

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**WORKSHEET S
PARTS I, II & III****PART I - COST REPORT STATUS**

Provider use only		1. ☒ Electronically filed cost report Date: 10/23/2018 Time: 14:33 2. ☐ Manually submitted cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted the cost report 4. ☒ Medicare Utilization. Enter 'F' for full or 'L' for low.	
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 LOUIS A. WEISS MEMORIAL HOSPITAL (14-0082) {(Provider Name(s) and Number(s))} for the cost reporting period beginning 06/01/2017 and ending 05/31/2018, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) CAROL A. BAILEY
Chief Financial Officer or Administrator of Provider(s)

VP OF OPERATIONS REIMBURSEMENT
Title

10/23/2018 14:33
Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII		HIT	TITLE XIX	
	TITLE V	PART A	PART B			
	1	2	3	4	5	
1	HOSPITAL	-723,647	-327,106			1
2	SUBPROVIDER - IPF	6				2
3	SUBPROVIDER - IRF	3,484				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	-720,157	-327,106			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,

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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: 4646 NORTH MARINE DRIVE	P.O. Box:			1
2	City: CHICAGO	State: IL	ZIP Code: 60640	County: COOK	2

Hospital and Hospital-Based Component Identification:

	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	LOUIS A. WEISS MEMORIAL HOSPITAL	14-0082	16974	1	07 / 01 / 1966	N	P	N	3
4	Subprovider - IPF	PSYCH UNIT	14-S082	16974	4	06 / 01 / 2003	N	P	N	4
5	Subprovider - IRF	REHABILITATION UNIT	14-T082	16974	5	07 / 01 / 1996	N	P	N	5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 06 / 01 / 2017	To: 05 / 31 / 2018		20
21	Type of control (see instructions)	4			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)	Y	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.	815	2,799	1		3,455		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.	336				148		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.	2	05 / 31 / 2018		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

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WORKSHEET S-2
PART I

36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.			37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPPS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N		37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	38

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

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

		1	2	3	
	Teaching Hospitals				
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
		NAHE 413.85 Y/N 1	Worksheet A Line # 2	Pass-Through Qualification Criteria Code 3	
60	Are you claiming nursing and allied health education (NAHE) costs for any program(s) that meet the criteria under 42 CFR 413.85? (see instructions)	N			60
		Y/N 1	IME 4	Direct GME 5	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64 through 67. (see instructions)	Y			63
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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)			3.10	26.26	0.105586	64
Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)							
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
		1	2	3	4	5	
65		INTERNAL MEDICINE	1400	4.85	46.12	0.095154	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)			2.00	31.59	0.059542	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		INTERNAL MEDICINE	1400	2.50	38.19	0.061440	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.	Y			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)	N			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			76

Long Term Care Hospital PPS

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

TEFRA Providers

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

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PART I**

Title V and XIX Services		V	XIX	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	Y	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.	Y	Y	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.	Y	Y	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.	Y	Y	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.	Y	Y	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.	Y	Y	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.	Y	Y	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	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.					107
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.			N		108
		Physical	Occupational	Speech	Respiratory	
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.					109

1

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.			111

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	3,374,260			118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121
122	Does the cost report contain state health care related taxes as defined in §1983(w)(3) of the Act? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

Transplant Center Information

125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	N		125
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date in column 2.			126

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date in column 2.			127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date in column 2.			128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date in column 2.			129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date in column 2.			130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date in column 2.			131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date in column 2.			132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date in column 2.			133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.			134

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

All Providers

		1	2	
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	Y	HB0557	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: TENET HEALTHCARE CORPORATION	Contractor's Name: NOVITAS SOLUTIONS	Contractor's Number: 04011	141
142	Street: 1445 ROSS AVE., SUITE 1400	P.O. Box:		142
143	City: DALLAS, TX	State: TX	ZIP Code: 75202-2703	143
144	Are provider based physicians' costs included in Worksheet A?	Y		144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y	N	145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y		167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)			168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)			168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)	9.99		169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01 / 01 / 2017	03 / 31 / 2017	170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

		Y/N	Date		
Provider Organization and Operation		1	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	02/26/2018	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.	Y		9
10	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10
11	Are GME costs directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11

		Y/N	
Bad Debts			
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	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

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

		Part A		Part B		
		Y/N	Date	Y/N	Date	
PS&R Report Data		1	2	3	4	
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	08/28/2018	Y	08/28/2018	16
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N		17
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N		18
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N		20
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21

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

Cost Report Preparer Contact Information			
41	First name: BETH	Last name: SLOAN	Title: DIRECTOR OF OPERATIONS REI
42	Employer: TENET EMPLOYMENT INC.		
43	Phone number: 606-451-1228	E-mail Address: BETH1.SLOAN@TENETHEALTH.COM	

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

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				
						Title V	Title XVIII	Title XIX	Total All Patients	
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	103	37,595			8,631	3,111	21,561	1
2	HMO and other (see instructions)						3,287	3,455		2
3	HMO IPF Subprovider						460	342		3
4	HMO IRF Subprovider						141	148		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)		103	37,595			8,631	3,111	21,561	7
8	Intensive Care Unit	31	16	5,840			1,290	504	3,304	8
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43								13
14	Total (see instructions)		119	43,435			9,921	3,615	24,865	14
15	CAH Visits									15
16	Subprovider - IPF	40	11	4,015			1,932	352	3,286	16
17	Subprovider - IRF	41	14	5,110			1,083	336	1,933	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								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)		144							27
28	Observation Bed Days								2,572	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)									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)					1,950	563	5,003	1
2	HMO and other (see instructions)					625	995		2
3	HMO IPF Subprovider						25		3
4	HMO IRF Subprovider						12		4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)	74.28	621.33			1,950	563	5,003	14
15	CAH Visits								15
16	Subprovider - IPF		24.80			158	36	277	16
17	Subprovider - IRF		11.64			82	24	142	17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								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)	74.28	657.77						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	46,890,190		46,890,190	1,368,165.00	34.27	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetest Part B							3
4	Physician-Part A - Administrative							4
4.01	Physician-Part A - Teaching		281,639		281,639	2,876.00	97.93	4.01
5	Physician-Part B							5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21	5,101,414		5,101,414	162,014.00	31.49	7
7.01	Contracted interns & residents (in an approved program)							7.01
8	Home office and/or related organization personnel		3,541,433		3,541,433	103,540.00	34.20	8
9	SNF	44						9
10	Excluded area salaries (see instructions)		4,022,481	77,010	4,099,491	104,445.00	39.25	10
	OTHER WAGES & RELATED COSTS							
11	Contract labor (see instructions)		705,112		705,112	10,039.00	70.24	11
12	Contract management and administrative services		359,079		359,079	4,659.00	77.07	12
13	Contract labor: Physician-Part A - Administrative		410,766		410,766	2,008.00	204.56	13
14	Home office salaries & wage-related costs							14
14.01	Home office salaries		3,541,433		3,541,433	103,540.00	34.20	14.01
14.02	Related organization salaries							14.02
15	Home office: Physician Part A - Administrative							15
16	Home office & Contract Physicians Part A - Teaching							16
	WAGE-RELATED COSTS							
17	Wage-related costs (core)(see instructions)		6,750,183		6,750,183			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		912,586		912,586			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B							21
22	Physician Part A - Administrative							22
22.01	Physician Part A - Teaching		52,909		52,909			22.01
23	Physician Part B							23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)		958,362		958,362			25
25.50	Home office wage-related		752,481		752,481			25.50
25.51	Related organization wage-related							25.51
25.52	Home office: Physician Part A - Administrative - wage-related							25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related							25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26	Employee Benefits Department		368,053	29,210	397,263	9,945.00	39.95	26
27	Administrative & General		4,353,419	-595,169	3,758,250	88,020.00	42.70	27
28	Administrative & General under contract (see instructions)							28
29	Maintenance & Repairs							29
30	Operation of Plant		1,226,385		1,226,385	47,761.00	25.68	30
31	Laundry & Linen Service							31
32	Housekeeping		896,641		896,641	56,445.00	15.89	32
33	Housekeeping under contract (see instructions)							33
34	Dietary		828,894		828,894	49,789.00	16.65	34
35	Dietary under contract (see instructions)							35
36	Cafeteria							36
37	Maintenance of Personnel							37
38	Nursing Administration		949,412		949,412	21,064.00	45.07	38
39	Central Services and Supply		324,083		324,083	15,350.00	21.11	39
40	Pharmacy		1,132,830	62,730	1,195,560	28,429.00	42.05	40
41	Medical Records & Medical Records Library		390,708	426,219	816,927	30,453.00	26.83	41
42	Social Service							42
43	Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		37,965,704		37,965,704	1,099,735.00	34.52	1
2	Excluded area salaries (see instructions)		4,022,481	77,010	4,099,491	104,445.00	39.25	2
3	Subtotal salaries (line 1 minus line 2)		33,943,223	-77,010	33,866,213	995,290.00	34.03	3
4	Subtotal other wages & related costs (see instructions)		5,016,390		5,016,390	120,246.00	41.72	4

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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

5	Subtotal wage-related costs (see instructions)		7,502,664		7,502,664		22.15%	5
6	Total (sum of lines 3 through 5)		46,462,277	-77,010	46,385,267	1,115,536.00	41.58	6
7	Total overhead cost (see instructions)		10,470,425	-77,010	10,393,415	347,256.00	29.93	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	502,872	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
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)	2,733,975	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	53,147	10
11	Life Insurance (If employee is owner or beneficiary)	6,029	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)		13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	895,422	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	2,395,092	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance		19
20	State or Federal Unemployment Taxes	163,548	20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	98	23
24	Total Wage Related cost (Sum of lines 1-23)	6,750,183	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost	705,112	6,750,183	1
2	Hospital	705,112	6,750,183	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

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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)	0.154003	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	15,510,666	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	8,252,200	5
6	Medicaid charges	166,056,501	6
7	Medicaid cost (line 1 times line 6)	25,573,199	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.	1,810,333	8

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

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

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

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

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

17	Private grants, donations, or endowment income restricted to fundng charity care		17
18	Government grants, appropriations of transfers for support of hospital operations		18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	1,810,333	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)	20,969,152	162,929	21,132,081	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,229,312	162,929	3,392,241	21
22	Payments received from patients for amounts previously written off as charity care				22
23	Cost of charity care (line 21 minus line 22)	3,229,312	162,929	3,392,241	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)	5,212,598	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,017,114	27
27.0	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,564,791	27.0
1			1
28	Non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	3,647,807	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	1,109,450	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	4,501,691	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	6,312,024	31

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES**WORKSHEET A**

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	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				715,751	715,751	4,066,843	4,782,594	1
2	00200	Cap Rel Costs-Mvble Equip				1,031,606	1,031,606	3,495,515	4,527,121	2
4	00400	Employee Benefits Department	368,053	8,589,263	8,957,316	9,325	8,966,641	-623,443	8,343,198	4
5	00500	Administrative & General	4,353,419	15,501,466	19,854,885	-1,161,664	18,693,221	5,351,684	24,044,905	5
7	00700	Operation of Plant	1,226,385	4,016,498	5,242,883	2,762	5,245,645	-379,756	4,865,889	7
8	00800	Laundry & Linen Service		499,524	499,524	1,689	501,213		501,213	8
9	00900	Housekeeping	896,641	394,331	1,290,972	-23,510	1,267,462		1,267,462	9
10	01000	Dietary	828,894	596,170	1,425,064	-17,003	1,408,061	-8,229	1,399,832	10
11	01100	Cafeteria								11
13	01300	Nursing Administration	949,412	73,884	1,023,296	-157	1,023,139	-159	1,022,980	13
14	01400	Central Services & Supply	324,083	394,179	718,262	43,343	761,605	-14,871	746,734	14
15	01500	Pharmacy	1,132,830	2,946,121	4,078,951	-2,619,108	1,459,843	-493,117	966,726	15
16	01600	Medical Records & Library	390,708	248,178	638,886	461,913	1,100,799	-3,216	1,097,583	16
21	02100	I&R Services-Salary & Fringes Apprvd	5,101,414		5,101,414		5,101,414		5,101,414	21
22	02200	I&R Services-Other Prgm Costs Apprvd		1,814,156	1,814,156	-7,895	1,806,261	-65,539	1,740,722	22
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	9,035,262	1,190,484	10,225,746	-224,578	10,001,168	122,102	10,123,270	30
31	03100	Intensive Care Unit	2,373,988	747,208	3,121,196	-146,322	2,974,874	-28,516	2,946,358	31
40	04000	Subprovider - IPF	1,382,687	33,159	1,415,846	-4,534	1,411,312	10,737	1,422,049	40
41	04100	Subprovider - IRF	931,135	134,759	1,065,894	-9,951	1,055,943	-22,970	1,032,973	41
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	3,238,855	10,166,410	13,405,265	-5,461,622	7,943,643	-219,431	7,724,212	50
50.01	03340	GASTRO INTESTINAL SERVICES	385,717	85,349	471,066	-20,855	450,211	-15,328	434,883	50.01
51	05100	Recovery Room	516,412	97,456	613,868	-52,475	561,393	-5,864	555,529	51
53	05300	Anesthesiology	64,061	1,251,611	1,315,672	-55,008	1,260,664	-1,078,066	182,598	53
54	05400	Radiology-Diagnostic	1,350,952	506,907	1,857,859	-111,189	1,746,670	-16,715	1,729,955	54
54.01	03630	ULTRA SOUND	189,292	6,986	196,278	-1,812	194,466		194,466	54.01
55	05500	Radiology-Therapeutic	336,011	423,114	759,125	-106,116	653,009	-106,672	546,337	55
56	05600	Radioisotope	188,001	421,239	609,240	-1,137	608,103		608,103	56
56.01	03650	VASCULAR LAB	185,370	926,600	1,111,970	-363	1,111,607	-2,990	1,108,617	56.01
56.02	03950	STRAUSS ONCOLOGY	425,221	4,053,143	4,478,364	-3,225,872	1,252,492	-710,311	542,181	56.02
57	05700	CT Scan	385,717	115,273	500,990	-12,106	488,884	-10,029	478,855	57
58	05800	MRI	122,779	23,638	146,417	-2,179	144,238		144,238	58
59	05900	Cardiac Catheterization	417,825	618,753	1,036,578	-420,626	615,952	-10,721	605,231	59
60	06000	Laboratory	1,163,463	1,659,347	2,822,810	-994	2,821,816	-34,397	2,787,419	60
63	06300	Blood Storing, Processing & Trans.		614,511	614,511		614,511		614,511	63
65	06500	Respiratory Therapy	1,193,332	363,949	1,557,281	-127,778	1,429,503	-110,567	1,318,936	65
66	06600	Physical Therapy	1,785,205	26,546	1,811,751	-3,401	1,808,350	-8,917	1,799,433	66
69	06900	Electrocardiology	496,721	105,584	602,305	-6,707	595,598	-3,221	592,377	69
70	07000	Electroencephalography	49,903	1,926	51,829	-631	51,198		51,198	70
71	07100	Medical Supplies Charged to Patients				367,882	367,882		367,882	71
72	07200	Impl. Dev. Charged to Patients				5,218,249	5,218,249		5,218,249	72
73	07300	Drugs Charged to Patients				6,108,602	6,108,602		6,108,602	73
74	07400	Renal Dialysis		586,155	586,155	-3,898	582,257		582,257	74
76	03951	WOUND CARE	163,076	156,086	319,162	-98,118	221,044	-3,457	217,587	76
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	1,163,380	782,494	1,945,874	-50,651	1,895,223	-554,933	1,340,290	90
91	09100	Emergency	2,065,327	1,130,262	3,195,589	-109,791	3,085,798	-559,911	2,525,887	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	45,181,531	61,302,719	106,484,250	-126,929	106,357,321	7,955,535	114,312,856	118
		NONREIMBURSABLE COST CENTERS								
192	19200	Physicians' Private Offices	1,290,724	1,172,062	2,462,786	57,096	2,519,882		2,519,882	192
194	07950	MARKETING	417,935	1,188,928	1,606,863	12,163	1,619,026		1,619,026	194
194.0 1	07951	HOSPICE		32,184	32,184	-4,539	27,645		27,645	194.0 1
194.0 2	07952	OTHER NONREIMBURSABLE COST CENTERS				62,209	62,209		62,209	194.0 2
194.0 3	07953	VACANT AREA								194.0 3
194.0 4	07954	LAKEFRONT								194.0 4
200		TOTAL (sum of lines 118-199)	46,890,190	63,695,893	110,586,083		110,586,083	7,955,535	118,541,618	200

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RECLASSIFICATIONS**WORKSHEET A-6**

		INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
1	RENTS	A	Cap Rel Costs-Bldg & Fixt	1		405,651
2	RENTS	A	Cap Rel Costs-Mvble Equip	2		997,173
3	RENTS	A	Physicians' Private Offices	192		78,845
4	RENTS	A				
5	RENTS	A				
6	RENTS	A				
7	RENTS	A				
8	RENTS	A				
9	RENTS	A				
10	RENTS	A				
11	RENTS	A				
12	RENTS	A				
13	RENTS	A				
14	RENTS	A				
15	RENTS	A				
16	RENTS	A				
17	RENTS	A				
18	RENTS	A				
19	RENTS	A				
20	RENTS	A				
21	RENTS	A				
22	RENTS	A				
23	RENTS	A				
24	RENTS	A				
25	RENTS	A				
26	RENTS	A				
27	RENTS	A				
28	RENTS	A				
500	Total reclassifications					1,481,669
	Code Letter - A					
1	INTEREST EXPENSE	B	Cap Rel Costs-Mvble Equip	2		34,433
500	Total reclassifications					34,433
	Code Letter - B					
1	PROPERTY TAX	C	Cap Rel Costs-Bldg & Fixt	1		288,462
500	Total reclassifications					288,462
	Code Letter - C					
1	INSURANCE	D	Cap Rel Costs-Bldg & Fixt	1		21,638
500	Total reclassifications					21,638
	Code Letter - D					
1	BILLABLE DRUGS	E	Drugs Charged to Patients	73		6,108,602
2	BILLABLE DRUGS	E	Operation of Plant	7		6,251
3	BILLABLE DRUGS	E				
4	BILLABLE DRUGS	E				
5	BILLABLE DRUGS	E				
6	BILLABLE DRUGS	E				
7	BILLABLE DRUGS	E				
8	BILLABLE DRUGS	E				
9	BILLABLE DRUGS	E				
10	BILLABLE DRUGS	E				
11	BILLABLE DRUGS	E				
12	BILLABLE DRUGS	E				
13	BILLABLE DRUGS	E				
14	BILLABLE DRUGS	E				
15	BILLABLE DRUGS	E				
16	BILLABLE DRUGS	E				
17	BILLABLE DRUGS	E				
18	BILLABLE DRUGS	E				
19	BILLABLE DRUGS	E				
20	BILLABLE DRUGS	E				
21	BILLABLE DRUGS	E				
22	BILLABLE DRUGS	E				
23	BILLABLE DRUGS	E				
24	BILLABLE DRUGS	E				
25	BILLABLE DRUGS	E				
26	BILLABLE DRUGS	E				
27	BILLABLE DRUGS	E				

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RECLASSIFICATIONS**WORKSHEET A-6**

		INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
28	BILLABLE DRUGS	E				28
29	BILLABLE DRUGS	E				29
30	BILLABLE DRUGS	E				30
31						31
32						32
33						33
34						34
35						35
36						36
37						37
38						38
39	BILLABLE DRUGS	E				39
500	Total reclassifications					6,114,853
	Code Letter - E					
1	LAUNDRY	F	Laundry & Linen Service	8		7,773
2	LAUNDRY	F				2
3	LAUNDRY	F				3
4	LAUNDRY	F				4
5	LAUNDRY	F				5
6	LAUNDRY	F				6
7	LAUNDRY	F				7
500	Total reclassifications					7,773
	Code Letter - F					
1	BILLABLE SUPPLIES	G	Medical Supplies Charged to P	71		367,882
2	BILLABLE SUPPLIES	G	Central Services & Supply	14		140,555
3	BILLABLE SUPPLIES	G	Laboratory	60		23
4	BILLABLE SUPPLIES	G				4
5	BILLABLE SUPPLIES	G				5
6	BILLABLE SUPPLIES	G				6
7	BILLABLE SUPPLIES	G				7
8	BILLABLE SUPPLIES	G				8
9	BILLABLE SUPPLIES	G				9
10	BILLABLE SUPPLIES	G				10
11	BILLABLE SUPPLIES	G				11
12	BILLABLE SUPPLIES	G				12
13	BILLABLE SUPPLIES	G				13
14	BILLABLE SUPPLIES	G				14
15	BILLABLE SUPPLIES	G				15
16	BILLABLE SUPPLIES	G				16
17	BILLABLE SUPPLIES	G				17
18	BILLABLE SUPPLIES	G				18
19	BILLABLE SUPPLIES	G				19
20	BILLABLE SUPPLIES	G				20
21	BILLABLE SUPPLIES	G				21
22	BILLABLE SUPPLIES	G				22
23	BILLABLE SUPPLIES	G				23
24	BILLABLE SUPPLIES	G				24
25	BILLABLE SUPPLIES	G				25
26	BILLABLE SUPPLIES	G				26
27	BILLABLE SUPPLIES	G				27
28	BILLABLE SUPPLIES	G				28
29	BILLABLE SUPPLIES	G				29
30	BILLABLE SUPPLIES	G				30
31	BILLABLE SUPPLIES	G				31
500	Total reclassifications					508,460
	Code Letter - G					
1	IMPLANTABLE DEVICE	H	Impl. Dev. Charged to Patient	72		5,218,249
2	IMPLANTABLE DEVICE	H				2
3	IMPLANTABLE DEVICE	H				3
4	IMPLANTABLE DEVICE	H				4
5	IMPLANTABLE DEVICE	H				5
6	IMPLANTABLE DEVICE	H				6
7	IMPLANTABLE DEVICE	H				7
500	Total reclassifications					5,218,249
	Code Letter - H					
1	TRANSCRIPTION	I	Medical Records & Library	16		20,390

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
500	Total reclassifications					20,390
	Code Letter - I					
1	REGIONAL EXPENSE	J	Employee Benefits Department	4	29,210	6,556
2	REGIONAL EXPENSE	J	Pharmacy	15	62,730	2,555
3	REGIONAL EXPENSE	J	Medical Records & Library	16	426,219	17,053
4	REGIONAL EXPENSE	J	MARKETING	194	11,319	1,308
5	REGIONAL EXPENSE	J	OTHER NONREIMBURSABLE COST CE	194.02	65,691	
500	Total reclassifications				595,169	27,472
	Code Letter - J					
	GRAND TOTAL (Increases)				595,169	13,723,399

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

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RECLASSIFICATIONS**WORKSHEET A-6**

			DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	RENTS	A	Employee Benefits Department	4		614	10	1
2	RENTS	A	Administrative & General	5		197,968	10	2
3	RENTS	A	Operation of Plant	7		2,466		3
4	RENTS	A	Housekeeping	9		9,519		4
5	RENTS	A	Dietary	10		3,382		5
6	RENTS	A	Central Services & Supply	14		97,212		6
7	RENTS	A	Pharmacy	15		162,777		7
8	RENTS	A	Medical Records & Library	16		1,749		8
9	RENTS	A	I&R Services-Other Prgm Costs	22		7,895		9
10	RENTS	A	Adults & Pediatrics	30		9,803		10
11	RENTS	A	Intensive Care Unit	31		32,993		11
12	RENTS	A	Subprovider - IPF	40		1,883		12
13	RENTS	A	Subprovider - IRF	41		3,145		13
14	RENTS	A	Operating Room	50		550,406		14
15	RENTS	A	Anesthesiology	53		1,101		15
16	RENTS	A	Radiology-Diagnostic	54		8,823		16
17	RENTS	A	Radiology-Therapeutic	55		105,722		17
18	RENTS	A	VASCULAR LAB	56.01		363		18
19	RENTS	A	STRAUSS ONCOLOGY	56.02		144,761		19
20	RENTS	A	CT Scan	57		8,052		20
21	RENTS	A	Laboratory	60		321		21
22	RENTS	A	Respiratory Therapy	65		119,696		22
23	RENTS	A	Physical Therapy	66		529		23
24	RENTS	A	Electrocardiology	69		325		24
25	RENTS	A	WOUND CARE	76		2,136		25
26	RENTS	A	Clinic	90		2,521		26
27	RENTS	A	Emergency	91		5,043		27
28	RENTS	A	MARKETING	194		464		28
500	Total reclassifications					1,481,669		500
	Code letter - A							
1	INTEREST EXPENSE	B	Administrative & General	5		34,433	11	1
500	Total reclassifications					34,433		500
	Code letter - B							
1	PROPERTY TAX	C	Administrative & General	5		288,462	13	1
500	Total reclassifications					288,462		500
	Code letter - C							
1	INSURANCE	D	Administrative & General	5		21,638	12	1
500	Total reclassifications					21,638		500
	Code letter - D							
1	BILLABLE DRUGS	E	Employee Benefits Department	4		25,827		1
2	BILLABLE DRUGS	E	Administrative & General	5		4		2
3	BILLABLE DRUGS	E	Dietary	10		13,621		3
4	BILLABLE DRUGS	E	Pharmacy	15		2,521,606		4
5	BILLABLE DRUGS	E	Adults & Pediatrics	30		90,534		5
6	BILLABLE DRUGS	E	Intensive Care Unit	31		52,278		6
7	BILLABLE DRUGS	E	Subprovider - IPF	40		106		7
8	BILLABLE DRUGS	E	Subprovider - IRF	41		854		8
9	BILLABLE DRUGS	E	Operating Room	50		139,976		9
10	BILLABLE DRUGS	E	GASTRO INTESTINAL SERVICES	50.01		9,970		10
11	BILLABLE DRUGS	E	Recovery Room	51		5,641		11
12	BILLABLE DRUGS	E	Anesthesiology	53		40,964		12
13	BILLABLE DRUGS	E	Radiology-Diagnostic	54		5,920		13
14	BILLABLE DRUGS	E	ULTRA SOUND	54.01		158		14
15	BILLABLE DRUGS	E	Radiology-Therapeutic	55		18		15
16	BILLABLE DRUGS	E	Radioisotope	56		558		16
17	BILLABLE DRUGS	E	STRAUSS ONCOLOGY	56.02		3,079,259		17
18	BILLABLE DRUGS	E	CT Scan	57		2,786		18
19	BILLABLE DRUGS	E	MRI	58		414		19
20	BILLABLE DRUGS	E	Cardiac Catheterization	59		1,346		20
21	BILLABLE DRUGS	E	Laboratory	60		696		21
22	BILLABLE DRUGS	E	Respiratory Therapy	65		866		22
23	BILLABLE DRUGS	E	Physical Therapy	66		44		23
24	BILLABLE DRUGS	E	Electrocardiology	69		1,669		24
25	BILLABLE DRUGS	E	Renal Dialysis	74		3,876		25
26	BILLABLE DRUGS	E	WOUND CARE	76		6,679		26

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RECLASSIFICATIONS
WORKSHEET A-6

			DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10	
		1	6	7	8	9		
27	BILLABLE DRUGS	E	Clinic	90		26,183		27
28	BILLABLE DRUGS	E	Emergency	91		61,391		28
29	BILLABLE DRUGS	E	Physicians' Private Offices	192		19,802		29
30	BILLABLE DRUGS	E	HOSPICE	194.01		1,807		30
31								31
32								32
33								33
34								34
35								35
36								36
37								37
38								38
39	BILLABLE DRUGS	E						39
500	Total reclassifications					6,114,853		500
	Code letter - E							
1	LAUNDRY	F	Housekeeping	9		5,000		1
2	LAUNDRY	F	Intensive Care Unit	31		330		2
3	LAUNDRY	F	Subprovider - IPF	40		87		3
4	LAUNDRY	F	Operating Room	50		1,965		4
5	LAUNDRY	F	Cardiac Catheterization	59		294		5
6	LAUNDRY	F	Clinic	90		16		6
7	LAUNDRY	F	Emergency	91		81		7
500	Total reclassifications					7,773		500
	Code letter - F							
1	BILLABLE SUPPLIES	G	Operation of Plant	7		1,023		1
2	BILLABLE SUPPLIES	G	Laundry & Linen Service	8		6,084		2
3	BILLABLE SUPPLIES	G	Housekeeping	9		8,991		3
4	BILLABLE SUPPLIES	G	Nursing Administration	13		157		4
5	BILLABLE SUPPLIES	G	Pharmacy	15		10		5
6	BILLABLE SUPPLIES	G	Adults & Pediatrics	30		123,980		6
7	BILLABLE SUPPLIES	G	Intensive Care Unit	31		51,198		7
8	BILLABLE SUPPLIES	G	Subprovider - IPF	40		2,458		8
9	BILLABLE SUPPLIES	G	Subprovider - IRF	41		5,952		9
10	BILLABLE SUPPLIES	G	Operating Room	50		115,464		10
11	BILLABLE SUPPLIES	G	GASTRO INTESTINAL SERVICES	50.01		5,474		11
12	BILLABLE SUPPLIES	G	Recovery Room	51		46,834		12
13	BILLABLE SUPPLIES	G	Anesthesiology	53		12,943		13
14	BILLABLE SUPPLIES	G	Radiology-Diagnostic	54		23,977		14
15	BILLABLE SUPPLIES	G	ULTRA SOUND	54.01		1,654		15
16	BILLABLE SUPPLIES	G	Radiology-Therapeutic	55		376		16
17	BILLABLE SUPPLIES	G	Radioisotope	56		579		17
18	BILLABLE SUPPLIES	G	STRAUSS ONCOLOGY	56.02		1,852		18
19	BILLABLE SUPPLIES	G	CT Scan	57		1,268		19
20	BILLABLE SUPPLIES	G	MRI	58		1,765		20
21	BILLABLE SUPPLIES	G	Cardiac Catheterization	59		19,590		21
22	BILLABLE SUPPLIES	G	Respiratory Therapy	65		7,216		22
23	BILLABLE SUPPLIES	G	Physical Therapy	66		2,828		23
24	BILLABLE SUPPLIES	G	Electrocardiology	69		4,713		24
25	BILLABLE SUPPLIES	G	Electroencephalography	70		631		25
26	BILLABLE SUPPLIES	G	Renal Dialysis	74		22		26
27	BILLABLE SUPPLIES	G	WOUND CARE	76		11,925		27
28	BILLABLE SUPPLIES	G	Clinic	90		1,541		28
29	BILLABLE SUPPLIES	G	Emergency	91		43,276		29
30	BILLABLE SUPPLIES	G	Physicians' Private Offices	192		1,947		30
31	BILLABLE SUPPLIES	G	HOSPICE	194.01		2,732		31
500	Total reclassifications					508,460		500
	Code letter - G							
1	IMPLANTABLE DEVICE	H	Adults & Pediatrics	30		261		1
2	IMPLANTABLE DEVICE	H	Intensive Care Unit	31		9,523		2
3	IMPLANTABLE DEVICE	H	Operating Room	50		4,653,811		3
4	IMPLANTABLE DEVICE	H	GASTRO INTESTINAL SERVICES	50.01		5,411		4
5	IMPLANTABLE DEVICE	H	Radiology-Diagnostic	54		72,469		5
6	IMPLANTABLE DEVICE	H	Cardiac Catheterization	59		399,396		6
7	IMPLANTABLE DEVICE	H	WOUND CARE	76		77,378		7
500	Total reclassifications					5,218,249		500
	Code letter - H							

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RECLASSIFICATIONS

WORKSHEET A-6

			DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10	
		1	6	7	8	9	10	
1	TRANSCRIPTION	I	Clinic	90		20,390		1
500	Total reclassifications					20,390		500
	Code letter - I							
1	REGIONAL EXPENSE	J	Administrative & General	5	595,169	23,990		1
2	REGIONAL EXPENSE	J	OTHER NONREIMBURSABLE COST CE	194.02		3,482		2
3	REGIONAL EXPENSE	J						3
4	REGIONAL EXPENSE	J						4
5	REGIONAL EXPENSE	J						5
500	Total reclassifications				595,169	27,472		500
	Code letter - J							
	GRAND TOTAL (Decreases)				595,169	13,723,399		

(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**

			Acquisitions						
	Description	Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		1	2	3	4	5	6	7	
1	Land	2,829,328					2,829,328		1
2	Land Improvements	5,683,152					5,683,152		2
3	Buildings and Fixtures	58,601,516	2,023,317		2,023,317		60,624,833		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	153,679,133	650,195		650,195		154,329,328		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	220,793,129	2,673,512		2,673,512		223,466,641		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	220,793,129	2,673,512		2,673,512		223,466,641		10

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

		SUMMARY OF CAPITAL							
	Description	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								1
2	Cap Rel Costs-Mvble Equip								2
3	Total (sum of lines 1-2)								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

		COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
	Description	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	66,307,985		66,307,985	0.300529					1
2	Cap Rel Costs-Mvble Equ	154,329,327		154,329,327	0.699471					2
3	Total (sum of lines 1-2)	220,637,312		220,637,312	1.000000					3

		SUMMARY OF CAPITAL							
	Description	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	4,066,843	405,651		21,638	288,462		4,782,594	1
2	Cap Rel Costs-Mvble Equip	3,495,515	997,173	34,433				4,527,121	2
3	Total (sum of lines 1-2)	7,562,358	1,402,824	34,433	21,638	288,462		9,309,715	3

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications,

Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

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ADJUSTMENTS TO EXPENSES
WORKSHEET A-8

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1		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)						7
8	Television and radio service (chapter 21)						8
9	Parking lot (chapter 21)						9
10	Provider-based physician adjustment	Wkst A-8-2	-2,915,863				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	4,630,229				12
13	Laundry and linen service						13
14	Cafeteria - employees and guests	B	-399	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						17
18	Sale of medical records and abstracts	B	-3,216	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	A	1,533,174	Cap Rel Costs-Bldg & Fixt	1	9	26
27	Depreciation--movable equipment	A	3,496,152	Cap Rel Costs-Mvble Equip	2	9	27
28	Non-physician anesthetist			Nonphysician Anesthetists	19		28
29	Physicians' assistant						29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67		30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68		31
32	CAH HIT Adj for Depreciation						32
33	DEPRECIATION	A	-2,211,579	Administrative & General	5		33
33.01	TELEPHONE SERVICES - DIRECT PHONE	A	-24,258	Administrative & General	5		33.01
33.02	TELEPHONE SERVICES - PBX SALARY	A	-33,958	Administrative & General	5		33.02
33.03	TELEPHONE SERVICES - PBX BENEFITS	A	-5,756	Employee Benefits Department	4		33.03
33.04	TELEPHONE SERVICES - DEPRECIATION	A	-207	Cap Rel Costs-Mvble Equip	2	9	33.04
33.05	TELEVISION SERVICES - DEPRECIATION	A	-430	Cap Rel Costs-Mvble Equip	2	9	33.05
33.06	SATELLITE TV	A	-7,830	Dietary	10		33.06
33.07	OTHER OPERATING REVENUE	B	-388,718	Administrative & General	5		33.07
33.08	PARKING REVENUE	B	-377,958	Operation of Plant	7		33.08
33.09	HOSPICE REVENUE	B	-14,871	Central Services & Supply	14		33.09
33.10	HOSPICE REVENUE	B	-480,494	Pharmacy	15		33.10
33.11	STUDENT FEES & PAYMENTS	B	-60,884	I&R Services-Other Prgm Costs Apprvd	22		33.11
33.12	OTHER OPERATING REVENUE	B	-9,348	Operating Room	50		33.12
33.13	HOSPICE REVENUE	B	-15,328	GASTRO INTESTINAL SERVICES	50.01		33.13
33.14	OTHER OPERATING REVENUE	B	-5,864	Recovery Room	51		33.14
33.15	OTHER OPERATING REVENUE	B	-1,492	Anesthesiology	53		33.15
33.16	HOSPICE REVENUE	B	-12,350	Radiology-Diagnostic	54		33.16
33.17	HOSPICE REVENUE	B	-101,600	Radiology-Therapeutic	55		33.17
33.18	HOSPICE REVENUE	B	-2,990	VASCULAR LAB	56.01		33.18
33.19	OTHER OPERATING REVENUE	B	-10,029	CT Scan	57		33.19
33.20	HOSPICE REVENUE	B	-34,397	Laboratory	60		33.20
33.21	HOSPICE REVENUE	B	-110,567	Respiratory Therapy	65		33.21
33.22	HOSPICE REVENUE	B	-8,917	Physical Therapy	66		33.22
33.23	HOSPICE REVENUE	B	-1,313	Electrocardiology	69		33.23
33.24	MISC RENTAL INCOME	B	-11,136	Clinic	90		33.24

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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	
33.25	ADVERTISING	A	-11,222	Administrative & General	5		33.25
33.26	ADVERTISING	A	-7,054	Adults & Pediatrics	30		33.26
33.27	OTHER EXPENSE	A	-3,844	Employee Benefits Department	4		33.27
33.28	OTHER EXPENSE	A	-101	Administrative & General	5		33.28
33.29	PURCHASED SVCS	A	-30,705	Employee Benefits Department	4		33.29
33.30	PURCHASED SVCS	A	-163,762	Administrative & General	5		33.30
33.31	PURCHASED SVCS	A	-1,798	Operation of Plant	7		33.31
33.32	PURCHASED SVCS	A	-5,760	Adults & Pediatrics	30		33.32
33.33	PHYSICIAN CME	A	-5,003	Administrative & General	5		33.33
33.34	PHYSICIAN INCENTIVE	A	-8,100	Adults & Pediatrics	30		33.34
33.35	PHYSICIAN INCENTIVE	A	-3,482	Operating Room	50		33.35
33.36	TRAVEL	A	-15,378	Administrative & General	5		33.36
33.37	DONATION & CONTRIBUTION	A	-351,976	Administrative & General	5		33.37
33.38	SENIOR SERVICES	A	-104,587	Adults & Pediatrics	30		33.38
33.39	DUES & SUBSCRIPTION	A	-16,777	Administrative & General	5		33.39
33.40	DUES & SUBSCRIPTION	A	-4,655	I&R Services-Other Prgm Costs Apprvd	22		33.40
33.41	LOBBYING DUES	A	-58,164	Administrative & General	5		33.41
33.42	PATIENT TRANSPORTATION	A	-159	Nursing Administration	13		33.42
33.43	FINES & PENALTIES	A	-12,623	Pharmacy	15		33.43
33.44	LEGAL	A	-10,051	Administrative & General	5		33.44
33.45	H.O. WORKERS COMPENSATION	A	-104,398	Employee Benefits Department	4		33.45
33.46	PERIOD 13 ADJUSTMENT	A	-478,740	Employee Benefits Department	4		33.46
33.47	PERIOD 13 ADJUSTMENT	A	6,546,071	Administrative & General	5		33.47
34							34
35							35
36							36
37							37
38							38
39							39
40							40
41							41
42							42
43							43
44							44
45							45
46							46
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		7,955,535				50

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

(2) Basis for adjustment (see instructions)

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

B. Amount Received - if cost cannot be determined

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS**WORKSHEET A-8-1**
**A: COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS
OR CLAIMED HOME OFFICE COSTS:**

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	1	Cap Rel Costs-Bldg & Fixt	HOME OFFICE DIRECT CAPITAL	2,011,908		2,011,908	9	1
2	1	Cap Rel Costs-Bldg & Fixt	HOME OFFICE POOLED CAPITAL	521,761		521,761	9	2
3	5	Administrative & General	HOME OFFICE SHARED SERVICES	5,987,088		5,987,088		3
4	5	Administrative & General	PERIOD 13 ADJ - IC OVERHEAD ALLOC		3,890,528	-3,890,528		4
4.01	1	Cap Rel Costs-Bldg & Fixt	REGIONAL ALLOCATION	180,053	180,053		10	4.01
4.02	2	Cap Rel Costs-Mvble Equip	REGIONAL ALLOCATION	1,391	1,391		10	4.02
4.03	4	Employee Benefits Department	REGIONAL ALLOCATION	35,766	35,766			4.03
4.04	5	Administrative & General	REGIONAL ALLOCATION	4,998,485	4,998,485			4.04
4.05	15	Pharmacy	REGIONAL ALLOCATION	65,285	65,285			4.05
4.06	16	Medical Records & Library	REGIONAL ALLOCATION	443,271	443,271			4.06
4.07	194	MARKETING	REGIONAL ALLOCATION	12,627	12,627			4.07
4.08	194.0 2	OTHER NONREIMBURSABLE COST CENTERS	REGIONAL ALLOCATION	41,702	41,702			4.08
4.09	60	Laboratory	GENESIS LAB	985,632	985,632			4.09
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			15,284,969	10,654,740	4,630,229		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	B			TENET HLTHCARE	100.00	HEALTHCARE	6
7	G			CM REGIONAL	1.00	HEALTHCARE	7
8	G			GENESIS LAB	1.00	LAB	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: SHARED SVCS

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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PROVIDER-BASED PHYSICIANS ADJUSTMENTS
WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	30	Adults & Pediatrics ADULTS & PEDIAT	-203,676	-319,176	115,500	211,500	432	43,927	2,196	1
2	31	Intensive Care Unit INTENSIVE CARE	28,516	28,516						2
3	41	Subprovider - IRF SUBPROVIDER - I	73,303	801	72,502	211,500	495	50,333	2,517	3
4	40	Subprovider - IPF SUBPROVIDER - I	-8,296	-11,852	3,556	181,300	28	2,441	122	4
5	50	Operating Room OPERATING ROOM	289,287	122,691	166,596	246,400	698	82,686	4,134	5
6	53	Anesthesiology ANESTHESIOLOGY	1,076,574	1,076,574						6
7	54	Radiology-Diagnostic RADIOLOGY - DIA	12,600		12,600	271,900	63	8,235	412	7
8	55	Radiology-Therapeuti RADIOLOGY - THE	19,613		19,613	211,500	143	14,541	727	8
9	56.02	STRAUSS ONCOLOGY STRAUSS ONCOLOG	710,311	710,311						9
10	59	Cardiac Catheterizat CARDIAC CATHETE	11,433	9,991	1,442	211,500	7	712	36	10
11	69	Electrocardiology ELECTRO CARDIOL	4,653	846	3,807	211,500	27	2,745	137	11
12	76	WOUND CARE WOUND CARE	15,150		15,150	211,500	115	11,693	585	12
13	90	Clinic CLINIC	543,797	543,797						13
14	91	Emergency EMERGENCY	559,911	559,911						14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	3,133,176	2,722,410	410,766		2,008	217,313	10,866	200

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	30	Adults & Pediatrics ADULTS & PEDIAT					43,927	71,573	-247,603	1
2	31	Intensive Care Unit INTENSIVE CARE							28,516	2
3	41	Subprovider - IRF SUBPROVIDER - I					50,333	22,169	22,970	3
4	40	Subprovider - IPF SUBPROVIDER - I					2,441	1,115	-10,737	4
5	50	Operating Room OPERATING ROOM					82,686	83,910	206,601	5
6	53	Anesthesiology ANESTHESIOLOGY							1,076,574	6
7	54	Radiology-Diagnostic RADIOLOGY - DIA					8,235	4,365	4,365	7
8	55	Radiology-Therapeutic RADIOLOGY - THE					14,541	5,072	5,072	8
9	56.02	STRAUSS ONCOLOGY STRAUSS ONCOLOG							710,311	9
10	59	Cardiac Catheterizat CARDIAC CATHETE					712	730	10,721	10
11	69	Electrocardiology ELECTRO CARDIOL					2,745	1,062	1,908	11
12	76	WOUND CARE WOUND CARE					11,693	3,457	3,457	12
13	90	Clinic CLINIC							543,797	13
14	91	Emergency EMERGENCY							559,911	14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					217,313	193,453	2,915,863	200

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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COST ALLOCATION - GENERAL SERVICE COSTS
**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMEN T	SUBTOTAL (cols.0-4)	ADMINIS- TRATIVE & GENERAL	
		0	1	2	4	4A	5	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	4,782,594	4,782,594					1
2	Cap Rel Costs-Mvble Equip	4,527,121		4,527,121				2
4	Employee Benefits Department	8,343,198	38,723	37,533	8,419,454			4
5	Administrative & General	24,044,905	531,338	515,011	680,585	25,771,839	25,771,839	5
7	Operation of Plant	4,865,889	660,793	640,488	222,087	6,389,257	1,774,961	7
8	Laundry & Linen Service	501,213	38,586	37,400		577,199	160,348	8
9	Housekeeping	1,267,462	41,517	40,241	162,374	1,511,594	419,927	9
10	Dietary	1,399,832	87,773	85,076	150,105	1,722,786	478,597	10
11	Cafeteria		44,188	42,830		87,018	24,174	11
13	Nursing Administration	1,022,980	4,794	4,647	171,930	1,204,351	334,574	13
14	Central Services & Supply	746,734	46,284	44,861	58,689	896,568	249,070	14
15	Pharmacy	966,726	16,642	16,131	216,505	1,216,004	337,811	15
16	Medical Records & Library	1,097,583	36,408	35,289	147,938	1,317,218	365,928	16
21	I&R Services-Salary & Fringes Apprvd	5,101,414			923,820	6,025,234	1,673,834	21
22	I&R Services-Other Prgm Costs Apprvd	1,740,722	138,824	134,558		2,014,104	559,526	22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	10,123,270	762,457	739,026	1,636,207	13,260,960	3,683,973	30
31	Intensive Care Unit	2,946,358	160,877	155,933	429,908	3,693,076	1,025,951	31
40	Subprovider - IPF	1,422,049	69,391	67,259	250,392	1,809,091	502,573	40
41	Subprovider - IRF	1,032,973	134,454	130,323	168,620	1,466,370	407,363	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	7,724,212	378,393	366,765	586,527	9,055,897	2,515,764	50
50.01	GASTRO INTESTINAL SERVICES	434,883	49,133	47,623	69,850	601,489	167,096	50.01
51	Recovery Room	555,529	46,023	44,609	93,518	739,679	205,486	51
53	Anesthesiology	182,598	5,410	5,244	11,601	204,853	56,909	53
54	Radiology-Diagnostic	1,729,955	162,411	157,420	244,645	2,294,431	637,402	54
54.01	ULTRA SOUND	194,466	2,342	2,270	34,279	233,357	64,828	54.01
55	Radiology-Therapeutic	546,337	50,420	48,871	60,849	706,477	196,262	55
56	Radioisotope	608,103	40,777	39,524	34,045	722,449	200,699	56
56.01	VASCULAR LAB	1,108,617			33,569	1,142,186	317,304	56.01
56.02	STRAUSS ONCOLOGY	542,181			77,004	619,185	172,012	56.02
57	CT Scan	478,855	12,314	11,936	69,850	572,955	159,169	57
58	MRI	144,238	14,054	13,622	22,234	194,148	53,935	58
59	Cardiac Catheterization	605,231	21,039	20,393	75,664	722,327	200,665	59
60	Laboratory	2,787,419	62,762	60,833	210,693	3,121,707	867,223	60
63	Blood Storing, Processing & Trans.	614,511	3,000	2,908		620,419	172,355	63
65	Respiratory Therapy	1,318,936	14,300	13,861	216,102	1,563,199	434,263	65
66	Physical Therapy	1,799,433	49,051	47,543	323,285	2,219,312	616,534	66
69	Electrocardiology	592,377	98,293	95,273	89,952	875,895	243,327	69
70	Electroencephalography	51,198	1,370	1,328	9,037	62,933	17,483	70
71	Medical Supplies Charged to Patients	367,882				367,882	102,199	71
72	Impl. Dev. Charged to Patients	5,218,249				5,218,249	1,449,650	72
73	Drugs Charged to Patients	6,108,602				6,108,602	1,696,994	73
74	Renal Dialysis	582,257				582,257	161,753	74
76	WOUND CARE	217,587	36,353	35,236	29,532	318,708	88,538	76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,340,290	93,636	90,759	210,678	1,735,363	482,091	90
91	Emergency	2,525,887	162,329	157,341	374,012	3,219,569	894,409	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	114,312,856	4,116,459	3,989,965	8,096,086	112,786,197	24,172,960	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	2,519,882	495,794	480,558	233,738	3,729,972	1,036,201	192
194	MARKETING	1,619,026	4,246	4,116	77,734	1,705,122	473,690	194
194.0 1	HOSPICE	27,645	28,682	27,801		84,128	23,371	194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS	62,209			11,896	74,105	20,587	194.0 2
194.0 3	VACANT AREA		111,949			111,949	31,100	194.0 3
194.0 4	LAKEFRONT		25,464	24,681		50,145	13,930	194.0 4
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	118,541,618	4,782,594	4,527,121	8,419,454	118,541,618	25,771,839	202

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COST ALLOCATION - GENERAL SERVICE COSTS
**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
7	Operation of Plant	8,164,218						7
8	Laundry & Linen Service	88,695	826,242					8
9	Housekeeping	95,433		2,026,954				9
10	Dietary	201,761		51,247	2,454,391			10
11	Cafeteria	101,573		25,800	1,251,383	1,489,948		11
13	Nursing Administration	11,020		2,799		28,124	1,580,868	13
14	Central Services & Supply	106,390		27,023		20,489		14
15	Pharmacy	38,255		9,717		37,953	64,359	15
16	Medical Records & Library	83,689		21,257		40,646		16
21	I&R Services-Salary & Fringes Apprvd					216,249		21
22	I&R Services-Other Prgm Costs Apprvd	319,108		81,054				22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,752,623	323,700	445,169	522,441	381,608	647,239	30
31	Intensive Care Unit	369,800	105,744	93,930	80,061	78,681	133,450	31
40	Subprovider - IPF	159,507	23,690	40,515	79,622	68,853	116,774	40
41	Subprovider - IRF	309,064	70,756	78,503	46,839	32,317	54,815	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	869,793	89,459	220,929		113,247	192,068	50
50.01	GASTRO INTESTINAL SERVICES	112,939	12,701	28,687		11,216	19,025	50.01
51	Recovery Room	105,792		26,871		15,770	26,757	51
53	Anesthesiology	12,437		3,159		1,749		53
54	Radiology-Diagnostic	373,326	63,743	94,825		51,695		54
54.01	ULTRA SOUND	5,384		1,368		4,553		54.01
55	Radiology-Therapeutic	115,899	6,391	29,439		10,911		55
56	Radioisotope	93,733	6,391	23,808		5,664		56
56.01	VASCULAR LAB					6,302		56.01
56.02	STRAUSS ONCOLOGY		6,391			13,715		56.02
57	CT Scan	28,306		7,190		13,743		57
58	MRI	32,304		8,205		3,387		58
59	Cardiac Catheterization	48,362		12,284		9,606		59
60	Laboratory	144,268		36,644		59,580		60
63	Blood Storing, Processing & Trans.	6,895		1,751				63
65	Respiratory Therapy	32,871		8,349		50,779	86,115	65
66	Physical Therapy	112,750		28,639		60,163	102,037	66
69	Electrocardiology	225,942	6,391	57,389		19,768		69
70	Electroencephalography	3,149	6,391	800		2,499		70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	WOUND CARE	83,563		21,225		6,635		76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	215,236	12,936	54,670		4,276		90
91	Emergency	373,137	41,456	94,777		81,513	138,229	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	6,633,004	776,140	1,638,023	1,980,346	1,451,691	1,580,868	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	1,139,657	3,118	289,475	427,159	23,765		192
194	MARKETING	9,761		2,479		12,660		194
194.0 1	HOSPICE	65,931	46,984	16,747	43,079			194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS				3,807	1,832		194.0 2
194.0 3	VACANT AREA	257,333		65,363				194.0 3
194.0 4	LAKEFRONT	58,532		14,867				194.0 4
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	8,164,218	826,242	2,026,954	2,454,391	1,489,948	1,580,868	202

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COST ALLOCATION - GENERAL SERVICE COSTS
**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply	1,299,540						14
15	Pharmacy		1,704,099					15
16	Medical Records & Library			1,828,738				16
21	I&R Services-Salary & Fringes Apprvd				7,915,317			21
22	I&R Services-Other Prgm Costs Apprvd					2,973,792		22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics			162,453	5,883,713	2,210,516	29,274,395	30
31	Intensive Care Unit			31,949			5,612,642	31
40	Subprovider - IPF			11,428			2,812,053	40
41	Subprovider - IRF			7,476			2,473,503	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			265,333	1,602,266	601,973	15,526,729	50
50.01	GASTRO INTESTINAL SERVICES			36,190			989,343	50.01
51	Recovery Room			39,806			1,160,161	51
53	Anesthesiology			40,649			319,756	53
54	Radiology-Diagnostic			51,069			3,566,491	54
54.01	ULTRA SOUND			12,388			321,878	54.01
55	Radiology-Therapeutic			20,588			1,085,967	55
56	Radioisotope			21,817			1,074,561	56
56.01	VASCULAR LAB			12,354			1,478,146	56.01
56.02	STRAUSS ONCOLOGY			8,994			820,297	56.02
57	CT Scan			130,071			911,434	57
58	MRI			19,695			311,674	58
59	Cardiac Catheterization			43,449			1,036,693	59
60	Laboratory			212,105			4,441,527	60
63	Blood Storing, Processing & Trans.			15,442			816,862	63
65	Respiratory Therapy			27,336			2,202,912	65
66	Physical Therapy			56,169			3,195,604	66
69	Electrocardiology			61,418			1,490,130	69
70	Electroencephalography			1,184			94,439	70
71	Medical Supplies Charged to Patients	85,583		79,052			634,716	71
72	Impl. Dev. Charged to Patients	1,213,957		67,053			7,948,909	72
73	Drugs Charged to Patients		1,704,099	229,641			9,739,336	73
74	Renal Dialysis			3,907			747,917	74
76	WOUND CARE			6,389			525,058	76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			7,701			2,512,273	90
91	Emergency			145,632	429,338	161,303	5,579,363	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,299,540	1,704,099	1,828,738	7,915,317	2,973,792	108,704,769	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices						6,649,347	192
194	MARKETING						2,203,712	194
194.0	HOSPICE						280,240	194.0
1								1
194.0	OTHER NONREIMBURSABLE COST CENTERS						100,331	194.0
2								2
194.0	VACANT AREA						465,745	194.0
3								3
194.0	LAKEFRONT						137,474	194.0
4								4
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,299,540	1,704,099	1,828,738	7,915,317	2,973,792	118,541,618	202

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COST ALLOCATION - GENERAL SERVICE COSTS**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26					
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	-8,094,229	21,180,166					30
31	Intensive Care Unit		5,612,642					31
40	Subprovider - IPF		2,812,053					40
41	Subprovider - IRF		2,473,503					41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	-2,204,239	13,322,490					50
50.01	GASTRO INTESTINAL SERVICES		989,343					50.01
51	Recovery Room		1,160,161					51
53	Anesthesiology		319,756					53
54	Radiology-Diagnostic		3,566,491					54
54.01	ULTRA SOUND		321,878					54.01
55	Radiology-Therapeutic		1,085,967					55
56	Radioisotope		1,074,561					56
56.01	VASCULAR LAB		1,478,146					56.01
56.02	STRAUSS ONCOLOGY		820,297					56.02
57	CT Scan		911,434					57
58	MRI		311,674					58
59	Cardiac Catheterization		1,036,693					59
60	Laboratory		4,441,527					60
63	Blood Storing, Processing & Trans.		816,862					63
65	Respiratory Therapy		2,202,912					65
66	Physical Therapy		3,195,604					66
69	Electrocardiology		1,490,130					69
70	Electroencephalography		94,439					70
71	Medical Supplies Charged to Patients		634,716					71
72	Impl. Dev. Charged to Patients		7,948,909					72
73	Drugs Charged to Patients		9,739,336					73
74	Renal Dialysis		747,917					74
76	WOUND CARE		525,058					76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		2,512,273					90
91	Emergency	-590,641	4,988,722					91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	-10,889,109	97,815,660					118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		6,649,347					192
194	MARKETING		2,203,712					194
194.0	HOSPICE		280,240					194.0
1								1
194.0	OTHER NONREIMBURSABLE COST CENTERS		100,331					194.0
2								2
194.0	VACANT AREA		465,745					194.0
3								3
194.0	LAKEFRONT		137,474					194.0
4								4
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	-10,889,109	107,652,509					202

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS
**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		38,723	37,533	76,256	76,256		4
5	Administrative & General		531,338	515,011	1,046,349	6,164	1,052,513	5
7	Operation of Plant		660,793	640,488	1,301,281	2,011	72,486	7
8	Laundry & Linen Service		38,586	37,400	75,986		6,548	8
9	Housekeeping		41,517	40,241	81,758	1,470	17,149	9
10	Dietary		87,773	85,076	172,849	1,359	19,545	10
11	Cafeteria		44,188	42,830	87,018		987	11
13	Nursing Administration		4,794	4,647	9,441	1,557	13,663	13
14	Central Services & Supply		46,284	44,861	91,145	531	10,172	14
15	Pharmacy		16,642	16,131	32,773	1,961	13,796	15
16	Medical Records & Library		36,408	35,289	71,697	1,340	14,944	16
21	I&R Services-Salary & Fringes Apprvd					8,366	68,356	21
22	I&R Services-Other Prgm Costs Apprvd		138,824	134,558	273,382		22,850	22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		762,457	739,026	1,501,483	14,826	150,484	30
31	Intensive Care Unit		160,877	155,933	316,810	3,893	41,898	31
40	Subprovider - IPF		69,391	67,259	136,650	2,268	20,524	40
41	Subprovider - IRF		134,454	130,323	264,777	1,527	16,636	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		378,393	366,765	745,158	5,312	102,739	50
50.01	GASTRO INTESTINAL SERVICES		49,133	47,623	96,756	633	6,824	50.01
51	Recovery Room		46,023	44,609	90,632	847	8,392	51
53	Anesthesiology		5,410	5,244	10,654	105	2,324	53
54	Radiology-Diagnostic		162,411	157,420	319,831	2,216	26,030	54
54.01	ULTRA SOUND		2,342	2,270	4,612	310	2,647	54.01
55	Radiology-Therapeutic		50,420	48,871	99,291	551	8,015	55
56	Radioisotope		40,777	39,524	80,301	308	8,196	56
56.01	VASCULAR LAB					304	12,958	56.01
56.02	STRAUSS ONCOLOGY					697	7,025	56.02
57	CT Scan		12,314	11,936	24,250	633	6,500	57
58	MRI		14,054	13,622	27,676	201	2,203	58
59	Cardiac Catheterization		21,039	20,393	41,432	685	8,195	59
60	Laboratory		62,762	60,833	123,595	1,908	35,416	60
63	Blood Storing, Processing & Trans.		3,000	2,908	5,908		7,039	63
65	Respiratory Therapy		14,300	13,861	28,161	1,957	17,734	65
66	Physical Therapy		49,051	47,543	96,594	2,928	25,178	66
69	Electrocardiology		98,293	95,273	193,566	815	9,937	69
70	Electroencephalography		1,370	1,328	2,698	82	714	70
71	Medical Supplies Charged to Patients						4,174	71
72	Impl. Dev. Charged to Patients						59,201	72
73	Drugs Charged to Patients						69,302	73
74	Renal Dialysis						6,606	74
76	WOUND CARE		36,353	35,236	71,589	267	3,616	76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		93,636	90,759	184,395	1,908	19,688	90
91	Emergency		162,329	157,341	319,670	3,387	36,526	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)		4,116,459	3,989,965	8,106,424	73,327	987,217	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		495,794	480,558	976,352	2,117	42,317	192
194	MARKETING		4,246	4,116	8,362	704	19,345	194
194.0 1	HOSPICE		28,682	27,801	56,483		954	194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS					108	841	194.0 2
194.0 3	VACANT AREA		111,949		111,949		1,270	194.0 3
194.0 4	LAKEFRONT		25,464	24,681	50,145		569	194.0 4
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		4,782,594	4,527,121	9,309,715	76,256	1,052,513	202

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

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
7	Operation of Plant	1,375,778						7
8	Laundry & Linen Service	14,946	97,480					8
9	Housekeeping	16,082		116,459				9
10	Dietary	33,999		2,944	230,696			10
11	Cafeteria	17,116		1,482	117,621	224,224		11
13	Nursing Administration	1,857		161		4,232	30,911	13
14	Central Services & Supply	17,928		1,553		3,083		14
15	Pharmacy	6,446		558		5,712	1,258	15
16	Medical Records & Library	14,103		1,221		6,117		16
21	I&R Services-Salary & Fringes Apprvd					32,544		21
22	I&R Services-Other Prgm Costs Apprvd	53,774		4,657				22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	295,342	38,190	25,582	49,106	57,429	12,656	30
31	Intensive Care Unit	62,316	12,476	5,397	7,525	11,841	2,609	31
40	Subprovider - IPF	26,879	2,795	2,328	7,484	10,362	2,283	40
41	Subprovider - IRF	52,081	8,348	4,510	4,403	4,863	1,072	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	146,572	10,554	12,693		17,043	3,756	50
50.01	GASTRO INTESTINAL SERVICES	19,032	1,499	1,648		1,688	372	50.01
51	Recovery Room	17,827		1,544		2,373	523	51
53	Anesthesiology	2,096		181		263		53
54	Radiology-Diagnostic	62,910	7,520	5,448		7,780		54
54.01	ULTRA SOUND	907		79		685		54.01
55	Radiology-Therapeutic	19,530	754	1,691		1,642		55
56	Radioisotope	15,795	754	1,368		852		56
56.01	VASCULAR LAB					948		56.01
56.02	STRAUSS ONCOLOGY		754			2,064		56.02
57	CT Scan	4,770		413		2,068		57
58	MRI	5,444		471		510		58
59	Cardiac Catheterization	8,150		706		1,446		59
60	Laboratory	24,311		2,105		8,966		60
63	Blood Storing, Processing & Trans.	1,162		101				63
65	Respiratory Therapy	5,539		480		7,642	1,684	65
66	Physical Therapy	19,000		1,645		9,054	1,995	66
69	Electrocardiology	38,074	754	3,297		2,975		69
70	Electroencephalography	531	754	46		376		70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	WOUND CARE	14,081		1,219		999		76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	36,270	1,526	3,141		643		90
91	Emergency	62,879	4,891	5,445		12,267	2,703	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,117,749	91,569	94,114	186,139	218,467	30,911	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	192,047	368	16,632	40,150	3,576		192
194	MARKETING	1,645		142		1,905		194
194.0 1	HOSPICE	11,110	5,543	962	4,049			194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS				358	276		194.0 2
194.0 3	VACANT AREA	43,364		3,755				194.0 3
194.0 4	LAKEFRONT	9,863		854				194.0 4
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,375,778	97,480	116,459	230,696	224,224	30,911	202

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply	124,412						14
15	Pharmacy		62,504					15
16	Medical Records & Library			109,422				16
21	I&R Services-Salary & Fringes Apprvd				109,266			21
22	I&R Services-Other Prgm Costs Apprvd					354,663		22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics			9,705			2,154,803	30
31	Intensive Care Unit			1,909			466,674	31
40	Subprovider - IPF			683			212,256	40
41	Subprovider - IRF			447			358,664	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			16,020			1,059,847	50
50.01	GASTRO INTESTINAL SERVICES			2,162			130,614	50.01
51	Recovery Room			2,378			124,516	51
53	Anesthesiology			2,428			18,051	53
54	Radiology-Diagnostic			3,051			434,786	54
54.01	ULTRA SOUND			740			9,980	54.01
55	Radiology-Therapeutic			1,230			132,704	55
56	Radioisotope			1,303			108,877	56
56.01	VASCULAR LAB			738			14,948	56.01
56.02	STRAUSS ONCOLOGY			537			11,077	56.02
57	CT Scan			7,771			46,405	57
58	MRI			1,177			37,682	58
59	Cardiac Catheterization			2,596			63,210	59
60	Laboratory			12,672			208,973	60
63	Blood Storing, Processing & Trans.			923			15,133	63
65	Respiratory Therapy			1,633			64,830	65
66	Physical Therapy			3,356			159,750	66
69	Electrocardiology			3,669			253,087	69
70	Electroencephalography			71			5,272	70
71	Medical Supplies Charged to Patients	8,193		4,723			17,090	71
72	Impl. Dev. Charged to Patients	116,219		4,006			179,426	72
73	Drugs Charged to Patients		62,504	13,719			145,525	73
74	Renal Dialysis			233			6,839	74
76	WOUND CARE			382			92,153	76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			460			248,031	90
91	Emergency			8,700			456,468	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	124,412	62,504	109,422			7,237,671	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices						1,273,559	192
194	MARKETING						32,103	194
194.0	HOSPICE						79,101	194.0
1								1
194.0	OTHER NONREIMBURSABLE COST CENTERS						1,583	194.0
2								2
194.0	VACANT AREA						160,338	194.0
3								3
194.0	LAKEFRONT						61,431	194.0
4								4
200	Cross Foot Adjustments				109,266	354,663	463,929	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	124,412	62,504	109,422	109,266	354,663	9,309,715	202

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

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26					
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		2,154,803					30
31	Intensive Care Unit		466,674					31
40	Subprovider - IPF		212,256					40
41	Subprovider - IRF		358,664					41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		1,059,847					50
50.01	GASTRO INTESTINAL SERVICES		130,614					50.01
51	Recovery Room		124,516					51
53	Anesthesiology		18,051					53
54	Radiology-Diagnostic		434,786					54
54.01	ULTRA SOUND		9,980					54.01
55	Radiology-Therapeutic		132,704					55
56	Radioisotope		108,877					56
56.01	VASCULAR LAB		14,948					56.01
56.02	STRAUSS ONCOLOGY		11,077					56.02
57	CT Scan		46,405					57
58	MRI		37,682					58
59	Cardiac Catheterization		63,210					59
60	Laboratory		208,973					60
63	Blood Storing, Processing & Trans.		15,133					63
65	Respiratory Therapy		64,830					65
66	Physical Therapy		159,750					66
69	Electrocardiology		253,087					69
70	Electroencephalography		5,272					70
71	Medical Supplies Charged to Patients		17,090					71
72	Impl. Dev. Charged to Patients		179,426					72
73	Drugs Charged to Patients		145,525					73
74	Renal Dialysis		6,839					74
76	WOUND CARE		92,153					76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		248,031					90
91	Emergency		456,468					91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)		7,237,671					118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		1,273,559					192
194	MARKETING		32,103					194
194.0	HOSPICE		79,101					194.0
1								1
194.0	OTHER NONREIMBURSABLE COST CENTERS		1,583					194.0
2								2
194.0	VACANT AREA		160,338					194.0
3								3
194.0	LAKEFRONT		61,431					194.0
4								4
200	Cross Foot Adjustments		463,929					200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		9,309,715					202

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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COST ALLOCATION - STATISTICAL BASIS
WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMEN T GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	349,159						1
2	Cap Rel Costs-Mvble Equip		340,986					2
4	Employee Benefits Department	2,827	2,827	46,492,927				4
5	Administrative & General	38,791	38,791	3,758,250	-25,771,839	92,769,779		5
7	Operation of Plant	48,242	48,242	1,226,385		6,389,257	259,299	7
8	Laundry & Linen Service	2,817	2,817			577,199	2,817	8
9	Housekeeping	3,031	3,031	896,641		1,511,594	3,031	9
10	Dietary	6,408	6,408	828,894		1,722,786	6,408	10
11	Cafeteria	3,226	3,226			87,018	3,226	11
13	Nursing Administration	350	350	949,412		1,204,351	350	13
14	Central Services & Supply	3,379	3,379	324,083		896,568	3,379	14
15	Pharmacy	1,215	1,215	1,195,560		1,216,004	1,215	15
16	Medical Records & Library	2,658	2,658	816,927		1,317,218	2,658	16
21	I&R Services-Salary & Fringes Apprvd			5,101,414		6,025,234		21
22	I&R Services-Other Prgm Costs Apprvd	10,135	10,135			2,014,104	10,135	22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	55,664	55,664	9,035,262		13,260,960	55,664	30
31	Intensive Care Unit	11,745	11,745	2,373,988		3,693,076	11,745	31
40	Subprovider - IPF	5,066	5,066	1,382,687		1,809,091	5,066	40
41	Subprovider - IRF	9,816	9,816	931,135		1,466,370	9,816	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	27,625	27,625	3,238,855		9,055,897	27,625	50
50.01	GASTRO INTESTINAL SERVICES	3,587	3,587	385,717		601,489	3,587	50.01
51	Recovery Room	3,360	3,360	516,412		739,679	3,360	51
53	Anesthesiology	395	395	64,061		204,853	395	53
54	Radiology-Diagnostic	11,857	11,857	1,350,952		2,294,431	11,857	54
54.01	ULTRA SOUND	171	171	189,292		233,357	171	54.01
55	Radiology-Therapeutic	3,681	3,681	336,011		706,477	3,681	55
56	Radioisotope	2,977	2,977	188,001		722,449	2,977	56
56.01	VASCULAR LAB			185,370		1,142,186		56.01
56.02	STRAUSS ONCOLOGY			425,221		619,185		56.02
57	CT Scan	899	899	385,717		572,955	899	57
58	MRI	1,026	1,026	122,779		194,148	1,026	58
59	Cardiac Catheterization	1,536	1,536	417,825		722,327	1,536	59
60	Laboratory	4,582	4,582	1,163,463		3,121,707	4,582	60
63	Blood Storing, Processing & Trans.	219	219			620,419	219	63
65	Respiratory Therapy	1,044	1,044	1,193,332		1,563,199	1,044	65
66	Physical Therapy	3,581	3,581	1,785,205		2,219,312	3,581	66
69	Electrocardiology	7,176	7,176	496,721		875,895	7,176	69
70	Electroencephalography	100	100	49,903		62,933	100	70
71	Medical Supplies Charged to Patients					367,882		71
72	Impl. Dev. Charged to Patients					5,218,249		72
73	Drugs Charged to Patients					6,108,602		73
74	Renal Dialysis					582,257		74
76	WOUND CARE	2,654	2,654	163,076		318,708	2,654	76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	6,836	6,836	1,163,380		1,735,363	6,836	90
91	Emergency	11,851	11,851	2,065,327		3,219,569	11,851	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	300,527	300,527	44,707,258	-25,771,839	87,014,358	210,667	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	36,196	36,196	1,290,724		3,729,972	36,196	192
194	MARKETING	310	310	429,254		1,705,122	310	194
194.0 1	HOSPICE	2,094	2,094			84,128	2,094	194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS			65,691		74,105		194.0 2
194.0 3	VACANT AREA	8,173				111,949	8,173	194.0 3
194.0 4	LAKEFRONT	1,859	1,859			50,145	1,859	194.0 4
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	4,782,594	4,527,121	8,419,454		25,771,839	8,164,218	202

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMEN T GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
203	Unit Cost Multiplier (Wkst. B, Part I)	13.697467	13.276560	0.181091		0.277804	31.485729	203
204	Cost to be allocated (Per Wkst. B, Part II)			76,256		1,052,513	1,375,778	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.001640		0.011345	5.305759	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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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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COST ALLOCATION - STATISTICAL BASIS
WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
7	Operation of Plant							7
8	Laundry & Linen Service	880,340						8
9	Housekeeping		253,451					9
10	Dietary		6,408	357,794				10
11	Cafeteria		3,226	182,423	53,666			11
13	Nursing Administration		350		1,013	698,307		13
14	Central Services & Supply		3,379		738		5,586,131	14
15	Pharmacy		1,215		1,367	28,429		15
16	Medical Records & Library		2,658		1,464			16
21	I&R Services-Salary & Fringes Apprvd				7,789			21
22	I&R Services-Other Prgm Costs Apprvd		10,135					22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	344,896	55,664	76,160	13,745	285,901		30
31	Intensive Care Unit	112,668	11,745	11,671	2,834	58,948		31
40	Subprovider - IPF	25,241	5,066	11,607	2,480	51,582		40
41	Subprovider - IRF	75,389	9,816	6,828	1,164	24,213		41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	95,316	27,625		4,079	84,841		50
50.01	GASTRO INTESTINAL SERVICES	13,533	3,587		404	8,404		50.01
51	Recovery Room		3,360		568	11,819		51
53	Anesthesiology		395		63			53
54	Radiology-Diagnostic	67,917	11,857		1,862			54
54.01	ULTRA SOUND		171		164			54.01
55	Radiology-Therapeutic	6,809	3,681		393			55
56	Radioisotope	6,809	2,977		204			56
56.01	VASCULAR LAB				227			56.01
56.02	STRAUSS ONCOLOGY	6,809			494			56.02
57	CT Scan		899		495			57
58	MRI		1,026		122			58
59	Cardiac Catheterization		1,536		346			59
60	Laboratory		4,582		2,146			60
63	Blood Storing, Processing & Trans.		219					63
65	Respiratory Therapy		1,044		1,829	38,039		65
66	Physical Therapy		3,581		2,167	45,072		66
69	Electrocardiology	6,809	7,176		712			69
70	Electroencephalography	6,809	100		90			70
71	Medical Supplies Charged to Patients						367,882	71
72	Impl. Dev. Charged to Patients						5,218,249	72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	WOUND CARE		2,654		239			76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	13,783	6,836		154			90
91	Emergency	44,170	11,851		2,936	61,059		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	826,958	204,819	288,689	52,288	698,307	5,586,131	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	3,322	36,196	62,270	856			192
194	MARKETING		310		456			194
194.0 1	HOSPICE	50,060	2,094	6,280				194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS			555	66			194.0 2
194.0 3	VACANT AREA		8,173					194.0 3
194.0 4	LAKEFRONT		1,859					194.0 4
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	826,242	2,026,954	2,454,391	1,489,948	1,580,868	1,299,540	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.938549	7.997420	6.859788	27.763351	2.263858	0.232637	203

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
204	Cost to be allocated (Per Wkst. B, Part II)	97,480	116,459	230,696	224,224	30,911	124,412	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.110730	0.459493	0.644773	4.178139	0.044266	0.022272	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	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS CHAR GES	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME			
		15	16	21	22			

	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy	6,108,602						15
16	Medical Records & Library		635,155,428					16
21	I&R Services-Salary & Fringes Apprvd			74,279				21
22	I&R Services-Other Prgm Costs Apprvd				74,279			22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		56,426,979	55,214	55,214			30
31	Intensive Care Unit		11,097,323					31
40	Subprovider - IPF		3,969,538					40
41	Subprovider - IRF		2,596,753					41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		92,117,534	15,036	15,036			50
50.01	GASTRO INTESTINAL SERVICES		12,570,378					50.01
51	Recovery Room		13,826,292					51
53	Anesthesiology		14,119,022					53
54	Radiology-Diagnostic		17,738,602					54
54.01	ULTRA SOUND		4,302,920					54.01
55	Radiology-Therapeutic		7,151,042					55
56	Radioisotope		7,577,835					56
56.01	VASCULAR LAB		4,291,242					56.01
56.02	STRAUSS ONCOLOGY		3,123,853					56.02
57	CT Scan		45,179,358					57
58	MRI		6,840,989					58
59	Cardiac Catheterization		15,091,643					59
60	Laboratory		73,673,102					60
63	Blood Storing, Processing & Trans.		5,363,543					63
65	Respiratory Therapy		9,494,989					65
66	Physical Therapy		19,509,971					66
69	Electrocardiology		21,333,129					69
70	Electroencephalography		411,356					70
71	Medical Supplies Charged to Patients		27,458,206					71
72	Impl. Dev. Charged to Patients		23,290,309					72
73	Drugs Charged to Patients	6,108,602	79,764,118					73
74	Renal Dialysis		1,357,058					74
76	WOUND CARE		2,219,247					76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		2,674,960					90
91	Emergency		50,584,137	4,029	4,029			91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	6,108,602	635,155,428	74,279	74,279			118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices							192
194	MARKETING							194
194.0	HOSPICE							194.0
1								1
194.0	OTHER NONREIMBURSABLE COST CENTERS							194.0
2								2
194.0	VACANT AREA							194.0
3								3
194.0	LAKEFRONT							194.0
4								4
200	Cross foot adjustments							200
201	Negative cost centers							201

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS CHAR GES	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME			
		15	16	21	22			
202	Cost to be allocated (Per Wkst. B, Part I)	1,704,099	1,828,738	7,915,317	2,973,792			202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.278967	0.002879	106.561976	40.035434			203
204	Cost to be allocated (Per Wkst. B, Part II)	62,504	109,422	109,266	354,663			204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.010232	0.000172	1.471021	4.774741			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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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

		WORKSHEET			
	DESCRIPTION	CODE	LINE NO.	AMOUNT	
	1	2	3	4	

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COMPUTATION OF RATIO OF COST TO CHARGES**WORKSHEET C
PART I**

		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	21,180,166		21,180,166	71,573	21,251,739	30
31	Intensive Care Unit	5,612,642		5,612,642		5,612,642	31
40	Subprovider - IPF	2,812,053		2,812,053	1,115	2,813,168	40
41	Subprovider - IRF	2,473,503		2,473,503	22,169	2,495,672	41
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	13,322,490		13,322,490	83,910	13,406,400	50
50.01	GASTRO INTESTINAL SERVICES	989,343		989,343		989,343	50.01
51	Recovery Room	1,160,161		1,160,161		1,160,161	51
53	Anesthesiology	319,756		319,756		319,756	53
54	Radiology-Diagnostic	3,566,491		3,566,491	4,365	3,570,856	54
54.01	ULTRA SOUND	321,878		321,878		321,878	54.01
55	Radiology-Therapeutic	1,085,967		1,085,967	5,072	1,091,039	55
56	Radioisotope	1,074,561		1,074,561		1,074,561	56
56.01	VASCULAR LAB	1,478,146		1,478,146		1,478,146	56.01
56.02	STRAUSS ONCOLOGY	820,297		820,297		820,297	56.02
57	CT Scan	911,434		911,434		911,434	57
58	MRI	311,674		311,674		311,674	58
59	Cardiac Catheterization	1,036,693		1,036,693	730	1,037,423	59
60	Laboratory	4,441,527		4,441,527		4,441,527	60
63	Blood Storing, Processing & Trans.	816,862		816,862		816,862	63
65	Respiratory Therapy	2,202,912		2,202,912		2,202,912	65
66	Physical Therapy	3,195,604		3,195,604		3,195,604	66
69	Electrocardiology	1,490,130		1,490,130	1,062	1,491,192	69
70	Electroencephalography	94,439		94,439		94,439	70
71	Medical Supplies Charged to Patients	634,716		634,716		634,716	71
72	Impl. Dev. Charged to Patients	7,948,909		7,948,909		7,948,909	72
73	Drugs Charged to Patients	9,739,336		9,739,336		9,739,336	73
74	Renal Dialysis	747,917		747,917		747,917	74
76	WOUND CARE	525,058		525,058	3,457	528,515	76
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	2,512,273		2,512,273		2,512,273	90
91	Emergency	4,988,722		4,988,722		4,988,722	91
92	Observation Beds (Non-Distinct Part)	2,264,929		2,264,929		2,264,929	92
	OTHER REIMBURSABLE COST CENTERS						
200	Subtotal (sum of lines 30 thru 199)	100,080,589		100,080,589	193,453	100,274,042	200
201	Less Observation Beds	2,264,929		2,264,929		2,264,929	201
202	Total (line 200 minus line 201)	97,815,660		97,815,660		98,009,113	202

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COMPUTATION OF RATIO OF COST TO CHARGES
**WORKSHEET C
PART I**

		CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
COST CENTER DESCRIPTIONS		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics	49,498,635		49,498,635				30
31	Intensive Care Unit	11,097,323		11,097,323				31
40	Subprovider - IPF	3,969,538		3,969,538				40
41	Subprovider - IRF	2,596,753		2,596,753				41
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	43,720,655	48,396,879	92,117,534	0.144625	0.144625	0.145536	50
50.01	GASTRO INTESTINAL SERVICES	5,867,389	6,702,989	12,570,378	0.078704	0.078704	0.078704	50.01
51	Recovery Room	5,650,448	8,175,844	13,826,292	0.083910	0.083910	0.083910	51
53	Anesthesiology	7,021,624	7,097,398	14,119,022	0.022647	0.022647	0.022647	53
54	Radiology-Diagnostic	6,253,429	11,485,173	17,738,602	0.201058	0.201058	0.201304	54
54.01	ULTRA SOUND	1,383,383	2,919,537	4,302,920	0.074805	0.074805	0.074805	54.01
55	Radiology-Therapeutic	260,889	6,890,153	7,151,042	0.151861	0.151861	0.152571	55
56	Radioisotope	2,482,322	5,095,513	7,577,835	0.141803	0.141803	0.141803	56
56.01	VASCULAR LAB	2,566,378	1,724,864	4,291,242	0.344456	0.344456	0.344456	56.01
56.02	STRAUSS ONCOLOGY	11,660	3,112,193	3,123,853	0.262591	0.262591	0.262591	56.02
57	CT Scan	20,576,051	24,603,307	45,179,358	0.020174	0.020174	0.020174	57
58	MRI	1,728,376	5,112,613	6,840,989	0.045560	0.045560	0.045560	58
59	Cardiac Catheterization	10,926,226	4,165,417	15,091,643	0.068693	0.068693	0.068742	59
60	Laboratory	47,938,169	25,734,933	73,673,102	0.060287	0.060287	0.060287	60
63	Blood Storing, Processing & Trans.	4,558,944	804,599	5,363,543	0.152299	0.152299	0.152299	63
65	Respiratory Therapy	9,031,398	463,591	9,494,989	0.232008	0.232008	0.232008	65
66	Physical Therapy	12,079,691	7,430,280	19,509,971	0.163793	0.163793	0.163793	66
69	Electrocardiology	12,309,817	9,023,312	21,333,129	0.069851	0.069851	0.069900	69
70	Electroencephalography	355,494	55,862	411,356	0.229580	0.229580	0.229580	70
71	Medical Supplies Charged to Patients	14,407,334	13,050,872	27,458,206	0.023116	0.023116	0.023116	71
72	Impl. Dev. Charged to Patients	16,741,417	6,548,892	23,290,309	0.341297	0.341297	0.341297	72
73	Drugs Charged to Patients	37,302,583	42,461,535	79,764,118	0.122102	0.122102	0.122102	73
74	Renal Dialysis	1,335,223	21,835	1,357,058	0.551131	0.551131	0.551131	74
76	WOUND CARE	20,787	2,198,460	2,219,247	0.236593	0.236593	0.238151	76
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	11,275	2,663,685	2,674,960	0.939182	0.939182	0.939182	90
91	Emergency	14,301,242	36,282,895	50,584,137	0.098622	0.098622	0.098622	91
92	Observation Beds (Non-Distinct Part)	2,183,720	4,744,624	6,928,344	0.326908	0.326908	0.326908	92
OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (sum of lines 30 thru 199)	348,188,173	286,967,255	635,155,428				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	348,188,173	286,967,255	635,155,428				202

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE V (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)**WORKSHEET C
PART I**

		Total Cost (B Part I col 26 plus sum of cols 21 & 22)	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						30
31	Intensive Care Unit						31
40	Subprovider - IPF						40
41	Subprovider - IRF						41
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
50.01	GASTRO INTESTINAL SERVICES						50.01
51	Recovery Room						51
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	ULTRA SOUND						54.01
55	Radiology-Therapeutic						55
56	Radioisotope						56
56.01	VASCULAR LAB						56.01
56.02	STRAUSS ONCOLOGY						56.02
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
63	Blood Storing, Processing & Trans.						63
65	Respiratory Therapy						65
66	Physical Therapy						66
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
74	Renal Dialysis						74
76	WOUND CARE						76
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
200	Subtotal (sum of lines 30 thru 199)						200
201	Less Observation Beds						201
202	Total (line 200 minus line 201)						202

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE V (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)**WORKSHEET C
PART I**

		CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
COST CENTER DESCRIPTIONS		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics	49,498,635		49,498,635				30
31	Intensive Care Unit	11,097,323		11,097,323				31
40	Subprovider - IPF	3,969,538		3,969,538				40
41	Subprovider - IRF	2,596,753		2,596,753				41
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	43,720,655	48,396,879	92,117,534				50
50.01	GASTRO INTESTINAL SERVICES	5,867,389	6,702,989	12,570,378				50.01
51	Recovery Room	5,650,448	8,175,844	13,826,292				51
53	Anesthesiology	7,021,624	7,097,398	14,119,022				53
54	Radiology-Diagnostic	6,253,429	11,485,173	17,738,602				54
54.01	ULTRA SOUND	1,383,383	2,919,537	4,302,920				54.01
55	Radiology-Therapeutic	260,889	6,890,153	7,151,042				55
56	Radioisotope	2,482,322	5,095,513	7,577,835				56
56.01	VASCULAR LAB	2,566,378	1,724,864	4,291,242				56.01
56.02	STRAUSS ONCOLOGY	11,660	3,112,193	3,123,853				56.02
57	CT Scan	20,576,051	24,603,307	45,179,358				57
58	MRI	1,728,376	5,112,613	6,840,989				58
59	Cardiac Catheterization	10,926,226	4,165,417	15,091,643				59
60	Laboratory	47,938,169	25,734,933	73,673,102				60
63	Blood Storing, Processing & Trans.	4,558,944	804,599	5,363,543				63
65	Respiratory Therapy	9,031,398	463,591	9,494,989				65
66	Physical Therapy	12,079,691	7,430,280	19,509,971				66
69	Electrocardiology	12,309,817	9,023,312	21,333,129				69
70	Electroencephalography	355,494	55,862	411,356				70
71	Medical Supplies Charged to Patients	14,407,334	13,050,872	27,458,206				71
72	Impl. Dev. Charged to Patients	16,741,417	6,548,892	23,290,309				72
73	Drugs Charged to Patients	37,302,583	42,461,535	79,764,118				73
74	Renal Dialysis	1,335,223	21,835	1,357,058				74
76	WOUND CARE	20,787	2,198,460	2,219,247				76
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	11,275	2,663,685	2,674,960				90
91	Emergency	14,301,242	36,282,895	50,584,137				91
92	Observation Beds (Non-Distinct Part)	2,183,720	4,744,624	6,928,344				92
OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (sum of lines 30 thru 199)	348,188,173	286,967,255	635,155,428				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)		286,967,255	635,155,428				202

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY
**WORKSHEET C
PART II**
☐ Title V

☒ Title XIX

	COST CENTER DESCRIPTIONS	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					50
50.01	GASTRO INTESTINAL SERVICES					50.01
51	Recovery Room					51
53	Anesthesiology					53
54	Radiology-Diagnostic					54
54.01	ULTRA SOUND					54.01
55	Radiology-Therapeutic					55
56	Radioisotope					56
56.01	VASCULAR LAB					56.01
56.02	STRAUSS ONCOLOGY					56.02
57	CT Scan					57
58	MRI					58
59	Cardiac Catheterization					59
60	Laboratory					60
63	Blood Storing, Processing & Trans.					63
65	Respiratory Therapy					65
66	Physical Therapy					66
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
74	Renal Dialysis					74
76	WOUND CARE					76
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic					90
91	Emergency					91
92	Observation Beds (Non-Distinct Part)					92
	OTHER REIMBURSABLE COST CENTERS					
200	Subtotal					200
201	Less Observation Beds					201
202	Total					202

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY
**WORKSHEET C
PART II**
☐ Title V

☒ Title XIX

	COST CENTER DESCRIPTIONS	Operating Cost Reduction Amount	Cost Net of Capital and Operating Cost Reduction	Total Charges (Wkst C, Part I, col. 8)	Outpatient Cost to Charge Ratio(col. 6 ÷ col. 7)	
		5	6	7	8	
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room					50
50.01	GASTRO INTESTINAL SERVICES					50.01
51	Recovery Room					51
53	Anesthesiology					53
54	Radiology-Diagnostic					54
54.01	ULTRA SOUND					54.01
55	Radiology-Therapeutic					55
56	Radioisotope					56
56.01	VASCULAR LAB					56.01
56.02	STRAUSS ONCOLOGY					56.02
57	CT Scan					57
58	MRI					58
59	Cardiac Catheterization					59
60	Laboratory					60
63	Blood Storing, Processing & Trans.					63
65	Respiratory Therapy					65
66	Physical Therapy					66
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
74	Renal Dialysis					74
76	WOUND CARE					76
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic					90
91	Emergency					91
92	Observation Beds (Non-Distinct Part)					92
	OTHER REIMBURSABLE COST CENTERS					
200	Subtotal					200
201	Less Observation Beds					201
202	Total					202

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

		Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjust- ment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	2,154,803		2,154,803	24,133	89.29	8,631	770,662	30
31	Intensive Care Unit	466,674		466,674	3,304	141.25	1,290	182,213	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	212,256		212,256	3,286	64.59	1,932	124,788	40
41	Subprovider - IRF	358,664		358,664	1,933	185.55	1,083	200,951	41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	3,192,397		3,192,397	32,656		12,936	1,278,614	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**COMPONENT CCN: 14-0082****WORKSHEET D
PART II**

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

☒ Hospital
☐ IPF
☐ IRF

☐ SUB (Other)

☒ PPS
☐ TEFRA

		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	1,059,847	92,117,534	0.011505	17,320,056	199,267	50
50.01	GASTRO INTESTINAL SERVICES	130,614	12,570,378	0.010391	1,760,547	18,294	50.01
51	Recovery Room	124,516	13,826,292	0.009006	2,352,923	21,190	51
53	Anesthesiology	18,051	14,119,022	0.001278	2,586,951	3,306	53
54	Radiology-Diagnostic	434,786	17,738,602	0.024511	1,857,255	45,523	54
54.01	ULTRA SOUND	9,980	4,302,920	0.002319	599,824	1,391	54.01
55	Radiology-Therapeutic	132,704	7,151,042	0.018557	181,864	3,375	55
56	Radioisotope	108,877	7,577,835	0.014368	965,116	13,867	56
56.01	VASCULAR LAB	14,948	4,291,242	0.003483	1,076,508	3,749	56.01
56.02	STRAUSS ONCOLOGY	11,077	3,123,853	0.003546			56.02
57	CT Scan	46,405	45,179,358	0.001027	7,825,930	8,037	57
58	MRI	37,682	6,840,989	0.005508	645,849	3,557	58
59	Cardiac Catheterization	63,210	15,091,643	0.004188	3,905,616	16,357	59
60	Laboratory	208,973	73,673,102	0.002836	19,402,447	55,025	60
63	Blood Storing, Processing & Tra	15,133	5,363,543	0.002821	1,163,480	3,282	63
65	Respiratory Therapy	64,830	9,494,989	0.006828	3,012,633	20,570	65
66	Physical Therapy	159,750	19,509,971	0.008188	3,891,101	31,860	66
69	Electrocardiology	253,087	21,333,129	0.011864	5,065,122	60,093	69
70	Electroencephalography	5,272	411,356	0.012816	134,616	1,725	70
71	Medical Supplies Charged to Pat	17,090	27,458,206	0.000622	5,519,070	3,433	71
72	Impl. Dev. Charged to Patients	179,426	23,290,309	0.007704	7,825,658	60,289	72
73	Drugs Charged to Patients	145,525	79,764,118	0.001824	13,167,420	24,017	73
74	Renal Dialysis	6,839	1,357,058	0.005040	599,864	3,023	74
76	WOUND CARE	92,153	2,219,247	0.041524			76
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	248,031	2,674,960	0.092723			90
91	Emergency	456,468	50,584,137	0.009024	5,064,010	45,698	91
92	Observation Beds (Non-Distinct	229,650	6,928,344	0.033146	759,152	25,163	92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	4,274,924	567,993,179		106,683,012	672,091	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

Check
Applicable
Boxes:

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

☒ PPS
☐ TEFRA
☐ Other

		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
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	TOTAL (lines 30-199)								200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

Check
Applicable
Boxes:

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

☒ PPS
☐ TEFRA
☐ Other

		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass- Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	24,133		8,631		30
31	Intensive Care Unit	3,304		1,290		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF	3,286		1,932		40
41	Subprovider - IRF	1,933		1,083		41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	32,656		12,936		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**
COMPONENT CCN: 14-0082
**WORKSHEET D
PART IV**

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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
50.01	GASTRO INTESTINAL SERVICES									50.01
51	Recovery Room									51
53	Anesthesiology									53
54	Radiology-Diagnostic									54
54.01	ULTRA SOUND									54.01
55	Radiology-Therapeutic									55
56	Radioisotope									56
56.01	VASCULAR LAB									56.01
56.02	STRAUSS ONCOLOGY									56.02
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
60	Laboratory									60
63	Blood Storing, Processing & Tra									63
65	Respiratory Therapy									65
66	Physical Therapy									66
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
74	Renal Dialysis									74
76	WOUND CARE									76
	OUTPATIENT SERVICE COST CENTERS									
90	Clinic									90
91	Emergency									91
92	Observation Beds (Non-Distinct									92
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**
COMPONENT CCN: 14-0082
**WORKSHEET D
PART IV**

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

		Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass- Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass- Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	92,117,534			17,320,056		12,081,394		50
50.01	GASTRO INTESTINAL SERVICES	12,570,378			1,760,547		2,192,441		50.01
51	Recovery Room	13,826,292			2,352,923		3,425,029		51
53	Anesthesiology	14,119,022			2,586,951		1,687,987		53
54	Radiology-Diagnostic	17,738,602			1,857,255		5,840,018		54
54.01	ULTRA SOUND	4,302,920			599,824		921,277		54.01
55	Radiology-Therapeutic	7,151,042			181,864		56,826		55
56	Radioisotope	7,577,835			965,116		1,954,895		56
56.01	VASCULAR LAB	4,291,242			1,076,508		918,407		56.01
56.02	STRAUSS ONCOLOGY	3,123,853					1,493,224		56.02
57	CT Scan	45,179,358			7,825,930		10,219,727		57
58	MRI	6,840,989			645,849		1,771,110		58
59	Cardiac Catheterization	15,091,643			3,905,616		1,666,150		59
60	Laboratory	73,673,102			19,402,447		6,560,314		60
63	Blood Storing, Processing & Tra	5,363,543			1,163,480		136,561		63
65	Respiratory Therapy	9,494,989			3,012,633		128,196		65
66	Physical Therapy	19,509,971			3,891,101		247,544		66
69	Electrocardiology	21,333,129			5,065,122		4,420,055		69
70	Electroencephalography	411,356			134,616		48,376		70
71	Medical Supplies Charged to Pat	27,458,206			5,519,070		4,158,351		71
72	Impl. Dev. Charged to Patients	23,290,309			7,825,658		1,927,609		72
73	Drugs Charged to Patients	79,764,118			13,167,420		20,419,148		73
74	Renal Dialysis	1,357,058			599,864		13,834		74
76	WOUND CARE	2,219,247					45,247		76
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	2,674,960					552,283		90
91	Emergency	50,584,137			5,064,010		7,856,678		91
92	Observation Beds (Non-Distinct	6,928,344			759,152		1,626,326		92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	567,993,179			106,683,012		92,369,007		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS
COMPONENT CCN: 14-0082
**WORKSHEET D
PART V**

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

			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	0.144625	12,081,394			1,747,272			50
50.01	GASTRO INTESTINAL SERVICES	0.078704	2,192,441			172,554			50.01
51	Recovery Room	0.083910	3,425,029			287,394			51
53	Anesthesiology	0.022647	1,687,987			38,228			53
54	Radiology-Diagnostic	0.201058	5,840,018			1,174,182			54
54.01	ULTRA SOUND	0.074805	921,277			68,916			54.01
55	Radiology-Therapeutic	0.151861	56,826			8,630			55
56	Radioisotope	0.141803	1,954,895			277,210			56
56.01	VASCULAR LAB	0.344456	918,407			316,351			56.01
56.02	STRAUSS ONCOLOGY	0.262591	1,493,224			392,107			56.02
57	CT Scan	0.020174	10,219,727			206,173			57
58	MRI	0.045560	1,771,110			80,692			58
59	Cardiac Catheterization	0.068693	1,666,150			114,453			59
60	Laboratory	0.060287	6,560,314			395,502			60
63	Blood Storing, Processing & Tra	0.152299	136,561			20,798			63
65	Respiratory Therapy	0.232008	128,196			29,742			65
66	Physical Therapy	0.163793	247,544			40,546			66
69	Electrocardiology	0.069851	4,420,055			308,745			69
70	Electroencephalography	0.229580	48,376			11,106			70
71	Medical Supplies Charged to Pat	0.023116	4,158,351			96,124			71
72	Impl. Dev. Charged to Patients	0.341297	1,927,609			657,887			72
73	Drugs Charged to Patients	0.122102	20,419,148		28,277	2,493,219		3,453	73
74	Renal Dialysis	0.551131	13,834			7,624			74
76	WOUND CARE	0.236593	45,247			10,705			76
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.939182	552,283			518,694			90
91	Emergency	0.098622	7,856,678			774,841			91
92	Observation Beds (Non-Distinct	0.326908	1,626,326			531,659			92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		92,369,007		28,277	10,781,354		3,453	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		92,369,007		28,277	10,781,354		3,453	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**COMPONENT CCN: 14-S082****WORKSHEET D
PART II**

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

☐ Hospital
☒ IPF
☐ IRF

☐ SUB (Other)
☒ PPS
☐ TEFRA

		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	1,059,847	92,117,534	0.011505	349	4	50
50.01	GASTRO INTESTINAL SERVICES	130,614	12,570,378	0.010391			50.01
51	Recovery Room	124,516	13,826,292	0.009006			51
53	Anesthesiology	18,051	14,119,022	0.001278			53
54	Radiology-Diagnostic	434,786	17,738,602	0.024511	29,293	718	54
54.01	ULTRA SOUND	9,980	4,302,920	0.002319	3,552	8	54.01
55	Radiology-Therapeutic	132,704	7,151,042	0.018557			55
56	Radioisotope	108,877	7,577,835	0.014368	6,426	92	56
56.01	VASCULAR LAB	14,948	4,291,242	0.003483	21,689	76	56.01
56.02	STRAUSS ONCOLOGY	11,077	3,123,853	0.003546			56.02
57	CT Scan	46,405	45,179,358	0.001027	84,955	87	57
58	MRI	37,682	6,840,989	0.005508	10,738	59	58
59	Cardiac Catheterization	63,210	15,091,643	0.004188			59
60	Laboratory	208,973	73,673,102	0.002836	611,273	1,734	60
63	Blood Storing, Processing & Tra	15,133	5,363,543	0.002821			63
65	Respiratory Therapy	64,830	9,494,989	0.006828	58,917	402	65
66	Physical Therapy	159,750	19,509,971	0.008188	201,297	1,648	66
69	Electrocardiology	253,087	21,333,129	0.011864	126,127	1,496	69
70	Electroencephalography	5,272	411,356	0.012816			70
71	Medical Supplies Charged to Pat	17,090	27,458,206	0.000622	4,934	3	71
72	Impl. Dev. Charged to Patients	179,426	23,290,309	0.007704	63		72
73	Drugs Charged to Patients	145,525	79,764,118	0.001824	826,441	1,507	73
74	Renal Dialysis	6,839	1,357,058	0.005040			74
76	WOUND CARE	92,153	2,219,247	0.041524			76
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	248,031	2,674,960	0.092723			90
91	Emergency	456,468	50,584,137	0.009024	194,671	1,757	91
92	Observation Beds (Non-Distinct		6,928,344				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	4,045,274	567,993,179		2,180,725	9,591	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S082

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
50.01	GASTRO INTESTINAL SERVICES									50.01
51	Recovery Room									51
53	Anesthesiology									53
54	Radiology-Diagnostic									54
54.01	ULTRA SOUND									54.01
55	Radiology-Therapeutic									55
56	Radioisotope									56
56.01	VASCULAR LAB									56.01
56.02	STRAUSS ONCOLOGY									56.02
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
60	Laboratory									60
63	Blood Storing, Processing & Tra									63
65	Respiratory Therapy									65
66	Physical Therapy									66
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
74	Renal Dialysis									74
76	WOUND CARE									76
	OUTPATIENT SERVICE COST CENTERS									
90	Clinic									90
91	Emergency									91
92	Observation Beds (Non-Distinct									92
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**
COMPONENT CCN: 14-S082
**WORKSHEET D
PART IV**

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

		Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass- Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass- Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	92,117,534			349				50
50.01	GASTRO INTESTINAL SERVICES	12,570,378							50.01
51	Recovery Room	13,826,292							51
53	Anesthesiology	14,119,022							53
54	Radiology-Diagnostic	17,738,602			29,293		6,926		54
54.01	ULTRA SOUND	4,302,920			3,552		705		54.01
55	Radiology-Therapeutic	7,151,042							55
56	Radioisotope	7,577,835			6,426				56
56.01	VASCULAR LAB	4,291,242			21,689				56.01
56.02	STRAUSS ONCOLOGY	3,123,853							56.02
57	CT Scan	45,179,358			84,955		7,664		57
58	MRI	6,840,989			10,738				58
59	Cardiac Catheterization	15,091,643							59
60	Laboratory	73,673,102			611,273				60
63	Blood Storing, Processing & Tra	5,363,543							63
65	Respiratory Therapy	9,494,989			58,917				65
66	Physical Therapy	19,509,971			201,297				66
69	Electrocardiology	21,333,129			126,127		21,768		69
70	Electroencephalography	411,356							70
71	Medical Supplies Charged to Pat	27,458,206			4,934		217		71
72	Impl. Dev. Charged to Patients	23,290,309			63				72
73	Drugs Charged to Patients	79,764,118			826,441		19,300		73
74	Renal Dialysis	1,357,058							74
76	WOUND CARE	2,219,247							76
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	2,674,960							90
91	Emergency	50,584,137			194,671				91
92	Observation Beds (Non-Distinct	6,928,344							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	567,993,179			2,180,725		56,580		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS
COMPONENT CCN: 14-S082
**WORKSHEET D
PART V**

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

			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	0.144625							50
50.01	GASTRO INTESTINAL SERVICES	0.078704							50.01
51	Recovery Room	0.083910							51
53	Anesthesiology	0.022647							53
54	Radiology-Diagnostic	0.201058	6,926			1,393			54
54.01	ULTRA SOUND	0.074805	705			53			54.01
55	Radiology-Therapeutic	0.151861							55
56	Radioisotope	0.141803							56
56.01	VASCULAR LAB	0.344456							56.01
56.02	STRAUSS ONCOLOGY	0.262591							56.02
57	CT Scan	0.020174	7,664			155			57
58	MRI	0.045560							58
59	Cardiac Catheterization	0.068693							59
60	Laboratory	0.060287							60
63	Blood Storing, Processing & Tra	0.152299							63
65	Respiratory Therapy	0.232008							65
66	Physical Therapy	0.163793							66
69	Electrocardiology	0.069851	21,768			1,521			69
70	Electroencephalography	0.229580							70
71	Medical Supplies Charged to Pat	0.023116	217			5			71
72	Impl. Dev. Charged to Patients	0.341297							72
73	Drugs Charged to Patients	0.122102	19,300			2,357			73
74	Renal Dialysis	0.551131							74
76	WOUND CARE	0.236593							76
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.939182							90
91	Emergency	0.098622							91
92	Observation Beds (Non-Distinct	0.326908							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		56,580			5,484			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		56,580			5,484			202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**COMPONENT CCN: 14-T082****WORKSHEET D
PART II**

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

☐ Hospital
☐ IPF
☒ IRF

☐ SUB (Other)
☒ PPS
☐ TEFRA

		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	1,059,847	92,117,534	0.011505	12,378	142	50
50.01	GASTRO INTESTINAL SERVICES	130,614	12,570,378	0.010391	8,082	84	50.01
51	Recovery Room	124,516	13,826,292	0.009006	3,518	32	51
53	Anesthesiology	18,051	14,119,022	0.001278	1,989	3	53
54	Radiology-Diagnostic	434,786	17,738,602	0.024511	24,755	607	54
54.01	ULTRA SOUND	9,980	4,302,920	0.002319	6,205	14	54.01
55	Radiology-Therapeutic	132,704	7,151,042	0.018557			55
56	Radioisotope	108,877	7,577,835	0.014368	14,633	210	56
56.01	VASCULAR LAB	14,948	4,291,242	0.003483	22,760	79	56.01
56.02	STRAUSS ONCOLOGY	11,077	3,123,853	0.003546			56.02
57	CT Scan	46,405	45,179,358	0.001027	36,078	37	57
58	MRI	37,682	6,840,989	0.005508			58
59	Cardiac Catheterization	63,210	15,091,643	0.004188	57,930	243	59
60	Laboratory	208,973	73,673,102	0.002836	375,708	1,066	60
63	Blood Storing, Processing & Tra	15,133	5,363,543	0.002821	1,904	5	63
65	Respiratory Therapy	64,830	9,494,989	0.006828	60,294	412	65
66	Physical Therapy	159,750	19,509,971	0.008188	1,772,749	14,515	66
69	Electrocardiology	253,087	21,333,129	0.011864	27,622	328	69
70	Electroencephalography	5,272	411,356	0.012816			70
71	Medical Supplies Charged to Pat	17,090	27,458,206	0.000622	68,609	43	71
72	Impl. Dev. Charged to Patients	179,426	23,290,309	0.007704	9,132	70	72
73	Drugs Charged to Patients	145,525	79,764,118	0.001824	665,645	1,214	73
74	Renal Dialysis	6,839	1,357,058	0.005040	27,707	140	74
76	WOUND CARE	92,153	2,219,247	0.041524			76
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	248,031	2,674,960	0.092723			90
91	Emergency	456,468	50,584,137	0.009024			91
92	Observation Beds (Non-Distinct		6,928,344				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	4,045,274	567,993,179		3,197,698	19,244	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-T082

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
50.01	GASTRO INTESTINAL SERVICES									50.01
51	Recovery Room									51
53	Anesthesiology									53
54	Radiology-Diagnostic									54
54.01	ULTRA SOUND									54.01
55	Radiology-Therapeutic									55
56	Radioisotope									56
56.01	VASCULAR LAB									56.01
56.02	STRAUSS ONCOLOGY									56.02
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
60	Laboratory									60
63	Blood Storing, Processing & Tra									63
65	Respiratory Therapy									65
66	Physical Therapy									66
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
74	Renal Dialysis									74
76	WOUND CARE									76
	OUTPATIENT SERVICE COST CENTERS									
90	Clinic									90
91	Emergency									91
92	Observation Beds (Non-Distinct									92
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**
COMPONENT CCN: 14-T082
**WORKSHEET D
PART IV**

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

		Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass- Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass- Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	92,117,534			12,378				50
50.01	GASTRO INTESTINAL SERVICES	12,570,378			8,082				50.01
51	Recovery Room	13,826,292			3,518				51
53	Anesthesiology	14,119,022			1,989				53
54	Radiology-Diagnostic	17,738,602			24,755		7,298		54
54.01	ULTRA SOUND	4,302,920			6,205		2,493		54.01
55	Radiology-Therapeutic	7,151,042							55
56	Radioisotope	7,577,835			14,633		5,351		56
56.01	VASCULAR LAB	4,291,242			22,760		3,100		56.01
56.02	STRAUSS ONCOLOGY	3,123,853							56.02
57	CT Scan	45,179,358			36,078		3,335		57
58	MRI	6,840,989							58
59	Cardiac Catheterization	15,091,643			57,930				59
60	Laboratory	73,673,102			375,708		3,053		60
63	Blood Storing, Processing & Tra	5,363,543			1,904				63
65	Respiratory Therapy	9,494,989			60,294				65
66	Physical Therapy	19,509,971			1,772,749				66
69	Electrocardiology	21,333,129			27,622		8,721		69
70	Electroencephalography	411,356							70
71	Medical Supplies Charged to Pat	27,458,206			68,609		26,211		71
72	Impl. Dev. Charged to Patients	23,290,309			9,132		3,072		72
73	Drugs Charged to Patients	79,764,118			665,645		58,547		73
74	Renal Dialysis	1,357,058			27,707		970		74
76	WOUND CARE	2,219,247							76
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	2,674,960							90
91	Emergency	50,584,137							91
92	Observation Beds (Non-Distinct	6,928,344							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	567,993,179			3,197,698		122,151		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS
COMPONENT CCN: 14-T082
**WORKSHEET D
PART V**

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

			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	0.144625							50
50.01	GASTRO INTESTINAL SERVICES	0.078704							50.01
51	Recovery Room	0.083910							51
53	Anesthesiology	0.022647							53
54	Radiology-Diagnostic	0.201058	7,298			1,467			54
54.01	ULTRA SOUND	0.074805	2,493			186			54.01
55	Radiology-Therapeutic	0.151861							55
56	Radioisotope	0.141803	5,351			759			56
56.01	VASCULAR LAB	0.344456	3,100			1,068			56.01
56.02	STRAUSS ONCOLOGY	0.262591							56.02
57	CT Scan	0.020174	3,335			67			57
58	MRI	0.045560							58
59	Cardiac Catheterization	0.068693							59
60	Laboratory	0.060287	3,053			184			60
63	Blood Storing, Processing & Tra	0.152299							63
65	Respiratory Therapy	0.232008							65
66	Physical Therapy	0.163793							66
69	Electrocardiology	0.069851	8,721			609			69
70	Electroencephalography	0.229580							70
71	Medical Supplies Charged to Pat	0.023116	26,211			606			71
72	Impl. Dev. Charged to Patients	0.341297	3,072			1,048			72
73	Drugs Charged to Patients	0.122102	58,547			7,149			73
74	Renal Dialysis	0.551131	970			535			74
76	WOUND CARE	0.236593							76
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.939182							90
91	Emergency	0.098622							91
92	Observation Beds (Non-Distinct	0.326908							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		122,151			13,678			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		122,151			13,678			202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-0082****WORKSHEET D-1
PART I**

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

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

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	24,133	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	24,133	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)	21,561	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)	8,631	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)	21,251,739	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)	21,251,739	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	21,251,739	37

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-0082****WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS							1
38	Adjusted general inpatient routine service cost per diem (see instructions)					880.61	38
39	Program general inpatient routine service cost (line 9 x line 38)					7,600,545	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)					7,600,545	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	5,612,642	3,304	1,698.74	1,290	2,191,375	43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47
							1
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					12,877,796	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					22,669,716	49
PASS THROUGH COST ADJUSTMENTS							
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					952,875	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					672,091	51
52	Total Program excludable cost (sum of lines 50 and 51)					1,624,966	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					21,044,750	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

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0082

WORKSHEET D-1
PARTS III & IV

Check
Applicable
Boxes:

☐ Title V - I/P

☒ Title XVIII, Part A

☐ Title XIX - I/P

☒ Hospital

☐ IPF

☐ IRF

☐ SUB (Other)

☐ SNF

☐ NF

☐ ICF/IID

☒ PPS

☐ TEFRA

☐ Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					2,572	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					880.61	88
89	Observation bed cost (line 87 x line 88) (see instructions)					2,264,929	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	2,154,803	21,251,739	0.101394	2,264,929	229,650	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-S082****WORKSHEET D-1
PART I**

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

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

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,286	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,286	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)	3,286	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)	1,932	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)	2,813,168	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)	2,813,168	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,813,168	37

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-S082****WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	856.11	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,654,005	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)	1,654,005	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	229,352	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,883,357	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	124,788	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	9,591	51
52	Total Program excludable cost (sum of lines 50 and 51)	134,379	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,748,978	53

TARGET AMOUNT AND LIMIT COMPUTATION

54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 x line 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57
58	Bonus payment (see instructions)		58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.		59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.		60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61
62	Relief payment (see instructions)		62
63	Allowable Inpatient cost plus incentive payment (see instructions)		63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)		64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)		65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)		66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-T082****WORKSHEET D-1
PART I**

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

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

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	1,933	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	1,933	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)	1,933	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)	1,083	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	2,495,672	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)	2,495,672	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,495,672	37

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-T082****WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,291.09	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,398,250	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)	1,398,250	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	453,323	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,851,573	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	200,951	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	19,244	51
52	Total Program excludable cost (sum of lines 50 and 51)	220,195	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,631,378	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

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT**COMPONENT CCN: 14-0082****WORKSHEET D-3**

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		19,613,089		30
31	Intensive Care Unit		4,234,780		31
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.145536	17,320,056	2,520,692	50
50.01	GASTRO INTESTINAL SERVICES	0.078704	1,760,547	138,562	50.01
51	Recovery Room	0.083910	2,352,923	197,434	51
53	Anesthesiology	0.022647	2,586,951	58,587	53
54	Radiology-Diagnostic	0.201304	1,857,255	373,873	54
54.01	ULTRA SOUND	0.074805	599,824	44,870	54.01
55	Radiology-Therapeutic	0.152571	181,864	27,747	55
56	Radioisotope	0.141803	965,116	136,856	56
56.01	VASCULAR LAB	0.344456	1,076,508	370,810	56.01
56.02	STRAUSS ONCOLOGY	0.262591			56.02
57	CT Scan	0.020174	7,825,930	157,880	57
58	MRI	0.045560	645,849	29,425	58
59	Cardiac Catheterization	0.068742	3,905,616	268,480	59
60	Laboratory	0.060287	19,402,447	1,169,715	60
63	Blood Storing, Processing & Trans.	0.152299	1,163,480	177,197	63
65	Respiratory Therapy	0.232008	3,012,633	698,955	65
66	Physical Therapy	0.163793	3,891,101	637,335	66
69	Electrocardiology	0.069900	5,065,122	354,052	69
70	Electroencephalography	0.229580	134,616	30,905	70
71	Medical Supplies Charged to Patients	0.023116	5,519,070	127,579	71
72	Impl. Dev. Charged to Patients	0.341297	7,825,658	2,670,874	72
73	Drugs Charged to Patients	0.122102	13,167,420	1,607,768	73
74	Renal Dialysis	0.551131	599,864	330,604	74
76	WOUND CARE	0.238151			76
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.939182			90
91	Emergency	0.098622	5,064,010	499,423	91
92	Observation Beds (Non-Distinct Part)	0.326908	759,152	248,173	92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		106,683,012	12,877,796	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		106,683,012		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT
COMPONENT CCN: 14-S082
WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF		2,331,263		40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.145536	349	51	50
50.01	GASTRO INTESTINAL SERVICES	0.078704			50.01
51	Recovery Room	0.083910			51
53	Anesthesiology	0.022647			53
54	Radiology-Diagnostic	0.201304	29,293	5,897	54
54.01	ULTRA SOUND	0.074805	3,552	266	54.01
55	Radiology-Therapeutic	0.152571			55
56	Radioisotope	0.141803	6,426	911	56
56.01	VASCULAR LAB	0.344456	21,689	7,471	56.01
56.02	STRAUSS ONCOLOGY	0.262591			56.02
57	CT Scan	0.020174	84,955	1,714	57
58	MRI	0.045560	10,738	489	58
59	Cardiac Catheterization	0.068742			59
60	Laboratory	0.060287	611,273	36,852	60
63	Blood Storing, Processing & Trans.	0.152299			63
65	Respiratory Therapy	0.232008	58,917	13,669	65
66	Physical Therapy	0.163793	201,297	32,971	66
69	Electrocardiology	0.069900	126,127	8,816	69
70	Electroencephalography	0.229580			70
71	Medical Supplies Charged to Patients	0.023116	4,934	114	71
72	Impl. Dev. Charged to Patients	0.341297	63	22	72
73	Drugs Charged to Patients	0.122102	826,441	100,910	73
74	Renal Dialysis	0.551131			74
76	WOUND CARE	0.238151			76
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.939182			90
91	Emergency	0.098622	194,671	19,199	91
92	Observation Beds (Non-Distinct Part)	0.326908			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		2,180,725	229,352	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		2,180,725		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT**COMPONENT CCN: 14-T082****WORKSHEET D-3**

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF				40
41	Subprovider - IRF		1,414,836		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.145536	12,378	1,801	50
50.01	GASTRO INTESTINAL SERVICES	0.078704	8,082	636	50.01
51	Recovery Room	0.083910	3,518	295	51
53	Anesthesiology	0.022647	1,989	45	53
54	Radiology-Diagnostic	0.201304	24,755	4,983	54
54.01	ULTRA SOUND	0.074805	6,205	464	54.01
55	Radiology-Therapeutic	0.152571			55
56	Radioisotope	0.141803	14,633	2,075	56
56.01	VASCULAR LAB	0.344456	22,760	7,840	56.01
56.02	STRAUSS ONCOLOGY	0.262591			56.02
57	CT Scan	0.020174	36,078	728	57
58	MRI	0.045560			58
59	Cardiac Catheterization	0.068742	57,930	3,982	59
60	Laboratory	0.060287	375,708	22,650	60
63	Blood Storing, Processing & Trans.	0.152299	1,904	290	63
65	Respiratory Therapy	0.232008	60,294	13,989	65
66	Physical Therapy	0.163793	1,772,749	290,364	66
69	Electrocardiology	0.069900	27,622	1,931	69
70	Electroencephalography	0.229580			70
71	Medical Supplies Charged to Patients	0.023116	68,609	1,586	71
72	Impl. Dev. Charged to Patients	0.341297	9,132	3,117	72
73	Drugs Charged to Patients	0.122102	665,645	81,277	73
74	Renal Dialysis	0.551131	27,707	15,270	74
76	WOUND CARE	0.238151			76
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.939182			90
91	Emergency	0.098622			91
92	Observation Beds (Non-Distinct Part)	0.326908			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		3,197,698	453,323	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		3,197,698		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**WORKSHEET E
PART A****PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	6,360,249			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	12,533,500	42,503		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)	383,722			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	5,569,174	20,931		3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	111.95			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)	56.27			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)	1.41			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.	4.46			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)	10.00			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)	60.40			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	65.09			10
11	FTE count for residents in dental and podiatric programs	9.19			11
12	Current year allowable FTE (see instructions)	69.59			12
13	Total allowable FTE count for the prior year	69.38			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	69.25			14
15	Sum of lines 12 through 14 divided by 3	69.41			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	69.41			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.620009			19
20	Prior year resident to bed ratio (see instructions)	0.616273			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.616273			21
22	IME payment adjustment (see instructions)	5,474,785	12,316		22
22.01	IME payment adjustment - Managed Care (see instructions)	1,613,763	6,065		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)	4.69			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)	5,474,785	12,316		29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	1,613,763	6,065		29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.1299			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2843			31
32	Sum of lines 30 and 31	0.4142			32
33	Allowable disproportionate share percentage (see instructions)	0.2339	0.1200		33
34	Disproportionate share adjustment (see instructions)	1,104,813	1,275		34
		Prior to		On or after	
	Uncompensated Care Adjustment	October 1 (1.00)	(1.01)	October 1 (2.00)	
35	Total uncompensated care amount (see instructions)			6,766,695,164	35
35.01	Factor 3 (see instructions)	0.000000000		0.000169138	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,440,658		1,144,505	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	481,536		761,958	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,243,494			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

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

		1	1.01	1.02	
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	27,100,563	56,094		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)	28,776,485			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	2,212,658			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)	3,485,620			52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies	1,036			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)	34,475,799			59
60	Primary payer payments	38,198			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	34,437,601			61
62	Deductibles billed to program beneficiaries	1,525,468			62
63	Coinsurance billed to program beneficiaries	231,955			63
64	Allowable bad debts (see instructions)	927,115			64
65	Adjusted reimbursable bad debts (see instructions)	602,625			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	689,358			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	33,282,803			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)	-44,785			70.93
70.94	HRR adjustment amount (see instructions)	-360,089			70.94
70.99	HAC adjustment amount (see instructions)	305,853			70.99
71	Amount due provider (see instructions)	32,572,076			71
71.01	Sequestration adjustment (see instructions)	651,442			71.01
71.02	Demonstration payment adjustment amount after sequestration				71.02
72	Interim payments	32,644,281			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	-723,647			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	353,735			75
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. I, line 2				91
92	Operating outlier reconciliation adjustment amount (see instructions)				92
93	Capital outlier reconciliation adjustment amount (see instructions)				93
94	The rate used to calculate the time value of money (see instructions)				94
95	Time value of money for operating expenses (see instructions)				95
96	Time value of money for capital related expenses (see instructions)				96
HSP Bonus Payment Amount		Prior to 10/1	On or After 10/1		
100	HSP bonus amount (see instructions)				100
HVBP Adjustment for HSP Bonus Payment		Prior to 10/1	On or After 10/1		
101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102
HRR Adjustment for HSP Bonus Payment		Prior to 10/1	On or After 10/1		
103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION**EXHIBIT 5**

		(Amt. from Wkst. E, Pt. A or L Pt. I)	Prior to October 1		On or After October 1		Total (cols. 2 and 3)	
		(1)	(2)	(2.01)	(3)	(3.01)	(4)	
1	DRG Amounts Other Than Outlier Payments							1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	6,360,249	6,360,249				6,360,249	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	12,576,003			12,576,003		12,576,003	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1							1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1							1.04
2	Outlier payments for discharges	383,722	124,963		258,759		383,722	2
2.01	Outlier payment for discharges for Model 4 BPCI							2.01
3	Operating outlier reconciliation							3
4	Managed Care Simulated Payments	5,590,105	1,528,667		4,061,438		5,590,105	4
	Indirect Medical Education Adjustment							
5	Amount from Worksheet E Part A, line 21	0.616273	0.616273		0.616273			5
6	IME payment adjustment	5,487,101	1,842,990		3,644,111		5,487,101	6
6.01	IME payment adjustment for managed care	1,619,828	442,957		1,176,871		1,619,828	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7	IME payment adjustment factor							7
8	IME add-on adjustment amount							8
8.01	IME payment adjustment add-on for managed care							8.01
9	Total IME payment (sum of lines 6 and 8)	5,487,101	1,842,990		3,644,111		5,487,101	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	1,619,828	442,957		1,176,871		1,619,828	9.01
	Disproportionate Share Adjustment							
10	Allowable disproportionate share percentage	0.2339	0.2339	0.2339	0.2339	0.2339		10
11	Disproportionate share adjustment	1,106,088	371,916		734,172		1,106,088	11
11.01	Uncompensated care payments	1,243,494	481,536		761,958		1,243,494	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12	Total ESRD additional payment							12
13	Subtotal	27,156,657	9,181,654		17,975,003		27,156,657	13
14	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.)							14
15	Total payment for inpatient operating costs SCH and MDH only	28,776,485	9,624,611		19,151,874		28,776,485	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	2,212,658	827,881		1,384,777		2,212,658	16
17	Special add-on payments for new technologies	1,036	1,036				1,036	17
17.01	DO NOT USE THIS LINE							17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG							17.02
18	Capital outlier reconciliation adjustment amount							18
19	SUBTOTAL		10,453,528		20,536,651		30,990,179	19
20	Capital DRG other than outlier	1,539,049	514,796		1,024,253		1,539,049	20
20.01	Model 4 BPCI Capital DRG other than outlier							20.01
21	Capital DRG outlier payments	26,285	6,939		19,346		26,285	21
21.01	Model 4 BPCI Capital DRG outlier payments							21.01
22	Indirect medical education percentage	33.3100	33.3100		33.3100			22
23	Indirect medical education adjustment	512,657	171,479		341,178		512,657	23
24	Allowable disproportionate share percentage	0.0875	0.0875		0.0875			24
25	Disproportionate share adjustment	134,667	134,667				134,667	25
26	Total prospective capital payments	2,212,658	827,881		1,384,777		2,212,658	26
27								27
28	Low volume adjustment prior to October 1							28
29	Low volume adjustment on or after October 1							29
30	HVBP payment adjustment	-44,785	-13,901		-30,884		-44,785	30
30.01	HVBP payment adjustment for HSP bonus payment							30.01
31	HRR adjustment	-360,089	-139,312		-220,777		-360,089	31
31.01	HRR adjustment for HSP bonus payment							31.01
32	HAC Reduction Program adjustment		103,003		202,850		305,853	32

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-0082****WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	3,453			1
2	Medical and other services reimbursed under OPPS (see instructions)	10,781,354			2
3	OPPS payments	8,889,570			3
4	Outlier payment (see instructions)	237,640			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)	3,453			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	28,277			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)	28,277			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)	28,277			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	24,824			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)	3,453			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)	9,127,210			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	1,806,753			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)	7,323,910			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	1,427,725			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	8,751,635			30
31	Primary payer payments	4,179			31
32	Subtotal (line 30 minus line 31)	8,747,456			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)	637,676			34
35	Adjusted reimbursable bad debts (see instructions)	414,489			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	515,120			36
37	Subtotal (see instructions)	9,161,945			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)	9,161,945			40
40.01	Sequestration adjustment (see instructions)	183,239			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	9,305,812			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-327,106			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-S082****WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (see instructions)	5,484			2
3	OPPS payments	3,302			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)	3,302			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	660			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)	2,642			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)	2,642			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	2,642			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)	2,642			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)	2,642			40
40.01	Sequestration adjustment (see instructions)	53			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	2,589			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-T082****WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (see instructions)	13,678			2
3	OPPS payments	2,498			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)	2,498			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	493			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)	2,005			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)	2,005			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	2,005			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)	2,005			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)	2,005			40
40.01	Sequestration adjustment (see instructions)	40			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	1,965			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED**COMPONENT CCN: 14-0082****WORKSHEET E-1
PART I**

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

			INPATIENT PART A		PART B	
			mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
DESCRIPTION			1	2	3	4
1	Total interim payments paid to provider			32,342,843		9,305,812
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01	01/04/2018	301,438		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		301,438		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)			32,644,281		9,305,812
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				5.01
		.02				5.02
	Program	.03				5.03
	to	.04				5.04
	Provider	.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	Provider	.52				5.52
	to	.53				5.53
	Program	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01				6.01
		.02		-723,647		-327,106
7	Total Medicare program liability (see instructions)			31,920,634		8,978,706
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	8

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

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
COMPONENT CCN: 14-S082
**WORKSHEET E-1
PART I**

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

				INPATIENT PART A		PART B		
				mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
	DESCRIPTION			1	2	3	4	
1	Total interim payments paid to provider				1,784,696		2,589	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)				1,784,696		2,589	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		6			6.01
	based on the cost report (1)		.02					6.02
7	Total Medicare program liability (see instructions)				1,784,702		2,589	7
8	Name of Contractor			Contractor Number		NPR Date (Month/Day/Year)		8

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

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED**COMPONENT CCN: 14-T082****WORKSHEET E-1
PART I**

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

				INPATIENT PART A		PART B		
				mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
	DESCRIPTION			1	2	3	4	
1	Total interim payments paid to provider				2,009,066		1,965	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)				2,009,066		1,965	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		3,484			6.01
	based on the cost report (1)		.02					6.02
7	Total Medicare program liability (see instructions)				2,012,550		1,965	7
8	Name of Contractor			Contractor Number		NPR Date (Month/Day/Year)		8

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

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-S082****WORKSHEET E-3
PART II**

Check ☐ Hospital
Applicable ☒ Subprovider IPF
Box:

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)	1,915,160	1
2	Net IPF PPS Outlier payment		2
3	Net IPF PPS ECT payment		3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)		4
4.01	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) (see instructions)		4.01
5	New teaching program adjustment (see instructions)		5
6	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)		6
7	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)		7
8	Intern and resident count for IPF PPS medical education adjustment (see instructions)		8
9	Average daily census (see instructions)	9,002,740	9
10	Teaching adjustment factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$		10
11	Teaching adjustment (line 1 multiplied by line 10)		11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,915,160	12
13	Nursing and allied health managed care payment (see instructions)		13
14	Organ acquisition DO NOT USE THIS LINE		14
15	Cost of physicians' services in a teaching hospital (see instructions)		15
16	Subtotal (see instructions)	1,915,160	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	1,915,160	18
19	Deductibles	79,560	19
20	Subtotal (line 18 minus line 19)	1,835,600	20
21	Coinurance	14,476	21
22	Subtotal (line 20 minus line 21)	1,821,124	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)		23
24	Adjusted reimbursable bad debts (see instructions)		24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)		25
26	Subtotal (sum of lines 22 and 24)	1,821,124	26
27	Direct graduate medical education payments (from Wkst. E-4, line 49) (for freestanding IPF only)		27
28	Other pass through costs (see instructions)		28
29	Outlier payments reconciliation		29
30	Other adjustments (specify) (see instructions)		30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		30.50
31	Total amount payable to the provider (see instructions)	1,821,124	31
31.01	Sequestration adjustment (see instructions)	36,422	31.01
31.02	Demonstration payment adjustment amount after sequestration		31.02
32	Interim payments	1,784,696	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)	6	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		35

TO BE COMPLETED BY CONTRACTOR

50	Original outlier amount from Worksheet E-3, Part II, line 2 (see instructions)		50
51	Outlier reconciliation adjustment amount (see instructions)		51
52	The rate used to calculate the time value of money (see instructions)		52
53	Time value of money (see instructions)		53

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-T082****WORKSHEET E-3
PART III**

Check
Applicable
Box :

[] Hospital
[XX] Subprovider IRF

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	Net Federal PPS payment (see instructions)	1,809,835		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.107700		2
3	Inpatient Rehabilitation LIP payments (see instructions)	184,784		3
4	Outlier payments	106,804		4
5	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			5
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2)			5.01
6	New teaching program adjustment (see instructions)			6
7	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)			7
8	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)			8
9	Intern and resident count for IRF PPS medical education adjustment (see instructions)			9
10	Average daily census (see instructions)	5,295,890		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	2,101,423		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)	2,101,423		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	2,101,423		19
20	Deductibles	15,888		20
21	Subtotal (line 19 minus line 20)	2,085,535		21
22	Coinurance	31,913		22
23	Subtotal (line 21 minus line 22)	2,053,622		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)	2,053,622		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)	2,053,622		32
32.01	Sequestration adjustment (see instructions)	41,072		32.01
32.02	Demonstration payment adjustment amount after sequestration			32.02
33	Interim payments	2,009,066		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)	3,484		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)	106,804		50
51	Outlier reconciliation adjustment amount (see instructions)			51
52	The rate used to calculate the Time Value of Money (see instructions)			52
53	Time Value of Money (see instructions)			53

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS**WORKSHEET E-4**

Check [] Title V
Applicable [XX] Title XVIII
Box: [] Title XIX

	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			56.79	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)				2
3	Amount of reduction to Direct GME cap under §422 of MMA			0.28	3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)			3.59	3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			1.44	4
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			10.00	4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			64.36	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			65.09	6
7	Enter the lesser of line 5 or line 6			64.36	7
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	40.55	23.90	64.45	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	40.10	23.63	63.73	9
10	Weighted dental and podiatric resident FTE count for the current year		7.78		10
10.01	Unweighted dental and podiatric resident FTE count for the current year		9.19		10.01
11	Total weighted FTE count	40.10	31.41		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	38.09	32.71		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	37.28	33.53		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	38.49	32.55		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
15.01	Unweighted adjustment for residents in initial years of new programs				15.01
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
16.01	Unweighted adjustment for residents displaced by program or hospital closure				16.01
17	Adjusted rolling average FTE count	38.49	32.55		17
18	Per resident amount	131,036.88	124,080.40		18
19	Approved amount for resident costs	5,043,610	4,038,817	9,082,427	19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)			0.73	21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)			9,082,427	25
	COMPUTATION OF PROGRAM PATIENT LOAD	Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	12,936	3,888		26
27	Total inpatient days (see instructions)	30,084	30,084		27
28	Ratio of inpatient days to total inpatient days	0.429996	0.129238		28
29	Program direct GME amount	3,905,407	1,173,795		29
30	Reduction for direct GME payments for Medicare Advantage		165,857		30
31	Net Program direct GME amount			4,913,345	31
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			1,357,058	33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
	Part A Reasonable Cost				
37	Reasonable cost (see instructions)			26,404,646	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)			38,198	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			26,366,448	41
	Part B Reasonable Cost				
42	Reasonable cost (see instructions)			10,803,969	42
43	Primary payer payments (see instructions)			4,179	43
44	Total Part B reasonable cost (line 42 minus line 43)			10,799,790	44
45	Total reasonable cost (sum of lines 41 and 44)			37,166,238	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.709419	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.290581	47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	Total program GME payment (line 31)			4,913,345	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			3,485,620	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			1,427,725	50

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BALANCE SHEET**WORKSHEET G**

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Assets (Omit Cents)	1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	-1,061,950				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	18,718,765				4
5	Other receivables	1,709,171				5
6	Allowances for uncollectible notes and accounts receivable	-3,079,942				6
7	Inventory	3,138,175				7
8	Prepaid expenses	642,909				8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	20,067,128				11
FIXED ASSETS						
12	Land	15,558,766				12
13	Land improvements	228,233				13
14	Accumulated depreciation					14
15	Buildings	28,798,377				15
16	Accumulated depreciation					16
17	Leasehold improvements	520,901				17
18	Accumulated depreciation					18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	12,112,640				23
24	Accumulated depreciation	-15,960,633				24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable	205,944				29
30	Total fixed assets (sum of lines 12-29)	41,464,228				30
OTHER ASSETS						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	4,138,902				34
35	Total other assets (sum of lines 31-34)	4,138,902				35
36	Total assets (sum of lines 11, 30 and 35)	65,670,258				36
	Liabilities and Fund Balances (Omit Cents)	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	8,360,253				37
38	Salaries, wages and fees payable	6,403,623				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	268,106				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	493,900				44
45	Total current liabilities (sum of lines 37 thru 44)	15,525,882				45
LONG TERM LIABILITIES						
46	Mortgage payable	156,642,935				46
47	Notes payable	191,472				47
48	Unsecured loans					48
49	Other long term liabilities	3,211,762				49
50	Total long term liabilities (sum of lines 46 thru 49)	160,046,169				50
51	Total liabilities (sum of lines 45 and 50)	175,572,051				51
CAPITAL ACCOUNTS						
52	General fund balance	-109,901,793				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

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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	
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)	-109,901,793				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	65,670,258				60

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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STATEMENT OF CHANGES IN FUND BALANCES**WORKSHEET G-1**

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	Fund balances at beginning of period		-91,467,260		1
2	Net income (loss) (from Worksheet G-3, line 29)		-1,166,918		2
3	Total (sum of line 1 and line 2)		-92,634,178		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)		-92,634,178		11
12	Deductions (debit adjustments) (specify)				12
13	CHANGE IN RETAINED EARNINGS PER. 13	6,067,331			13
14	OUT OF BALANCE ADJ.	1,167,528			14
15	UNRECONCILING	10,032,756			15
16					16
17					17
18	Total deductions (sum of lines 12-17)		17,267,615		18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		-109,901,793		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	CHANGE IN RETAINED EARNINGS PER. 13				13
14	OUT OF BALANCE ADJ.				14
15	UNRECONCILING				15
16					16
17					17
18	Total deductions (sum of lines 12-17)				18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)				19

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES**WORKSHEET G-2
PARTS I & II****PART I - PATIENT REVENUES**

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	49,498,635		49,498,635	1
2	Subprovider IPF	3,969,538		3,969,538	2
3	Subprovider IRF	2,596,753		2,596,753	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)	56,064,926		56,064,926	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	11,097,323		11,097,323	11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	11,097,323		11,097,323	16
17	Total inpatient routine care services (sum of lines 10 and 16)	67,162,249		67,162,249	17
18	Ancillary services	264,529,687	243,276,050	507,805,737	18
19	Outpatient services	16,496,237	43,691,203	60,187,440	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	PHYSICIAN PRIVATE OFFICES	990	971,137	972,127	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	348,189,163	287,938,390	636,127,553	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		110,586,083	29
30	Add (specify)			30
31				31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		110,586,083	43

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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STATEMENT OF REVENUES AND EXPENSES**WORKSHEET G-3**

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	636,127,553	1
2	Less contractual allowances and discounts on patients' accounts	528,839,726	2
3	Net patient revenues (line 1 minus line 2)	107,287,827	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	110,586,083	4
5	Net income from service to patients (line 3 minus line 4)	-3,298,256	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		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	377,958	12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		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		17
18	Revenue from sale of medical records and abstracts	552	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	776,398	22
23	Governmental appropriations		23
24	Other (HOSPICE BED RENTAL REVENUE)	181,937	24
24.0	Other (OTHER OPERATING REVENUE)	794,493	24.0
1			1
25	Total other income (sum of lines 6-24)	2,131,338	25
26	Total (line 5 plus line 25)	-1,166,918	26
29	Net income (or loss) for the period (line 26 minus line 28)	-1,166,918	29

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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WORKSHEET L

PART I - FULLY PROSPECTIVE METHOD

PART II - PAYMENT UNDER REASONABLE COST

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2017 To: 05/31/2018	Run Date: 10/23/2018 Run Time: 14:33 Version: 2018.04 (09/20/2018)
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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL (cols.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
40	Subprovider - IPF							40
41	Subprovider - IRF							41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
50.01	GASTRO INTESTINAL SERVICES							50.01
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	ULTRA SOUND							54.01
55	Radiology-Therapeutic							55
56	Radioisotope							56
56.01	VASCULAR LAB							56.01
56.02	STRAUSS ONCOLOGY							56.02
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
63	Blood Storing, Processing & Trans.							63
65	Respiratory Therapy							65
66	Physical Therapy							66
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
74	Renal Dialysis							74
76	WOUND CARE							76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices							192
194	MARKETING							194
194.0	HOSPICE							194.0
1								1
194.0	OTHER NONREIMBURSABLE COST CENTERS							194.0
2								2
194.0	VACANT AREA							194.0
3								3
194.0	LAKEFRONT							194.0
4								4
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202