salaries (see instructions)		88,575,453		91,360,372	1,525,126.00	59.90	2
3	Subtotal salaries (line 1 minus line 2)		109,832,159	-2,784,919	107,047,240	3,580,552.00	29.90	3
4	Subtotal other wages & related costs (see instructions)		8,693		8,693	71.00	122.44	4
5	Subtotal wage-related costs (see instructions)		34,033,955		34,033,955		31.79%	5
6	Total (sum of lines 3 through 5)		143,874,807	-2,784,919	141,089,888	3,580,623.00	39.40	6
7	Total overhead cost (see instructions)		46,081,898	-3,115,112	42,966,786	1,724,911.00	24.91	7

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

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	6,555,661	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	28,211,497	10
11	Life Insurance (If employee is owner or beneficiary)	635,532	11
12	Accident Insurance (If employee is owner or beneficiary)	789,974	12
13	Disability Insurance (If employee is owner or beneficiary)	612,709	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	2,217,284	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	12,306,786	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	1,064,923	19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances	22,530	22
23	Tuition Reimbursement	141,200	23
24	Total Wage Related cost (Sum of lines 1-23)	52,564,496	24

Part B - Other Than Core Related Cost

25	Other Wage Related Costs (SPECIFY)		25
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Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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		692		55	747	1
2	Unduplicated Census Count (see instructions)		526.00		42.00	568.00	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)	2.61		2.61	4
5	Other Administrative Personnel				5
6	Direct Nursing Service	3.73		3.73	6
7	Nursing Supervisor				7
8	Physical Therapy Service	2.60		2.60	8
9	Physical Therapy Supervisor				9
10	Occupational Therapy Service	0.23		0.23	10
11	Occupational Therapy Supervisor				11
12	Speech Pathology Service	0.05		0.05	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	0.37		0.37	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		LUPA Episodes	PEP only Episodes	Total (columns 1 through 4)	
		Without Outliers 1	With Outliers 2	3	4	5	
21	Skilled Nursing Visits	1,471	176	106	22	1,775	21
22	Skilled Nursing Visit Charges	484,128	57,728	34,768	7,216	583,840	22
23	Physical Therapy Visits	1,280	23	57	27	1,387	23
24	Physical Therapy Visit Charges	419,840	7,544	18,696	8,856	454,936	24
25	Occupational Therapy Visits	176	6	3	1	186	25
26	Occupational Therapy Visit Charges	57,728	1,968	984	328	61,008	26
27	Speech Pathology Visits	38	1		3	42	27
28	Speech Pathology Visit Charges	12,464	328		984	13,776	28
29	Medical Social Service Visits	2				2	29
30	Medical Social Service Visit Charges	914				914	30
31	Home Health Aide Visits	311	50	1	8	370	31
32	Home Health Aide Visit Charges	52,870	8,500	170	1,360	62,900	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,278	256	167	61	3,762	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	1,027,944	76,068	54,618	18,744	1,177,374	35
36	Total Number of Episodes (standard/non-outlier)	347		64	7	418	36
37	Total Number of Outlier Episodes		10			10	37
38	Total Non-Routine Medical Supply Charges	164,354	27,136	8,566	1,487	201,543	38

Health Financial Systems 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.

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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)	0.163391	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)	48,688,695	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)	104,958,857	5,147,728	110,106,585	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	17,149,333	5,147,728	22,297,061	21
22	Payments received from patients for amounts previously written off as charity care	11,490	20,887	32,377	22
23	Cost of charity care (line 21 minus line 22)	17,137,843	5,126,841	22,264,684	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)			19,153,756	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,560,121	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,400,185	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			16,753,571	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			3,577,447	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			25,842,131	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			25,842,131	31

Health Financial Systems Compu-Max 2552-10

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		10,297,527	10,297,527	6,025,220	16,322,747	5,581,916	21,904,663	1
2	00200	Cap Rel Costs-Mvble Equip		14,772,401	14,772,401	234,637	15,007,038	1,533,303	16,540,341	2
3	00300	Other Cap Rel Costs		732,565	732,565	-732,565			-0-	3
4	00400	Employee Benefits Department	3,075,803	10,378,137	13,453,940	149,484	13,603,424	-552,131	13,051,293	4
5.01	00540	COMMUNICATIONS	179,491	50,144	229,635	1,302	230,937	-43,461	187,476	5.01
5.02	00550	DATA PROCESSING	7,234,057	14,656,349	21,890,406	435	21,890,841		21,890,841	5.02
5.03	00560	PURCHASING	399,700	202,935	602,635	-37,695	564,940		564,940	5.03
5.04	00570	ADMITTING	2,818,976	1,356,707	4,175,683		4,175,683		4,175,683	5.04
5.05	00580	CREDIT & COLLECTIONS	1,912,221	3,891,993	5,804,214	174	5,804,388		5,804,388	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	19,534,790	65,258,973	84,793,763	-6,665,190	78,128,573	-7,018,416	71,110,157	5.06
6	00600	Maintenance & Repairs	2,460,976	5,634,997	8,095,973	-744,498	7,351,475	-43,461	7,308,014	6
7	00700	Operation of Plant		13	13		13		13	7
7.10	00701	SPD SOILED PROCESSING								7.10
8	00800	Laundry & Linen Service	392,836	736,451	1,129,287		1,129,287		1,129,287	8
9	00900	Housekeeping	2,107,338	1,161,764	3,269,102	2,694	3,271,796		3,271,796	9
10	01000	Dietary	1,646,381	1,586,122	3,232,503	869	3,233,372	-1,038,394	2,194,978	10
11	01100	Cafeteria								11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,228,203	372,723	1,600,926		1,600,926		1,600,926	13
13.10	01301	SPD STERILE PROCESSING	597,191	577,963	1,175,154	5,214	1,180,368	-18,852	1,161,516	13.10
14	01400	Central Services & Supply								14
15	01500	Pharmacy								15
16	01600	Medical Records & Library	887,210	1,401,153	2,288,363	1,043	2,289,406	-634,282	1,655,124	16
17	01700	Social Service	317,707	96,676	414,383		414,383		414,383	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	13,136,272	4,907,462	18,043,734	62,752	18,106,486		18,106,486	30
31	03100	Intensive Care Unit	4,015,238	1,780,611	5,795,849	66,734	5,862,583		5,862,583	31
31.01	02060	NEONATOLOGY/NICU	2,202,605	1,093,034	3,295,639	46,059	3,341,698	-36,656	3,305,042	31.01
41	04100	Subprovider - IRF	1,153,044	414,054	1,567,098	4,943	1,572,041		1,572,041	41
43	04300	Nursery	769,826	339,767	1,109,593	7,422	1,117,015		1,117,015	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	7,785,750	6,316,493	14,102,243	93,028	14,195,271	-30,417	14,164,854	50
51	05100	Recovery Room	775,220	222,061	997,281	4,867	1,002,148		1,002,148	51
52	05200	Delivery Room & Labor Room	998,746	394,078	1,392,824	8,821	1,401,645		1,401,645	52
53	05300	Anesthesiology	61,645	428,136	489,781	13,210	502,991		502,991	53
54	05400	Radiology-Diagnostic	4,362,575	3,243,141	7,605,716	12,340	7,618,056	-172,191	7,445,865	54
56	05600	Radioisotope	243,901	189,170	433,071	608	433,679		433,679	56
57	05700	CT Scan	540,782	434,804	975,586	348	975,934		975,934	57
58	05800	MRI	279,431	517,707	797,138	1,999	799,137		799,137	58
59	05900	Cardiac Catheterization	2,312,571	2,655,356	4,967,927	14,848	4,982,775	-111,418	4,871,357	59
60	06000	Laboratory	4,104,933	8,279,600	12,384,533	-137,144	12,247,389		12,247,389	60
60.10	06001	CARDIOVASCULAR LABORATORY								60.10
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	2,758,380	1,561,746	4,320,126	50,926	4,371,052	-9,000	4,362,052	65
66	06600	Physical Therapy	2,334,026	809,710	3,143,736	9,386	3,153,122		3,153,122	66
67	06700	Occupational Therapy	936,735	269,263	1,205,998	1,825	1,207,823		1,207,823	67
68	06800	Speech Pathology	670,259	179,056	849,315	1,217	850,532		850,532	68
69	06900	Electrocardiology	1,019,164	1,002,734	2,021,898	73,515	2,095,413	-18,099	2,077,314	69
70	07000	Electroencephalography	920,881	414,664	1,335,545	6,952	1,342,497	-29,195	1,313,302	70
71	07100	Medical Supplies Charged to Patients	774,819	41,460,124	42,234,943	-22,612,198	19,622,745		19,622,745	71
72	07200	Impl. Dev. Charged to Patients				22,641,311	22,641,311		22,641,311	72
73	07300	Drugs Charged to Patients	3,032,872	27,810,067	30,842,939	70,393	30,913,332	-334	30,912,998	73
73.10	07301	REHABILITATION SERVICES	2,544,903	1,292,373	3,837,276	17,207	3,854,483	-284,877	3,569,606	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	230,581	187,106	417,687	150	417,837		417,837	90.10
90.20	09002	GYN SURG ONCOLOGIST PBC	47,005	30,118	77,123	22	77,145		77,145	90.20
90.30	09003	PHYSICIAN CARDIOLOGIST PBC	604,357	509,356	1,113,713	96	1,113,809		1,113,809	90.30
90.40	09004	CAPE THORACIC & CARDIOVASCULAR PBC	46,537	152,237	198,774	2	198,776		198,776	90.40
90.60	09005	CAPE NEUROSURGERY PBC	54,027	66,971	120,998	10	121,008		121,008	90.60
90.70	09007	CAPE PHYSICIAN ASSOCIATES PBC	469,207	689,216	1,158,423	500	1,158,923		1,158,923	90.70
91	09100	Emergency	10,874,132	4,162,348	15,036,480	28,765	15,065,245	-5,265,398	9,799,847	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								

Health Financial Systems Compu-Max 2552-10

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
95	09500	Ambulance Services		365,707	365,707		365,707		365,707	95
101	10100	Home Health Agency	777,985	317,243	1,095,228	435	1,095,663		1,095,663	101
		SPECIAL PURPOSE COST CENTERS								
113	11300	Interest Expense		5,527,292	5,527,292	-5,527,292				113
116	11600	Hospice	501,868	558,582	1,060,450		1,060,450		1,060,450	116
118		SUBTOTALS (sum of lines 1-117)	116,133,157	251,746,980	367,880,137	-6,794,819	361,085,318	-8,191,363	352,893,955	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen								190
192.01	19201	PPPC AUDIOLOGY								192.01
192.02	19202	ERC SOUTHWEST		11,846	11,846		11,846		11,846	192.02
192.03	19203	ERC NORTHWEST	71,079	9,185	80,264		80,264		80,264	192.03
193	19300	Nonpaid Workers	53,666	1,067	54,733		54,733		54,733	193
194	07950	FITNESS CENTER	927,565	553,576	1,481,141	3,215	1,484,356		1,484,356	194
194.01	07951	RETAIL PHARMACY	748,685	6,024,752	6,773,437		6,773,437		6,773,437	194.01
194.04	07954	PHYSICIAN SERVICES	2,364,147	1,362,972	3,727,119	782	3,727,901		3,727,901	194.04
194.05	07955	ENDOCRINOLOGIST	543,697	122,608	666,305	608	666,913		666,913	194.05
194.06	07956	HOSPITALIST	14,900,171	4,466,632	19,366,803	5,984	19,372,787		19,372,787	194.06
194.07	07957	NEONATOLOGY PHYSICIANS	2,158,004	292,043	2,450,047	87	2,450,134		2,450,134	194.07
194.08	07958	ANESTHESIOLOGISTS	4,633,619	9,381,702	14,015,321		14,015,321		14,015,321	194.08
194.09	07959	PHYSICIAN CARDIOLOGIST	7,356,782	1,222,351	8,579,133	3,815	8,582,948		8,582,948	194.09
194.10	07960	PHYSICIAN ONCOLOGIST	2,728,201	241,961	2,970,162	2,457	2,972,619		2,972,619	194.10
194.12	07962	TRAUMA PHYSICIANS	1,762,879	648,825	2,411,704	174	2,411,878		2,411,878	194.12
194.13	07963	LANDMARK HOSPITAL				17,729	17,729		17,729	194.13
194.14	07964	GYN SURG ONCOLOGIST	816,325	79,406	895,731	1,021	896,752		896,752	194.14
194.15	07965	CAPE GASTROENTEROLOGY	3,230,749	574,747	3,805,496	174	3,805,670		3,805,670	194.15
194.16	07966	CAPE PHYSICIAN ASSOCIATES & PEDIATRI	3,302,473	1,111,071	4,413,544	12,523	4,426,067		4,426,067	194.16
194.17	07967	NONPATIENT MEALS								194.17
194.18	07968	BEAUTY SHOP								194.18
194.19	07969	MARKETING COSTS				6,718,267	6,718,267		6,718,267	194.19
194.20	07970	CAPE PRIMARY CARE	1,452,113	609,674	2,061,787	5,475	2,067,262		2,067,262	194.20
194.21	07971	CAPE CARE FOR WOMEN	5,457,929	1,587,940	7,045,869	8,256	7,054,125		7,054,125	194.21
194.22	07972	JACKSON FAMILY CLINIC	669,524	310,472	979,996	1,999	981,995		981,995	194.22
194.24	07974	CAPE ENT GROUP	2,479,600	549,860	3,029,460	3,042	3,032,502		3,032,502	194.24
194.25	07975	CHARLESTON FAMILY CARE	368,625	185,060	553,685	695	554,380		554,380	194.25
194.29	07979	JACKSON PHYSICIAN ASSOCIATES & ICC J	180,490	117,176	297,666	1,390	299,056		299,056	194.29
194.31	07981	PHYSICIANS PARK PRIMARY CARE	1,120,639	5,162,913	6,283,552		6,283,552		6,283,552	194.31
194.32	07982	IMMEDIATE CONVENIENT CARE - BLACK RI	388,823	681,333	1,070,156		1,070,156		1,070,156	194.32
194.33	07983	FARMINGTON PHYSICIAN ASSOCIATES	2,322,328	937,162	3,259,490	3,650	3,263,140		3,263,140	194.33
194.34	07984	PIEDMONT PHYSICIAN ASSOCIATES	1,458,108	829,228	2,287,336	3,302	2,290,638		2,290,638	194.34
194.36	07986	POPLAR BLUFF NEUROLOGY SPECIALISTS	439,351	115,247	554,598	174	554,772		554,772	194.36
194.37	07987	IMMEDIATE CONVENIENT CARE CAPE	1,092,391	439,358	1,531,749		1,531,749		1,531,749	194.37
194.39	07988	CAPE NEUROSURGICAL ASSOCIATES	226,422	661,436	887,858		887,858		887,858	194.39
194.40	07989	KNIEBERT CLINIC	5,588,965	2,025,956	7,614,921		7,614,921		7,614,921	194.40
194.41	07990	KNIEBERT PHARMACY	420,799	5,439,273	5,860,072		5,860,072		5,860,072	194.41
194.43	07991	KNEIBERT LAB	254,451	360,268	614,719		614,719		614,719	194.43
194.44	07992	PALLIATIVE CARE	206,617	54,696	261,313		261,313		261,313	194.44
194.45	07993	CAPE ORTHO SURGEONS	2,397,900	9,322,968	11,720,868		11,720,868		11,720,868	194.45
194.46	07994	SAINT FRANCIS OUTPATIENT CLINIC	1,185,955	903,748	2,089,703		2,089,703		2,089,703	194.46
194.47	07995	PHYSICIAN ALLIANCE	25,920	9,925	35,845		35,845		35,845	194.47
194.48	07996	INTENSIVISTS	786,289	324,641	1,110,930		1,110,930		1,110,930	194.48
194.49	07997	ACO	198,721	301,502	500,223		500,223		500,223	194.49
194.50	07998	SFOC IMG	490,043	950,159	1,440,202		1,440,202		1,440,202	194.50
194.51	07999	SFOC PB	637,279	263,468	900,747		900,747		900,747	194.51
194.52	07952	PHYSICIAN PARK GENERAL SURGERY	551,080	131,555	682,635		682,635		682,635	194.52
194.53	07953	POPLAR BLUFF PEDIATRICS	1,567,016	644,301	2,211,317		2,211,317		2,211,317	194.53
194.54	07961	FERGUSON MEDICAL GROUP	1,602,000	869,033	2,471,033		2,471,033		2,471,033	194.54
194.55	07973	FERGUSON MEDICAL GROUP SC	162,957	152,196	315,153		315,153		315,153	194.55
194.56	07976	FERGUSON MEDICAL GROUP CH	261,312	206,211	467,523		467,523		467,523	194.56
194.57	07977	FERGUSON MEDICAL GROUP EP	1,069,114	540,958	1,610,072		1,610,072		1,610,072	194.57
194.58	07978	FERGUSON MEDICAL GROUP SI	5,090,486	2,181,791	7,272,277		7,272,277		7,272,277	194.58
194.59	07980	SIKESTON IMAGING CENTER	69,038	488,665	557,703		557,703		557,703	194.59
194.60	07985	FERGUSON MEDICAL GROUP LAB	322,229	711,406	1,033,635		1,033,635		1,033,635	194.60
200		TOTAL (sum of lines 118-199)	202,275,713	315,921,303	518,197,016		518,197,016	-8,191,363	510,005,653	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		149,484
2						2
500	Total reclassifications					149,484
	Code Letter - A					
1	RECLASS INTEREST EXPENSE	B	Cap Rel Costs-Bldg & Fixt	1		5,527,292
500	Total reclassifications					5,527,292
	Code Letter - B					
1	RECLASS MAIL CLERK	D	OTHER ADMINISTRATIVE & GENERA	5.06	37,782	
500	Total reclassifications				37,782	
	Code Letter - D					
1	RECLASS MARKETING COST	E	MARKETING COSTS	194.19	2,742,526	3,975,741
500	Total reclassifications				2,742,526	3,975,741
	Code Letter - E					
1	RECLASS BIOMED	F	COMMUNICATIONS	5.01	676	626
2			DATA PROCESSING	5.02	226	209
3			PURCHASING	5.03	45	42
4			CREDIT & COLLECTIONS	5.05	90	84
5			OTHER ADMINISTRATIVE & GENERA	5.06	7,944	7,351
6			Maintenance & Repairs	6	32,000	29,616
7			Housekeeping	9	1,399	1,295
8			Dietary	10	451	418
9			SPD STERILE PROCESSING	13.10	2,708	2,506
10			Medical Records & Library	16	542	501
11			Adults & Pediatrics	30	50,285	46,535
12			Intensive Care Unit	31	35,657	32,998
13			NEONATOLOGY/NICU	31.01	23,922	22,137
14			Subprovider - IRF	41	2,618	2,422
15			Nursery	43	3,855	3,567
16			Operating Room	50	49,468	45,779
17			Recovery Room	51	2,528	2,339
18			Delivery Room & Labor Room	52	4,581	4,240
19			Anesthesiology	53	6,861	6,349
20			Radiology-Diagnostic	54	6,409	5,931
21			CT Scan	57	181	167
22			MRI	58	1,038	961
23			Radioisotope	56	316	292
24			Laboratory	60	6,409	5,931
25			Cardiac Catheterization	59	8,034	7,435
26			Respiratory Therapy	65	26,449	24,477
27			Physical Therapy	66	4,875	4,511
28			Occupational Therapy	67	948	877
29			Speech Pathology	68	632	585
30			Electrocardiology	69	6,319	5,848
31			Electroencephalography	70	3,611	3,341
32			Medical Supplies Charged to P	71	15,120	13,993
33			Drugs Charged to Patients	73	36,559	33,834
34			REHABILITATION SERVICES	73.10	8,937	8,270
35			CAPE MEDICAL ONCOLOGY PBC	90.10	75	75
36			GYN SURG ONCOLOGIST PBC	90.20	11	11
37			PHYSICIAN CARDIOLOGIST PBC	90.30	48	48
38			CAPE THORACIC & CARDIOVASCULA	90.40	1	1
39			CAPE NEUROSURGERY PBC	90.60	5	5
40			CAPE PHYSICIAN ASSOCIATES PBC	90.70	400	100
41			Emergency	91	26,585	24,602
42			Home Health Agency	101	226	209
43			FITNESS CENTER	194	1,670	1,545
44			PHYSICIAN SERVICES	194.04	406	376
45			ENDOCRINOLOGIST	194.05	316	292
46			HOSPITALIST	194.06	3,108	2,876
47			NEONATOLOGY PHYSICIANS	194.07	45	42
48			PHYSICIAN CARDIOLOGIST	194.09	1,983	1,832
49			PHYSICIAN ONCOLOGIST	194.10	1,279	1,178
50			TRAUMA PHYSICIANS	194.12	90	84
51			LANDMARK HOSPITAL	194.13	9,208	8,521
52			GYN SURG ONCOLOGIST	194.14	531	490
53			CAPE GASTROENTEROLOGY	194.15	90	84
54			CAPE PHYSICIAN ASSOCIATES & P	194.16	6,363	6,160
55			CAPE PRIMARY CARE	194.20	2,844	2,631
56			CAPE CARE FOR WOMEN	194.21	4,288	3,968
57			JACKSON FAMILY CLINIC	194.22	1,038	961
58			CAPE ENT GROUP	194.24	1,580	1,462
59			CHARLESTON FAMILY CARE	194.25	361	334

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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	
60			JACKSON PHYSICIAN ASSOCIATES	194.29	722	668	60
61			FARMINGTON PHYSICIAN ASSOCIAT	194.33	1,896	1,754	61
62			PIEDMONT PHYSICIAN ASSOCIATES	194.34	1,715	1,587	62
63			POPLAR BLUFF NEUROLOGY SPECIA	194.36	90	84	63
500	Total reclassifications				418,667	387,447	500
	Code Letter - F						
1	RECLASS EKG COSTS	H	Electrocardiology	69	49,651	11,697	1
2							2
3							3
4							4
5							5
6							6
7							7
500	Total reclassifications				49,651	11,697	500
	Code Letter - H						
1	RECLASS IMP. DEVICES CHARGED	I	Impl. Dev. Charged to Patient	72	368,087	22,273,224	1
500	Total reclassifications				368,087	22,273,224	500
	Code Letter - I						
	GRAND TOTAL (Increases)				3,616,713	32,324,885	

(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		149,484		2
500	Total reclassifications					149,484		500
	Code letter - A							
1	RECLASS INTEREST EXPENSE	B	Interest Expense	113		5,527,292	11	1
500	Total reclassifications					5,527,292		500
	Code letter - B							
1	RECLASS MAIL CLERK	D	PURCHASING	5.03	37,782			1
500	Total reclassifications				37,782			500
	Code letter - D							
1	RECLASS MARKETING COST	E	OTHER ADMINISTRATIVE & GENERA	5.06	2,742,526	3,975,741		1
500	Total reclassifications				2,742,526	3,975,741		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	
59								59
60								60
61								61
62								62
63			Maintenance & Repairs	6	418,667	387,447		63
500	Total reclassifications				418,667	387,447		500
	Code letter - F							
1	RECLASS EKG COSTS	H						1
2			Adults & Pediatrics	30	26,792	7,276		2
3			Intensive Care Unit	31	1,534	387		3
4			Subprovider - IRF	41	74	23		4
5			Operating Room	50	1,682	537		5
6			Cardiac Catheterization	59	495	126		6
7			Emergency	91	19,074	3,348		7
500	Total reclassifications				49,651	11,697		500
	Code letter - H							
1	RECLASS IMP. DEVICES CHARGED	I	Medical Supplies Charged to P	71	368,087	22,273,224		1
500	Total reclassifications				368,087	22,273,224		500
	Code letter - I							
	GRAND TOTAL (Decreases)				3,616,713	32,324,885		

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

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

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	8,386,950					8,386,950		1
2	Land Improvements	12,889,185	117,376		117,376		13,006,561		2
3	Buildings and Fixtures	251,785,847	16,216,009		16,216,009	12,239,199	255,762,657		3
4	Building Improvements								4
5	Fixed Equipment	151,514,211	645,135		645,135	10,126	152,149,220		5
6	Movable Equipment	194,149,132	11,217,271		11,217,271	3,065,877	202,300,526		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	618,725,325	28,195,791		28,195,791	15,315,202	631,605,914		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	618,725,325	28,195,791		28,195,791	15,315,202	631,605,914		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	15,824,819		-5,527,292				10,297,527	1
2	Cap Rel Costs-Mvble Equip	14,772,401						14,772,401	2
3	Total (sum of lines 1-2)	30,597,220		-5,527,292				25,069,928	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	429,305,388		429,305,388	0.679705			497,928	497,928	1
2	Cap Rel Costs-Mvble Equip	202,300,526		202,300,526	0.320295			234,637	234,637	2
3	Total (sum of lines 1-2)	631,605,914		631,605,914	1.000000			732,565	732,565	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	22,381,704		-974,969			497,928	21,904,663	1
2	Cap Rel Costs-Mvble Equip	16,305,704					234,637	16,540,341	2
3	Total (sum of lines 1-2)	38,687,408		-974,969			732,565	38,445,004	3

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

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.	
				COST CENTER	LINE#		
		1	2	3	4	5	
1	Investment income-buildings & fixtures (chapter 2)	B	-974,969	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	-43,461	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	-5,690,266				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	-1,038,394	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	-334	Drugs Charged to Patients	73		17
18	Sale of medical records and abstracts	B	-634,282	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	-21,138	Cap Rel Costs-Mvble Equip	2	9	33
34	TELEVISION ELECTRIC USAGE	A	-43,461	Maintenance & Repairs	6		34
35	PHYSICIAN RECRUITMENT	A	-510,394	OTHER ADMINISTRATIVE & GENERAL	5.06		35
36	COMMUNITY WELLNESS	B	-44,392	REHABILITATION SERVICES	73.10		36
37	OUTSIDE STERILE PROCESS	B	-18,852	SPD STERILE PROCESSING	13.10		37
38							38
39	COMMUNITY TRAINING CENTER	B	-223,647	REHABILITATION SERVICES	73.10		39
40							40
41	MISC. INCOME	B	-39,384	OTHER ADMINISTRATIVE & GENERAL	5.06		41
42	NON-ALLOW SUPPLIES-REHAB.	B	-8,293	REHABILITATION SERVICES	73.10		42
43	BRASC	B	-49,819	OTHER ADMINISTRATIVE & GENERAL	5.06		43
44	BLACK RIVER MANAGEMENT	B	-826,486	OTHER ADMINISTRATIVE & GENERAL	5.06		44
45	REHAB GYM USE	B	-8,545	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	-44,008	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	-3,141	OTHER ADMINISTRATIVE & GENERAL	5.06		45.08
45.09	NON-ALLOWABLE GOODWILL EXPENSE	A	-5,527,292	OTHER ADMINISTRATIVE & GENERAL	5.06		45.09
45.10	ER PHYSICIAN BENEFITS	A	-552,131	Employee Benefits Department	4		45.10
46	ADJ TO AHA DEPR DUE TO REVALUE LI	A	6,572,452	Cap Rel Costs-Bldg & Fixt	1	9	46
47	ADJ TO AHA DEPR DUE TO REVALUE LI	A	1,583,092	Cap Rel Costs-Mvble Equip	2	9	47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-8,191,363				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 subscripys 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.

				Related Organization(s) and/or Home Office			
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
6	E	SFMC		SFHS		HEALTHCARE	6
7							7
8							8
9							9
10							10

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

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

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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	172,191	172,191		195,000				2
3	57	CT Scan CT SCAN				195,000				3
4	65	Respiratory Therapy RESPIRATORY THE	9,000	9,000		153,400				4
5	69	Electrocardiology ELECTROCARDIOLO	18,099	18,099		153,400				5
6	70	Electroencephalograp ELECTROENCEPHAL	29,195	29,195		153,400				6
7	73.10	REHABILITATION SERVI REHABILITATION				153,400				7
8	91	Emergency EMERGENCY	5,288,413	5,265,398	23,015	153,400	687	50,666	2,533	8
9	31.01	NEONATOLOGY/NICU NICU	36,656	36,656		153,400				9
10	50	Operating Room OR	30,417	30,417		153,400				10
11	59	Cardiac Catheterizat CARD CATH	111,418	111,418		153,400				11
12	5.06	OTHER ADMINISTRATIVE A&G	17,892	17,892		153,400				12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	5,713,281	5,690,266	23,015		687	50,666	2,533	200

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	41	Subprovider - IRF SUBPROVIDER								1
2	54	Radiology-Diagnostic RADIOLOGY-DIAGN							172,191	2
3	57	CT Scan CT SCAN								3
4	65	Respiratory Therapy RESPIRATORY THE							9,000	4
5	69	Electrocardiology ELECTROCARDIOLO							18,099	5
6	70	Electroencephalograp ELECTROENCEPHAL							29,195	6
7	73.10	REHABILITATION SERVI REHABILITATION								7
8	91	Emergency EMERGENCY					50,666		5,265,398	8
9	31.01	NEONATOLOGY/NICU NICU							36,656	9
10	50	Operating Room OR							30,417	10
11	59	Cardiac Catheterizat CARD CATH							111,418	11
12	5.06	OTHER ADMINISTRATIVE A&G							17,892	12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					50,666		5,690,266	200

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	21,904,663	21,904,663					1
2	Cap Rel Costs-Mvble Equip	16,540,341		16,540,341				2
4	Employee Benefits Department	13,051,293	310,786	13,138	13,375,217			4
5.01	COMMUNICATIONS	187,476	16,136	114,117	12,489	330,218		5.01
5.02	DATA PROCESSING	21,890,841	390,326	8,050,925	501,459	17,600	30,851,151	5.02
5.03	PURCHASING	564,940	144,791	3,573	25,090	2,406	130,349	5.03
5.04	ADMITTING	4,175,683	149,012				1,243,038	5.04
5.05	CREDIT & COLLECTIONS	5,804,388	69,016	886	327,959	20,765	374,045	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	71,110,157	1,284,596	721,137	1,093,507	27,349	4,626,445	5.06
6	Maintenance & Repairs	7,308,014	835,483	139,814	143,776	6,331	596,961	6
7	Operation of Plant	13	2,677,510		9	760		7
7.10	SPD SOILED PROCESSING		167,472			253		7.10
8	Laundry & Linen Service	1,129,287	121,723	78,340	27,230	633	207,803	8
9	Housekeeping	3,271,796	130,666	34,769	146,171	2,279	500,616	9
10	Dietary	2,194,978	266,042	66,132	114,153	1,899	683,860	10
11	Cafeteria		243,710					11
12	Maintenance of Personnel							12
13	Nursing Administration	1,600,926	1,614	200,672	85,135	1,266	262,587	13
13.10	SPD STERILE PROCESSING	1,161,516	127,311	92,369	41,583	1,646	268,254	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	1,655,124	121,601	14,020	61,536	3,925	277,700	16
17	Social Service	414,383			22,022	886	75,565	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	18,106,486	3,981,093	513,241	912,195	61,665	3,836,794	30
31	Intensive Care Unit	5,862,583	529,333	246,452	280,690	9,750	944,558	31
31.01	NEONATOLOGY/NICU	3,305,042	338,559	180,115	154,336	4,558	527,063	31.01
41	Subprovider - IRF	1,572,041	416,653	25,287	80,102	5,318	277,700	41
43	Nursery	1,117,015	12,780	4,484	53,629		202,135	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	14,164,854	1,342,621	2,110,929	542,997	23,044	1,698,315	50
51	Recovery Room	1,002,148	70,368	3,022	53,911	2,279	188,912	51
52	Delivery Room & Labor Room	1,401,645			69,548		230,472	52
53	Anesthesiology	502,991	3,546	4,828	4,749	1,646	32,115	53
54	Radiology-Diagnostic	7,445,865	437,672	934,507	302,845	13,421	710,308	54
56	Radioisotope	433,679	57,470	37,760	16,928	1,140	45,339	56
57	CT Scan	975,934	41,253	370,477	37,498	633	119,014	57
58	MRI	799,137	19,280	510,335	19,441	380	64,230	58
59	Cardiac Catheterization	4,871,357	860,804	257,304	160,823	13,675	413,716	59
60	Laboratory	12,247,389	282,738	206,039	284,986	11,142	1,175,030	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	4,362,052	225,698	164,892	193,036	4,305	780,205	65
66	Physical Therapy	3,153,122	450,834	22,656	162,126	2,406	423,162	66
67	Occupational Therapy	1,207,823	39,387	3,950	64,997	1,899	175,688	67
68	Speech Pathology	850,532	31,138	1,671	46,504	1,013	130,349	68
69	Electrocardiology	2,077,314		259,407	74,525		222,916	69
70	Electroencephalography	1,313,302	136,532	107,162	64,083	7,091	198,357	70
71	Medical Supplies Charged to Patients	19,622,745	192,521	11,995	26,831	506	154,907	71
72	Impl. Dev. Charged to Patients	22,641,311	200,377	12,486	27,926	633	153,018	72
73	Drugs Charged to Patients	30,912,998	191,533	237,927	212,764	5,065	493,059	73
73.10	REHABILITATION SERVICES	3,569,606	1,213,882	42,956	177,025	13,801	689,527	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	417,837	12,039	1,370	15,988	380		90.10
90.20	GYN SURG ONCOLOGIST PBC	77,145		308	3,259	127		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	1,113,809	7,271	2,984	41,896	380	113,347	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	198,776	1,268	85	3,226			90.40
90.60	CAPE NEUROSURGERY PBC	121,008	122	228	3,745		113,347	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	1,158,923	35,548	232	32,552	253	66,119	90.70
91	Emergency	9,799,847	842,991	472,132	395,211	14,055	1,392,278	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	365,707						95
101	Home Health Agency	1,095,663	67,262	4,786	53,943	2,152	162,464	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	1,060,450	89,523		34,788		137,905	116
118	SUBTOTALS (sum of lines 1-117)	352,893,955	19,189,891	16,281,899	7,211,222	290,715	25,119,572	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		47,961			506		190
192.01	PPPC AUDIOLOGY							192.01
192.02	ERC SOUTHWEST	11,846			4,927			192.02
192.03	ERC NORTHWEST	80,264			3,720			192.03
193	Nonpaid Workers	54,733						193
194	FITNESS CENTER	1,484,356	977,425	37,677	64,412	3,925	402,382	194
194.01	RETAIL PHARMACY	6,773,437	60,859	16,925	51,897	2,532	132,238	194.01
194.04	PHYSICIAN SERVICES	3,727,901	95,230	3,441	163,904	2,279	130,349	194.04
194.05	ENDOCRINOLOGIST	666,913		4,531	37,709	2,532	81,232	194.05
194.06	HOSPITALIST	19,372,787	56,813	6,929	1,033,051	886	634,743	194.06
194.07	NEONATOLOGY PHYSICIANS	2,450,134	23,694	173	149,589	633	117,125	194.07
194.08	ANESTHESIOLOGISTS	14,015,321	14,878		321,189		313,593	194.08
194.09	PHYSICIAN CARDIOLOGIST	8,582,948	197,531	32,822	510,088	7,217	470,390	194.09
194.10	PHYSICIAN ONCOLOGIST	2,972,619	154,877	4,952	189,199	3,925	175,688	194.10
194.12	TRAUMA PHYSICIANS	2,411,878	52,643	44	122,204	1,266	119,014	194.12
194.13	LANDMARK HOSPITAL	17,729			638			194.13
194.14	GYN SURG ONCOLOGIST	896,752		3,418	56,622	1,393	41,561	194.14
194.15	CAPE GASTROENTEROLOGY	3,805,670		2,601	223,952	2,786	173,799	194.15
194.16	CAPE PHYSICIAN ASSOCIATES & PEDIATRI	4,426,067	449,828	14,498	229,359	9,496	496,837	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP		2,587			127		194.18
194.19	MARKETING COSTS	6,718,267			190,104			194.19
194.20	CAPE PRIMARY CARE	2,067,262		23,291	100,853		221,027	194.20
194.21	CAPE CARE FOR WOMEN	7,054,125		70,202	378,624		561,067	194.21
194.22	JACKSON FAMILY CLINIC	981,995		6,718	46,481		92,567	194.22
194.24	CAPE ENT GROUP	3,032,502		28,717	171,988		171,910	194.24
194.25	CHARLESTON FAMILY CARE	554,380		1,503	25,577		71,786	194.25
194.29	JACKSON PHYSICIAN ASSOCIATES & ICC J	299,056			12,561		37,782	194.29
194.31	PHYSICIANS PARK PRIMARY CARE	6,283,552			77,679		459,055	194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI	1,070,156			26,952		183,244	194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES	3,263,140			161,108		334,374	194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES	2,290,638			101,191			194.34
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS	554,772			30,461			194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE	1,531,749			75,721		158,686	194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES	887,858			15,695			194.39
194.40	KNIEBERT CLINIC	7,614,921			387,410			194.40
194.41	KNIEBERT PHARMACY	5,860,072			29,169			194.41
194.43	KNEIBERT LAB	614,719			17,638		109,569	194.43
194.44	PALLIATIVE CARE	261,313	3,052		14,322		41,561	194.44
194.45	CAPE ORTHO SURGEONS	11,720,868	577,394		166,215			194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC	2,089,703			82,207			194.46
194.47	PHYSICIAN ALLIANCE	35,845			1,797			194.47
194.48	INTENSIVISTS	1,110,930			54,503			194.48
194.49	ACO	500,223			13,775			194.49
194.50	SFOC IMG	1,440,202			33,968			194.50
194.51	SFOC PB	900,747			44,174			194.51
194.52	PHYSICIAN PARK GENERAL SURGERY	682,635			38,199			194.52
194.53	POPLAR BLUFF PEDIATRICS	2,211,317			108,621			194.53
194.54	FERGUSON MEDICAL GROUP	2,471,033			111,046			194.54
194.55	FERGUSON MEDICAL GROUP SC	315,153			11,296			194.55
194.56	FERGUSON MEDICAL GROUP CH	467,523			18,113			194.56
194.57	FERGUSON MEDICAL GROUP EP	1,610,072			74,108			194.57
194.58	FERGUSON MEDICAL GROUP SI	7,272,277			352,857			194.58
194.59	SIKESTON IMAGING CENTER	557,703			4,786			194.59
194.60	FERGUSON MEDICAL GROUP LAB	1,033,635			22,336			194.60
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	510,005,653	21,904,663	16,540,341	13,375,217	330,218	30,851,151	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	871,149						5.03
5.04	ADMITTING	93	5,567,826					5.04
5.05	CREDIT & COLLECTIONS	109		6,597,168				5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	6,060			78,869,251	78,869,251		5.06
6	Maintenance & Repairs	11,559			9,041,938	1,654,069	10,696,007	6
7	Operation of Plant				2,678,292	489,948	1,531,109	7
7.10	SPD SOILED PROCESSING				167,725	30,682	95,767	7.10
8	Laundry & Linen Service	3,530			1,568,546	286,939	69,606	8
9	Housekeeping	3,133			4,089,430	748,092	74,720	9
10	Dietary	2,053			3,329,117	609,005	152,134	10
11	Cafeteria				243,710	44,583	139,363	11
12	Maintenance of Personnel							12
13	Nursing Administration	235			2,152,435	393,751	923	13
13.10	SPD STERILE PROCESSING	1,062			1,693,741	309,841	72,802	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	121			2,134,027	390,384	69,536	16
17	Social Service				512,856	93,818		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	2,228	364,989	432,485	28,211,176	5,160,755	2,276,555	30
31	Intensive Care Unit	748	179,846	213,105	8,267,065	1,512,319	302,694	31
31.01	NEONATOLOGY/NICU	951	92,555	109,671	4,712,850	862,136	193,602	31.01
41	Subprovider - IRF	52	16,853	19,970	2,413,976	441,596	238,259	41
43	Nursery	427	27,500	32,586	1,450,556	265,355	7,308	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	8,269	360,373	427,015	20,678,417	3,782,765	767,765	50
51	Recovery Room	28	56,730	67,220	1,444,618	264,268	40,239	51
52	Delivery Room & Labor Room	537	43,104	51,075	1,796,381	328,617		52
53	Anesthesiology	257	171,966	203,767	925,865	169,371	2,028	53
54	Radiology-Diagnostic	7,517	293,119	347,325	10,492,579	1,919,439	250,278	54
56	Radioisotope	1,111	50,162	59,438	703,027	128,607	32,864	56
57	CT Scan	3,520	295,284	349,890	2,193,503	401,264	23,590	57
58	MRI	3,377	78,061	92,497	1,586,738	290,267	11,025	58
59	Cardiac Catheterization	10,572	217,220	257,390	7,062,861	1,292,030	492,243	59
60	Laboratory	50,258	553,204	655,506	15,466,292	2,829,295	161,681	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	4,684	330,831	392,011	6,457,714	1,181,329	129,063	65
66	Physical Therapy	334	53,955	63,932	4,332,527	792,562	257,805	66
67	Occupational Therapy	166	27,711	32,836	1,554,457	284,361	22,523	67
68	Speech Pathology	99	22,860	27,088	1,111,254	203,285	17,806	68
69	Electrocardiology	6,213	119,387	141,465	2,901,227	530,730		69
70	Electroencephalography	388	26,563	31,475	1,884,953	344,820	78,075	70
71	Medical Supplies Charged to Patients	186,776	554,004	656,455	21,406,740	3,915,999	110,091	71
72	Impl. Dev. Charged to Patients	194,400	577,291	683,748	24,491,190	4,480,247	114,584	72
73	Drugs Charged to Patients	279,467	489,610	580,152	33,402,575	6,110,615	109,526	73
73.10	REHABILITATION SERVICES	1,671	122,356	144,983	5,975,807	1,093,172	694,147	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	7,229	8,566	463,499	84,789	6,885	90.10
90.20	GYN SURG ONCOLOGIST PBC	1	936	1,109	82,885	15,162		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	92	19,278	22,843	1,321,900	241,819	4,158	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	2	1,839	2,179	207,375	37,936	725	90.40
90.60	CAPE NEUROSURGERY PBC	2	2,435	2,885	243,772	44,594	70	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	179	24,123	28,583	1,346,512	246,321	20,328	90.70
91	Emergency	1,070	359,570	426,064	13,703,218	2,506,771	482,056	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		1,355	1,606	368,668	67,442		95
101	Home Health Agency	610	7,017	8,315	1,402,212	256,511	38,463	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	76	18,510	21,933	1,363,185	249,372	51,193	116
118	SUBTOTALS (sum of lines 1-117)	794,127	5,567,826	6,597,168	337,908,642	47,387,033	9,143,589	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				48,467	8,866	27,426	190
192.01	PPPC AUDIOLOGY	2			2			192.01
192.02	ERC SOUTHWEST	11			16,784	3,070		192.02
192.03	ERC NORTHWEST	1			83,985	15,364		192.03
193	Nonpaid Workers				54,733	10,012		193
194	FITNESS CENTER	875			2,971,052	543,503	558,931	194
194.01	RETAIL PHARMACY	60,370			7,098,258	1,298,506	34,802	194.01
194.04	PHYSICIAN SERVICES	15			4,123,119	754,255	54,457	194.04
194.05	ENDOCRINOLOGIST	37			792,954	145,057		194.05
194.06	HOSPITALIST	91			21,105,300	3,860,856	32,488	194.06
194.07	NEONATOLOGY PHYSICIANS	102			2,741,450	501,502	13,549	194.07
194.08	ANESTHESIOLOGISTS				14,664,981	2,682,709	8,508	194.08
194.09	PHYSICIAN CARDIOLOGIST	225			9,801,221	1,792,967	112,956	194.09
194.10	PHYSICIAN ONCOLOGIST	101			3,501,361	640,514	88,565	194.10
194.12	TRAUMA PHYSICIANS				2,707,049	495,209	30,104	194.12
194.13	LANDMARK HOSPITAL				18,367	3,360		194.13
194.14	GYN SURG ONCOLOGIST	1			999,747	182,887		194.14
194.15	CAPE GASTROENTEROLOGY	30			4,208,838	769,935		194.15
194.16	CAPE PHYSICIAN ASSOCIATES & PEDIATRI	5,359			5,631,444	1,030,177	257,230	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP				2,714	496	1,479	194.18
194.19	MARKETING COSTS				6,908,371	1,263,769		194.19
194.20	CAPE PRIMARY CARE	190			2,412,623	441,348		194.20
194.21	CAPE CARE FOR WOMEN	240			8,064,258	1,475,219		194.21
194.22	JACKSON FAMILY CLINIC	156			1,127,917	206,333		194.22
194.24	CAPE ENT GROUP	143			3,405,260	622,934		194.24
194.25	CHARLESTON FAMILY CARE	165			653,411	119,530		194.25
194.29	JACKSON PHYSICIAN ASSOCIATES & ICC J	102			349,501	63,935		194.29
194.31	PHYSICIANS PARK PRIMARY CARE	362			6,820,648	1,247,722		194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI	239			1,280,591	234,262		194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES	494			3,759,116	687,666		194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES	728			2,392,557	437,678		194.34
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS	80			585,313	107,073		194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE	160			1,766,316	323,117		194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES	6			903,559	165,291		194.39
194.40	KNIEBERT CLINIC	1,412			8,003,743	1,464,149		194.40
194.41	KNIEBERT PHARMACY	242			5,889,483	1,077,381		194.41
194.43	KNEIBERT LAB				741,926	135,723		194.43
194.44	PALLIATIVE CARE				320,248	58,584	1,746	194.44
194.45	CAPE ORTHO SURGEONS	427			12,464,904	2,280,242	330,177	194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC	109			2,172,019	397,334		194.46
194.47	PHYSICIAN ALLIANCE	101			37,743	6,904		194.47
194.48	INTENSIVISTS				1,165,433	213,196		194.48
194.49	ACO				513,998	94,027		194.49
194.50	SFOC IMG	1,153			1,475,323	269,885		194.50
194.51	SFOC PB				944,921	172,857		194.51
194.52	PHYSICIAN PARK GENERAL SURGERY				720,834	131,864		194.52
194.53	POPLAR BLUFF PEDIATRICS				2,319,938	424,393		194.53
194.54	FERGUSON MEDICAL GROUP	596			2,582,675	472,456		194.54
194.55	FERGUSON MEDICAL GROUP SC				326,449	59,718		194.55
194.56	FERGUSON MEDICAL GROUP CH	239			485,875	88,883		194.56
194.57	FERGUSON MEDICAL GROUP EP	170			1,684,350	308,123		194.57
194.58	FERGUSON MEDICAL GROUP SI	116			7,625,250	1,394,910		194.58
194.59	SIKESTON IMAGING CENTER	782			563,271	103,041		194.59
194.60	FERGUSON MEDICAL GROUP LAB	1,390			1,057,361	193,426		194.60
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	871,149	5,567,826	6,597,168	510,005,653	78,869,251	10,696,007	202

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	4,699,349						7
7.10	SPD SOILED PROCESSING	49,105	343,279					7.10
8	Laundry & Linen Service	35,691	343,279	2,304,061				8
9	Housekeeping	38,313		203	4,950,758			9
10	Dietary	78,007		2,204	84,392	4,254,859		10
11	Cafeteria	71,459			77,308	1,746,493	2,322,916	11
12	Maintenance of Personnel							12
13	Nursing Administration	473			512		35,931	13
13.10	SPD STERILE PROCESSING	37,329		90,327	40,384		28,698	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	35,655			38,573		33,872	16
17	Social Service						8,348	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	1,167,315		665,831	1,262,848	1,496,694	365,235	30
31	Intensive Care Unit	155,208		389,619	167,910	205,624	96,138	31
31.01	NEONATOLOGY/NICU	99,270		47,293	107,395		59,028	31.01
41	Subprovider - IRF	122,169		59,256	132,167	149,141	32,244	41
43	Nursery	3,747		14,024	4,054		20,706	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	393,676		260,521	425,894		187,048	50
51	Recovery Room	20,633		50,084	22,321		20,996	51
52	Delivery Room & Labor Room						27,783	52
53	Anesthesiology	1,040			1,125		3,391	53
54	Radiology-Diagnostic	128,332		48,678	138,834		82,874	54
56	Radioisotope	16,851		5,464	18,230		5,369	56
57	CT Scan	12,096		39,353	13,086		14,078	57
58	MRI	5,653		22,792	6,116		8,481	58
59	Cardiac Catheterization	252,400		21,420	273,056		41,823	59
60	Laboratory	82,903		3,358	89,688		130,147	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	66,178		15,276	71,594		78,385	65
66	Physical Therapy	132,191		4,246	143,009		55,937	66
67	Occupational Therapy	11,549			12,494		21,874	67
68	Speech Pathology	9,130			9,877		13,975	68
69	Electrocardiology			67,659			26,019	69
70	Electroencephalography	40,033		6,816	43,309		24,451	70
71	Medical Supplies Charged to Patients	56,450		6,938	61,070		19,041	71
72	Impl. Dev. Charged to Patients	58,753		7,222	63,562		19,817	72
73	Drugs Charged to Patients	56,160		1,163	60,756		55,291	73
73.10	REHABILITATION SERVICES	355,928		104,636	385,057		86,603	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	3,530			3,819		1,701	90.10
90.20	GYN SURG ONCOLOGIST PBC						213	90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	2,132		36	2,306		323	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	372		225	402		1,531	90.40
90.60	CAPE NEUROSURGERY PBC	36			39		425	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	10,423			11,276			90.70
91	Emergency	247,177		339,586	267,406		153,943	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
101	Home Health Agency	19,722			21,336		17,063	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	26,249			28,398		14,312	116
118	SUBTOTALS (sum of lines 1-117)	3,903,338	343,279	2,274,230	4,089,603	3,597,952	1,793,094	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	14,063			15,214			190
192.01	PPPC AUDIOLOGY							192.01
192.02	ERC SOUTHWEST							192.02
192.03	ERC NORTHWEST							192.03
193	Nonpaid Workers							193
194	FITNESS CENTER	286,595			310,050		43,659	194
194.01	RETAIL PHARMACY	17,845			19,305		13,655	194.01
194.04	PHYSICIAN SERVICES	27,923		10,995	30,208		12,269	194.04
194.05	ENDOCRINOLOGIST						8,208	194.05
194.06	HOSPITALIST	16,659			18,022		96,300	194.06
194.07	NEONATOLOGY PHYSICIANS	6,948			7,516		13,685	194.07
194.08	ANESTHESIOLOGISTS	4,362			4,719		37,912	194.08
194.09	PHYSICIAN CARDIOLOGIST	57,919		1,368	62,659		67,949	194.09
194.10	PHYSICIAN ONCOLOGIST	45,412			49,129		20,318	194.10
194.12	TRAUMA PHYSICIANS	15,436			16,699		13,667	194.12
194.13	LANDMARK HOSPITAL						1,060	194.13
194.14	GYN SURG ONCOLOGIST						7,024	194.14
194.15	CAPE GASTROENTEROLOGY						18,564	194.15
194.16	CAPE PHYSICIAN ASSOCIATES & PEDIATRI	131,896			142,690		62,699	194.16
194.17	NONPATIENT MEALS					656,907		194.17
194.18	BEAUTY SHOP	758		17,468	820		438	194.18
194.19	MARKETING COSTS							194.19
194.20	CAPE PRIMARY CARE						25,705	194.20
194.21	CAPE CARE FOR WOMEN							194.21
194.22	JACKSON FAMILY CLINIC							194.22
194.24	CAPE ENT GROUP						21,400	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	895			968		3,382	194.44
194.45	CAPE ORTHO SURGEONS	169,300			183,156		57,968	194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC							194.46
194.47	PHYSICIAN ALLIANCE						722	194.47
194.48	INTENSIVISTS						3,238	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)	4,699,349	343,279	2,304,061	4,950,758	4,254,859	2,322,916	202

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	2,584,025						13
13.10	SPD STERILE PROCESSING		2,273,122					13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library			2,702,047				16
17	Social Service				615,022			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	967,408		983,275	397,386	42,954,478		30
31	Intensive Care Unit	254,644	664	86,466	64,498	11,502,849		31
31.01	NEONATOLOGY/NICU	156,349	12,517	44,314	37,712	6,332,466		31.01
41	Subprovider - IRF	85,405		8,106	1,762	3,684,081		41
43	Nursery		41,030	21,076	17,094	1,844,950		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		1,896,250	62,958	18,327	28,473,621		50
51	Recovery Room			109,973		1,973,132		51
52	Delivery Room & Labor Room	73,589		40,261	17,446	2,284,077		52
53	Anesthesiology					1,102,820		53
54	Radiology-Diagnostic		107,332	182,388		13,350,734		54
56	Radioisotope					910,412		56
57	CT Scan					2,696,970		57
58	MRI					1,931,072		58
59	Cardiac Catheterization		6,531	66,470		9,508,834		59
60	Laboratory	344,724	30,251			19,138,339		60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		61,883			8,061,422		65
66	Physical Therapy			14,591		5,732,868		66
67	Occupational Therapy					1,907,258		67
68	Speech Pathology		850			1,366,177		68
69	Electrocardiology			39,990		3,565,625		69
70	Electroencephalography	64,764		9,727		2,496,948		70
71	Medical Supplies Charged to Patients		54,303			25,630,632		71
72	Impl. Dev. Charged to Patients		56,507			29,291,882		72
73	Drugs Charged to Patients					39,796,086		73
73.10	REHABILITATION SERVICES	229,389	1,035	55,122		8,980,896		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					564,223		90.10
90.20	GYN SURG ONCOLOGIST PBC					98,260		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC					1,572,674		90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC					248,566		90.40
90.60	CAPE NEUROSURGERY PBC					288,936		90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC					1,634,860		90.70
91	Emergency	407,753	3,969	977,330	60,797	19,150,006		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services					436,110		95
101	Home Health Agency					1,755,307		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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					1,732,709		116
118	SUBTOTALS (sum of lines 1-117)	2,584,025	2,273,122	2,702,047	615,022	302,000,280		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					114,036		190
192.01	PPPC AUDIOLOGY					2		192.01
192.02	ERC SOUTHWEST					19,854		192.02
192.03	ERC NORTHWEST					99,349		192.03
193	Nonpaid Workers					64,745		193
194	FITNESS CENTER					4,713,790		194
194.01	RETAIL PHARMACY					8,482,371		194.01
194.04	PHYSICIAN SERVICES					5,013,226		194.04
194.05	ENDOCRINOLOGIST					946,219		194.05
194.06	HOSPITALIST					25,129,625		194.06
194.07	NEONATOLOGY PHYSICIANS					3,284,650		194.07
194.08	ANESTHESIOLOGISTS					17,403,191		194.08
194.09	PHYSICIAN CARDIOLOGIST					11,897,039		194.09
194.10	PHYSICIAN ONCOLOGIST					4,345,299		194.10
194.12	TRAUMA PHYSICIANS					3,278,164		194.12
194.13	LANDMARK HOSPITAL					22,787		194.13
194.14	GYN SURG ONCOLOGIST					1,189,658		194.14
194.15	CAPE GASTROENTEROLOGY					4,997,337		194.15
194.16	CAPE PHYSICIAN ASSOCIATES & PEDIATRI					7,256,136		194.16
194.17	NONPATIENT MEALS					656,907		194.17
194.18	BEAUTY SHOP					24,173		194.18
194.19	MARKETING COSTS					8,172,140		194.19
194.20	CAPE PRIMARY CARE					2,879,676		194.20
194.21	CAPE CARE FOR WOMEN					9,539,477		194.21
194.22	JACKSON FAMILY CLINIC					1,334,250		194.22
194.24	CAPE ENT GROUP					4,049,594		194.24
194.25	CHARLESTON FAMILY CARE					772,941		194.25
194.29	JACKSON PHYSICIAN ASSOCIATES & ICC J					413,436		194.29
194.31	PHYSICIANS PARK PRIMARY CARE					8,068,370		194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI					1,514,853		194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES					4,446,782		194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES					2,830,235		194.34
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS					692,386		194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE					2,089,433		194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES					1,068,850		194.39
194.40	KNIEBERT CLINIC					9,467,892		194.40
194.41	KNIEBERT PHARMACY					6,966,864		194.41
194.43	KNEIBERT LAB					877,649		194.43
194.44	PALLIATIVE CARE					385,823		194.44
194.45	CAPE ORTHO SURGEONS					15,485,747		194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC					2,569,353		194.46
194.47	PHYSICIAN ALLIANCE					45,369		194.47
194.48	INTENSIVISTS					1,381,867		194.48
194.49	ACO					608,025		194.49
194.50	SFOC IMG					1,745,208		194.50
194.51	SFOC PB					1,117,778		194.51
194.52	PHYSICIAN PARK GENERAL SURGERY					852,698		194.52
194.53	POPLAR BLUFF PEDIATRICS					2,744,331		194.53
194.54	FERGUSON MEDICAL GROUP					3,055,131		194.54
194.55	FERGUSON MEDICAL GROUP SC					386,167		194.55
194.56	FERGUSON MEDICAL GROUP CH					574,758		194.56
194.57	FERGUSON MEDICAL GROUP EP					1,992,473		194.57
194.58	FERGUSON MEDICAL GROUP SI					9,020,160		194.58
194.59	SIKESTON IMAGING CENTER					666,312		194.59
194.60	FERGUSON MEDICAL GROUP LAB					1,250,787		194.60
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,584,025	2,273,122	2,702,047	615,022	510,005,653		202

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	42,954,478					30
31	Intensive Care Unit	11,502,849					31
31.01	NEONATOLOGY/NICU	6,332,466					31.01
41	Subprovider - IRF	3,684,081					41
43	Nursery	1,844,950					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	28,473,621					50
51	Recovery Room	1,973,132					51
52	Delivery Room & Labor Room	2,284,077					52
53	Anesthesiology	1,102,820					53
54	Radiology-Diagnostic	13,350,734					54
56	Radioisotope	910,412					56
57	CT Scan	2,696,970					57
58	MRI	1,931,072					58
59	Cardiac Catheterization	9,508,834					59
60	Laboratory	19,138,339					60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	8,061,422					65
66	Physical Therapy	5,732,868					66
67	Occupational Therapy	1,907,258					67
68	Speech Pathology	1,366,177					68
69	Electrocardiology	3,565,625					69
70	Electroencephalography	2,496,948					70
71	Medical Supplies Charged to Patients	25,630,632					71
72	Impl. Dev. Charged to Patients	29,291,882					72
73	Drugs Charged to Patients	39,796,086					73
73.10	REHABILITATION SERVICES	8,980,896					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	564,223					90.10
90.20	GYN SURG ONCOLOGIST PBC	98,260					90.20
90.30	PHYSICIAN RADIOLOGIST PBC	1,572,674					90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	248,566					90.40
90.60	CAPE NEUROSURGERY PBC	288,936					90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	1,634,860					90.70
91	Emergency	19,150,006					91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	436,110					95
101	Home Health Agency	1,755,307					101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
116	Hospice	1,732,709					116
118	SUBTOTALS (sum of lines 1-117)	302,000,280					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	114,036					190
192.01	PPPC AUDIOLOGY	2					192.01
192.02	ERC SOUTHWEST	19,854					192.02
192.03	ERC NORTHWEST	99,349					192.03
193	Nonpaid Workers	64,745					193
194	FITNESS CENTER	4,713,790					194
194.01	RETAIL PHARMACY	8,482,371					194.01
194.04	PHYSICIAN SERVICES	5,013,226					194.04
194.05	ENDOCRINOLOGIST	946,219					194.05
194.06	HOSPITALIST	25,129,625					194.06
194.07	NEONATOLOGY PHYSICIANS	3,284,650					194.07
194.08	ANESTHESIOLOGISTS	17,403,191					194.08
194.09	PHYSICIAN CARDIOLOGIST	11,897,039					194.09
194.10	PHYSICIAN ONCOLOGIST	4,345,299					194.10
194.12	TRAUMA PHYSICIANS	3,278,164					194.12
194.13	LANDMARK HOSPITAL	22,787					194.13
194.14	GYN SURG ONCOLOGIST	1,189,658					194.14
194.15	CAPE GASTROENTEROLOGY	4,997,337					194.15
194.16	CAPE PHYSICIAN ASSOCIATES & PEDIATRI	7,256,136					194.16
194.17	NONPATIENT MEALS	656,907					194.17
194.18	BEAUTY SHOP	24,173					194.18
194.19	MARKETING COSTS	8,172,140					194.19
194.20	CAPE PRIMARY CARE	2,879,676					194.20
194.21	CAPE CARE FOR WOMEN	9,539,477					194.21
194.22	JACKSON FAMILY CLINIC	1,334,250					194.22
194.24	CAPE ENT GROUP	4,049,594					194.24
194.25	CHARLESTON FAMILY CARE	772,941					194.25
194.29	JACKSON PHYSICIAN ASSOCIATES & ICC J	413,436					194.29
194.31	PHYSICIANS PARK PRIMARY CARE	8,068,370					194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI	1,514,853					194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES	4,446,782					194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES	2,830,235					194.34
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS	692,386					194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE	2,089,433					194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES	1,068,850					194.39
194.40	KNIEBERT CLINIC	9,467,892					194.40
194.41	KNIEBERT PHARMACY	6,966,864					194.41
194.43	KNIEBERT LAB	877,649					194.43
194.44	PALLIATIVE CARE	385,823					194.44
194.45	CAPE ORTHO SURGEONS	15,485,747					194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC	2,569,353					194.46
194.47	PHYSICIAN ALLIANCE	45,369					194.47
194.48	INTENSIVISTS	1,381,867					194.48
194.49	ACO	608,025					194.49
194.50	SFOC IMG	1,745,208					194.50
194.51	SFOC PB	1,117,778					194.51
194.52	PHYSICIAN PARK GENERAL SURGERY	852,698					194.52
194.53	POPLAR BLUFF PEDIATRICS	2,744,331					194.53
194.54	FERGUSON MEDICAL GROUP	3,055,131					194.54
194.55	FERGUSON MEDICAL GROUP SC	386,167					194.55
194.56	FERGUSON MEDICAL GROUP CH	574,758					194.56
194.57	FERGUSON MEDICAL GROUP EP	1,992,473					194.57
194.58	FERGUSON MEDICAL GROUP SI	9,020,160					194.58
194.59	SIKESTON IMAGING CENTER	666,312					194.59
194.60	FERGUSON MEDICAL GROUP LAB	1,250,787					194.60
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	510,005,653					202

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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		310,786	13,138	323,924	323,924		4
5.01	COMMUNICATIONS		16,136	114,117	130,253	303	130,556	5.01
5.02	DATA PROCESSING		390,326	8,050,925	8,441,251	12,146	6,958	5.02
5.03	PURCHASING		144,791	3,573	148,364	608	951	5.03
5.04	ADMITTING		149,012		149,012			5.04
5.05	CREDIT & COLLECTIONS		69,016	886	69,902	7,944	8,210	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL		1,284,596	721,137	2,005,733	26,432	10,813	5.06
6	Maintenance & Repairs		835,483	139,814	975,297	3,483	2,503	6
7	Operation of Plant		2,677,510		2,677,510		300	7
7.10	SPD SOILED PROCESSING		167,472		167,472		100	7.10
8	Laundry & Linen Service		121,723	78,340	200,063	660	250	8
9	Housekeeping		130,666	34,769	165,435	3,541	901	9
10	Dietary		266,042	66,132	332,174	2,765	751	10
11	Cafeteria		243,710		243,710			11
12	Maintenance of Personnel							12
13	Nursing Administration		1,614	200,672	202,286	2,062	501	13
13.10	SPD STERILE PROCESSING		127,311	92,369	219,680	1,007	651	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		121,601	14,020	135,621	1,491	1,552	16
17	Social Service					533	350	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		3,981,093	513,241	4,494,334	22,095	24,383	30
31	Intensive Care Unit		529,333	246,452	775,785	6,799	3,855	31
31.01	NEONATOLOGY/NICU		338,559	180,115	518,674	3,738	1,802	31.01
41	Subprovider - IRF		416,653	25,287	441,940	1,940	2,103	41
43	Nursery		12,780	4,484	17,264	1,299		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		1,342,621	2,110,929	3,453,550	13,153	9,111	50
51	Recovery Room		70,368	3,022	73,390	1,306	901	51
52	Delivery Room & Labor Room					1,685		52
53	Anesthesiology		3,546	4,828	8,374	115	651	53
54	Radiology-Diagnostic		437,672	934,507	1,372,179	7,336	5,306	54
56	Radioisotope		57,470	37,760	95,230	410	451	56
57	CT Scan		41,253	370,477	411,730	908	250	57
58	MRI		19,280	510,335	529,615	471	150	58
59	Cardiac Catheterization		860,804	257,304	1,118,108	3,895	5,406	59
60	Laboratory		282,738	206,039	488,777	6,903	4,405	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		225,698	164,892	390,590	4,676	1,702	65
66	Physical Therapy		450,834	22,656	473,490	3,927	951	66
67	Occupational Therapy		39,387	3,950	43,337	1,574	751	67
68	Speech Pathology		31,138	1,671	32,809	1,126	400	68
69	Electrocardiology			259,407	259,407	1,805		69
70	Electroencephalography		136,532	107,162	243,694	1,552	2,803	70
71	Medical Supplies Charged to Patients		192,521	11,995	204,516	650	200	71
72	Impl. Dev. Charged to Patients		200,377	12,486	212,863	676	250	72
73	Drugs Charged to Patients		191,533	237,927	429,460	5,154	2,002	73
73.10	REHABILITATION SERVICES		1,213,882	42,956	1,256,838	4,288	5,457	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		12,039	1,370	13,409	387	150	90.10
90.20	GYN SURG ONCOLOGIST PBC			308	308	79	50	90.20
90.30	PHYSICIAN CARDIOLOGIST PBC		7,271	2,984	10,255	1,015	150	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC		1,268	85	1,353	78		90.40
90.60	CAPE NEUROSURGERY PBC		122	228	350	91		90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC		35,548	232	35,780	788	100	90.70
91	Emergency		842,991	472,132	1,315,123	9,573	5,557	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
101	Home Health Agency		67,262	4,786	72,048	1,307	851	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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		89,523		89,523	843		116
118	SUBTOTALS (sum of lines 1-117)		19,189,891	16,281,899	35,471,790	174,617	114,939	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		47,961		47,961		200	190
192.01	PPPC AUDIOLOGY							192.01
192.02	ERC SOUTHWEST					119		192.02
192.03	ERC NORTHWEST					90		192.03
193	Nonpaid Workers							193
194	FITNESS CENTER		977,425	37,677	1,015,102	1,560	1,552	194
194.01	RETAIL PHARMACY		60,859	16,925	77,784	1,257	1,001	194.01
194.04	PHYSICIAN SERVICES		95,230	3,441	98,671	3,970	901	194.04
194.05	ENDOCRINOLOGIST			4,531	4,531	913	1,001	194.05
194.06	HOSPITALIST		56,813	6,929	63,742	25,023	350	194.06
194.07	NEONATOLOGY PHYSICIANS		23,694	173	23,867	3,623	250	194.07
194.08	ANESTHESIOLOGISTS		14,878		14,878	7,780		194.08
194.09	PHYSICIAN CARDIOLOGIST		197,531	32,822	230,353	12,355	2,853	194.09
194.10	PHYSICIAN ONCOLOGIST		154,877	4,952	159,829	4,583	1,552	194.10
194.12	TRAUMA PHYSICIANS		52,643	44	52,687	2,960	501	194.12
194.13	LANDMARK HOSPITAL					15		194.13
194.14	GYN SURG ONCOLOGIST			3,418	3,418	1,372	551	194.14
194.15	CAPE GASTROENTEROLOGY			2,601	2,601	5,425	1,101	194.15
194.16	CAPE PHYSICIAN ASSOCIATES & PEDIATRI		449,828	14,498	464,326	5,556	3,754	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP		2,587		2,587		50	194.18
194.19	MARKETING COSTS					4,605		194.19
194.20	CAPE PRIMARY CARE			23,291	23,291	2,443		194.20
194.21	CAPE CARE FOR WOMEN			70,202	70,202	9,171		194.21
194.22	JACKSON FAMILY CLINIC			6,718	6,718	1,126		194.22
194.24	CAPE ENT GROUP			28,717	28,717	4,166		194.24
194.25	CHARLESTON FAMILY CARE			1,503	1,503	620		194.25
194.29	JACKSON PHYSICIAN ASSOCIATES & ICC J					304		194.29
194.31	PHYSICIANS PARK PRIMARY CARE					1,882		194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI					653		194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES					3,902		194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES					2,451		194.34
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS					738		194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE					1,834		194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES					380		194.39
194.40	KNIEBERT CLINIC					9,384		194.40
194.41	KNIEBERT PHARMACY					707		194.41
194.43	KNEIBERT LAB					427		194.43
194.44	PALLIATIVE CARE		3,052		3,052	347		194.44
194.45	CAPE ORTHO SURGEONS		577,394		577,394	4,026		194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC					1,991		194.46
194.47	PHYSICIAN ALLIANCE					44		194.47
194.48	INTENSIVISTS					1,320		194.48
194.49	ACO					334		194.49
194.50	SFOC IMG					823		194.50
194.51	SFOC PB					1,070		194.51
194.52	PHYSICIAN PARK GENERAL SURGERY					925		194.52
194.53	POPLAR BLUFF PEDIATRICS					2,631		194.53
194.54	FERGUSON MEDICAL GROUP					2,690		194.54
194.55	FERGUSON MEDICAL GROUP SC					274		194.55
194.56	FERGUSON MEDICAL GROUP CH					439		194.56
194.57	FERGUSON MEDICAL GROUP EP					1,795		194.57
194.58	FERGUSON MEDICAL GROUP SI					8,547		194.58
194.59	SIKESTON IMAGING CENTER					116		194.59
194.60	FERGUSON MEDICAL GROUP LAB					541		194.60
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		21,904,663	16,540,341	38,445,004	323,924	130,556	202

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	8,460,355						5.02
5.03	PURCHASING	35,746	185,669					5.03
5.04	ADMITTING	340,880	20	489,912				5.04
5.05	CREDIT & COLLECTIONS	102,575	23		188,654			5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	1,268,721	1,292			3,312,991		5.06
6	Maintenance & Repairs	163,705	2,464			69,478	1,216,930	6
7	Operation of Plant					20,580	174,201	7
7.10	SPD SOILED PROCESSING					1,289	10,896	7.10
8	Laundry & Linen Service	56,986	752			12,053	7,919	8
9	Housekeeping	137,285	668			31,423	8,501	9
10	Dietary	187,536	438			25,581	17,309	10
11	Cafeteria					1,873	15,856	11
12	Maintenance of Personnel							12
13	Nursing Administration	72,010	50			16,539	105	13
13.10	SPD STERILE PROCESSING	73,564	226			13,015	8,283	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	76,154	26			16,398	7,911	16
17	Social Service	20,722				3,941		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	1,052,170	475	32,112	12,360	216,775	259,012	30
31	Intensive Care Unit	259,027	160	15,823	6,090	63,524	34,439	31
31.01	NEONATOLOGY/NICU	144,537	203	8,143	3,134	36,214	22,027	31.01
41	Subprovider - IRF	76,154	11	1,483	571	18,549	27,108	41
43	Nursery	55,432	91	2,420	931	11,146	831	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	465,731	1,763	31,706	12,204	158,893	87,352	50
51	Recovery Room	51,805	6	4,991	1,921	11,100	4,578	51
52	Delivery Room & Labor Room	63,203	115	3,792	1,460	13,803		52
53	Anesthesiology	8,807	55	15,130	5,824	7,114	231	53
54	Radiology-Diagnostic	194,789	1,602	25,789	9,926	80,625	28,475	54
56	Radioisotope	12,433	237	4,413	1,699	5,402	3,739	56
57	CT Scan	32,637	750	25,980	10,000	16,855	2,684	57
58	MRI	17,614	720	6,868	2,644	12,192	1,254	58
59	Cardiac Catheterization	113,454	2,254	19,111	7,356	54,271	56,005	59
60	Laboratory	322,230	10,713	48,672	18,734	118,843	18,395	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	213,957	998	29,107	11,203	49,621	14,684	65
66	Physical Therapy	116,044	71	4,747	1,827	33,291	29,332	66
67	Occupational Therapy	48,179	35	2,438	938	11,944	2,563	67
68	Speech Pathology	35,746	21	2,011	774	8,539	2,026	68
69	Electrocardiology	61,130	1,324	10,504	4,043	22,293		69
70	Electroencephalography	54,396	83	2,337	900	14,484	8,883	70
71	Medical Supplies Charged to Patients	42,481	39,814	48,742	18,761	164,489	12,526	71
72	Impl. Dev. Charged to Patients	41,962	41,439	50,839	19,651	188,190	13,037	72
73	Drugs Charged to Patients	135,212	59,546	43,077	16,580	256,804	12,461	73
73.10	REHABILITATION SERVICES	189,090	356	10,765	4,144	45,918	78,976	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		19	636	245	3,562	783	90.10
90.20	GYN SURG ONCOLOGIST PBC			82	32	637		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	31,083	20	1,696	653	10,157	473	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC			162	62	1,593	82	90.40
90.60	CAPE NEUROSURGERY PBC	31,083	1	214	82	1,873	8	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	18,132	38	2,122	817	10,347	2,313	90.70
91	Emergency	381,806	228	31,635	12,177	105,296	54,846	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services			119	46	2,833		95
101	Home Health Agency	44,553	130	617	238	10,775	4,376	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	37,818	16	1,629	627	10,475	5,824	116
118	SUBTOTALS (sum of lines 1-117)	6,888,579	169,253	489,912	188,654	1,990,597	1,040,304	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					372	3,120	190
192.01	PPPC AUDIOLOGY							192.01
192.02	ERC SOUTHWEST		2			129		192.02
192.03	ERC NORTHWEST					645		192.03
193	Nonpaid Workers					421		193
194	FITNESS CENTER	110,346	186			22,830	63,592	194
194.01	RETAIL PHARMACY	36,264	12,869			54,543	3,960	194.01
194.04	PHYSICIAN SERVICES	35,746	3			31,682	6,196	194.04
194.05	ENDOCRINOLOGIST	22,276	8			6,093		194.05
194.06	HOSPITALIST	174,066	19			162,173	3,696	194.06
194.07	NEONATOLOGY PHYSICIANS	32,119	22			21,065	1,542	194.07
194.08	ANESTHESIOLOGISTS	85,997				112,686	968	194.08
194.09	PHYSICIAN CARDIOLOGIST	128,996	48			75,313	12,852	194.09
194.10	PHYSICIAN ONCOLOGIST	48,179	22			26,904	10,076	194.10
194.12	TRAUMA PHYSICIANS	32,637				20,801	3,425	194.12
194.13	LANDMARK HOSPITAL					141		194.13
194.14	GYN SURG ONCOLOGIST	11,397				7,682		194.14
194.15	CAPE GASTROENTEROLOGY	47,661	6			32,341		194.15
194.16	CAPE PHYSICIAN ASSOCIATES & PEDIATRI	136,248	1,142			43,272	29,266	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP					21	168	194.18
194.19	MARKETING COSTS					53,084		194.19
194.20	CAPE PRIMARY CARE	60,612	40			18,539		194.20
194.21	CAPE CARE FOR WOMEN	153,862	51			61,966		194.21
194.22	JACKSON FAMILY CLINIC	25,385	33			8,667		194.22
194.24	CAPE ENT GROUP	47,143	31			26,166		194.24
194.25	CHARLESTON FAMILY CARE	19,686	35			5,021		194.25
194.29	JACKSON PHYSICIAN ASSOCIATES & ICC J	10,361	22			2,686		194.29
194.31	PHYSICIANS PARK PRIMARY CARE	125,887	77			52,410		194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI	50,251	51			9,840		194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES	91,696	105			28,885		194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES		155			18,384		194.34
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS		17			4,498		194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE	43,517	34			13,572		194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES		1			6,943		194.39
194.40	KNIEBERT CLINIC		301			61,501		194.40
194.41	KNIEBERT PHARMACY		52			45,255		194.41
194.43	KNEIBERT LAB	30,047				5,701		194.43
194.44	PALLIATIVE CARE	11,397				2,461	199	194.44
194.45	CAPE ORTHO SURGEONS		91			95,780	37,566	194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC		23			16,690		194.46
194.47	PHYSICIAN ALLIANCE		22			290		194.47
194.48	INTENSIVISTS					8,955		194.48
194.49	ACO					3,950		194.49
194.50	SFOC IMG		246			11,336		194.50
194.51	SFOC PB					7,261		194.51
194.52	PHYSICIAN PARK GENERAL SURGERY					5,539		194.52
194.53	POPLAR BLUFF PEDIATRICS					17,826		194.53
194.54	FERGUSON MEDICAL GROUP		127			19,845		194.54
194.55	FERGUSON MEDICAL GROUP SC					2,508		194.55
194.56	FERGUSON MEDICAL GROUP CH		51			3,733		194.56
194.57	FERGUSON MEDICAL GROUP EP		36			12,943		194.57
194.58	FERGUSON MEDICAL GROUP SI		25			58,592		194.58
194.59	SIKESTON IMAGING CENTER		167			4,328		194.59
194.60	FERGUSON MEDICAL GROUP LAB		296			8,125		194.60
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	8,460,355	185,669	489,912	188,654	3,312,991	1,216,930	202

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	2,872,591						7
7.10	SPD SOILED PROCESSING	30,017	209,774					7.10
8	Laundry & Linen Service	21,817	209,774	510,274				8
9	Housekeeping	23,420		45	371,219			9
10	Dietary	47,684		488	6,328	621,054		10
11	Cafeteria	43,681			5,797	254,924	565,841	11
12	Maintenance of Personnel							12
13	Nursing Administration	289			38		8,753	13
13.10	SPD STERILE PROCESSING	22,818		20,004	3,028		6,991	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	21,795			2,892		8,251	16
17	Social Service						2,034	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	713,548		147,459	94,690	218,463	88,967	30
31	Intensive Care Unit	94,875		86,288	12,590	30,014	23,418	31
31.01	NEONATOLOGY/NICU	60,681		10,474	8,053		14,379	31.01
41	Subprovider - IRF	74,679		13,123	9,910	21,769	7,854	41
43	Nursery	2,291		3,106	304		5,044	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	240,644		57,697	31,935		45,563	50
51	Recovery Room	12,612		11,092	1,674		5,114	51
52	Delivery Room & Labor Room						6,768	52
53	Anesthesiology	636			84		826	53
54	Radiology-Diagnostic	78,446		10,781	10,410		20,187	54
56	Radioisotope	10,301		1,210	1,367		1,308	56
57	CT Scan	7,394		8,715	981		3,429	57
58	MRI	3,456		5,048	459		2,066	58
59	Cardiac Catheterization	154,286		4,744	20,474		10,188	59
60	Laboratory	50,676		744	6,725		31,703	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	40,453		3,383	5,368		19,094	65
66	Physical Therapy	80,805		940	10,723		13,626	66
67	Occupational Therapy	7,060			937		5,328	67
68	Speech Pathology	5,581			741		3,404	68
69	Electrocardiology			14,984			6,338	69
70	Electroencephalography	24,471		1,510	3,247		5,956	70
71	Medical Supplies Charged to Patients	34,506		1,537	4,579		4,638	71
72	Impl. Dev. Charged to Patients	35,914		1,599	4,766		4,827	72
73	Drugs Charged to Patients	34,329		258	4,556		13,468	73
73.10	REHABILITATION SERVICES	217,569		23,174	28,873		21,096	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	2,158			286		414	90.10
90.20	GYN SURG ONCOLOGIST PBC						52	90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	1,303		8	173		79	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	227		50	30		373	90.40
90.60	CAPE NEUROSURGERY PBC	22			3		104	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	6,371			846			90.70
91	Emergency	151,093		75,207	20,051		37,499	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
101	Home Health Agency	12,056			1,600		4,156	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	16,046			2,129		3,486	116
118	SUBTOTALS (sum of lines 1-117)	2,386,010	209,774	503,668	306,647	525,170	436,781	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	8,596			1,141			190
192.01	PPPC AUDIOLOGY							192.01
192.02	ERC SOUTHWEST							192.02
192.03	ERC NORTHWEST							192.03
193	Nonpaid Workers							193
194	FITNESS CENTER	175,188			23,248		10,635	194
194.01	RETAIL PHARMACY	10,908			1,448		3,326	194.01
194.04	PHYSICIAN SERVICES	17,069		2,435	2,265		2,989	194.04
194.05	ENDOCRINOLOGIST						1,999	194.05
194.06	HOSPITALIST	10,183			1,351		23,458	194.06
194.07	NEONATOLOGY PHYSICIANS	4,247			564		3,334	194.07
194.08	ANESTHESIOLOGISTS	2,667			354		9,235	194.08
194.09	PHYSICIAN CARDIOLOGIST	35,404		303	4,698		16,552	194.09
194.10	PHYSICIAN ONCOLOGIST	27,759			3,684		4,949	194.10
194.12	TRAUMA PHYSICIANS	9,435			1,252		3,329	194.12
194.13	LANDMARK HOSPITAL						258	194.13
194.14	GYN SURG ONCOLOGIST						1,711	194.14
194.15	CAPE GASTROENTEROLOGY						4,522	194.15
194.16	CAPE PHYSICIAN ASSOCIATES & PEDIATRI	80,625			10,699		15,273	194.16
194.17	NONPATIENT MEALS					95,884		194.17
194.18	BEAUTY SHOP	464		3,868	62		107	194.18
194.19	MARKETING COSTS							194.19
194.20	CAPE PRIMARY CARE						6,261	194.20
194.21	CAPE CARE FOR WOMEN							194.21
194.22	JACKSON FAMILY CLINIC							194.22
194.24	CAPE ENT GROUP						5,213	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	547			73		824	194.44
194.45	CAPE ORTHO SURGEONS	103,489			13,733		14,120	194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC							194.46
194.47	PHYSICIAN ALLIANCE						176	194.47
194.48	INTENSIVISTS						789	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)	2,872,591	209,774	510,274	371,219	621,054	565,841	202

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	302,633						13
13.10	SPD STERILE PROCESSING		369,267					13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library			272,091				16
17	Social Service				27,580			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	113,300		99,015	17,821	7,606,979		30
31	Intensive Care Unit	29,823	108	8,707	2,892	1,454,217		31
31.01	NEONATOLOGY/NICU	18,311	2,033	4,462	1,691	858,556		31.01
41	Subprovider - IRF	10,002		816	79	708,091		41
43	Nursery		6,665	2,122	767	109,713		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		308,045	6,340	822	4,924,509		50
51	Recovery Room			11,074		191,564		51
52	Delivery Room & Labor Room	8,619		4,054	782	104,281		52
53	Anesthesiology					47,847		53
54	Radiology-Diagnostic		17,436	18,366		1,881,653		54
56	Radioisotope					138,200		56
57	CT Scan					522,313		57
58	MRI					582,557		58
59	Cardiac Catheterization		1,061	6,693		1,577,306		59
60	Laboratory	40,373	4,914			1,172,807		60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		10,053			794,889		65
66	Physical Therapy			1,469		771,243		66
67	Occupational Therapy					125,084		67
68	Speech Pathology		138			93,316		68
69	Electrocardiology			4,027		385,855		69
70	Electroencephalography	7,585		980		372,881		70
71	Medical Supplies Charged to Patients		8,822			586,261		71
72	Impl. Dev. Charged to Patients		9,179			625,192		72
73	Drugs Charged to Patients					1,012,907		73
73.10	REHABILITATION SERVICES	26,865	168	5,551		1,919,128		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					22,049		90.10
90.20	GYN SURG ONCOLOGIST PBC					1,240		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC					57,065		90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC					4,010		90.40
90.60	CAPE NEUROSURGERY PBC					33,831		90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC					77,654		90.70
91	Emergency	47,755	645	98,415	2,726	2,349,632		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services					2,998		95
101	Home Health Agency					152,707		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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					168,416		116
118	SUBTOTALS (sum of lines 1-117)	302,633	369,267	272,091	27,580	31,436,951		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					61,390		190
192.01	PPPC AUDIOLOGY							192.01
192.02	ERC SOUTHWEST					250		192.02
192.03	ERC NORTHWEST					735		192.03
193	Nonpaid Workers					421		193
194	FITNESS CENTER					1,424,239		194
194.01	RETAIL PHARMACY					203,360		194.01
194.04	PHYSICIAN SERVICES					201,927		194.04
194.05	ENDOCRINOLOGIST					36,821		194.05
194.06	HOSPITALIST					464,061		194.06
194.07	NEONATOLOGY PHYSICIANS					90,633		194.07
194.08	ANESTHESIOLOGISTS					234,565		194.08
194.09	PHYSICIAN CARDIOLOGIST					519,727		194.09
194.10	PHYSICIAN ONCOLOGIST					287,537		194.10
194.12	TRAUMA PHYSICIANS					127,027		194.12
194.13	LANDMARK HOSPITAL					414		194.13
194.14	GYN SURG ONCOLOGIST					26,131		194.14
194.15	CAPE GASTROENTEROLOGY					93,657		194.15
194.16	CAPE PHYSICIAN ASSOCIATES & PEDIATRI					790,161		194.16
194.17	NONPATIENT MEALS					95,884		194.17
194.18	BEAUTY SHOP					7,327		194.18
194.19	MARKETING COSTS					57,689		194.19
194.20	CAPE PRIMARY CARE					111,186		194.20
194.21	CAPE CARE FOR WOMEN					295,252		194.21
194.22	JACKSON FAMILY CLINIC					41,929		194.22
194.24	CAPE ENT GROUP					111,436		194.24
194.25	CHARLESTON FAMILY CARE					26,865		194.25
194.29	JACKSON PHYSICIAN ASSOCIATES & ICC J					13,373		194.29
194.31	PHYSICIANS PARK PRIMARY CARE					180,256		194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI					60,795		194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES					124,588		194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES					20,990		194.34
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS					5,253		194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE					58,957		194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES					7,324		194.39
194.40	KNIEBERT CLINIC					71,186		194.40
194.41	KNIEBERT PHARMACY					46,014		194.41
194.43	KNEIBERT LAB					36,175		194.43
194.44	PALLIATIVE CARE					18,900		194.44
194.45	CAPE ORTHO SURGEONS					846,199		194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC					18,704		194.46
194.47	PHYSICIAN ALLIANCE					532		194.47
194.48	INTENSIVISTS					11,064		194.48
194.49	ACO					4,284		194.49
194.50	SFOC IMG					12,405		194.50
194.51	SFOC PB					8,331		194.51
194.52	PHYSICIAN PARK GENERAL SURGERY					6,464		194.52
194.53	POPLAR BLUFF PEDIATRICS					20,457		194.53
194.54	FERGUSON MEDICAL GROUP					22,662		194.54
194.55	FERGUSON MEDICAL GROUP SC					2,782		194.55
194.56	FERGUSON MEDICAL GROUP CH					4,223		194.56
194.57	FERGUSON MEDICAL GROUP EP					14,774		194.57
194.58	FERGUSON MEDICAL GROUP SI					67,164		194.58
194.59	SIKESTON IMAGING CENTER					4,611		194.59
194.60	FERGUSON MEDICAL GROUP LAB					8,962		194.60
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	302,633	369,267	272,091	27,580	38,445,004		202

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	7,606,979					30
31	Intensive Care Unit	1,454,217					31
31.01	NEONATOLOGY/NICU	858,556					31.01
41	Subprovider - IRF	708,091					41
43	Nursery	109,713					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,924,509					50
51	Recovery Room	191,564					51
52	Delivery Room & Labor Room	104,281					52
53	Anesthesiology	47,847					53
54	Radiology-Diagnostic	1,881,653					54
56	Radioisotope	138,200					56
57	CT Scan	522,313					57
58	MRI	582,557					58
59	Cardiac Catheterization	1,577,306					59
60	Laboratory	1,172,807					60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	794,889					65
66	Physical Therapy	771,243					66
67	Occupational Therapy	125,084					67
68	Speech Pathology	93,316					68
69	Electrocardiology	385,855					69
70	Electroencephalography	372,881					70
71	Medical Supplies Charged to Patients	586,261					71
72	Impl. Dev. Charged to Patients	625,192					72
73	Drugs Charged to Patients	1,012,907					73
73.10	REHABILITATION SERVICES	1,919,128					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	22,049					90.10
90.20	GYN SURG ONCOLOGIST PBC	1,240					90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	57,065					90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	4,010					90.40
90.60	CAPE NEUROSURGERY PBC	33,831					90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	77,654					90.70
91	Emergency	2,349,632					91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	2,998					95
101	Home Health Agency	152,707					101
	SPECIAL PURPOSE COST CENTERS						
113	Interest Expense						113

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
116	Hospice	168,416					116
118	SUBTOTALS (sum of lines 1-117)	31,436,951					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	61,390					190
192.01	PPPC AUDIOLOGY						192.01
192.02	ERC SOUTHWEST	250					192.02
192.03	ERC NORTHWEST	735					192.03
193	Nonpaid Workers	421					193
194	FITNESS CENTER	1,424,239					194
194.01	RETAIL PHARMACY	203,360					194.01
194.04	PHYSICIAN SERVICES	201,927					194.04
194.05	ENDOCRINOLOGIST	36,821					194.05
194.06	HOSPITALIST	464,061					194.06
194.07	NEONATOLOGY PHYSICIANS	90,633					194.07
194.08	ANESTHESIOLOGISTS	234,565					194.08
194.09	PHYSICIAN CARDIOLOGIST	519,727					194.09
194.10	PHYSICIAN ONCOLOGIST	287,537					194.10
194.12	TRAUMA PHYSICIANS	127,027					194.12
194.13	LANDMARK HOSPITAL	414					194.13
194.14	GYN SURG ONCOLOGIST	26,131					194.14
194.15	CAPE GASTROENTEROLOGY	93,657					194.15
194.16	CAPE PHYSICIAN ASSOCIATES & PEDIATRI	790,161					194.16
194.17	NONPATIENT MEALS	95,884					194.17
194.18	BEAUTY SHOP	7,327					194.18
194.19	MARKETING COSTS	57,689					194.19
194.20	CAPE PRIMARY CARE	111,186					194.20
194.21	CAPE CARE FOR WOMEN	295,252					194.21
194.22	JACKSON FAMILY CLINIC	41,929					194.22
194.24	CAPE ENT GROUP	111,436					194.24
194.25	CHARLESTON FAMILY CARE	26,865					194.25
194.29	JACKSON PHYSICIAN ASSOCIATES & ICC J	13,373					194.29
194.31	PHYSICIANS PARK PRIMARY CARE	180,256					194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI	60,795					194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES	124,588					194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES	20,990					194.34
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS	5,253					194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE	58,957					194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES	7,324					194.39
194.40	KNIEBERT CLINIC	71,186					194.40
194.41	KNIEBERT PHARMACY	46,014					194.41
194.43	KNIEBERT LAB	36,175					194.43
194.44	PALLIATIVE CARE	18,900					194.44
194.45	CAPE ORTHO SURGEONS	846,199					194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC	18,704					194.46
194.47	PHYSICIAN ALLIANCE	532					194.47
194.48	INTENSIVISTS	11,064					194.48
194.49	ACO	4,284					194.49
194.50	SFOC IMG	12,405					194.50
194.51	SFOC PB	8,331					194.51
194.52	PHYSICIAN PARK GENERAL SURGERY	6,464					194.52
194.53	POPLAR BLUFF PEDIATRICS	20,457					194.53
194.54	FERGUSON MEDICAL GROUP	22,662					194.54
194.55	FERGUSON MEDICAL GROUP SC	2,782					194.55
194.56	FERGUSON MEDICAL GROUP CH	4,223					194.56
194.57	FERGUSON MEDICAL GROUP EP	14,774					194.57
194.58	FERGUSON MEDICAL GROUP SI	67,164					194.58
194.59	SIKESTON IMAGING CENTER	4,611					194.59
194.60	FERGUSON MEDICAL GROUP LAB	8,962					194.60
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	38,445,004					202

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	8,604,029						1
2	Cap Rel Costs-Mvble Equip		14,973,802					2
4	Employee Benefits Department	122,075	11,894	192,957,691				4
5.01	COMMUNICATIONS	6,338	103,309	180,167	2,608			5.01
5.02	DATA PROCESSING	153,318	7,288,421	7,234,283	139	16,331		5.02
5.03	PURCHASING	56,873	3,235	361,963	19	69	83,459,880	5.03
5.04	ADMITTING	58,531				658	8,865	5.04
5.05	CREDIT & COLLECTIONS	27,109	802	4,731,287	164	198	10,463	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	504,582	652,838	15,775,905	216	2,449	580,574	5.06
6	Maintenance & Repairs	328,173	126,572	2,074,174	50	316	1,107,360	6
7	Operation of Plant	1,051,711		135	6			7
7.10	SPD SOILED PROCESSING	65,782			2			7.10
8	Laundry & Linen Service	47,812	70,920	392,836	5	110	338,157	8
9	Housekeeping	51,325	31,476	2,108,737	18	265	300,164	9
10	Dietary	104,500	59,869	1,646,832	15	362	196,671	10
11	Cafeteria	95,728						11
12	Maintenance of Personnel							12
13	Nursing Administration	634	181,666	1,228,203	10	139	22,531	13
13.10	SPD STERILE PROCESSING	50,007	83,621	599,899	13	142	101,715	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	47,764	12,692	887,752	31	147	11,557	16
17	Social Service			317,707	7	40	9	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	1,563,751	464,632	13,159,765	487	2,031	213,450	30
31	Intensive Care Unit	207,919	223,110	4,049,361	77	500	71,693	31
31.01	NEONATOLOGY/NICU	132,984	163,056	2,226,527	36	279	91,082	31.01
41	Subprovider - IRF	163,659	22,892	1,155,588	42	147	4,994	41
43	Nursery	5,020	4,059	773,681		107	40,901	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	527,374	1,911,002	7,833,536	182	899	792,218	50
51	Recovery Room	27,640	2,736	777,748	18	100	2,675	51
52	Delivery Room & Labor Room			1,003,327		122	51,488	52
53	Anesthesiology	1,393	4,371	68,506	13	17	24,597	53
54	Radiology-Diagnostic	171,915	845,999	4,368,984	106	376	720,131	54
56	Radioisotope	22,574	34,184	244,217	9	24	106,411	56
57	CT Scan	16,204	335,389	540,963	5	63	337,201	57
58	MRI	7,573	462,001	280,469	3	34	323,520	58
59	Cardiac Catheterization	338,119	232,935	2,320,110	108	219	1,012,844	59
60	Laboratory	111,058	186,525	4,111,342	88	622	4,814,916	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	88,653	149,275	2,784,829	34	413	448,734	65
66	Physical Therapy	177,085	20,510	2,338,901	19	224	32,011	66
67	Occupational Therapy	15,471	3,576	937,683	15	93	15,932	67
68	Speech Pathology	12,231	1,513	670,891	8	69	9,508	68
69	Electrocardiology		234,838	1,075,134		118	595,238	69
70	Electroencephalography	53,629	97,013	924,492	56	105	37,218	70
71	Medical Supplies Charged to Patients	75,621	10,859	387,070	4	82	17,893,893	71
72	Impl. Dev. Charged to Patients	78,707	11,303	402,869	5	81	18,624,255	72
73	Drugs Charged to Patients	75,233	215,393	3,069,431	40	261	26,774,318	73
73.10	REHABILITATION SERVICES	476,806	38,888	2,553,840	109	365	160,079	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	230,656	3		8,629	90.10
90.20	GYN SURG ONCOLOGIST PBC		279	47,016	1		58	90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	2,856	2,701	604,405	3	60	8,860	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	498	77	46,538			166	90.40
90.60	CAPE NEUROSURGERY PBC	48	206	54,032		60	237	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	13,963	210	469,607	2	35	17,190	90.70
91	Emergency	331,122	427,416	5,701,509	111	737	102,551	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
101	Home Health Agency	26,420	4,333	778,211	17	86	58,469	101
	SPECIAL PURPOSE COST CENTERS							

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	35,164		501,868		73	7,246	116
118	SUBTOTALS (sum of lines 1-117)	7,537,681	14,739,836	104,032,986	2,296	13,297	76,080,779	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	18,839			4			190
192.01	PPPC AUDIOLOGY						196	192.01
192.02	ERC SOUTHWEST			71,079			1,074	192.02
192.03	ERC NORTHWEST			53,666			86	192.03
193	Nonpaid Workers							193
194	FITNESS CENTER	383,927	34,109	929,235	31	213	83,804	194
194.01	RETAIL PHARMACY	23,905	15,322	748,685	20	70	5,783,660	194.01
194.04	PHYSICIAN SERVICES	37,406	3,115	2,364,553	18	69	1,410	194.04
194.05	ENDOCRINOLOGIST		4,102	544,013	20	43	3,580	194.05
194.06	HOSPITALIST	22,316	6,273	14,903,279	7	336	8,691	194.06
194.07	NEONATOLOGY PHYSICIANS	9,307	157	2,158,049	5	62	9,727	194.07
194.08	ANESTHESIOLOGISTS	5,844		4,633,619		166		194.08
194.09	PHYSICIAN CARDIOLOGIST	77,589	29,713	7,358,765	57	249	21,559	194.09
194.10	PHYSICIAN ONCOLOGIST	60,835	4,483	2,729,480	31	93	9,693	194.10
194.12	TRAUMA PHYSICIANS	20,678	40	1,762,969	10	63		194.12
194.13	LANDMARK HOSPITAL			9,208				194.13
194.14	GYN SURG ONCOLOGIST		3,094	816,856	11	22	139	194.14
194.15	CAPE GASTROENTEROLOGY		2,355	3,230,839	22	92	2,916	194.15
194.16	CAPE PHYSICIAN ASSOCIATES & PEDIATRI	176,690	13,125	3,308,836	75	263	513,440	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP	1,016			1			194.18
194.19	MARKETING COSTS			2,742,526				194.19
194.20	CAPE PRIMARY CARE		21,085	1,454,957		117	18,169	194.20
194.21	CAPE CARE FOR WOMEN		63,553	5,462,217		297	23,004	194.21
194.22	JACKSON FAMILY CLINIC		6,082	670,562		49	14,930	194.22
194.24	CAPE ENT GROUP		25,997	2,481,180		91	13,720	194.24
194.25	CHARLESTON FAMILY CARE		1,361	368,986		38	15,798	194.25
194.29	JACKSON PHYSICIAN ASSOCIATES & ICC J			181,212		20	9,742	194.29
194.31	PHYSICIANS PARK PRIMARY CARE			1,120,639		243	34,694	194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI			388,823		97	22,932	194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES			2,324,224		177	47,354	194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES			1,459,823			69,701	194.34
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS			439,441			7,617	194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE			1,092,391		84	15,352	194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES			226,422			606	194.39
194.40	KNIEBERT CLINIC			5,588,965			135,303	194.40
194.41	KNIEBERT PHARMACY			420,799			23,207	194.41
194.43	KNEIBERT LAB			254,451		58		194.43
194.44	PALLIATIVE CARE	1,199		206,617		22		194.44
194.45	CAPE ORTHO SURGEONS	226,797		2,397,900			40,914	194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC			1,185,955			10,470	194.46
194.47	PHYSICIAN ALLIANCE			25,920			9,672	194.47
194.48	INTENSIVISTS			786,289				194.48
194.49	ACO			198,721				194.49
194.50	SFOC IMG			490,043			110,463	194.50
194.51	SFOC PB			637,279				194.51
194.52	PHYSICIAN PARK GENERAL SURGERY			551,080				194.52
194.53	POPLAR BLUFF PEDIATRICS			1,567,016				194.53
194.54	FERGUSON MEDICAL GROUP			1,602,000			57,121	194.54
194.55	FERGUSON MEDICAL GROUP SC			162,957				194.55
194.56	FERGUSON MEDICAL GROUP CH			261,312			22,912	194.56
194.57	FERGUSON MEDICAL GROUP EP			1,069,114			16,303	194.57
194.58	FERGUSON MEDICAL GROUP SI			5,090,486			11,100	194.58
194.59	SIKESTON IMAGING CENTER			69,038			74,895	194.59
194.60	FERGUSON MEDICAL GROUP LAB			322,229			133,147	194.60
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	21,904,663	16,540,341	13,375,217	330,218	30,851,151	871,149	202
203	Unit Cost Multiplier (Wkst. B, Part I)	2.545861	1.104619	0.069317	126.617331	1,889.115853	0.010438	203
204	Cost to be allocated (Per Wkst. B, Part II)			323,924	130,556	8,460,355	185,669	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.001679	50.059816	518.054926	0.002225	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	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	1,848,323,616						5.04
5.05	CREDIT & COLLECTIONS		1,848,323,616					5.05
5.06	OTHER ADMINISTRATIVE & GENERAL			-78,869,251	431,136,402			5.06
6	Maintenance & Repairs				9,041,938	7,347,030		6
7	Operation of Plant				2,678,292	1,051,711	6,295,319	7
7.10	SPD SOILED PROCESSING				167,725	65,782	65,782	7.10
8	Laundry & Linen Service				1,568,546	47,812	47,812	8
9	Housekeeping				4,089,430	51,325	51,325	9
10	Dietary				3,329,117	104,500	104,500	10
11	Cafeteria				243,710	95,728	95,728	11
12	Maintenance of Personnel							12
13	Nursing Administration				2,152,435	634	634	13
13.10	SPD STERILE PROCESSING				1,693,741	50,007	50,007	13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library				2,134,027	47,764	47,764	16
17	Social Service				512,856			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	121,178,185	121,178,185		28,211,176	1,563,751	1,563,751	30
31	Intensive Care Unit	59,709,896	59,709,896		8,267,065	207,919	207,919	31
31.01	NEONATOLOGY/NICU	30,728,739	30,728,739		4,712,850	132,984	132,984	31.01
41	Subprovider - IRF	5,595,353	5,595,353		2,413,976	163,659	163,659	41
43	Nursery	9,130,252	9,130,252		1,450,556	5,020	5,020	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	119,645,597	119,645,597		20,678,417	527,374	527,374	50
51	Recovery Room	18,834,523	18,834,523		1,444,618	27,640	27,640	51
52	Delivery Room & Labor Room	14,310,773	14,310,773		1,796,381			52
53	Anesthesiology	57,093,694	57,093,694		925,865	1,393	1,393	53
54	Radiology-Diagnostic	97,317,140	97,317,140		10,492,579	171,915	171,915	54
56	Radioisotope	16,653,911	16,653,911		703,027	22,574	22,574	56
57	CT Scan	98,035,853	98,035,853		2,193,503	16,204	16,204	57
58	MRI	25,916,682	25,916,682		1,586,738	7,573	7,573	58
59	Cardiac Catheterization	72,118,314	72,118,314		7,062,861	338,119	338,119	59
60	Laboratory	183,666,538	183,666,538		15,466,292	111,058	111,058	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	109,837,635	109,837,635		6,457,714	88,653	88,653	65
66	Physical Therapy	17,913,256	17,913,256		4,332,527	177,085	177,085	66
67	Occupational Therapy	9,200,204	9,200,204		1,554,457	15,471	15,471	67
68	Speech Pathology	7,589,720	7,589,720		1,111,254	12,231	12,231	68
69	Electrocardiology	39,637,254	39,637,254		2,901,227			69
70	Electroencephalography	8,818,944	8,818,944		1,884,953	53,629	53,629	70
71	Medical Supplies Charged to Patients	183,932,389	183,932,389		21,406,740	75,621	75,621	71
72	Impl. Dev. Charged to Patients	191,439,832	191,439,832		24,491,190	78,707	78,707	72
73	Drugs Charged to Patients	162,552,967	162,552,967		33,402,575	75,233	75,233	73
73.10	REHABILITATION SERVICES	40,622,896	40,622,896		5,975,807	476,806	476,806	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	2,400,125	2,400,125		463,499	4,729	4,729	90.10
90.20	GYN SURG ONCOLOGIST PBC	310,700	310,700		82,885			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	6,400,406	6,400,406		1,321,900	2,856	2,856	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	610,675	610,675		207,375	498	498	90.40
90.60	CAPE NEUROSURGERY PBC	808,275	808,275		243,772	48	48	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	8,008,800	8,008,800		1,346,512	13,963	13,963	90.70
91	Emergency	119,379,010	119,379,010		13,703,218	331,122	331,122	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	449,898	449,898		368,668			95
101	Home Health Agency	2,329,789	2,329,789		1,402,212	26,420	26,420	101
	SPECIAL PURPOSE COST CENTERS							

Health Financial Systems Compu-Max 2552-10

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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	6,145,391	6,145,391		1,363,185	35,164	35,164	116
118	SUBTOTALS (sum of lines 1-117)	1,848,323,616	1,848,323,616	-78,869,251	259,039,391	6,280,682	5,228,971	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				48,467	18,839	18,839	190
192.01	PPPC AUDIOLOGY				2			192.01
192.02	ERC SOUTHWEST				16,784			192.02
192.03	ERC NORTHWEST				83,985			192.03
193	Nonpaid Workers				54,733			193
194	FITNESS CENTER				2,971,052	383,927	383,927	194
194.01	RETAIL PHARMACY				7,098,258	23,905	23,905	194.01
194.04	PHYSICIAN SERVICES				4,123,119	37,406	37,406	194.04
194.05	ENDOCRINOLOGIST				792,954			194.05
194.06	HOSPITALIST				21,105,300	22,316	22,316	194.06
194.07	NEONATOLOGY PHYSICIANS				2,741,450	9,307	9,307	194.07
194.08	ANESTHESIOLOGISTS				14,664,981	5,844	5,844	194.08
194.09	PHYSICIAN CARDIOLOGIST				9,801,221	77,589	77,589	194.09
194.10	PHYSICIAN ONCOLOGIST				3,501,361	60,835	60,835	194.10
194.12	TRAUMA PHYSICIANS				2,707,049	20,678	20,678	194.12
194.13	LANDMARK HOSPITAL				18,367			194.13
194.14	GYN SURG ONCOLOGIST				999,747			194.14
194.15	CAPE GASTROENTEROLOGY				4,208,838			194.15
194.16	CAPE PHYSICIAN ASSOCIATES & PEDIATRI				5,631,444	176,690	176,690	194.16
194.17	NONPATIENT MEALS							194.17
194.18	BEAUTY SHOP				2,714	1,016	1,016	194.18
194.19	MARKETING COSTS				6,908,371			194.19
194.20	CAPE PRIMARY CARE				2,412,623			194.20
194.21	CAPE CARE FOR WOMEN				8,064,258			194.21
194.22	JACKSON FAMILY CLINIC				1,127,917			194.22
194.24	CAPE ENT GROUP				3,405,260			194.24
194.25	CHARLESTON FAMILY CARE				653,411			194.25
194.29	JACKSON PHYSICIAN ASSOCIATES & ICC J				349,501			194.29
194.31	PHYSICIANS PARK PRIMARY CARE				6,820,648			194.31
194.32	IMMEDIATE CONVENIENT CARE - BLACK RI				1,280,591			194.32
194.33	FARMINGTON PHYSICIAN ASSOCIATES				3,759,116			194.33
194.34	PIEDMONT PHYSICIAN ASSOCIATES				2,392,557			194.34
194.36	POPLAR BLUFF NEUROLOGY SPECIALISTS				585,313			194.36
194.37	IMMEDIATE CONVENIENT CARE CAPE				1,766,316			194.37
194.39	CAPE NEUROSURGICAL ASSOCIATES				903,559			194.39
194.40	KNIEBERT CLINIC				8,003,743			194.40
194.41	KNIEBERT PHARMACY				5,889,483			194.41
194.43	KNEIBERT LAB				741,926			194.43
194.44	PALLIATIVE CARE				320,248	1,199	1,199	194.44
194.45	CAPE ORTHO SURGEONS				12,464,904	226,797	226,797	194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC				2,172,019			194.46
194.47	PHYSICIAN ALLIANCE				37,743			194.47
194.48	INTENSIVISTS				1,165,433			194.48
194.49	ACO				513,998			194.49
194.50	SFOC IMG				1,475,323			194.50
194.51	SFOC PB				944,921			194.51
194.52	PHYSICIAN PARK GENERAL SURGERY				720,834			194.52
194.53	POPLAR BLUFF PEDIATRICS				2,319,938			194.53
194.54	FERGUSON MEDICAL GROUP				2,582,675			194.54
194.55	FERGUSON MEDICAL GROUP SC				326,449			194.55
194.56	FERGUSON MEDICAL GROUP CH				485,875			194.56
194.57	FERGUSON MEDICAL GROUP EP				1,684,350			194.57
194.58	FERGUSON MEDICAL GROUP SI				7,625,250			194.58
194.59	SIKESTON IMAGING CENTER				563,271			194.59
194.60	FERGUSON MEDICAL GROUP LAB				1,057,361			194.60
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	5,567,826	6,597,168		78,869,251	10,696,007	4,699,349	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.003012	0.003569		0.182933	1.455827	0.746483	203
204	Cost to be allocated (Per Wkst. B, Part II)	489,912	188,654		3,312,991	1,216,930	2,872,591	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000265	0.000102		0.007684	0.165636	0.456306	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	1,281,855					8
9	Housekeeping		113	6,130,400				9
10	Dietary		1,226	104,500	304,178			10
11	Cafeteria			95,728	124,856	2,730,775		11
12	Maintenance of Personnel							12
13	Nursing Administration			634		42,240	1,146,861	13
13.10	SPD STERILE PROCESSING		50,253	50,007		33,737		13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library			47,764		39,819		16
17	Social Service					9,814		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		370,433	1,563,751	106,998	429,362	429,362	30
31	Intensive Care Unit		216,763	207,919	14,700	113,018	113,018	31
31.01	NEONATOLOGY/NICU		26,311	132,984		69,392	69,392	31.01
41	Subprovider - IRF		32,967	163,659	10,662	37,905	37,905	41
43	Nursery		7,802	5,020		24,342		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		144,940	527,374		219,890		50
51	Recovery Room		27,864	27,640		24,682		51
52	Delivery Room & Labor Room					32,661	32,661	52
53	Anesthesiology			1,393		3,986		53
54	Radiology-Diagnostic		27,082	171,915		97,425		54
56	Radioisotope		3,040	22,574		6,312		56
57	CT Scan		21,894	16,204		16,550		57
58	MRI		12,680	7,573		9,970		58
59	Cardiac Catheterization		11,917	338,119		49,166		59
60	Laboratory		1,868	111,058		152,998	152,998	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		8,499	88,653		92,148		65
66	Physical Therapy		2,362	177,085		65,758		66
67	Occupational Therapy			15,471		25,715		67
68	Speech Pathology			12,231		16,429		68
69	Electrocardiology		37,642			30,588		69
70	Electroencephalography		3,792	53,629		28,744	28,744	70
71	Medical Supplies Charged to Patients		3,860	75,621		22,384		71
72	Impl. Dev. Charged to Patients		4,018	78,707		23,297		72
73	Drugs Charged to Patients		647	75,233		64,999		73
73.10	REHABILITATION SERVICES		58,214	476,806		101,809	101,809	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				90.70
91	Emergency		188,927	331,122		180,972	180,972	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
101	Home Health Agency			26,420		20,059		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			35,164		16,825		116
118	SUBTOTALS (sum of lines 1-117)	100	1,265,259	5,064,052	257,216	2,107,926	1,146,861	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen			18,839				190
192.01	PPPC AUDIOLOGY							192.01
192.02	ERC SOUTHWEST							192.02
192.03	ERC NORTHWEST							192.03
193	Nonpaid Workers							193
194	FITNESS CENTER			383,927		51,325		194
194.01	RETAIL PHARMACY			23,905		16,052		194.01
194.04	PHYSICIAN SERVICES		6,117	37,406		14,423		194.04
194.05	ENDOCRINOLOGIST					9,649		194.05
194.06	HOSPITALIST			22,316		113,209		194.06
194.07	NEONATOLOGY PHYSICIANS			9,307		16,088		194.07
194.08	ANESTHESIOLOGISTS			5,844		44,569		194.08
194.09	PHYSICIAN CARDIOLOGIST		761	77,589		79,880		194.09
194.10	PHYSICIAN ONCOLOGIST			60,835		23,886		194.10
194.12	TRAUMA PHYSICIANS			20,678		16,067		194.12
194.13	LANDMARK HOSPITAL					1,246		194.13
194.14	GYN SURG ONCOLOGIST					8,257		194.14
194.15	CAPE GASTROENTEROLOGY					21,823		194.15
194.16	CAPE PHYSICIAN ASSOCIATES & PEDIATRI			176,690		73,708		194.16
194.17	NONPATIENT MEALS				46,962			194.17
194.18	BEAUTY SHOP		9,718	1,016		515		194.18
194.19	MARKETING COSTS							194.19
194.20	CAPE PRIMARY CARE					30,218		194.20
194.21	CAPE CARE FOR WOMEN							194.21
194.22	JACKSON FAMILY CLINIC							194.22
194.24	CAPE ENT GROUP					25,157		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		3,976		194.44
194.45	CAPE ORTHO SURGEONS			226,797		68,146		194.45
194.46	SAINT FRANCIS OUTPATIENT CLINIC							194.46
194.47	PHYSICIAN ALLIANCE					849		194.47
194.48	INTENSIVISTS					3,806		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)	343,279	2,304,061	4,950,758	4,254,859	2,322,916	2,584,025	202
203	Unit Cost Multiplier (Wkst. B, Part I)	3,432.790000	1.797443	0.807575	13.988056	0.850643	2.253128	203
204	Cost to be allocated (Per Wkst. B, Part II)	209,774	510,274	371,219	621,054	565,841	302,633	204
205	Unit Cost Multiplier (Wkst. B, Part II)	2,097.740000	0.398075	0.060554	2.041745	0.207209	0.263879	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	171,248						13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		10,000					16
17	Social Service			3,490				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		3,639	2,255				30
31	Intensive Care Unit	50	320	366				31
31.01	NEONATOLOGY/NICU	943	164	214				31.01
41	Subprovider - IRF		30	10				41
43	Nursery	3,091	78	97				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	142,856	233	104				50
51	Recovery Room		407					51
52	Delivery Room & Labor Room		149	99				52
53	Anesthesiology							53
54	Radiology-Diagnostic	8,086	675					54
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization	492	246					59
60	Laboratory	2,279						60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	4,662						65
66	Physical Therapy		54					66
67	Occupational Therapy							67
68	Speech Pathology	64						68
69	Electrocardiology		148					69
70	Electroencephalography		36					70
71	Medical Supplies Charged to Patients	4,091						71
72	Impl. Dev. Charged to Patients	4,257						72
73	Drugs Charged to Patients							73
73.10	REHABILITATION SERVICES	78	204					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	299	3,617	345				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)	171,248	10,000	3,490			118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen						190
192.01	PPPC AUDIOLOGY						192.01
192.02	ERC SOUTHWEST						192.02
192.03	ERC NORTHWEST						192.03
193	Nonpaid Workers						193
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)	2,273,122	2,702,047	615,022			202
203	Unit Cost Multiplier (Wkst. B, Part I)	13.273860	270.204700	176.224069			203
204	Cost to be allocated (Per Wkst. B, Part II)	369,267	272,091	27,580			204
205	Unit Cost Multiplier (Wkst. B, Part II)	2.156329	27.209100	7.902579			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

	DESCRIPTION	WORKSHEET			
		CODE	LINE NO.	AMOUNT	
	1	2	3	4	

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C PART I

	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	COSTS			
				Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	42,954,478		42,954,478		42,954,478	30
31	Intensive Care Unit	11,502,849		11,502,849		11,502,849	31
31.01	NEONATOLOGY/NICU	6,332,466		6,332,466		6,332,466	31.01
41	Subprovider - IRF	3,684,081		3,684,081		3,684,081	41
43	Nursery	1,844,950		1,844,950		1,844,950	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	28,473,621		28,473,621		28,473,621	50
51	Recovery Room	1,973,132		1,973,132		1,973,132	51
52	Delivery Room & Labor Room	2,284,077		2,284,077		2,284,077	52
53	Anesthesiology	1,102,820		1,102,820		1,102,820	53
54	Radiology-Diagnostic	13,350,734		13,350,734		13,350,734	54
56	Radioisotope	910,412		910,412		910,412	56
57	CT Scan	2,696,970		2,696,970		2,696,970	57
58	MRI	1,931,072		1,931,072		1,931,072	58
59	Cardiac Catheterization	9,508,834		9,508,834		9,508,834	59
60	Laboratory	19,138,339		19,138,339		19,138,339	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	8,061,422		8,061,422		8,061,422	65
66	Physical Therapy	5,732,868		5,732,868		5,732,868	66
67	Occupational Therapy	1,907,258		1,907,258		1,907,258	67
68	Speech Pathology	1,366,177		1,366,177		1,366,177	68
69	Electrocardiology	3,565,625		3,565,625		3,565,625	69
70	Electroencephalography	2,496,948		2,496,948		2,496,948	70
71	Medical Supplies Charged to Patients	25,630,632		25,630,632		25,630,632	71
72	Impl. Dev. Charged to Patients	29,291,882		29,291,882		29,291,882	72
73	Drugs Charged to Patients	39,796,086		39,796,086		39,796,086	73
73.10	REHABILITATION SERVICES	8,980,896		8,980,896		8,980,896	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	564,223		564,223		564,223	90.10
90.20	GYN SURG ONCOLOGIST PBC	98,260		98,260		98,260	90.20
90.30	PHYSICIAN RADIOLOGIST PBC	1,572,674		1,572,674		1,572,674	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	248,566		248,566		248,566	90.40
90.60	CAPE NEUROSURGERY PBC	288,936		288,936		288,936	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	1,634,860		1,634,860		1,634,860	90.70
91	Emergency	19,150,006		19,150,006		19,150,006	91
92	Observation Beds (Non-Distinct Part)	7,979,033		7,979,033		7,979,033	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	436,110		436,110		436,110	95
101	Home Health Agency	1,755,307		1,755,307		1,755,307	101
113	Interest Expense						113
116	Hospice	1,732,709		1,732,709		1,732,709	116
200	Subtotal (sum of lines 30 thru 199)	309,979,313		309,979,313		309,979,313	200
201	Less Observation Beds	7,979,033		7,979,033		7,979,033	201
202	Total (line 200 minus line 201)	302,000,280		302,000,280		302,000,280	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	107,274,285		107,274,285				30
31	Intensive Care Unit	59,709,896		59,709,896				31
31.01	NEONATOLOGY/NICU	30,728,739		30,728,739				31.01
41	Subprovider - IRF	5,595,353		5,595,353				41
43	Nursery	9,130,252		9,130,252				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	43,607,522	76,038,075	119,645,597	0.237983	0.237983	0.237983	50
51	Recovery Room	6,860,469	11,974,054	18,834,523	0.104761	0.104761	0.104761	51
52	Delivery Room & Labor Room	12,691,714	1,619,059	14,310,773	0.159605	0.159605	0.159605	52
53	Anesthesiology	31,969,366	25,124,328	57,093,694	0.019316	0.019316	0.019316	53
54	Radiology-Diagnostic	15,507,377	81,809,763	97,317,140	0.137188	0.137188	0.137188	54
56	Radioisotope	1,869,770	14,784,141	16,653,911	0.054667	0.054667	0.054667	56
57	CT Scan	26,132,038	71,903,815	98,035,853	0.027510	0.027510	0.027510	57
58	MRI	4,347,598	21,569,084	25,916,682	0.074511	0.074511	0.074511	58
59	Cardiac Catheterization	26,081,367	46,036,947	72,118,314	0.131850	0.131850	0.131850	59
60	Laboratory	73,170,860	110,495,678	183,666,538	0.104202	0.104202	0.104202	60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	92,645,144	17,192,491	109,837,635	0.073394	0.073394	0.073394	65
66	Physical Therapy	7,855,652	10,057,604	17,913,256	0.320035	0.320035	0.320035	66
67	Occupational Therapy	7,507,697	1,692,507	9,200,204	0.207306	0.207306	0.207306	67
68	Speech Pathology	5,758,112	1,831,608	7,589,720	0.180004	0.180004	0.180004	68
69	Electrocardiology	11,963,720	27,673,534	39,637,254	0.089956	0.089956	0.089956	69
70	Electroencephalography	2,267,262	6,551,682	8,818,944	0.283135	0.283135	0.283135	70
71	Medical Supplies Charged to Patients	89,428,206	94,504,183	183,932,389	0.139348	0.139348	0.139348	71
72	Impl. Dev. Charged to Patients	93,078,336	98,361,496	191,439,832	0.153008	0.153008	0.153008	72
73	Drugs Charged to Patients	82,624,582	79,928,385	162,552,967	0.244819	0.244819	0.244819	73
73.10	REHABILITATION SERVICES	2,520,808	38,102,088	40,622,896	0.221080	0.221080	0.221080	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	5,525	2,394,600	2,400,125	0.235081	0.235081	0.235081	90.10
90.20	GYN SURG ONCOLOGIST PBC	975	309,725	310,700	0.316254	0.316254	0.316254	90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	35,831	6,364,575	6,400,406	0.245715	0.245715	0.245715	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	2,600	608,075	610,675	0.407035	0.407035	0.407035	90.40
90.60	CAPE NEUROSURGERY PBC	650	807,625	808,275	0.357472	0.357472	0.357472	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	12,022	7,996,778	8,008,800	0.204133	0.204133	0.204133	90.70
91	Emergency	30,001,756	89,377,254	119,379,010	0.160414	0.160414	0.160414	91
92	Observation Beds (Non-Distinct Part)	2,280,300	11,623,600	13,903,900	0.573870	0.573870	0.573870	92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	172,333	277,565	449,898	0.969353	0.969353	0.969353	95
101	Home Health Agency		2,329,789	2,329,789				101
113	Interest Expense							113
116	Hospice		6,145,391	6,145,391				116
200	Subtotal (sum of lines 30 thru 199)	882,838,117	965,485,499	1,848,323,616				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	882,838,117	965,485,499	1,848,323,616				202

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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

		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
	COST CENTER DESCRIPTIONS	1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	42,954,478		42,954,478		42,954,478	30
31	Intensive Care Unit	11,502,849		11,502,849		11,502,849	31
31.01	NEONATOLOGY/NICU	6,332,466		6,332,466		6,332,466	31.01
41	Subprovider - IRF	3,684,081		3,684,081		3,684,081	41
43	Nursery	1,844,950		1,844,950		1,844,950	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	28,473,621		28,473,621		28,473,621	50
51	Recovery Room	1,973,132		1,973,132		1,973,132	51
52	Delivery Room & Labor Room	2,284,077		2,284,077		2,284,077	52
53	Anesthesiology	1,102,820		1,102,820		1,102,820	53
54	Radiology-Diagnostic	13,350,734		13,350,734		13,350,734	54
56	Radioisotope	910,412		910,412		910,412	56
57	CT Scan	2,696,970		2,696,970		2,696,970	57
58	MRI	1,931,072		1,931,072		1,931,072	58
59	Cardiac Catheterization	9,508,834		9,508,834		9,508,834	59
60	Laboratory	19,138,339		19,138,339		19,138,339	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	8,061,422		8,061,422		8,061,422	65
66	Physical Therapy	5,732,868		5,732,868		5,732,868	66
67	Occupational Therapy	1,907,258		1,907,258		1,907,258	67
68	Speech Pathology	1,366,177		1,366,177		1,366,177	68
69	Electrocardiology	3,565,625		3,565,625		3,565,625	69
70	Electroencephalography	2,496,948		2,496,948		2,496,948	70
71	Medical Supplies Charged to Patients	25,630,632		25,630,632		25,630,632	71
72	Impl. Dev. Charged to Patients	29,291,882		29,291,882		29,291,882	72
73	Drugs Charged to Patients	39,796,086		39,796,086		39,796,086	73
73.10	REHABILITATION SERVICES	8,980,896		8,980,896		8,980,896	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	564,223		564,223		564,223	90.10
90.20	GYN SURG ONCOLOGIST PBC	98,260		98,260		98,260	90.20
90.30	PHYSICIAN RADIOLOGIST PBC	1,572,674		1,572,674		1,572,674	90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	248,566		248,566		248,566	90.40
90.60	CAPE NEUROSURGERY PBC	288,936		288,936		288,936	90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	1,634,860		1,634,860		1,634,860	90.70
91	Emergency	19,150,006		19,150,006		19,150,006	91
92	Observation Beds (Non-Distinct Part)	7,979,033		7,979,033		7,979,033	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	436,110		436,110		436,110	95
101	Home Health Agency	1,755,307		1,755,307		1,755,307	101
113	Interest Expense						113
116	Hospice	1,732,709		1,732,709		1,732,709	116
200	Subtotal (sum of lines 30 thru 199)	309,979,313		309,979,313		309,979,313	200
201	Less Observation Beds	7,979,033		7,979,033		7,979,033	201
202	Total (line 200 minus line 201)	302,000,280		302,000,280		302,000,280	202

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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**

		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							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

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	28,473,621	4,924,509	23,549,112		50
51	Recovery Room	1,973,132	191,564	1,781,568		51
52	Delivery Room & Labor Room	2,284,077	104,281	2,179,796		52
53	Anesthesiology	1,102,820	47,847	1,054,973		53
54	Radiology-Diagnostic	13,350,734	1,881,653	11,469,081		54
56	Radioisotope	910,412	138,200	772,212		56
57	CT Scan	2,696,970	522,313	2,174,657		57
58	MRI	1,931,072	582,557	1,348,515		58
59	Cardiac Catheterization	9,508,834	1,577,306	7,931,528		59
60	Laboratory	19,138,339	1,172,807	17,965,532		60
60.10	CARDIOVASCULAR LABORATORY					60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	8,061,422	794,889	7,266,533		65
66	Physical Therapy	5,732,868	771,243	4,961,625		66
67	Occupational Therapy	1,907,258	125,084	1,782,174		67
68	Speech Pathology	1,366,177	93,316	1,272,861		68
69	Electrocardiology	3,565,625	385,855	3,179,770		69
70	Electroencephalography	2,496,948	372,881	2,124,067		70
71	Medical Supplies Charged to Patients	25,630,632	586,261	25,044,371		71
72	Impl. Dev. Charged to Patients	29,291,882	625,192	28,666,690		72
73	Drugs Charged to Patients	39,796,086	1,012,907	38,783,179		73
73.10	REHABILITATION SERVICES	8,980,896	1,919,128	7,061,768		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	564,223	22,049	542,174		90.10
90.20	GYN SURG ONCOLOGIST PBC	98,260	1,240	97,020		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	1,572,674	57,065	1,515,609		90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	248,566	4,010	244,556		90.40
90.60	CAPE NEUROSURGERY PBC	288,936	33,831	255,105		90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	1,634,860	77,654	1,557,206		90.70
91	Emergency	19,150,006	2,349,632	16,800,374		91
92	Observation Beds (Non-Distinct Part)	7,979,033	1,413,039	6,565,994		92
	OTHER REIMBURSABLE COST CENTERS					
95	Ambulance Services	436,110	2,998	433,112		95
101	Home Health Agency	1,755,307	152,707	1,602,600		101
113	Interest Expense					113
116	Hospice	1,732,709	168,416	1,564,293		116
200	Subtotal	243,660,489	22,112,434	221,548,055		200
201	Less Observation Beds	7,979,033	1,413,039	6,565,994		201
202	Total	235,681,456	20,699,395	214,982,061		202

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	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		28,473,621			50
51	Recovery Room		1,973,132			51
52	Delivery Room & Labor Room		2,284,077			52
53	Anesthesiology		1,102,820			53
54	Radiology-Diagnostic		13,350,734			54
56	Radioisotope		910,412			56
57	CT Scan		2,696,970			57
58	MRI		1,931,072			58
59	Cardiac Catheterization		9,508,834			59
60	Laboratory		19,138,339			60
60.10	CARDIOVASCULAR LABORATORY					60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy		8,061,422			65
66	Physical Therapy		5,732,868			66
67	Occupational Therapy		1,907,258			67
68	Speech Pathology		1,366,177			68
69	Electrocardiology		3,565,625			69
70	Electroencephalography		2,496,948			70
71	Medical Supplies Charged to Patients		25,630,632			71
72	Impl. Dev. Charged to Patients		29,291,882			72
73	Drugs Charged to Patients		39,796,086			73
73.10	REHABILITATION SERVICES		8,980,896			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		564,223			90.10
90.20	GYN SURG ONCOLOGIST PBC		98,260			90.20
90.30	PHYSICIAN RADIOLOGIST PBC		1,572,674			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC		248,566			90.40
90.60	CAPE NEUROSURGERY PBC		288,936			90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC		1,634,860			90.70
91	Emergency		19,150,006			91
92	Observation Beds (Non-Distinct Part)		7,979,033	13,903,900	0.573870	92
	OTHER REIMBURSABLE COST CENTERS					
95	Ambulance Services		436,110			95
101	Home Health Agency		1,755,307			101
113	Interest Expense					113
116	Hospice		1,732,709			116
200	Subtotal		243,660,489	13,903,900		200
201	Less Observation Beds		7,979,033	13,903,900		201
202	Total		235,681,456			202

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D PART I

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

☒ Hospital
☐ PARHM Demonstration

☒ PPS
☐ TEFRA

		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)	7,606,979		7,606,979	37,221	204.37	13,577	2,774,731	30
31	Intensive Care Unit	1,454,217		1,454,217	4,900	296.78	2,803	831,874	31
31.01	NEONATOLOGY/NICU	858,556		858,556	4,994	171.92			31.01
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF	708,091		708,091	3,554	199.24	1,689	336,516	41
42	Subprovider I								42
43	Nursery	109,713		109,713	1,700	64.54			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	10,737,556		10,737,556	52,369		18,069	3,943,121	200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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 [] PARHM Demo [] 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	4,924,509	119,645,597	0.041159	23,778,694	978,707	50
51	Recovery Room	191,564	18,834,523	0.010171	3,591,351	36,528	51
52	Delivery Room & Labor Room	104,281	14,310,773	0.007287	26,488	193	52
53	Anesthesiology	47,847	57,093,694	0.000838	4,474,470	3,750	53
54	Radiology-Diagnostic	1,881,653	97,317,140	0.019335	7,756,622	149,974	54
56	Radioisotope	138,200	16,653,911	0.008298	1,414,672	11,739	56
57	CT Scan	522,313	98,035,853	0.005328	13,208,161	70,373	57
58	MRI	582,557	25,916,682	0.022478	1,831,905	41,178	58
59	Cardiac Catheterization	1,577,306	72,118,314	0.021871	16,683,118	364,876	59
60	Laboratory	1,172,807	183,666,538	0.006386	39,301,453	250,979	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTting FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	794,889	109,837,635	0.007237	35,168,461	254,514	65
66	Physical Therapy	771,243	17,913,256	0.043054	2,719,836	117,100	66
67	Occupational Therapy	125,084	9,200,204	0.013596	2,220,916	30,196	67
68	Speech Pathology	93,316	7,589,720	0.012295	1,686,552	20,736	68
69	Electrocardiology	385,855	39,637,254	0.009735	1,857,580	18,084	69
70	Electroencephalography	372,881	8,818,944	0.042282	760,110	32,139	70
71	Medical Supplies Charged to Pat	586,261	183,932,389	0.003187	42,493,128	135,426	71
72	Impl. Dev. Charged to Patients	625,192	191,439,832	0.003266	50,725,406	165,669	72
73	Drugs Charged to Patients	1,012,907	162,552,967	0.006231	63,242,717	394,065	73
73.10	REHABILITATION SERVICES	1,919,128	40,622,896	0.047243	891,111	42,099	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	22,049	2,400,125	0.009187			90.10
90.20	GYN SURG ONCOLOGIST PBC	1,240	310,700	0.003991			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	57,065	6,400,406	0.008916			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	4,010	610,675	0.006567			90.40
90.60	CAPE NEUROSURGERY PBC	33,831	808,275	0.041856			90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	77,654	8,008,800	0.009696			90.70
91	Emergency	2,349,632	119,379,010	0.019682	6,298,998	123,977	91
92	Observation Beds (Non-Distinct	1,413,039	13,903,900	0.010629	1,692,100	171,966	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	21,788,313	1,626,960,013		321,823,849	3,414,268	200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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

☒ Hospital
☐ PARHM Demonstration

☒ PPS
☐ TEFRA

		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

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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

☒ Hospital
☐ PARHM Demonstration

☒ PPS
☐ TEFRA

		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)	37,221		13,577		30
31	Intensive Care Unit	4,900		2,803		31
31.01	NEONATOLOGY/NICU	4,994				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	3,554		1,689		41
42	Subprovider I					42
43	Nursery	1,700				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	52,369		18,069		200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-0183

WORKSHEET D
PART IV

Check
Applicable
Boxes:

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

☒ Hospital
☐ IPF
☐ IRF

☐ SUB (Other)
☐ SNF
☐ NF

☐ ICF/IID

☒ PPS
☐ TEFRA
☐ 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

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-0183

WORKSHEET D PART IV

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

		Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass- Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass- Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	119,645,597			23,778,694		32,276,790		50
51	Recovery Room	18,834,523			3,591,351		9,325,858		51
52	Delivery Room & Labor Room	14,310,773			26,488				52
53	Anesthesiology	57,093,694			4,474,470		6,321,935		53
54	Radiology-Diagnostic	97,317,140			7,756,622		16,617,332		54
56	Radioisotope	16,653,911			1,414,672		10,692,400		56
57	CT Scan	98,035,853			13,208,161		52,347,252		57
58	MRI	25,916,682			1,831,905		9,267,963		58
59	Cardiac Catheterization	72,118,314			16,683,118		33,481,429		59
60	Laboratory	183,666,538			39,301,453		32,698,761		60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	109,837,635			35,168,461		6,771,436		65
66	Physical Therapy	17,913,256			2,719,836		494,978		66
67	Occupational Therapy	9,200,204			2,220,916		76,419		67
68	Speech Pathology	7,589,720			1,686,552		107,200		68
69	Electrocardiology	39,637,254			1,857,580		5,082,400		69
70	Electroencephalography	8,818,944			760,110		1,815,180		70
71	Medical Supplies Charged to Pat	183,932,389			42,493,128		47,602,316		71
72	Impl. Dev. Charged to Patients	191,439,832			50,725,406		36,776,692		72
73	Drugs Charged to Patients	162,552,967			63,242,717		54,796,549		73
73.10	REHABILITATION SERVICES	40,622,896			891,111		8,230,272		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	2,400,125					1,804,038		90.10
90.20	GYN SURG ONCOLOGIST PBC	310,700					221,975		90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	6,400,406					3,136,053		90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	610,675					473,850		90.40
90.60	CAPE NEUROSURGERY PBC	808,275					316,803		90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	8,008,800					248,435		90.70
91	Emergency	119,379,010			6,298,998		20,514,501		91
92	Observation Beds (Non-Distinct	13,903,900			1,692,100		5,915,982		92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	1,626,960,013			321,823,849		397,414,799		200

(A) Worksheet A line numbers

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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WORKSHEET D
PART V

		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	0.237983	32,276,790	41,207		7,681,327	9,807		50
51	Recovery Room	0.104761	9,325,858			976,986			51
52	Delivery Room & Labor Room	0.159605							52
53	Anesthesiology	0.019316	6,321,935			122,114			53
54	Radiology-Diagnostic	0.137188	16,617,332			2,279,699			54
56	Radioisotope	0.054667	10,692,400			584,521			56
57	CT Scan	0.027510	52,347,252			1,440,073			57
58	MRI	0.074511	9,267,963			690,565			58
59	Cardiac Catheterization	0.131850	33,481,429			4,414,526			59
60	Laboratory	0.104202	32,698,761	1,244		3,407,276	130		60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.073394	6,771,436			496,983			65
66	Physical Therapy	0.320035	494,978			158,410			66
67	Occupational Therapy	0.207306	76,419			15,842			67
68	Speech Pathology	0.180004	107,200			19,296			68
69	Electrocardiology	0.089956	5,082,400			457,192			69
70	Electroencephalography	0.283135	1,815,180			513,941			70
71	Medical Supplies Charged to Pat	0.139348	47,602,316			6,633,288			71
72	Impl. Dev. Charged to Patients	0.153008	36,776,692	41		5,627,128	6		72
73	Drugs Charged to Patients	0.244819	54,796,549	425	399,566	13,415,236	104	97,821	73
73.10	REHABILITATION SERVICES	0.221080	8,230,272			1,819,549			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	0.235081	1,804,038			424,095			90.10
90.20	GYN SURG ONCOLOGIST PBC	0.316254	221,975			70,200			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	0.245715	3,136,053			770,575			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	0.407035	473,850			192,874			90.40
90.60	CAPE NEUROSURGERY PBC	0.357472	316,803			113,248			90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	0.204133	248,435			50,714			90.70
91	Emergency	0.160414	20,514,501		1,650	3,290,813		265	91
92	Observation Beds (Non-Distinct	0.573870	5,915,982			3,395,005			92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	0.969353							95
200	Subtotal (see instructions)		397,414,799	42,917	401,216	59,061,476	10,047	98,086	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		397,414,799	42,917	401,216	59,061,476	10,047	98,086	202

Page: 70

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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 ☐ PARHM Demo ☐ 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	4,924,509	119,645,597	0.041159	23,071	950	50
51	Recovery Room	191,564	18,834,523	0.010171	6,585	67	51
52	Delivery Room & Labor Room	104,281	14,310,773	0.007287			52
53	Anesthesiology	47,847	57,093,694	0.000838	5,946	5	53
54	Radiology-Diagnostic	1,881,653	97,317,140	0.019335	107,667	2,082	54
56	Radioisotope	138,200	16,653,911	0.008298	7,148	59	56
57	CT Scan	522,313	98,035,853	0.005328	88,391	471	57
58	MRI	582,557	25,916,682	0.022478	6,844	154	58
59	Cardiac Catheterization	1,577,306	72,118,314	0.021871	32,816	718	59
60	Laboratory	1,172,807	183,666,538	0.006386	511,421	3,266	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	794,889	109,837,635	0.007237	862,106	6,239	65
66	Physical Therapy	771,243	17,913,256	0.043054	1,092,825	47,050	66
67	Occupational Therapy	125,084	9,200,204	0.013596	1,151,017	15,649	67
68	Speech Pathology	93,316	7,589,720	0.012295	740,223	9,101	68
69	Electrocardiology	385,855	39,637,254	0.009735	6,432	63	69
70	Electroencephalography	372,881	8,818,944	0.042282	2,747	116	70
71	Medical Supplies Charged to Pat	586,261	183,932,389	0.003187	203,077	647	71
72	Impl. Dev. Charged to Patients	625,192	191,439,832	0.003266	48,378	158	72
73	Drugs Charged to Patients	1,012,907	162,552,967	0.006231	1,474,444	9,187	73
73.10	REHABILITATION SERVICES	1,919,128	40,622,896	0.047243	200,098	9,453	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	22,049	2,400,125	0.009187			90.10
90.20	GYN SURG ONCOLOGIST PBC	1,240	310,700	0.003991			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	57,065	6,400,406	0.008916			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	4,010	610,675	0.006567			90.40
90.60	CAPE NEUROSURGERY PBC	33,831	808,275	0.041856			90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	77,654	8,008,800	0.009696			90.70
91	Emergency	2,349,632	119,379,010	0.019682			91
92	Observation Beds (Non-Distinct		13,903,900				92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	20,375,274	1,626,960,013		6,571,236	105,435	200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-T183

WORKSHEET D
PART IV

Check
Applicable
Boxes:

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

☐ Hospital
☐ IPF
☒ IRF

☐ SUB (Other)
☐ SNF
☐ NF

☐ ICF/IID

☒ PPS
☐ TEFRA
☐ 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

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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 [XX] PPS
Applicable [XX] Title XVIII, Part A [] IPF [] SNF [] TEFRA
Boxes: [] Title XIX [XX] IRF [] NF [] Other

		Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass- Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass- Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	119,645,597			23,071				50
51	Recovery Room	18,834,523			6,585				51
52	Delivery Room & Labor Room	14,310,773							52
53	Anesthesiology	57,093,694			5,946				53
54	Radiology-Diagnostic	97,317,140			107,667				54
56	Radioisotope	16,653,911			7,148				56
57	CT Scan	98,035,853			88,391				57
58	MRI	25,916,682			6,844				58
59	Cardiac Catheterization	72,118,314			32,816				59
60	Laboratory	183,666,538			511,421				60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	109,837,635			862,106				65
66	Physical Therapy	17,913,256			1,092,825				66
67	Occupational Therapy	9,200,204			1,151,017				67
68	Speech Pathology	7,589,720			740,223				68
69	Electrocardiology	39,637,254			6,432				69
70	Electroencephalography	8,818,944			2,747				70
71	Medical Supplies Charged to Pat	183,932,389			203,077				71
72	Impl. Dev. Charged to Patients	191,439,832			48,378				72
73	Drugs Charged to Patients	162,552,967			1,474,444				73
73.10	REHABILITATION SERVICES	40,622,896			200,098				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	2,400,125							90.10
90.20	GYN SURG ONCOLOGIST PBC	310,700							90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	6,400,406							90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	610,675							90.40
90.60	CAPE NEUROSURGERY PBC	808,275							90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	8,008,800							90.70
91	Emergency	119,379,010							91
92	Observation Beds (Non-Distinct	13,903,900							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	1,626,960,013			6,571,236				200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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

			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	0.237983							50
51	Recovery Room	0.104761							51
52	Delivery Room & Labor Room	0.159605							52
53	Anesthesiology	0.019316							53
54	Radiology-Diagnostic	0.137188							54
56	Radioisotope	0.054667							56
57	CT Scan	0.027510							57
58	MRI	0.074511							58
59	Cardiac Catheterization	0.131850							59
60	Laboratory	0.104202							60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.073394							65
66	Physical Therapy	0.320035							66
67	Occupational Therapy	0.207306							67
68	Speech Pathology	0.180004							68
69	Electrocardiology	0.089956							69
70	Electroencephalography	0.283135							70
71	Medical Supplies Charged to Pat	0.139348							71
72	Impl. Dev. Charged to Patients	0.153008							72
73	Drugs Charged to Patients	0.244819							73
73.10	REHABILITATION SERVICES	0.221080							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	0.235081							90.10
90.20	GYN SURG ONCOLOGIST PBC	0.316254							90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	0.245715							90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	0.407035							90.40
90.60	CAPE NEUROSURGERY PBC	0.357472							90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	0.204133							90.70
91	Emergency	0.160414							91
92	Observation Beds (Non-Distinct	0.573870							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	0.969353							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

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D PART I

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

		Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjust- ment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	7,606,979		7,606,979	37,221	204.37	3,522	719,791	30
31	Intensive Care Unit	1,454,217		1,454,217	4,900	296.78	713	211,604	31
31.01	NEONATOLOGY/NICU	858,556		858,556	4,994	171.92	786	135,129	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	708,091		708,091	3,554	199.24	366	72,922	41
42	Subprovider I								42
43	Nursery	109,713		109,713	1,700	64.54	144	9,294	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	10,737,556		10,737,556	52,369		5,531	1,148,740	200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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 [] PARHM Demo [] 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	4,924,509	119,645,597	0.041159	3,882,217	159,788	50
51	Recovery Room	191,564	18,834,523	0.010171	10,564	107	51
52	Delivery Room & Labor Room	104,281	14,310,773	0.007287	390,761	2,847	52
53	Anesthesiology	47,847	57,093,694	0.000838	558,255	468	53
54	Radiology-Diagnostic	1,881,653	97,317,140	0.019335	1,422,030	27,495	54
56	Radioisotope	138,200	16,653,911	0.008298	202,435	1,680	56
57	CT Scan	522,313	98,035,853	0.005328	2,073,737	11,049	57
58	MRI	582,557	25,916,682	0.022478	513,545	11,543	58
59	Cardiac Catheterization	1,577,306	72,118,314	0.021871	1,679,342	36,729	59
60	Laboratory	1,172,807	183,666,538	0.006386	7,512,149	47,973	60
60.10	CARDIOVASCULAR LABORATORY						60.10
62.30	BLOOD CLOTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	794,889	109,837,635	0.007237	9,623,026	69,642	65
66	Physical Therapy	771,243	17,913,256	0.043054	733,569	31,583	66
67	Occupational Therapy	125,084	9,200,204	0.013596	784,690	10,669	67
68	Speech Pathology	93,316	7,589,720	0.012295	615,644	7,569	68
69	Electrocardiology	385,855	39,637,254	0.009735	303,885	2,958	69
70	Electroencephalography	372,881	8,818,944	0.042282	198,002	8,372	70
71	Medical Supplies Charged to Pat	586,261	183,932,389	0.003187	11,653,145	37,139	71
72	Impl. Dev. Charged to Patients	625,192	191,439,832	0.003266	-75,634	-247	72
73	Drugs Charged to Patients	1,012,907	162,552,967	0.006231	13,693,439	85,324	73
73.10	REHABILITATION SERVICES	1,919,128	40,622,896	0.047243	1,077,704	50,914	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	22,049	2,400,125	0.009187			90.10
90.20	GYN SURG ONCOLOGIST PBC	1,240	310,700	0.003991			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	57,065	6,400,406	0.008916			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR	4,010	610,675	0.006567			90.40
90.60	CAPE NEUROSURGERY PBC	33,831	808,275	0.041856			90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	77,654	8,008,800	0.009696			90.70
91	Emergency	2,349,632	119,379,010	0.019682	1,879,225	36,987	91
92	Observation Beds (Non-Distinct	1,413,039	13,903,900	0.101629	171,997	17,480	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	21,788,313	1,626,960,013		58,903,727	658,069	200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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

☒ Hospital
☐ PARHM Demonstration

☒ PPS
☐ TEFRA

		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

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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

☒ Hospital
☐ PARHM Demonstration

☒ PPS
☐ TEFRA

		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)	37,221		3,522		30
31	Intensive Care Unit	4,900		713		31
31.01	NEONATOLOGY/NICU	4,994		786		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	3,554		366		41
42	Subprovider I					42
43	Nursery	1,700		144		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	52,369		5,531		200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-0183

WORKSHEET D PART IV

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

		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

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-0183

WORKSHEET D PART IV

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

		Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass- Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass- Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room				3,882,217				50
51	Recovery Room				10,564				51
52	Delivery Room & Labor Room				390,761				52
53	Anesthesiology				558,255				53
54	Radiology-Diagnostic				1,422,030				54
56	Radioisotope				202,435				56
57	CT Scan				2,073,737				57
58	MRI				513,545				58
59	Cardiac Catheterization				1,679,342				59
60	Laboratory				7,512,149				60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy				9,623,026				65
66	Physical Therapy				733,569				66
67	Occupational Therapy				784,690				67
68	Speech Pathology				615,644				68
69	Electrocardiology				303,885				69
70	Electroencephalography				198,002				70
71	Medical Supplies Charged to Pat				11,653,145				71
72	Impl. Dev. Charged to Patients				-75,634				72
73	Drugs Charged to Patients				13,693,439				73
73.10	REHABILITATION SERVICES				1,077,704				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				1,879,225				91
92	Observation Beds (Non-Distinct				171,997				92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)				58,903,727				200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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 [] SNF [] ICF/IID
Applicable [] Title XVIII, Part B [] IPF [] NF [] PARHM Demonstration
Boxes: [XX] Title XIX - O/P [] IRF [] Swing Bed SNF [] PARHM CAH Swing Bed SNF
[] SUB
(Other)

			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			6,304,836					50
51	Recovery Room			2,002					51
52	Delivery Room & Labor Room								52
53	Anesthesiology			7,755					53
54	Radiology-Diagnostic			2,626,330					54
56	Radioisotope			555,095					56
57	CT Scan			8,872,016					57
58	MRI			1,557,597					58
59	Cardiac Catheterization			2,170,893					59
60	Laboratory			7,228,660					60
60.10	CARDIOVASCULAR LABORATORY								60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy			701,354					65
66	Physical Therapy			123,851					66
67	Occupational Therapy			62,709					67
68	Speech Pathology			94,004					68
69	Electrocardiology			377,651					69
70	Electroencephalography			680,691					70
71	Medical Supplies Charged to Pat			10,941,858					71
72	Impl. Dev. Charged to Patients								72
73	Drugs Charged to Patients			9,193,881					73
73.10	REHABILITATION SERVICES			937,180					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			176,892					90.10
90.20	GYN SURG ONCOLOGIST PBC			21,775					90.20
90.30	PHYSICIAN CARDIOLOGIST PBC			245,891					90.30
90.40	CAPE THORACIC & CARDIOVASCULAR			31,850					90.40
90.60	CAPE NEUROSURGERY PBC			123,825					90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC			427,986					90.70
91	Emergency			7,180,485					91
92	Observation Beds (Non-Distinct			519,027					92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services			72,168					95
200	Subtotal (see instructions)			61,238,262					200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)			61,238,262					202

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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 ☐ PARHM Demo ☐ 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)	37,221	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	37,221	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)	30,307	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)	13,577	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)	42,954,478	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)	42,954,478	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)	42,954,478	37

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0183

WORKSHEET D-1 PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						1,154.04	38
39	Program general inpatient routine service cost (line 9 x line 38)						15,668,401	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)						15,668,401	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	11,502,849	4,900	2,347.52	2,803	6,580,099		43
43.01	NEONATOLOGY/NICU	6,332,466	4,994	1,268.01				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)						50,004,229	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						72,252,729	49
PASS THROUGH COST ADJUSTMENTS								
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						3,606,605	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						3,414,268	51
52	Total Program excludable cost (sum of lines 50 and 51)						7,020,873	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						65,231,856	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

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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

☐ PARHM Demo

☒ PPS

☐ TEFRA

☐ Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					6,914	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,154.04	88
89	Observation bed cost (line 87 x line 88) (see instructions)					7,979,033	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	7,606,979	42,954,478	0.177094	7,979,033	1,413,039	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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 ☐ PARHM Demo ☐ 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)	3,554	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,554	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)	3,554	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)	1,689	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)	3,684,081	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,684,081	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 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)	3,684,081	37

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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 ☐ PARHM Demo ☐ TEFRA
Boxes: ☐ Title XIX - I/P ☒ IRF ☐ Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS			1
38	Adjusted general inpatient routine service cost per diem (see instructions)	1,036.60	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,750,817	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)	1,750,817	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,309,156	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	3,059,973	49
PASS THROUGH COST ADJUSTMENTS			
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	336,516	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	105,435	51
52	Total Program excludable cost (sum of lines 50 and 51)	441,951	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	2,618,022	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

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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 ☐ PARHM Demo ☐ 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)	37,221	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	37,221	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)	30,307	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)	3,522	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)	1,700	15
16	Nursery days (title V or XIX only)	144	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)	42,954,478	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)	42,954,478	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)	42,954,478	37

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0183

WORKSHEET D-1 PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						1,154.04	38
39	Program general inpatient routine service cost (line 9 x line 38)						4,064,529	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)							40
41	Total Program general inpatient routine service cost (line 39 + line 40)						4,064,529	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)	1,844,950	1,700	1,085.26	144	156,277		42
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	11,502,849	4,900	2,347.52	713	1,673,782		43
43.01	NEONATOLOGY/NICU	6,332,466	4,994	1,268.01	786	996,656		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)						6,891,244	49
PASS THROUGH COST ADJUSTMENTS								
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						1,075,818	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						658,069	51
52	Total Program excludable cost (sum of lines 50 and 51)						1,733,887	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						5,157,357	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

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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
☐ PARHM Demo

☒ PPS
☐ TEFRA
☐ Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					6,914	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,154.04	88
89	Observation bed cost (line 87 x line 88) (see instructions)					7,979,033	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	7,606,979	42,954,478	0.177094	7,979,033	1,413,039	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-0183

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		29,042,688		30
31	Intensive Care Unit		12,247,807		31
31.01	NEONATOLOGY/NICU				31.01
41	Subprovider - IRE				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.237983	23,778,694	5,658,925	50
51	Recovery Room	0.104761	3,591,351	376,234	51
52	Delivery Room & Labor Room	0.159605	26,488	4,228	52
53	Anesthesiology	0.019316	4,474,470	86,429	53
54	Radiology-Diagnostic	0.137188	7,756,622	1,064,115	54
56	Radioisotope	0.054667	1,414,672	77,336	56
57	CT Scan	0.027510	13,208,161	363,357	57
58	MRI	0.074511	1,831,905	136,497	58
59	Cardiac Catheterization	0.131850	16,683,118	2,199,669	59
60	Laboratory	0.104202	39,301,453	4,095,290	60
60.10	CARDIOVASCULAR LABORATORY				60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.073394	35,168,461	2,581,154	65
66	Physical Therapy	0.320035	2,719,836	870,443	66
67	Occupational Therapy	0.207306	2,220,916	460,409	67
68	Speech Pathology	0.180004	1,686,552	303,586	68
69	Electrocardiology	0.089956	1,857,580	167,100	69
70	Electroencephalography	0.283135	760,110	215,214	70
71	Medical Supplies Charged to Patients	0.139348	42,493,128	5,921,332	71
72	Impl. Dev. Charged to Patients	0.153008	50,725,406	7,761,393	72
73	Drugs Charged to Patients	0.244819	63,242,717	15,483,019	73
73.10	REHABILITATION SERVICES	0.221080	891,111	197,007	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	0.235081			90.10
90.20	GYN SURG ONCOLOGIST PBC	0.316254			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	0.245715			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	0.407035			90.40
90.60	CAPE NEUROSURGERY PBC	0.357472			90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	0.204133			90.70
91	Emergency	0.160414	6,298,998	1,010,447	91
92	Observation Beds (Non-Distinct Part)	0.573870	1,692,100	971,045	92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		321,823,849	50,004,229	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		321,823,849		202

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-T183

WORKSHEET D-3

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

		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 - IRE		2,476,497		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.237983	23,071	5,491	50
51	Recovery Room	0.104761	6,585	690	51
52	Delivery Room & Labor Room	0.159605			52
53	Anesthesiology	0.019316	5,946	115	53
54	Radiology-Diagnostic	0.137188	107,667	14,771	54
56	Radioisotope	0.054667	7,148	391	56
57	CT Scan	0.027510	88,391	2,432	57
58	MRI	0.074511	6,844	510	58
59	Cardiac Catheterization	0.131850	32,816	4,327	59
60	Laboratory	0.104202	511,421	53,291	60
60.10	CARDIOVASCULAR LABORATORY				60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.073394	862,106	63,273	65
66	Physical Therapy	0.320035	1,092,825	349,742	66
67	Occupational Therapy	0.207306	1,151,017	238,613	67
68	Speech Pathology	0.180004	740,223	133,243	68
69	Electrocardiology	0.089956	6,432	579	69
70	Electroencephalography	0.283135	2,747	778	70
71	Medical Supplies Charged to Patients	0.139348	203,077	28,298	71
72	Impl. Dev. Charged to Patients	0.153008	48,378	7,402	72
73	Drugs Charged to Patients	0.244819	1,474,444	360,972	73
73.10	REHABILITATION SERVICES	0.221080	200,098	44,238	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	0.235081			90.10
90.20	GYN SURG ONCOLOGIST PBC	0.316254			90.20
90.30	PHYSICIAN CARDIOLOGIST PBC	0.245715			90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC	0.407035			90.40
90.60	CAPE NEUROSURGERY PBC	0.357472			90.60
90.70	CAPE PHYSICIAN ASSOCIATES PBC	0.204133			90.70
91	Emergency	0.160414			91
92	Observation Beds (Non-Distinct Part)	0.573870			92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		6,571,236	1,309,156	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		6,571,236		202

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-0183

WORKSHEET D-3

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

		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		5,043,920		30
31	Intensive Care Unit		2,601,386		31
31.01	NEONATOLOGY/NICU		3,495,704		31.01
41	Subprovider - IRF				41
43	Nursery		280,864		43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room		3,882,217		50
51	Recovery Room		10,564		51
52	Delivery Room & Labor Room		390,761		52
53	Anesthesiology		558,255		53
54	Radiology-Diagnostic		1,422,030		54
56	Radioisotope		202,435		56
57	CT Scan		2,073,737		57
58	MRI		513,545		58
59	Cardiac Catheterization		1,679,342		59
60	Laboratory		7,512,149		60
60.10	CARDIOVASCULAR LABORATORY				60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy		9,623,026		65
66	Physical Therapy		733,569		66
67	Occupational Therapy		784,690		67
68	Speech Pathology		615,644		68
69	Electrocardiology		303,885		69
70	Electroencephalography		198,002		70
71	Medical Supplies Charged to Patients		11,653,145		71
72	Impl. Dev. Charged to Patients		-75,634		72
73	Drugs Charged to Patients		13,693,439		73
73.10	REHABILITATION SERVICES		1,077,704		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		1,879,225		91
92	Observation Beds (Non-Distinct Part)		171,997		92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		58,903,727		200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		58,903,727		202

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E PART A

Check applicable box: ☒ Hospital
☐ PARHM Hospital

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)	9,917,429			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	28,974,450			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
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)	608,976			2.03
2.04	Outlier payment for discharges occurring on or after October 1 (see instructions)	1,826,928			2.04
3	Managed care simulated payments				3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	263.11			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)	0.0755			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2631			31
32	Sum of lines 30 and 31	0.3386			32
33	Allowable disproportionate share percentage (see instructions)	0.1715			33
34	Disproportionate share adjustment (see instructions)	1,667,490			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)	8,272,872,447		8,350,599,096	35
35.01	Factor 3 (see instructions)	0.000437921		0.000792417	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,622,865		6,617,154	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	913,161		4,953,826	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	5,866,987			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

Health Financial Systems Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E PART A

Check
applicable box: [XX] Hospital
[] PARHM Hospital

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	48,862,260			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)	48,862,260			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	3,753,437			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	3,640			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)	52,619,337			59
60	Primary payer payments	29,211			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	52,590,126			61
62	Deductibles billed to program beneficiaries	4,084,960			62
63	Coinsurance billed to program beneficiaries	75,812			63
64	Allowable bad debts (see instructions)	1,284,961			64
65	Adjusted reimbursable bad debts (see instructions)	835,225			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	923,330			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	49,264,579			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)	121,052			70.93
70.94	HRR adjustment amount (see instructions)	-15,216			70.94
71	Amount due provider (see instructions)	49,370,415			71
71.01	Sequestration adjustment (see instructions)	824,486			71.01
71.02	Demonstration payment adjustment amount after sequestration				71.02
71.03	Sequestration adjustment - PARHM pass-throughs				71.03
72	Interim payments	46,713,222			72
72.01	Interim payments - PARHM				72.01
73	Tentative settlement (for contractor use only)				73
73.01	Tentative settlement - PARHM (for contractor use only)				73.01
74	Balance due provider/program (line 71 minus lines 71.01, 72 and 73)	1,832,707			74
74.01	Balance due provider/program - PARHM (see instructions)				74.01
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

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-0183

WORKSHEET E PART B

Check applicable box: ☒ Hospital ☐ IPF ☐ IRF ☐ SUB (Other) ☐ SNF ☐ PARHM Demonstration

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	108,133			1
2	Medical and other services reimbursed under OPPS (see instructions)	59,061,476			2
3	OPPS payments	51,607,235			3
4	Outlier payment (see instructions)	427,731			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)	108,133			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	444,133			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)	444,133			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)	444,133			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	336,000			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)	108,133			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)	52,034,966			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	8,250			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	9,298,973			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)	42,835,876			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)	42,835,876			30
31	Primary payer payments	11,500			31
32	Subtotal (line 30 minus line 31)	42,824,376			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)	1,115,224			34
35	Adjusted reimbursable bad debts (see instructions)	724,896			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	604,962			36
37	Subtotal (see instructions)	43,549,272			37
38	MSP-LCC reconciliation amount from PS&R	-1,245			38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	43,550,517			40
40.01	Sequestration adjustment (see instructions)	727,294			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
40.03	Sequestration adjustment - PARHM pass-throughs				40.03
41	Interim payments	42,721,902			41
41.01	Interim payments - PARHM				41.01
42	Tentative settlement (for contractors use only)				42
42.01	Tentative settlement - PARHM (for contractor use only)				42.01
43	Balance due provider/program (see instructions)	101,321			43
43.01	Balance due provider/program - PARHM (see instructions)				43.01
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

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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 ☐ PARHM Demonstration

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
40.03	Sequestration adjustment - PARHM pass-throughs				40.03
41	Interim payments				41
41.01	Interim payments - PARHM				41.01
42	Tentative settlement (for contractors use only)				42
42.01	Tentative settlement - PARHM (for contractor use only)				42.01
43	Balance due provider/program (see instructions)				43
43.01	Balance due provider/program - PARHM (see instructions)				43.01
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

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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WORKSHEET E-1
PART I

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[ ] PARHM Demonstration
[ ] PARHM CAH Swing Bed-SNF
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				INPATIENT PART A		PART B		
DESCRIPTION				mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider				46,451,522		42,511,302	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	01/15/2020	261,700	01/15/2020	210,600	3.01
			.02					3.02
		Program	.03					3.03
		to	.04					3.04
		Provider	.05					3.05
			.06					3.06
			.07					3.07
			.08					3.08
			.09					3.09
			.10					3.10
			.50					3.50
			.51					3.51
		Provider	.52					3.52
		to	.53					3.53
		Program	.54					3.54
			.55					3.55
			.56					3.56
			.57					3.57
			.58					3.58
			.59					3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99		261,700		210,600	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)				46,713,222		42,721,902	4
TO BE COMPLETED BY CONTRACTOR								
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)		.01					5.01
			.02					5.02
		Program	.03					5.03
		to	.04					5.04
		Provider	.05					5.05
			.06					5.06
			.07					5.07
			.08					5.08
			.09					5.09
			.10					5.10
			.50					5.50
			.51					5.51
		Provider	.52					5.52
		to	.53					5.53
		Program	.54					5.54
			.55					5.55
			.56					5.56
			.57					5.57
			.58					5.58
			.59					5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99					5.99
6	Determined net settlement amount (balance due) based on the cost report (1)		.01		1,832,707		101,321	6.01
			.02					6.02
7	Total Medicare program liability (see instructions)				48,545,929		42,823,223	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.

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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) ☐ PARHM Demonstration
Applicable ☐ IPF ☐ SNF ☐ PARHM CAH Swing Bed-SNF
Boxes: ☒ IRF ☐ Swing Bed SNF

			INPATIENT PART A		PART B		
DESCRIPTION			mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
			1	2	3	4	
1	Total interim payments paid to provider			2,798,495			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)			2,798,495			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	35,680			6.01
	based on the cost report (1)		.02				6.02
7	Total Medicare program liability (see instructions)			2,834,175			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.

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-T183

WORKSHEET E-3
PART III

Check [] Hospital
Applicable [XX] Subprovider IRF
Box:

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	Net Federal PPS payment (see instructions)	2,545,945		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.023100		2
3	Inpatient Rehabilitation LIP payments (see instructions)	120,678		3
4	Outlier payments	265,043		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)	9.710383		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	2,931,666		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)	2,931,666		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	2,931,666		19
20	Deductibles	13,816		20
21	Subtotal (line 19 minus line 20)	2,917,850		21
22	Coinsurance	35,540		22
23	Subtotal (line 21 minus line 22)	2,882,310		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)	2,882,310		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)	2,882,310		32
32.01	Sequestration adjustment (see instructions)	48,135		32.01
32.02	Demonstration payment adjustment amount after sequestration			32.02
33	Interim payments	2,798,495		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)	35,680		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

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-0183

WORKSHEET E-3
PART VII

Check [] Title V [XX] Hospital [] NF [XX] PPS
Applicable [XX] 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	58,903,727	61,238,262	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)	86,207,846	61,238,262	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)	86,207,846	61,238,262	16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	86,207,846	61,238,262	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

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Assets (Omit Cents)	1	2	3	4	
	CURRENT ASSETS					
1	Cash on hand and in banks	68,881,342				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	80,735,786				4
5	Other receivables					5
6	Allowances for uncollectible notes and accounts receivable	-42,756,710				6
7	Inventory	10,579,478				7
8	Prepaid expenses	15,542,859				8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	132,982,755				11
	FIXED ASSETS					
12	Land	8,386,950				12
13	Land improvements	13,006,561				13
14	Accumulated depreciation	-9,058,958				14
15	Buildings	255,762,657				15
16	Accumulated depreciation	-112,751,257				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment	152,149,220				19
20	Accumulated depreciation	-88,831,999				20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	202,300,525				23
24	Accumulated depreciation	-135,313,903				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)	285,649,796				30
	OTHER ASSETS					
31	Investments	601,291,329				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	1,509,476				34
35	Total other assets (sum of lines 31-34)	602,800,805				35
36	Total assets (sum of lines 11, 30 and 35)	1,021,433,356				36
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Liabilities and Fund Balances (Omit Cents)	1	2	3	4	
	CURRENT LIABILITIES					
37	Accounts payable	28,847,777				37
38	Salaries, wages and fees payable	33,397,674				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	47,988,238				44
45	Total current liabilities (sum of lines 37 thru 44)	110,233,689				45
	LONG TERM LIABILITIES					
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	137,072,065				49
50	Total long term liabilities (sum of lines 46 thru 49)	137,072,065				50
51	Total liabilities (sum of lines 45 and 50)	247,305,754				51
	CAPITAL ACCOUNTS					
52	General fund balance	774,127,602				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)	774,127,602				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	1,021,433,356				60

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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		752,934,286		1
2	Net income (loss) (from Worksheet G-3, line 29)		21,193,316		2
3	Total (sum of line 1 and line 2)		774,127,602		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)		774,127,602		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)		774,127,602		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

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	34,414,254		34,414,254	1
2	Subprovider IPF				2
3	Subprovider IRF	4,882,388		4,882,388	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)	39,296,642		39,296,642	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	19,687,694		19,687,694	11
11.01	NEONATOLOGY/NICU	28,628,330		28,628,330	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)	48,316,024		48,316,024	16
17	Total inpatient routine care services (sum of lines 10 and 16)	87,612,666		87,612,666	17
18	Ancillary services	796,771,181		796,771,181	18
19	Outpatient services		1,232,504,821	1,232,504,821	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		2,329,789	2,329,789	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	OTHER PATIENT REVENUES		6,145,391	6,145,391	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	884,383,847	1,240,980,001	2,125,363,848	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		518,197,016	29
30	Add (specify)			30
31	BAD DEBT			31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		518,197,016	43

Health Financial Systems Compu-Max 2552-10

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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)	2,125,363,848	1
2	Less contractual allowances and discounts on patients' accounts	1,631,845,908	2
3	Net patient revenues (line 1 minus line 2)	493,517,940	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	518,197,016	4
5	Net income from service to patients (line 3 minus line 4)	-24,679,076	5

OTHER INCOME

6	Contributions, donations, bequests, etc.	388,322	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	1,038,394	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	335	17
18	Revenue from sale of medical records and abstracts	634,282	18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space		22
23	Governmental appropriations		23
24	Other (FITNESS CENTER)	1,636,663	24
24.01	Other (WELLNESS)	44,392	24.01
24.02	Other (MISC)	1,858,462	24.02
24.03	Other (OTHER: RETAIL PHARMACY)	17,048,239	24.03
24.04	Other (GAIN ON SALE OF FIXED ASSETS)	540,106	24.04
24.05	Other (GAIN ON INVESTMENTS)	15,905,574	24.05
24.50	COVID-19 PHE FUNDING	11,559,165	24.50
25	Total other income (sum of lines 6-24)	50,653,934	25
26	Total (line 5 plus line 25)	25,974,858	26
27	Other expenses (GAIN ON SALE OF ASSEST)	51,542	27
27.01	Other expenses (MISC)	4,730,000	27.01
28	Total other expenses (sum of line 27 and subscripts)	4,781,542	28
29	Net income (or loss) for the period (line 26 minus line 28)	21,193,316	29

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	227,381	60,843			67,595	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	264,686	70,765	9,301			6
7	Physical Therapy	250,268	66,967	6,462			7
8	Occupational Therapy	20,788	5,562	720			8
9	Speech Pathology	3,731	999	146			9
10	Medical Social Services	44	12	5			10
11	Home Health Aide	11,314	3,027	1,185			11
12	Supplies (see instructions)					23,653	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)	778,212	208,175	17,819		91,248	24

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	355,819		355,819	209	356,028	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	344,752		344,752		344,752	6
7	Physical Therapy	323,697		323,697		323,697	7
8	Occupational Therapy	27,070		27,070		27,070	8
9	Speech Pathology	4,876		4,876		4,876	9
10	Medical Social Services	61		61		61	10
11	Home Health Aide	15,526		15,526		15,526	11
12	Supplies (see instructions)	23,653		23,653		23,653	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)	1,095,454		1,095,454	209	1,095,663	24

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

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 26-7515

WORKSHEET H-1 PART I

		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	356,028				5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care	344,752				6
7	Physical Therapy	323,697				7
8	Occupational Therapy	27,070				8
9	Speech Pathology	4,876				9
10	Medical Social Services	61				10
11	Home Health Aide	15,526				11
12	Supplies (see instructions)	23,653				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)	1,095,663				24

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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		356,028	356,028		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		344,752	165,949	510,701	6
7	Physical Therapy		323,697	155,813	479,510	7
8	Occupational Therapy		27,070	13,030	40,100	8
9	Speech Pathology		4,876	2,347	7,223	9
10	Medical Social Services		61	29	90	10
11	Home Health Aide		15,526	7,474	23,000	11
12	Supplies (see instructions)		23,653	11,386	35,039	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)		1,095,663		1,095,663	24

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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					-356,028	739,635	5
	HHA REIMBURSABLE SERVICES							
6	Skilled Nursing Care						344,752	6
7	Physical Therapy						323,697	7
8	Occupational Therapy						27,070	8
9	Speech Pathology						4,876	9
10	Medical Social Services						61	10
11	Home Health Aide						15,526	11
12	Supplies (see instructions)						23,653	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)					-356,028	739,635	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						356,028	25
26	Unit Cost Multiplier						0.481356	26

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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		67,262	4,786	15,777	2,152	162,464	1
2	Skilled Nursing Care	510,701			18,331			2
3	Physical Therapy	479,510			17,348			3
4	Occupational Therapy	40,100			1,441			4
5	Speech Pathology	7,223			259			5
6	Medical Social Services	90			3			6
7	Home Health Aide	23,000			784			7
8	Supplies	35,039						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)	1,095,663	67,262	4,786	53,943	2,152	162,464	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.

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	610	7,017	8,315	268,383	49,096	38,463	1
2	Skilled Nursing Care				529,032	96,777		2
3	Physical Therapy				496,858	90,892		3
4	Occupational Therapy				41,541	7,599		4
5	Speech Pathology				7,482	1,369		5
6	Medical Social Services				93	17		6
7	Home Health Aide				23,784	4,351		7
8	Supplies				35,039	6,410		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)	610	7,017	8,315	1,402,212	256,511	38,463	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	19,722			21,336		17,063	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)	19,722			21,336		17,063	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.

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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.

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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.

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 26-7515

WORKSHEET H-2 PART I

	HHA COST CENTER (omit cents)	SUBTOTAL (sum of col.4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (cols 23 +/- 24) 26	ALLOCATED HHA A&G (see PtlI) 27	TOTAL HHA COSTS 28		
1	Administrative and General	414,063		414,063				1
2	Skilled Nursing Care	625,809		625,809	193,197	819,006		2
3	Physical Therapy	587,750		587,750	181,448	769,198		3
4	Occupational Therapy	49,140		49,140	15,170	64,310		4
5	Speech Pathology	8,851		8,851	2,732	11,583		5
6	Medical Social Services	110		110	34	144		6
7	Home Health Aide	28,135		28,135	8,686	36,821		7
8	Supplies	41,449		41,449	12,796	54,245		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)	1,755,307		1,755,307	414,063	1,755,307		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.				0.308716			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.

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	26,420	4,333	227,606	17	86	58,469	1
2	Skilled Nursing Care			264,460				2
3	Physical Therapy			250,268				3
4	Occupational Therapy			20,788				4
5	Speech Pathology			3,731				5
6	Medical Social Services			44				6
7	Home Health Aide			11,314				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)	26,420	4,333	778,211	17	86	58,469	20
21	Total cost to be allocated	67,262	4,786	53,943	2,152	162,464	610	21
22	Unit Cost Multiplier	2.545874		0.069317		1,889.116279		22
22	Unit Cost Multiplier		1.104547		126.588235		0.010433	22

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	2,329,789	2,329,789		268,383	26,420	26,420	1
2	Skilled Nursing Care				529,032			2
3	Physical Therapy				496,858			3
4	Occupational Therapy				41,541			4
5	Speech Pathology				7,482			5
6	Medical Social Services				93			6
7	Home Health Aide				23,784			7
8	Supplies				35,039			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)	2,329,789	2,329,789		1,402,212	26,420	26,420	20
21	Total cost to be allocated	7,017	8,315		256,511	38,463	19,722	21
22	Unit Cost Multiplier	0.003012				1.455829		22
22	Unit Cost Multiplier		0.003569		0.182933		0.746480	22

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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 PROCESSIN G 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			26,420		20,059		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)			26,420		20,059		20
21	Total cost to be allocated			21,336		17,063		21
22	Unit Cost Multiplier			0.807570		0.850641		22
22	Unit Cost Multiplier							22

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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 19	NURSING SCHOOL ASSIGNED TIME 20	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 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

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	819,006		819,006	3,499	234.07	1
2	Physical Therapy	3	769,198		769,198	2,431	316.41	2
3	Occupational Therapy	4	64,310		64,310	271	237.31	3
4	Speech Pathology	5	11,583		11,583	55	210.60	4
5	Medical Social Services	6	144		144	2	72.00	5
6	Home Health Aide	7	36,821		36,821	446	82.56	6
7	Total (sum of lines 1-6)		1,701,062		1,701,062	6,704		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		1,775		8		
9	Physical Therapy	99926		1,387		9		
10	Occupational Therapy	99926		186		10		
11	Speech Pathology	99926		42		11		
12	Medical Social Services	99926		2		12		
13	Home Health Aide	99926		370		13		
14	Total (sum of lines 8-13)			3,762		14		

Supplies and Drugs Cost Computations								
	Other Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		1	2	3	4	5		
15	Cost of Medical Supplies	8	54,245		54,245	201,543	0.269149	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	0.320035			col. 2, line 2	1
2	Occupational Therapy	67	0.207306			col. 2, line 3	2
3	Speech Pathology	68	0.180004			col. 2, line 4	3
4	Medical Supplies Charged to Pat	71	0.139348			col. 2, line 15	4
5	Drugs Charged to Patients	73	0.244819			col. 2, line 16	5
5.10	REHABILITATION SERVICES	73.10	0.221080			col. 2, line 16	5.10

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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		1,775			415,474		415,474	1
2	Physical Therapy		1,387			438,861		438,861	2
3	Occupational Therapy		186			44,140		44,140	3
4	Speech Pathology		42			8,845		8,845	4
5	Medical Social Services		2			144		144	5
6	Home Health Aide		370			30,547		30,547	6
7	Total (sum of lines 1-6)		3,762			938,011		938,011	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		8						15
16	Cost of Drugs		9						16

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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		718,565	11
12	Total PPS Reimbursement - Full Episodes with Outliers		20,719	12
13	Total PPS Reimbursement - LUPA Episodes		25,450	13
14	Total PPS Reimbursement - PEP Episodes		4,654	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers		9,341	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)		778,729	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		778,729	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		778,729	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)		778,729	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		778,729	31
31.01	Sequestration adjustment (see instructions)			31.01
31.02	Demonstration payment adjustment amount after sequestration			31.02
32	Interim payments (see instructions)		778,729	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

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES HHA CCN: 26-7515

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						778,729
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero.						
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)		.01				3.01
			.02				3.02
		Program	.03				3.03
		To	.04				3.04
		Provider	.05				3.05
			.06				3.06
			.07				3.07
			.08				3.08
			.09				3.09
			.10				3.10
			.50				3.50
			.51				3.51
		Provider	.52				3.52
		To	.53				3.53
		Program	.54				3.54
			.55				3.55
			.56				3.56
			.57				3.57
			.58				3.58
			.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99				3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)						778,729
	TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)		.01				5.01
			.02				5.02
		Program	.03				5.03
		To	.04				5.04
		Provider	.05				5.05
			.06				5.06
			.07				5.07
			.08				5.08
			.09				5.09
			.10				5.10
			.50				5.50
			.51				5.51
		Provider	.52				5.52
		To	.53				5.53
		Program	.54				5.54
			.55				5.55
			.56				5.56
			.57				5.57
			.58				5.58
			.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99				5.99
6	Determine net settlement amount (balance due) based on the cost report (see instructions)		.01				6.01
			.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)						778,729
8	Name of Contractor			Contractor Number		NPR Date: Month, Day, Year	

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

Health Financial Systems Compu-Max 2552-10

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CALCULATION OF CAPITAL PAYMENT**COMPONENT CCN: 26-0183****WORKSHEET L**

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

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	3,056,999	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	479,391	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)	110.84	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)	0.0755	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.2631	8
9	Sum of lines 7 and 8	0.3386	9
10	Allowable disproportionate share percentage (see instructions)	0.0710	10
11	Disproportionate share adjustment (see instructions)	217,047	11
12	Total prospective capital payments (see instructions)	3,753,437	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

Health Financial Systems Compu-Max 2552-10

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CALCULATION OF CAPITAL PAYMENT**COMPONENT CCN: 26-0183****WORKSHEET L**

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

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

Health Financial Systems Compu-Max 2552-10

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1 PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		0	2A	24	25	26		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	COMMUNICATIONS							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CREDIT & COLLECTIONS							5.05
5.06	OTHER ADMINISTRATIVE & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
7.10	SPD SOILED PROCESSING							7.10
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
13.10	SPD STERILE PROCESSING							13.10
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
31.01	NEONATOLOGY/NICU							31.01
41	Subprovider - IRF							41
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.10	CARDIOVASCULAR LABORATORY							60.10
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
73.10	REHABILITATION SERVICES							73.10
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.10	CAPE MEDICAL ONCOLOGY PBC							90.10
90.20	GYN SURG ONCOLOGIST PBC							90.20
90.30	PHYSICIAN CARDIOLOGIST PBC							90.30
90.40	CAPE THORACIC & CARDIOVASCULAR PBC							90.40
90.60	CAPE NEUROSURGERY PBC							90.60
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

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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
192.01	PPPC AUDIOLOGY							192.01
192.02	ERC SOUTHWEST							192.02
192.03	ERC NORTHWEST							192.03
193	Nonpaid Workers							193
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	TOTAL (sum of lines 118-201)							202

Health Financial Systems Compu-Max 2552-10

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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		112,372	112,372		112,372		112,372	3
4	Administrative & General	47,805		47,805		47,805		47,805	4
5	Plant Operation & Maintenance		506	506		506		506	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	5,128		5,128		5,128		5,128	13
14	Pharmacy		63,738	63,738		63,738		63,738	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	3,013		3,013		3,013		3,013	26
27	Nurse Practitioner								27
28	Registered Nurse	93,209		93,209		93,209		93,209	28
29	LPN/LVN	53,244		53,244		53,244		53,244	29
30	Physical Therapy								30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services								33
34	Spiritual Counseling	26,716		26,716		26,716		26,716	34
35	Dietary Counseling								35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services	40,097		40,097		40,097		40,097	37
38	Durable Medical Equipment - Oxygen	2,900		2,900		2,900		2,900	38
39	Patient Transportation								39
40	Imaging Services								40
41	Labs and Diagnostics		9,000	9,000		9,000		9,000	41
42	Medical Supplies - Non-routine		4,165	4,165		4,165		4,165	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	220,756		220,756		220,756		220,756	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		377,801	377,801		377,801		377,801	71
100	TOTAL	492,868	567,582	1,060,450		1,060,450		1,060,450	100

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	3,013		3,013		3,013		3,013	26
27	Nurse Practitioner								27
28	Registered Nurse	93,209		93,209		93,209		93,209	28
29	LPN/LVN	53,244		53,244		53,244		53,244	29
30	Physical Therapy								30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services								33
34	Spiritual Counseling	26,716		26,716		26,716		26,716	34
35	Dietary Counseling								35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services	40,097		40,097		40,097		40,097	37
38	Durable Medical Equipment - Oxygen	2,900		2,900		2,900		2,900	38
39	Patient Transportation								39
40	Imaging Services								40
41	Labs and Diagnostics		9,000	9,000		9,000		9,000	41
42	Medical Supplies - Non-routine		4,165	4,165		4,165		4,165	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	220,756		220,756		220,756		220,756	46
100	TOTAL	439,935	13,165	453,100		453,100		453,100	100

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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		89,523	89,523	1
2	Cap Rel Costs-Mvble Equip				2
3	Employee Benefits Department	112,372	34,788	147,160	3
4	Administrative & General	47,805	519,550	567,355	4
5	Plant Operation & Maintenance	506		506	5
6	Laundry & Linen Service				6
7	Housekeeping		28,398	28,398	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	5,128		5,128	13
14	Pharmacy	63,738		63,738	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	453,100		453,100	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	377,801		377,801	71
99	Negative Cost Center				99
100	TOTAL	1,060,450	672,259	1,732,709	100

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	89,523	89,523						1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department	147,160			147,160				3
4	Administrative & General	567,355	89,523		8,800	665,678	665,678		4
5	Plant Operation & Maintenance	506				506	316	822	5
6	Laundry & Linen Service								6
7	Housekeeping	28,398				28,398	17,716		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	5,128			1,264	6,392	3,988		13
14	Pharmacy	63,738				63,738	39,764		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	453,100			137,096	590,196	368,199		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	377,801				377,801	235,695	822	71
99	Negative Cost Center								99
100	TOTAL	1,732,709	89,523		147,160	1,732,709	665,678	822	100

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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		46,114						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		46,114						71
99	Negative Cost Center								99
100	TOTAL		46,114						100

Health Financial Systems Compu-Max 2552-10

SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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	10,380						13
14	Pharmacy		103,502					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	10,380	103,502				1,072,277	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						660,432	71
99	Negative Cost Center							99
100	TOTAL	10,380	103,502				1,732,709	100

Health Financial Systems Compu-Max 2552-10

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COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS

HOSPICE CCN: 26-1657

WORKSHEET O-6
PART II

	Descriptions	CAP REL BLDG & FIX SQUARE FEET	CAP REL MVBLE EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPART- MENT GROSS SALARIES	RECONCIL- IATION	ADMINIS- TRATIVE & GENERAL ACCUM. COST	PLANT OP & MAINT SQUARE FEET	LAUNDRY & LINEN IN-FACIL- ITY DAYS	
		1	2	3	4A	4	5	6	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	42,058							1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department			604,982					3
4	Administrative & General	42,058		36,177	-665,678	1,067,031			4
5	Plant Operation & Maintenance					506	42,058		5
6	Laundry & Linen Service								6
7	Housekeeping					28,398			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		6,392			13
14	Pharmacy					63,738			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		590,196			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					377,801	42,058		71
99	Negative Cost Center								99
100	Cost to be allocated (per O-6 Pt I)	89,523		147,160		665,678	822		100
101	Unit cost multiplier	2.128561		0.243247		0.623860	0.019544		101

Health Financial Systems Compu-Max 2552-10

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COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS

HOSPICE CCN: 26-1657

WORKSHEET O-6
PART II

	Descriptions	HOUSE-KEEPING SQUARE FEET 7	DIETARY IN-FACILITY DAYS 8	NURSING ADMINISTRATION DIRECT NURS. HRS. 9	ROUTINE MEDICAL SUPPLIES PATIENT DAYS 10	MEDICAL RECORDS PATIENT DAYS 11	STAFF TRANSPORTATION MILEAGE 12	VOLUNTEER SVC COORDINATION HOURS OF SERVICE 13	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department								3
4	Administrative & General								4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping	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)	46,114						10,380	100
101	Unit cost multiplier	1.096438						103.800000	101

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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 DAYS	OTHER GENERAL SERVICE SPECIFY BASIS	PATIENT/ RESIDENT CARE SVCS IN-FACIL- ITY DAYS	
	Descriptions	CHARGES				
		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)	103,502				100
101	Unit cost multiplier	1,035.020000				101

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SAINT FRANCIS MEDICAL CENTER Provider CCN: 26-0183	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 01/26/2021 Run Time: 12:13 Version: 2020.06 (01/12/2021)
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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)					
	Cost Center Descriptions	Wkst C Pt I, col. 9, line	Cost to Charge Ratio	HCHC	HRHC	HIRC	HGIP	
		0	1	2	3	4	5	
AN C	ANCILLARY SERVICE COST CENTERS	0						AN C
1	Physical Therapy	66	0.320035					1
2	Occupational Therapy	67	0.207306					2
3	Speech Language Pathology	68	0.180004					3
4	Drugs, Biological & Infusion Therapy	73	0.244819					4
5	Durable Medical Equipment/Oxygen	96						5
6	Labs and Diagnostics	60	0.104202					6
7	Medical Supplies	71	0.139348					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)	0						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	
AN C	ANCILLARY SERVICE COST CENTERS					AN C
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

Health Financial Systems Compu-Max 2552-10

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CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

HOSPICE CCN: 26-1657

WORKSHEET O-8

		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1	2	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			1,072,277	6
7	Total unduplicated days			11,536	7
8	Total average cost per diem			92.95	8
9	Unduplicated program days	10,842	347		9
10	Program cost	1,007,764	32,254		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			1,072,277	21
22	Total unduplicated days			11,536	22
23	Average cost per diem			92.95	23