

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**WORKSHEET S
PARTS I, II & III****PART I - COST REPORT STATUS**

Provider use only		1. ☒ Electronically filed cost report 2. ☐ Manually submitted cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted the cost report 4. ☒ Medicare Utilization. Enter 'F' for full or 'L' for low.		Date: 12/02/2019 Time: 17:32
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 06/01/2018 and ending 01/27/2019, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

V.P. OF OPERATIONS REIMBURSEMENT
Title

12/02/2019 17:32
Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII		HIT	TITLE XIX	
	TITLE V	PART A	PART B			
	1	2	3	4	5	
1	HOSPITAL	892,080	441,832			1
2	SUBPROVIDER - IPF					2
3	SUBPROVIDER - IRF	9,518				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	901,598	441,832			200

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

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

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

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

Hospital and Hospital Health Care Complex Address:

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

Hospital and Hospital-Based Component Identification:

								Payment System (P, T, O, or N)		
	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	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 / 2018	To: 01 / 27 / 2019		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.	291	1,202	4		2,700		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.	144				159		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.	2		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		27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.			35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.			37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPSS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)			37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	38

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

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

		1	2	3	
	Teaching Hospitals				
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	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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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**WORKSHEET S-2
PART I**

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

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

		V	XIX	
Title V and XIX Services		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	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	2	
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
111	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: 'A' for Ambulance services; 'B' for additional beds; and/or 'C' for tele-health services.	1	2	111

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.		Y		116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.		N		117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	2,398,553			118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.		N	N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.		Y		121
122	Does the cost report contain state health care related taxes as defined in §1903(w)(3) of the Act? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.		N		122

Transplant Center Information

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

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

All Providers

		1	2	
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	Y	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)			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 / 2018	03 / 31 / 2018	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	02/25/2019	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		Y	
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12
13	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14

		Y/N	
Bed Complement		N	
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	11/13/2019	Y	11/13/2019	16
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N		17
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N		18
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N		20
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21

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

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

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

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

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

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

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

		Y/N	Date	
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**

		Inpatient Days / Outpatient Visits / Trips								
	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Title V	Title XVIII	Title XIX	Total All Patients	
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	103	24,823			5,259	1,288	13,257	1
2	HMO and other (see instructions)						2,260	2,700		2
3	HMO IPF Subprovider						215	172		3
4	HMO IRF Subprovider						64	159		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	24,823			5,259	1,288	13,257	7
8	Intensive Care Unit	31	16	3,856			785	209	2,015	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	28,679			6,044	1,497	15,272	14
15	CAH Visits									15
16	Subprovider - IPF	40	11	2,651			1,366	173	2,152	16
17	Subprovider - IRF	41	14	3,374			721	144	1,175	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								1,598	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)					1,220	318	3,074	1
2	HMO and other (see instructions)					436	609		2
3	HMO IPF Subprovider						16		3
4	HMO IRF Subprovider						11		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)	82.25	602.19			1,220	318	3,074	14
15	CAH Visits								15
16	Subprovider - IPF		23.53			114	16	179	16
17	Subprovider - IRF		11.51			61	12	99	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)	82.25	637.23						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	30,696,190		30,696,190	878,773.00	34.93	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		185,959		185,959	1,899.00	97.92	4.01
5	Physician-Part B							5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21	3,459,768		3,459,768	110,198.00	31.40	7
7.01	Contracted interns & residents (in an approved program)							7.01
8	Home office and/or related organization personnel							8
9	SNF	44						9
10	Excluded area salaries (see instructions)		2,593,495	31,731	2,625,226	64,099.00	40.96	10
	OTHER WAGES & RELATED COSTS							
11	Contract labor (see instructions)		901,716		901,716	10,852.00	83.09	11
12	Contract management and administrative services		191,129		191,129	2,579.00	74.11	12
13	Contract labor: Physician-Part A - Administrative							13
14	Home office salaries & wage-related costs							14
14.01	Home office salaries		2,347,699		2,347,699	66,575.00	35.26	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)		4,500,530		4,500,530			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		616,989		616,989			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							22.01
23	Physician Part B							23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)		660,729		660,729			25
25.50	Home office wage-related		622,925		622,925			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		292,467	34,215	326,682	10,010.00	32.64	26
27	Administrative & General		2,821,765	-352,056	2,469,709	64,751.00	38.14	27
28	Administrative & General under contract (see instructions)							28
29	Maintenance & Repairs							29
30	Operation of Plant		834,333		834,333	29,159.00	28.61	30
31	Laundry & Linen Service							31
32	Housekeeping		596,263		596,263	34,832.00	17.12	32
33	Housekeeping under contract (see instructions)							33
34	Dietary		580,985		580,985	32,793.00	17.72	34
35	Dietary under contract (see instructions)							35
36	Cafeteria							36
37	Maintenance of Personnel							37
38	Nursing Administration		573,718		573,718	12,755.00	44.98	38
39	Central Services and Supply		215,549		215,549	9,647.00	22.34	39
40	Pharmacy		849,433	6,725	856,158	19,752.00	43.35	40
41	Medical Records & Medical Records Library		271,507	279,385	550,892	15,761.00	34.95	41
42	Social Service							42
43	Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		27,050,463		27,050,463	766,676.00	35.28	1
2	Excluded area salaries (see instructions)		2,593,495	31,731	2,625,226	64,099.00	40.96	2
3	Subtotal salaries (line 1 minus line 2)		24,456,968	-31,731	24,425,237	702,577.00	34.77	3
4	Subtotal other wages & related costs (see instructions)		3,440,544		3,440,544	80,006.00	43.00	4
5	Subtotal wage-related costs (see instructions)		5,123,455		5,123,455		20.98%	5
6	Total (sum of lines 3 through 5)		33,020,967	-31,731	32,989,236	782,583.00	42.15	6
7	Total overhead cost (see instructions)		7,036,020	-31,731	7,004,289	229,460.00	30.53	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	340,895	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)	1,674,544	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	76,959	10
11	Life Insurance (If employee is owner or beneficiary)	4,729	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	801,949	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	1,508,584	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance		19
20	State or Federal Unemployment Taxes	91,755	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	1,116	23
24	Total Wage Related cost (Sum of lines 1-23)	4,500,531	24

Part B - Other Than Core Related Cost

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

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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HOSPITAL CONTRACT LABOR AND BENEFIT COST**WORKSHEET S-3****Part V - Contract Labor and Benefit Cost****PART V****Hospital and Hospital-Based Component Identification:**

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost	901,716	4,500,530	1
2	Hospital	901,716	4,500,530	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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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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)	0.148295	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	9,513,613	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	4,116,166	5
6	Medicaid charges	110,794,608	6
7	Medicaid cost (line 1 times line 6)	16,430,286	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.	2,800,507	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)	2,800,507	19

Uncompensated care (see instructions for each line)

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Charity care charges and uninsured discounts for the entire facility (see instructions)	10,192,136	273,207	10,465,343	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,511,443	273,207	1,784,650	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)	1,511,443	273,207	1,784,650	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)	3,617,199	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	826,479	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,271,506	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	2,345,693	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	792,882	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	2,577,532	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	5,378,039	31

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES
WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt				637,922	637,922	2,621,021	3,258,943	1
2	00200	Cap Rel Costs-Mvble Equip				275,692	275,692	1,961,206	2,236,898	2
4	00400	Employee Benefits Department	292,467	5,763,445	6,055,912	-7,080	6,048,832	-1,117,538	4,931,294	4
5	00500	Administrative & General	2,821,765	9,721,136	12,542,901	-865,379	11,677,522	733,194	12,410,716	5
7	00700	Operation of Plant	834,333	3,525,202	4,359,535	-15,015	4,344,520	-261,076	4,083,444	7
8	00800	Laundry & Linen Service		258,456	258,456	2,457	260,913		260,913	8
9	00900	Housekeeping	596,263	157,817	754,080	-18,950	735,130		735,130	9
10	01000	Dietary	580,985	372,253	953,238	-11,521	941,717	-5,201	936,516	10
11	01100	Cafeteria								11
13	01300	Nursing Administration	573,718	26,932	600,650		600,650	-9	600,641	13
14	01400	Central Services & Supply	215,549	208,794	424,343	66,138	490,481	-15,779	474,702	14
15	01500	Pharmacy	849,433	2,115,801	2,965,234	-1,837,298	1,127,936	-199,642	928,294	15
16	01600	Medical Records & Library	271,507	148,392	419,899	288,308	708,207	-18,114	690,093	16
21	02100	I&R Services-Salary & Fringes Apprvd	3,459,768		3,459,768		3,459,768		3,459,768	21
22	02200	I&R Services-Other Prgm Costs Apprvd		1,387,382	1,387,382	-6,312	1,381,070	-74,307	1,306,763	22
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	5,768,258	974,729	6,742,987	-127,335	6,615,652	-133,373	6,482,279	30
31	03100	Intensive Care Unit	1,541,092	436,858	1,977,950	-76,643	1,901,307	8,297	1,909,604	31
40	04000	Subprovider - IPF	916,059	52,038	968,097	-2,991	965,106	-4,951	960,155	40
41	04100	Subprovider - IRF	636,228	68,529	704,757	-1,635	703,122	-31,879	671,243	41
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	1,923,908	5,599,615	7,523,523	-2,708,918	4,814,605	-124,385	4,690,220	50
50.01	03340	GASTRO INTESTINAL SERVICES	198,518	208,854	407,372	-20,634	386,738	-4,842	381,896	50.01
51	05100	Recovery Room	345,224	182,224	527,448	-36,453	490,995		490,995	51
53	05300	Anesthesiology	38,301	832,873	871,174	-29,361	841,813	-745,494	96,319	53
54	05400	Radiology-Diagnostic	988,603	383,387	1,371,990	-58,646	1,313,344	-40,545	1,272,799	54
54.01	03630	ULTRA SOUND	122,804	4,337	127,141	-3,153	123,988	-2,294	121,694	54.01
55	05500	Radiology-Therapeutic	170,737	259,244	429,981	-69,585	360,396	-26,626	333,770	55
56	05600	Radioisotope	125,642	251,903	377,545	-432	377,113		377,113	56
56.01	03650	VASCULAR LAB	110,908	515,774	626,682	-291	626,391	-104,566	521,825	56.01
56.02	03950	STRAUSS ONCOLOGY	291,924	2,716,034	3,007,958	-2,157,729	850,229	-565,005	285,224	56.02
57	05700	CT Scan	255,955	95,732	350,787	11,884	362,671	-32,323	330,348	57
58	05800	MRI	74,735	13,623	88,358	-206	88,152		88,152	58
59	05900	Cardiac Catheterization	270,006	396,753	666,759	-295,684	371,075	-12,552	358,523	59
60	06000	Laboratory	782,115	933,190	1,715,305	-486	1,714,819	-17,729	1,697,090	60
63	06300	Blood Storing, Processing & Trans.		327,243	327,243	-20	327,223		327,223	63
65	06500	Respiratory Therapy	755,779	221,710	977,489	-90,307	887,182	-35,539	851,643	65
66	06600	Physical Therapy	1,143,677	322	1,143,999	-2,585	1,141,414		1,141,414	66
69	06900	Electrocardiology	319,669	58,260	377,929	-4,090	373,839	1,713	375,552	69
70	07000	Electroencephalography	33,597	621	34,218	-380	33,838		33,838	70
71	07100	Medical Supplies Charged to Patients				229,662	229,662		229,662	71
72	07200	Impl. Dev. Charged to Patients				2,924,127	2,924,127		2,924,127	72
73	07300	Drugs Charged to Patients				4,155,182	4,155,182		4,155,182	73
74	07400	Renal Dialysis		289,846	289,846	-1,977	287,869		287,869	74
76	03951	WOUND CARE	122,693	157,764	280,457	-101,210	179,247	-13,646	165,601	76
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	778,823	498,809	1,277,632	-35,070	1,242,562	-325,806	916,756	90
91	09100	Emergency	1,444,839	966,071	2,410,910	-68,430	2,342,480	-463,079	1,879,401	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	29,654,982	40,131,953	69,786,935	-64,434	69,722,501	949,131	70,671,632	118
		NONREIMBURSABLE COST CENTERS								
192	19200	Physicians' Private Offices	767,138	650,499	1,417,637	32,049	1,449,686		1,449,686	192
194	07950	MARKETING	274,070	687,202	961,272	-2,913	958,359		958,359	194
194.01	07951	HOSPICE		107,463	107,463	-1,917	105,546		105,546	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS				37,215	37,215		37,215	194.02
194.03	07953	VACANT AREA								194.03
194.04	07954	LAKEFRONT								194.04
200		TOTAL (sum of lines 118-199)	30,696,190	41,577,117	72,273,307		72,273,307	949,131	73,222,438	200

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RECLASSIFICATIONS**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	RENTS	A	Cap Rel Costs-Bldg & Fixt	1		356,180	1
2	RENTS	A	Cap Rel Costs-Mvble Equip	2		264,767	2
3	RENTS	A	Subprovider - IRF	41		1,100	3
4	RENTS	A	CT Scan	57		13,851	4
5	RENTS	A	Physicians' Private Offices	192		54,102	5
6	RENTS	A					6
7	RENTS	A					7
8	RENTS	A					8
9	RENTS	A					9
10	RENTS	A					10
11	RENTS	A					11
12	RENTS	A					12
13	RENTS	A					13
14	RENTS	A					14
15	RENTS	A					15
16	RENTS	A					16
17	RENTS	A					17
18	RENTS	A					18
19	RENTS	A					19
20	RENTS	A					20
21	RENTS	A					21
22	RENTS	A					22
23	RENTS	A					23
24	RENTS	A					24
25	RENTS	A					25
26	RENTS	A					26
500	Total reclassifications					690,000	500
	Code Letter - A						
1	INTEREST EXPENSE	B	Cap Rel Costs-Mvble Equip	2		10,925	1
500	Total reclassifications					10,925	500
	Code Letter - B						
1	PROPERTY TAX	C	Cap Rel Costs-Bldg & Fixt	1		268,595	1
2	PROPERTY TAX	C					2
500	Total reclassifications					268,595	500
	Code Letter - C						
1	INSURANCE	D	Cap Rel Costs-Bldg & Fixt	1		13,147	1
500	Total reclassifications					13,147	500
	Code Letter - D						
1	BILLABLE DRUGS	E	Drugs Charged to Patients	73		4,155,182	1
2	BILLABLE DRUGS	E					2
3	BILLABLE DRUGS	E					3
4	BILLABLE DRUGS	E					4
5	BILLABLE DRUGS	E					5
6	BILLABLE DRUGS	E					6
7	BILLABLE DRUGS	E					7
8	BILLABLE DRUGS	E					8
9	BILLABLE DRUGS	E					9
10	BILLABLE DRUGS	E					10
11	BILLABLE DRUGS	E					11
12	BILLABLE DRUGS	E					12
13	BILLABLE DRUGS	E					13
14	BILLABLE DRUGS	E					14
15	BILLABLE DRUGS	E					15
16	BILLABLE DRUGS	E					16
17	BILLABLE DRUGS	E					17
18	BILLABLE DRUGS	E					18
19	BILLABLE DRUGS	E					19
20	BILLABLE DRUGS	E					20
21	BILLABLE DRUGS	E					21
22	BILLABLE DRUGS	E					22
23	BILLABLE DRUGS	E					23
24	BILLABLE DRUGS	E					24
25	BILLABLE DRUGS	E					25
26	BILLABLE DRUGS	E					26
27	BILLABLE DRUGS	E					27
28	BILLABLE DRUGS	E					28
29	BILLABLE DRUGS	E					29
500	Total reclassifications					4,155,182	500
	Code Letter - E						
1	LAUNDRY	F	Laundry & Linen Service	8		5,348	1
2	LAUNDRY	F					2

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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES			
			COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
3	LAUNDRY	F				3
4	LAUNDRY	F				4
5	LAUNDRY	F				5
6	LAUNDRY	F				6
500	Total reclassifications					5,348
	Code Letter - F					
1	BILLABLE SUPPLIES	G	Medical Supplies Charged to P	71		229,662
2	BILLABLE SUPPLIES	G	Central Services & Supply	14		120,280
3	BILLABLE SUPPLIES	G				3
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
500	Total reclassifications					349,942
	Code Letter - G					
1	IMPLANTABLE DEVICES	H	Impl. Dev. Charged to Patient	72		2,924,127
2	IMPLANTABLE DEVICES	H				2
3	IMPLANTABLE DEVICES	H				3
4	IMPLANTABLE DEVICES	H				4
5	IMPLANTABLE DEVICES	H				5
6	IMPLANTABLE DEVICES	H				6
500	Total reclassifications					2,924,127
	Code Letter - H					
1	TRANSCRIPTION	I	Medical Records & Library	16		8,041
2	TRANSCRIPTION	I				2
500	Total reclassifications					8,041
	Code Letter - I					
1	REGIONAL EXPENSES	J	Employee Benefits Department	4	34,215	1
2	REGIONAL EXPENSES	J	Pharmacy	15	6,725	179
3	REGIONAL EXPENSES	J	Medical Records & Library	16	279,385	2,153
4	REGIONAL EXPENSES	J	OTHER NONREIMBURSABLE COST CE	194.02	31,731	5,484
500	Total reclassifications				352,056	7,816
	Code Letter - J					
	GRAND TOTAL (Increases)				352,056	8,433,123

(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		1,503	10	1
2	RENTS	A	Administrative & General	5		219,960	10	2
3	RENTS	A	Operation of Plant	7		7,884		3
4	RENTS	A	Housekeeping	9		8,279		4
5	RENTS	A	Dietary	10		838		5
6	RENTS	A	Central Services & Supply	14		54,142		6
7	RENTS	A	Pharmacy	15		98,648		7
8	RENTS	A	Medical Records & Library	16		1,271		8
9	RENTS	A	I&R Services-Other Prgm Costs	22		6,312		9
10	RENTS	A	Adults & Pediatrics	30		3,178		10
11	RENTS	A	Intensive Care Unit	31		5,216		11
12	RENTS	A	Subprovider - IPF	40		1,360		12
13	RENTS	A	Operating Room	50		20,115		13
14	RENTS	A	Anesthesiology	53		1,067		14
15	RENTS	A	Radiology-Diagnostic	54		5,165		15
16	RENTS	A	Radiology-Therapeutic	55		69,333		16
17	RENTS	A	VASCULAR LAB	56.01		291		17
18	RENTS	A	STRAUSS ONCOLOGY	56.02		94,174		18
19	RENTS	A	Laboratory	60		263		19
20	RENTS	A	Respiratory Therapy	65		83,210		20
21	RENTS	A	Physical Therapy	66		300		21
22	RENTS	A	Electrocardiology	69		266		22
23	RENTS	A	WOUND CARE	76		2,037		23
24	RENTS	A	Clinic	90		1,936		24
25	RENTS	A	Emergency	91		339		25
26	RENTS	A	MARKETING	194		2,913		26
500	Total reclassifications					690,000		500
	Code letter - A							
1	INTEREST EXPENSE	B	Administrative & General	5		10,925	11	1
500	Total reclassifications					10,925		500
	Code letter - B							
1	PROPERTY TAX	C	Administrative & General	5		261,464	13	1
2	PROPERTY TAX	C	Operation of Plant	7		7,131		2
500	Total reclassifications					268,595		500
	Code letter - C							
1	INSURANCE	D	Administrative & General	5		13,147	12	1
500	Total reclassifications					13,147		500
	Code letter - D							
1	BILLABLE DRUGS	E	Employee Benefits Department	4		39,792		1
2	BILLABLE DRUGS	E	Administrative & General	5		11		2
3	BILLABLE DRUGS	E	Dietary	10		10,683		3
4	BILLABLE DRUGS	E	Pharmacy	15		1,745,554		4
5	BILLABLE DRUGS	E	Adults & Pediatrics	30		49,913		5
6	BILLABLE DRUGS	E	Intensive Care Unit	31		29,458		6
7	BILLABLE DRUGS	E	Subprovider - IPF	40		68		7
8	BILLABLE DRUGS	E	Subprovider - IRF	41		198		8
9	BILLABLE DRUGS	E	Operating Room	50		90,598		9
10	BILLABLE DRUGS	E	GASTRO INTESTINAL SERVICES	50.01		4,383		10
11	BILLABLE DRUGS	E	Recovery Room	51		3,202		11
12	BILLABLE DRUGS	E	Anesthesiology	53		20,912		12
13	BILLABLE DRUGS	E	Radiology-Diagnostic	54		8,573		13
14	BILLABLE DRUGS	E	ULTRA SOUND	54.01		39		14
15	BILLABLE DRUGS	E	Radioisotope	56		91		15
16	BILLABLE DRUGS	E	STRAUSS ONCOLOGY	56.02		2,062,461		16
17	BILLABLE DRUGS	E	CT Scan	57		1,824		17
18	BILLABLE DRUGS	E	MRI	58		77		18
19	BILLABLE DRUGS	E	Cardiac Catheterization	59		845		19
20	BILLABLE DRUGS	E	Laboratory	60		223		20
21	BILLABLE DRUGS	E	Blood Storing, Processing & T	63		20		21
22	BILLABLE DRUGS	E	Respiratory Therapy	65		785		22
23	BILLABLE DRUGS	E	Electrocardiology	69		631		23
24	BILLABLE DRUGS	E	Renal Dialysis	74		1,975		24
25	BILLABLE DRUGS	E	WOUND CARE	76		4,564		25
26	BILLABLE DRUGS	E	Clinic	90		20,546		26
27	BILLABLE DRUGS	E	Emergency	91		37,328		27
28	BILLABLE DRUGS	E	Physicians' Private Offices	192		19,774		28
29	BILLABLE DRUGS	E	HOSPICE	194.01		654		29
500	Total reclassifications					4,155,182		500
	Code letter - E							
1	LAUNDRY	F	Housekeeping	9		4,713		1

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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				Wkst A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
2	LAUNDRY	F	Intensive Care Unit	31		15		2
3	LAUNDRY	F	Subprovider - IPF	40		43		3
4	LAUNDRY	F	Operating Room	50		179		4
5	LAUNDRY	F	Physical Therapy	66		54		5
6	LAUNDRY	F	Emergency	91		344		6
500	Total reclassifications					5,348		500
	Code letter - F							
1	BILLABLE SUPPLIES	G	Laundry & Linen Service	8		2,891		1
2	BILLABLE SUPPLIES	G	Housekeeping	9		5,958		2
3	BILLABLE SUPPLIES	G	Adults & Pediatrics	30		74,244		3
4	BILLABLE SUPPLIES	G	Intensive Care Unit	31		36,155		4
5	BILLABLE SUPPLIES	G	Subprovider - IPF	40		1,520		5
6	BILLABLE SUPPLIES	G	Subprovider - IRF	41		2,537		6
7	BILLABLE SUPPLIES	G	Operating Room	50		102,324		7
8	BILLABLE SUPPLIES	G	GASTRO INTESTINAL SERVICES	50.01		15,067		8
9	BILLABLE SUPPLIES	G	Recovery Room	51		33,251		9
10	BILLABLE SUPPLIES	G	Anesthesiology	53		7,382		10
11	BILLABLE SUPPLIES	G	Radiology-Diagnostic	54		10,566		11
12	BILLABLE SUPPLIES	G	ULTRA SOUND	54.01		3,114		12
13	BILLABLE SUPPLIES	G	Radiology-Therapeutic	55		89		13
14	BILLABLE SUPPLIES	G	Radioisotope	56		341		14
15	BILLABLE SUPPLIES	G	STRAUSS ONCOLOGY	56.02		1,094		15
16	BILLABLE SUPPLIES	G	CT Scan	57		143		16
17	BILLABLE SUPPLIES	G	MRI	58		129		17
18	BILLABLE SUPPLIES	G	Cardiac Catheterization	59		1,898		18
19	BILLABLE SUPPLIES	G	Respiratory Therapy	65		6,312		19
20	BILLABLE SUPPLIES	G	Physical Therapy	66		2,231		20
21	BILLABLE SUPPLIES	G	Electrocardiology	69		3,193		21
22	BILLABLE SUPPLIES	G	Electroencephalography	70		380		22
23	BILLABLE SUPPLIES	G	Renal Dialysis	74		2		23
24	BILLABLE SUPPLIES	G	WOUND CARE	76		450		24
25	BILLABLE SUPPLIES	G	Clinic	90		4,710		25
26	BILLABLE SUPPLIES	G	Emergency	91		30,419		26
27	BILLABLE SUPPLIES	G	Physicians' Private Offices	192		2,279		27
28	BILLABLE SUPPLIES	G	HOSPICE	194.01		1,263		28
500	Total reclassifications					349,942		500
	Code letter - G							
1	IMPLANTABLE DEVICES	H	Intensive Care Unit	31		5,799		1
2	IMPLANTABLE DEVICES	H	Operating Room	50		2,495,702		2
3	IMPLANTABLE DEVICES	H	GASTRO INTESTINAL SERVICES	50.01		1,184		3
4	IMPLANTABLE DEVICES	H	Radiology-Diagnostic	54		34,342		4
5	IMPLANTABLE DEVICES	H	Cardiac Catheterization	59		292,941		5
6	IMPLANTABLE DEVICES	H	WOUND CARE	76		94,159		6
500	Total reclassifications					2,924,127		500
	Code letter - H							
1	TRANSCRIPTION	I	Radiology-Therapeutic	55		163		1
2	TRANSCRIPTION	I	Clinic	90		7,878		2
500	Total reclassifications					8,041		500
	Code letter - I							
1	REGIONAL EXPENSES	J	Administrative & General	5	352,056	7,816		1
2	REGIONAL EXPENSES	J						2
3	REGIONAL EXPENSES	J						3
4	REGIONAL EXPENSES	J						4
500	Total reclassifications				352,056	7,816		500
	Code letter - J							
	GRAND TOTAL (Decreases)				352,056	8,433,123		

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

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

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	2,829,328					2,829,328		1
2	Land Improvements	5,683,152					5,683,152		2
3	Buildings and Fixtures	60,624,833	298,537		298,537		60,923,370		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	154,329,327	604,027		604,027		154,933,354		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	223,466,640	902,564		902,564		224,369,204		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	223,466,640	902,564		902,564		224,369,204		10

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

	Description	SUMMARY OF CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	Cap Rel Costs-Bldg & Fixt								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

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	66,606,522		66,606,522	0.300653					1
2	Cap Rel Costs-Mvble Equip	154,933,354		154,933,354	0.699347					2
3	Total (sum of lines 1-2)	221,539,876		221,539,876	1.000000					3

	Description	SUMMARY OF CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	Cap Rel Costs-Bldg & Fixt	2,642,427	356,180		13,147	247,189		3,258,943	1
2	Cap Rel Costs-Mvble Equip	1,961,206	264,767	10,925				2,236,898	2
3	Total (sum of lines 1-2)	4,603,633	620,947	10,925	13,147	247,189		5,495,841	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	-2,454,554				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-39,391				12
13	Laundry and linen service						13
14	Cafeteria - employees and guests						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	-18,114	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	962,997	Cap Rel Costs-Bldg & Fixt	1	9	26
27	Depreciation--movable equipment	A	1,961,699	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	-1,611,272	Administrative & General	5		33
33.01	TELEPHONE SERVICES - DIRECT PHONE	A	-13,720	Administrative & General	5		33.01
33.02	TELEPHONE SERVICES - PBX SALARY	A	-22,992	Administrative & General	5		33.02
33.03	TELEPHONE SERVICES - PBX BENEFITS	A	-4,164	Employee Benefits Department	4		33.03
33.04	TELEPHONE SERVICES - DEPRECIATION	A	-137	Cap Rel Costs-Mvble Equip	2	9	33.04
33.05	TELEVISION SERVICES - DEPRECIATION	A	-356	Cap Rel Costs-Mvble Equip	2	9	33.05
33.06	SATELLITE TV	A	-5,170	Dietary	10		33.06
33.07	OTHER OPERATING REVENUE	B	31,914	Administrative & General	5		33.07
33.08	PARKING REVENUE	B	-260,242	Operation of Plant	7		33.08
33.09	DIETARY REVENUE	B	-31	Dietary	10		33.09
33.10	HOSPICE REVENUE	B	-15,779	Central Services & Supply	14		33.10
33.11	HOSPICE REVENUE	B	-193,496	Pharmacy	15		33.11
33.12	STUDENT FEES & PAYMENTS	B	-66,119	I&R Services-Other Prgm Costs Apprvd	22		33.12
33.13	HOSPICE REVENUE	B	-4,842	GASTRO INTESTINAL SERVICES	50.01		33.13
33.14	HOSPICE REVENUE	B	-40,545	Radiology-Diagnostic	54		33.14
33.15	OTHER OPERATING REVENUE	B	-2,294	ULTRA SOUND	54.01		33.15
33.16	HOSPICE REVENUE	B	-11,698	Radiology-Therapeutic	55		33.16
33.17	OTHER OPERATING REVENUE	B	-32,323	CT Scan	57		33.17
33.18	HOSPICE REVENUE	B	-17,729	Laboratory	60		33.18
33.19	HOSPICE REVENUE	B	-35,539	Respiratory Therapy	65		33.19
33.20	HOSPICE REVENUE	B	449	Electrocardiology	69		33.20
33.21	MISC RENTAL INCOME	B	-12,713	Clinic	90		33.21
33.22	ADVERTISING	A	-6,214	Adults & Pediatrics	30		33.22
33.23	OTHER EXPENSE	A	-4,121	Employee Benefits Department	4		33.23
33.24	OTHER EXPENSE	A	-12,546	Administrative & General	5		33.24
33.25	PURCHASED SVCS	A	-25,137	Employee Benefits Department	4		33.25
33.26	PURCHASED SVCS	A	-140,177	Administrative & General	5		33.26
33.27	PURCHASED SVCS	A	-834	Operation of Plant	7		33.27
33.28	PURCHASED SVCS	A	-2,549	Adults & Pediatrics	30		33.28
33.29	TRAVEL	A	-18,501	Administrative & General	5		33.29
33.30	ALCOHOL	A	-69	I&R Services-Other Prgm Costs Apprvd	22		33.30
33.31	DONATION & CONTRIBUTION	A	-217,600	Administrative & General	5		33.31
33.32	DONATION & CONTRIBUTION	A	-2,490	I&R Services-Other Prgm Costs Apprvd	22		33.32

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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	
33.33	SENIOR SERVICES	A	-54,073	Adults & Pediatrics	30		33.33
33.34	DUES & SUBSCRIPTION	A	-9,132	Administrative & General	5		33.34
33.35	DUES & SUBSCRIPTION	A	-5,629	I&R Services-Other Prgm Costs Apprvd	22		33.35
33.36	PHYSICIAN DUES & SUBSCRIPTION	A	-219	Administrative & General	5		33.36
33.37	LOBBYING DUES	A	-31,660	Administrative & General	5		33.37
33.38	PATIENT TRANSPORTATION	A	-9	Nursing Administration	13		33.38
33.39	FINES & PENALTIES	A	-744	Administrative & General	5		33.39
33.40	FINES & PENALTIES	A	-6,146	Pharmacy	15		33.40
33.41	LEGAL	A	-3,121	Administrative & General	5		33.41
33.42	H.O. WORKERS COMPENSATION	A	-580,878	Employee Benefits Department	4		33.42
33.43	PERIOD 13 ADJUSTMENT	A	-503,238	Employee Benefits Department	4		33.43
33.44	PERIOD 13 ADJUSTMENT	A	4,501,785	Administrative & General	5		33.44
33.45	PROPERTY TAX	A	-21,406	Cap Rel Costs-Bldg & Fixt	1	13	33.45
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)		949,131				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 subscripits thereof.

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

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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	1,326,112		1,326,112	9	1
2	1	Cap Rel Costs-Bldg & Fixt	HOME OFFICE POOLED CAPITAL	353,318		353,318	9	2
3	5	Administrative & General	HOME OFFICE SHARED SERVICES	462,511		462,511		3
4	5	Administrative & General	PERIOD 13 ADJ - IC OVERHEAD ALLOC		2,181,332	-2,181,332		4
4.01	1	Cap Rel Costs-Bldg & Fixt	REGIONAL ALLOCATION	204,962	204,962		10	4.01
4.02	2	Cap Rel Costs-Mvble Equip	REGIONAL ALLOCATION	6,969	6,969		10	4.02
4.03	4	Employee Benefits Department	REGIONAL ALLOCATION	34,215	34,215			4.03
4.04	5	Administrative & General	REGIONAL ALLOCATION	3,446,329	3,446,329			4.04
4.05	15	Pharmacy	REGIONAL ALLOCATION	6,904	6,904			4.05
4.06	16	Medical Records & Library	REGIONAL ALLOCATION	281,538	281,538			4.06
4.08	194.02	OTHER NONREIMBURSABLE COST CENTERS	REGIONAL ALLOCATION	37,214	37,214			4.08
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			6,160,072	6,199,463	-39,391		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							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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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	70,537	70,537						1
2	31	Intensive Care Unit INTENSIVE CARE	-8,297	-8,297						2
3	41	Subprovider - IRF SUBPROVIDER - I	31,879	31,879						3
4	40	Subprovider - IPF SUBPROVIDER - I	4,951	4,951						4
5	50	Operating Room OPERATING ROOM	124,385	124,385						5
6	53	Anesthesiology ANESTHESIOLOGY	745,494	745,494						6
7	55	Radiology-Therapeuti RADIOLOGY - THE	14,928	14,928						7
8	56.01	VASCULAR LAB VASCULAR LAB	104,566	104,566						8
9	56.02	STRAUSS ONCOLOGY STRAUSS ONCOLOG	565,005	565,005						9
10	59	Cardiac Catheterizat CARDIAC CATHETE	12,552	12,552						10
11	69	Electrocardiology ELECTRO CARDIOL	-1,264	-1,264						11
12	76	WOUND CARE WOUND CARE	13,646	13,646						12
13	90	Clinic CLINIC	313,093	313,093						13
14	91	Emergency EMERGENCY	463,079	463,079						14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	2,454,554	2,454,554						200

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	30	Adults & Pediatrics ADULTS & PEDIAT							70,537	1
2	31	Intensive Care Unit INTENSIVE CARE							-8,297	2
3	41	Subprovider - IRF SUBPROVIDER - I							31,879	3
4	40	Subprovider - IPF SUBPROVIDER - I							4,951	4
5	50	Operating Room OPERATING ROOM							124,385	5
6	53	Anesthesiology ANESTHESIOLOGY							745,494	6
7	55	Radiology-Therapeuti RADIOLOGY - THE							14,928	7
8	56.01	VASCULAR LAB VASCULAR LAB							104,566	8
9	56.02	STRAUSS ONCOLOGY STRAUSS ONCOLOG							565,005	9
10	59	Cardiac Catheterizat CARDIAC CATHETE							12,552	10
11	69	Electrocardiology ELECTRO CARDIOL							-1,264	11
12	76	WOUND CARE WOUND CARE							13,646	12
13	90	Clinic CLINIC							313,093	13
14	91	Emergency EMERGENCY							463,079	14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL							2,454,554	200

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINIS- TRATIVE & GENERAL	
		0	1	2	4	4A	5	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	3,258,943	3,258,943					1
2	Cap Rel Costs-Mvble Equip	2,236,898		2,236,898				2
4	Employee Benefits Department	4,931,294	26,386	18,545	4,976,225			4
5	Administrative & General	12,410,716	362,063	254,472	404,677	13,431,928	13,431,928	5
7	Operation of Plant	4,083,444	450,276	316,472	136,710	4,986,902	1,120,308	7
8	Laundry & Linen Service	260,913	26,293	18,480		305,686	68,672	8
9	Housekeeping	735,130	28,290	19,884	97,701	881,005	197,918	9
10	Dietary	936,516	59,810	42,037	95,198	1,133,561	254,654	10
11	Cafeteria		30,110	21,163		51,273	11,518	11
13	Nursing Administration	600,641	3,267	2,296	94,007	700,211	157,302	13
14	Central Services & Supply	474,702	31,539	22,167	35,319	563,727	126,641	14
15	Pharmacy	928,294	11,340	7,971	140,287	1,087,892	244,395	15
16	Medical Records & Library	690,093	24,809	17,437	90,267	822,606	184,798	16
21	I&R Services-Salary & Fringes Apprvd	3,459,768			566,904	4,026,672	904,592	21
22	I&R Services-Other Prgm Costs Apprvd	1,306,763	94,597	66,486		1,467,846	329,752	22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	6,482,279	519,554	365,159	945,163	8,312,155	1,867,315	30
31	Intensive Care Unit	1,909,604	109,624	77,048	252,517	2,348,793	527,656	31
40	Subprovider - IPF	960,155	47,284	33,233	150,102	1,190,774	267,507	40
41	Subprovider - IRF	671,243	91,620	64,394	104,250	931,507	209,263	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	4,690,220	257,843	181,222	315,244	5,444,529	1,223,113	50
50.01	GASTRO INTESTINAL SERVICES	381,896	33,480	23,531	32,528	471,435	105,908	50.01
51	Recovery Room	490,995	31,361	22,042	56,567	600,965	135,007	51
53	Anesthesiology	96,319	3,687	2,591	6,276	108,873	24,458	53
54	Radiology-Diagnostic	1,272,799	110,670	77,783	161,989	1,623,241	364,661	54
54.01	ULTRA SOUND	121,694	1,596	1,122	20,122	144,534	32,470	54.01
55	Radiology-Therapeutic	333,770	34,357	24,148	27,976	420,251	94,409	55
56	Radioisotope	377,113	27,786	19,529	20,587	445,015	99,973	56
56.01	VASCULAR LAB	521,825			18,173	539,998	121,311	56.01
56.02	STRAUSS ONCOLOGY	285,224			47,833	333,057	74,821	56.02
57	CT Scan	330,348	8,391	5,898	41,792	386,429	86,811	57
58	MRI	88,152	9,576	6,731	12,246	116,705	26,218	58
59	Cardiac Catheterization	358,523	14,337	10,076	44,242	427,178	95,966	59
60	Laboratory	1,697,090	42,767	30,058	128,154	1,898,069	426,401	60
63	Blood Storing, Processing & Trans.	327,223	2,044	1,437		330,704	74,293	63
65	Respiratory Therapy	851,643	9,744	6,849	123,839	992,075	222,870	65
66	Physical Therapy	1,141,414	33,424	23,492	187,398	1,385,728	311,304	66
69	Electrocardiology	375,552	66,979	47,075	52,380	541,986	121,757	69
70	Electroencephalography	33,838	933	656	5,505	40,932	9,195	70
71	Medical Supplies Charged to Patients	229,662				229,662	51,594	71
72	Impl. Dev. Charged to Patients	2,924,127				2,924,127	656,905	72
73	Drugs Charged to Patients	4,155,182				4,155,182	933,462	73
74	Renal Dialysis	287,869				287,869	64,670	74
76	WOUND CARE	165,601	24,772	17,410	20,104	227,887	51,195	76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	916,756	63,805	44,845	127,615	1,153,021	259,026	90
91	Emergency	1,879,401	110,614	77,744	236,746	2,304,505	517,707	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	70,671,632	2,805,028	1,971,483	4,800,418	69,776,495	12,657,796	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	1,449,686	337,842	237,449	125,700	2,150,677	483,150	192
194	MARKETING	958,359	2,893	2,034	44,908	1,008,194	226,491	194
194.01	HOSPICE	105,546	19,545	13,737		138,828	31,188	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	37,215			5,199	42,414	9,528	194.02
194.03	VACANT AREA		76,284			76,284	17,137	194.03
194.04	LAKEFRONT		17,351	12,195		29,546	6,638	194.04
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	73,222,438	3,258,943	2,236,898	4,976,225	73,222,438	13,431,928	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	6,107,210						7
8	Laundry & Linen Service	66,348	440,706					8
9	Housekeeping	71,388		1,150,311				9
10	Dietary	150,926		29,083	1,568,224			10
11	Cafeteria	75,981		14,642	761,764	915,178		11
13	Nursing Administration	8,243		1,589		16,508	883,853	13
14	Central Services & Supply	79,585		15,336		12,474		14
15	Pharmacy	28,617		5,514		25,555	40,151	15
16	Medical Records & Library	62,603		12,064		20,398		16
21	I&R Services-Salary & Fringes Apprvd					142,607		21
22	I&R Services-Other Prgm Costs Apprvd	238,707		45,999				22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,311,043	172,657	252,633	369,135	219,844	345,329	30
31	Intensive Care Unit	276,627	56,403	53,306	56,116	49,416	77,635	31
40	Subprovider - IPF	119,318	12,636	22,993	59,923	41,992	65,953	40
41	Subprovider - IRF	231,194	37,740	44,551	32,718	20,541	32,256	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	650,645	47,716	125,379		67,458	105,968	50
50.01	GASTRO INTESTINAL SERVICES	84,484	6,774	16,280		5,300	8,324	50.01
51	Recovery Room	79,137		15,250		9,780	15,368	51
53	Anesthesiology	9,303		1,793		750		53
54	Radiology-Diagnostic	279,265	34,000	53,814		37,013		54
54.01	ULTRA SOUND	4,028		776		2,784		54.01
55	Radiology-Therapeutic	86,698	3,409	16,707		5,175		55
56	Radioisotope	70,117	3,409	13,511		3,623		56
56.01	VASCULAR LAB					3,373		56.01
56.02	STRAUSS ONCOLOGY		3,409			9,191		56.02
57	CT Scan	21,174		4,080		9,262		57
58	MRI	24,165		4,657		2,320		58
59	Cardiac Catheterization	36,177		6,971		6,014		59
60	Laboratory	107,919		20,796		39,386		60
63	Blood Storing, Processing & Trans.	5,158		994				63
65	Respiratory Therapy	24,589		4,738		30,499	47,906	65
66	Physical Therapy	84,342		16,253		37,744	59,296	66
69	Electrocardiology	169,015	3,409	32,569		12,100		69
70	Electroencephalography	2,355	3,409	454		1,588		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	62,509		12,045		4,711		76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	161,007	6,899	31,026		2,820		90
91	Emergency	279,124	22,112	53,787		54,537	85,667	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	4,961,791	413,982	929,590	1,279,656	894,763	883,853	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	852,516	1,663	164,279	260,026	12,385		192
194	MARKETING	7,301		1,407		7,602		194
194.01	HOSPICE	49,320	25,061	9,504	26,223			194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS				2,319	428		194.02
194.03	VACANT AREA	192,497		37,094				194.03
194.04	LAKEFRONT	43,785		8,437				194.04
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	6,107,210	440,706	1,150,311	1,568,224	915,178	883,853	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	797,763						14
15	Pharmacy		1,432,124					15
16	Medical Records & Library			1,102,469				16
21	I&R Services-Salary & Fringes Apprvd				5,073,871			21
22	I&R Services-Other Prgm Costs Apprvd					2,082,304		22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics			101,420	3,444,636	1,413,670	17,809,837	30
31	Intensive Care Unit			20,505			3,466,457	31
40	Subprovider - IPF			7,055			1,788,151	40
41	Subprovider - IRF			4,678			1,544,448	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			148,961	1,381,383	566,916	9,762,068	50
50.01	GASTRO INTESTINAL SERVICES			19,282			717,787	50.01
51	Recovery Room			23,377			878,884	51
53	Anesthesiology			22,795			167,972	53
54	Radiology-Diagnostic			33,637			2,425,631	54
54.01	ULTRA SOUND			7,452			192,044	54.01
55	Radiology-Therapeutic			8,793			635,442	55
56	Radioisotope			11,810			647,458	56
56.01	VASCULAR LAB			7,951			672,633	56.01
56.02	STRAUSS ONCOLOGY			3,715			424,193	56.02
57	CT Scan			84,542			592,298	57
58	MRI			11,451			185,516	58
59	Cardiac Catheterization			30,048			602,354	59
60	Laboratory			127,893			2,620,464	60
63	Blood Storing, Processing & Trans.			8,125			419,274	63
65	Respiratory Therapy			13,413			1,336,090	65
66	Physical Therapy			35,780			1,930,447	66
69	Electrocardiology			32,146			912,982	69
70	Electroencephalography			621			58,554	70
71	Medical Supplies Charged to Patients	58,094		45,923			385,273	71
72	Impl. Dev. Charged to Patients	739,669		38,642			4,359,343	72
73	Drugs Charged to Patients		1,432,124	148,155			6,668,923	73
74	Renal Dialysis			1,771			354,310	74
76	WOUND CARE			3,356			361,703	76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			5,228			1,619,027	90
91	Emergency			93,944	247,852	101,718	3,760,953	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	797,763	1,432,124	1,102,469	5,073,871	2,082,304	67,300,516	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices						3,924,696	192
194	MARKETING						1,250,995	194
194.01	HOSPICE						280,124	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS						54,689	194.02
194.03	VACANT AREA						323,012	194.03
194.04	LAKEFRONT						88,406	194.04
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	797,763	1,432,124	1,102,469	5,073,871	2,082,304	73,222,438	202

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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COST ALLOCATION - GENERAL SERVICE COSTS
**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	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	-4,858,306	12,951,531				30
31	Intensive Care Unit		3,466,457				31
40	Subprovider - IPF		1,788,151				40
41	Subprovider - IRF		1,544,448				41
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	-1,948,299	7,813,769				50
50.01	GASTRO INTESTINAL SERVICES		717,787				50.01
51	Recovery Room		878,884				51
53	Anesthesiology		167,972				53
54	Radiology-Diagnostic		2,425,631				54
54.01	ULTRA SOUND		192,044				54.01
55	Radiology-Therapeutic		635,442				55
56	Radioisotope		647,458				56
56.01	VASCULAR LAB		672,633				56.01
56.02	STRAUSS ONCOLOGY		424,193				56.02
57	CT Scan		592,298				57
58	MRI		185,516				58
59	Cardiac Catheterization		602,354				59
60	Laboratory		2,620,464				60
63	Blood Storing, Processing & Trans.		419,274				63
65	Respiratory Therapy		1,336,090				65
66	Physical Therapy		1,930,447				66
69	Electrocardiology		912,982				69
70	Electroencephalography		58,554				70
71	Medical Supplies Charged to Patients		385,273				71
72	Impl. Dev. Charged to Patients		4,359,343				72
73	Drugs Charged to Patients		6,668,923				73
74	Renal Dialysis		354,310				74
76	WOUND CARE		361,703				76
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic		1,619,027				90
91	Emergency	-349,570	3,411,383				91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	-7,156,175	60,144,341				118
	NONREIMBURSABLE COST CENTERS						
192	Physicians' Private Offices		3,924,696				192
194	MARKETING		1,250,995				194
194.01	HOSPICE		280,124				194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS		54,689				194.02
194.03	VACANT AREA		323,012				194.03
194.04	LAKEFRONT		88,406				194.04
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	-7,156,175	66,066,263				202

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	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		26,386	18,545	44,931	44,931		4
5	Administrative & General		362,063	254,472	616,535	3,653	620,188	5
7	Operation of Plant		450,276	316,472	766,748	1,234	51,729	7
8	Laundry & Linen Service		26,293	18,480	44,773		3,171	8
9	Housekeeping		28,290	19,884	48,174	882	9,139	9
10	Dietary		59,810	42,037	101,847	859	11,758	10
11	Cafeteria		30,110	21,163	51,273		532	11
13	Nursing Administration		3,267	2,296	5,563	849	7,263	13
14	Central Services & Supply		31,539	22,167	53,706	319	5,848	14
15	Pharmacy		11,340	7,971	19,311	1,266	11,285	15
16	Medical Records & Library		24,809	17,437	42,246	815	8,533	16
21	I&R Services-Salary & Fringes Apprvd					5,117	41,769	21
22	I&R Services-Other Prgm Costs Apprvd		94,597	66,486	161,083		15,226	22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		519,554	365,159	884,713	8,543	86,203	30
31	Intensive Care Unit		109,624	77,048	186,672	2,279	24,364	31
40	Subprovider - IPF		47,284	33,233	80,517	1,355	12,352	40
41	Subprovider - IRF		91,620	64,394	156,014	941	9,663	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		257,843	181,222	439,065	2,845	56,476	50
50.01	GASTRO INTESTINAL SERVICES		33,480	23,531	57,011	294	4,890	50.01
51	Recovery Room		31,361	22,042	53,403	511	6,234	51
53	Anesthesiology		3,687	2,591	6,278	57	1,129	53
54	Radiology-Diagnostic		110,670	77,783	188,453	1,462	16,838	54
54.01	ULTRA SOUND		1,596	1,122	2,718	182	1,499	54.01
55	Radiology-Therapeutic		34,357	24,148	58,505	253	4,359	55
56	Radioisotope		27,786	19,529	47,315	186	4,616	56
56.01	VASCULAR LAB					164	5,601	56.01
56.02	STRAUSS ONCOLOGY					432	3,455	56.02
57	CT Scan		8,391	5,898	14,289	377	4,008	57
58	MRI		9,576	6,731	16,307	111	1,211	58
59	Cardiac Catheterization		14,337	10,076	24,413	399	4,431	59
60	Laboratory		42,767	30,058	72,825	1,157	19,689	60
63	Blood Storing, Processing & Trans.		2,044	1,437	3,481		3,430	63
65	Respiratory Therapy		9,744	6,849	16,593	1,118	10,291	65
66	Physical Therapy		33,424	23,492	56,916	1,691	14,374	66
69	Electrocardiology		66,979	47,075	114,054	473	5,622	69
70	Electroencephalography		933	656	1,589	50	425	70
71	Medical Supplies Charged to Patients						2,382	71
72	Impl. Dev. Charged to Patients						30,332	72
73	Drugs Charged to Patients						43,102	73
74	Renal Dialysis						2,986	74
76	WOUND CARE		24,772	17,410	42,182	181	2,364	76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		63,805	44,845	108,650	1,152	11,960	90
91	Emergency		110,614	77,744	188,358	2,137	23,905	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)		2,805,028	1,971,483	4,776,511	43,344	584,444	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		337,842	237,449	575,291	1,135	22,309	192
194	MARKETING		2,893	2,034	4,927	405	10,458	194
194.01	HOSPICE		19,545	13,737	33,282		1,440	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS					47	440	194.02
194.03	VACANT AREA		76,284		76,284		791	194.03
194.04	LAKEFRONT		17,351	12,195	29,546		306	194.04
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		3,258,943	2,236,898	5,495,841	44,931	620,188	202

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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	819,711						7
8	Laundry & Linen Service	8,905	56,849					8
9	Housekeeping	9,582		67,777				9
10	Dietary	20,257		1,714	136,435			10
11	Cafeteria	10,198		863	66,274	129,140		11
13	Nursing Administration	1,106		94		2,329	17,204	13
14	Central Services & Supply	10,682		904		1,760		14
15	Pharmacy	3,841		325		3,606	782	15
16	Medical Records & Library	8,403		711		2,878		16
21	I&R Services-Salary & Fringes Apprvd					20,123		21
22	I&R Services-Other Prgm Costs Apprvd	32,039		2,710				22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	175,969	22,270	14,883	32,115	31,023	6,722	30
31	Intensive Care Unit	37,129	7,276	3,141	4,882	6,973	1,511	31
40	Subprovider - IPF	16,015	1,630	1,355	5,213	5,925	1,284	40
41	Subprovider - IRF	31,031	4,868	2,625	2,846	2,898	628	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	87,330	6,155	7,387		9,519	2,063	50
50.01	GASTRO INTESTINAL SERVICES	11,339	874	959		748	162	50.01
51	Recovery Room	10,622		899		1,380	299	51
53	Anesthesiology	1,249		106		106		53
54	Radiology-Diagnostic	37,483	4,386	3,171		5,223		54
54.01	ULTRA SOUND	541		46		393		54.01
55	Radiology-Therapeutic	11,637	440	984		730		55
56	Radioisotope	9,411	440	796		511		56
56.01	VASCULAR LAB					476		56.01
56.02	STRAUSS ONCOLOGY		440			1,297		56.02
57	CT Scan	2,842		240		1,307		57
58	MRI	3,243		274		327		58
59	Cardiac Catheterization	4,856		411		849		59
60	Laboratory	14,485		1,225		5,558		60
63	Blood Storing, Processing & Trans.	692		59				63
65	Respiratory Therapy	3,300		279		4,304	932	65
66	Physical Therapy	11,320		958		5,326	1,154	66
69	Electrocardiology	22,685	440	1,919		1,707		69
70	Electroencephalography	316	440	27		224		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	8,390		710		665		76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	21,610	890	1,828		398		90
91	Emergency	37,464	2,852	3,169		7,696	1,667	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	665,972	53,401	54,772	111,330	126,259	17,204	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	114,425	215	9,679	22,622	1,748		192
194	MARKETING	980		83		1,073		194
194.01	HOSPICE	6,620	3,233	560	2,281			194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS				202	60		194.02
194.03	VACANT AREA	25,837		2,186				194.03
194.04	LAKEFRONT	5,877		497				194.04
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	819,711	56,849	67,777	136,435	129,140	17,204	202

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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	73,219						14
15	Pharmacy		40,416					15
16	Medical Records & Library			63,586				16
21	I&R Services-Salary & Fringes Apprvd				67,009			21
22	I&R Services-Other Prgm Costs Apprvd					211,058		22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics			5,858			1,268,299	30
31	Intensive Care Unit			1,184			275,411	31
40	Subprovider - IPF			408			126,054	40
41	Subprovider - IRF			270			211,784	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			8,509			619,349	50
50.01	GASTRO INTESTINAL SERVICES			1,114			77,391	50.01
51	Recovery Room			1,350			74,698	51
53	Anesthesiology			1,317			10,242	53
54	Radiology-Diagnostic			1,943			258,959	54
54.01	ULTRA SOUND			430			5,809	54.01
55	Radiology-Therapeutic			508			77,416	55
56	Radioisotope			682			63,957	56
56.01	VASCULAR LAB			459			6,700	56.01
56.02	STRAUSS ONCOLOGY			215			5,839	56.02
57	CT Scan			4,883			27,946	57
58	MRI			661			22,134	58
59	Cardiac Catheterization			1,736			37,095	59
60	Laboratory			7,388			122,327	60
63	Blood Storing, Processing & Trans.			469			8,131	63
65	Respiratory Therapy			775			37,592	65
66	Physical Therapy			2,067			93,806	66
69	Electrocardiology			1,857			148,757	69
70	Electroencephalography			36			3,107	70
71	Medical Supplies Charged to Patients	5,332		2,653			10,367	71
72	Impl. Dev. Charged to Patients	67,887		2,232			100,451	72
73	Drugs Charged to Patients		40,416	8,558			92,076	73
74	Renal Dialysis			102			3,088	74
76	WOUND CARE			194			54,686	76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			302			146,790	90
91	Emergency			5,426			272,674	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	73,219	40,416	63,586			4,262,935	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices						747,424	192
194	MARKETING						17,926	194
194.01	HOSPICE						47,416	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS						749	194.02
194.03	VACANT AREA						105,098	194.03
194.04	LAKEFRONT						36,226	194.04
200	Cross Foot Adjustments				67,009	211,058	278,067	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	73,219	40,416	63,586	67,009	211,058	5,495,841	202

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS
**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL					
		25	26					
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	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		1,268,299					30
31	Intensive Care Unit		275,411					31
40	Subprovider - IPF		126,054					40
41	Subprovider - IRF		211,784					41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		619,349					50
50.01	GASTRO INTESTINAL SERVICES		77,391					50.01
51	Recovery Room		74,698					51
53	Anesthesiology		10,242					53
54	Radiology-Diagnostic		258,959					54
54.01	ULTRA SOUND		5,809					54.01
55	Radiology-Therapeutic		77,416					55
56	Radioisotope		63,957					56
56.01	VASCULAR LAB		6,700					56.01
56.02	STRAUSS ONCOLOGY		5,839					56.02
57	CT Scan		27,946					57
58	MRI		22,134					58
59	Cardiac Catheterization		37,095					59
60	Laboratory		122,327					60
63	Blood Storing, Processing & Trans.		8,131					63
65	Respiratory Therapy		37,592					65
66	Physical Therapy		93,806					66
69	Electrocardiology		148,757					69
70	Electroencephalography		3,107					70
71	Medical Supplies Charged to Patients		10,367					71
72	Impl. Dev. Charged to Patients		100,451					72
73	Drugs Charged to Patients		92,076					73
74	Renal Dialysis		3,088					74
76	WOUND CARE		54,686					76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		146,790					90
91	Emergency		272,674					91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)		4,262,935					118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		747,424					192
194	MARKETING		17,926					194
194.01	HOSPICE		47,416					194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS		749					194.02
194.03	VACANT AREA		105,098					194.03
194.04	LAKEFRONT		36,226					194.04
200	Cross Foot Adjustments		278,067					200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		5,495,841					202

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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 DEPARTMENT 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	30,369,508				4
5	Administrative & General	38,791	38,791	2,469,709	-13,431,928	59,790,510		5
7	Operation of Plant	48,242	48,242	834,333		4,986,902	259,299	7
8	Laundry & Linen Service	2,817	2,817			305,686	2,817	8
9	Housekeeping	3,031	3,031	596,263		881,005	3,031	9
10	Dietary	6,408	6,408	580,985		1,133,561	6,408	10
11	Cafeteria	3,226	3,226			51,273	3,226	11
13	Nursing Administration	350	350	573,718		700,211	350	13
14	Central Services & Supply	3,379	3,379	215,549		563,727	3,379	14
15	Pharmacy	1,215	1,215	856,158		1,087,892	1,215	15
16	Medical Records & Library	2,658	2,658	550,892		822,606	2,658	16
21	I&R Services-Salary & Fringes Apprvd			3,459,768		4,026,672		21
22	I&R Services-Other Prgm Costs Apprvd	10,135	10,135			1,467,846	10,135	22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	55,664	55,664	5,768,258		8,312,155	55,664	30
31	Intensive Care Unit	11,745	11,745	1,541,092		2,348,793	11,745	31
40	Subprovider - IPF	5,066	5,066	916,059		1,190,774	5,066	40
41	Subprovider - IRF	9,816	9,816	636,228		931,507	9,816	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	27,625	27,625	1,923,908		5,444,529	27,625	50
50.01	GASTRO INTESTINAL SERVICES	3,587	3,587	198,518		471,435	3,587	50.01
51	Recovery Room	3,360	3,360	345,224		600,965	3,360	51
53	Anesthesiology	395	395	38,301		108,873	395	53
54	Radiology-Diagnostic	11,857	11,857	988,603		1,623,241	11,857	54
54.01	ULTRA SOUND	171	171	122,804		144,534	171	54.01
55	Radiology-Therapeutic	3,681	3,681	170,737		420,251	3,681	55
56	Radioisotope	2,977	2,977	125,642		445,015	2,977	56
56.01	VASCULAR LAB			110,908		539,998		56.01
56.02	STRAUSS ONCOLOGY			291,924		333,057		56.02
57	CT Scan	899	899	255,055		386,429	899	57
58	MRI	1,026	1,026	74,735		116,705	1,026	58
59	Cardiac Catheterization	1,536	1,536	270,006		427,178	1,536	59
60	Laboratory	4,582	4,582	782,115		1,898,069	4,582	60
63	Blood Storing, Processing & Trans.	219	219			330,704	219	63
65	Respiratory Therapy	1,044	1,044	755,779		992,075	1,044	65
66	Physical Therapy	3,581	3,581	1,143,677		1,385,728	3,581	66
69	Electrocardiology	7,176	7,176	319,669		541,986	7,176	69
70	Electroencephalography	100	100	33,597		40,932	100	70
71	Medical Supplies Charged to Patients					229,662		71
72	Impl. Dev. Charged to Patients					2,924,127		72
73	Drugs Charged to Patients					4,155,182		73
74	Renal Dialysis					287,869		74
76	WOUND CARE	2,654	2,654	122,693		227,887	2,654	76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	6,836	6,836	778,823		1,153,021	6,836	90
91	Emergency	11,851	11,851	1,444,839		2,304,505	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	29,296,569	-13,431,928	56,344,567	210,667	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	36,196	36,196	767,138		2,150,677	36,196	192
194	MARKETING	310	310	274,070		1,008,194	310	194
194.01	HOSPICE	2,094	2,094			138,828	2,094	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS			31,731		42,414		194.02
194.03	VACANT AREA	8,173				76,284	8,173	194.03
194.04	LAKEFRONT	1,859	1,859			29,546	1,859	194.04
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,258,943	2,236,898	4,976,225		13,431,928	6,107,210	202
203	Unit Cost Multiplier (Wkst. B, Part I)	9.333693	6.560088	0.163856		0.224650	23.552771	203
204	Cost to be allocated (Per Wkst. B, Part II)			44,931		620,188	819,711	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.001479		0.010373	3.161258	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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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	489,479						8
9	Housekeeping		253,451					9
10	Dietary		6,408	238,075				10
11	Cafeteria		3,226	115,645	51,282			11
13	Nursing Administration		350		925	434,803		13
14	Central Services & Supply		3,379		699		3,153,789	14
15	Pharmacy		1,215		1,432	19,752		15
16	Medical Records & Library		2,658		1,143			16
21	I&R Services-Salary & Fringes Apprvd				7,991			21
22	I&R Services-Other Prgm Costs Apprvd		10,135					22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	191,766	55,664	56,039	12,319	169,881		30
31	Intensive Care Unit	62,645	11,745	8,519	2,769	38,192		31
40	Subprovider - IPF	14,034	5,066	9,097	2,353	32,445		40
41	Subprovider - IRF	41,917	9,816	4,967	1,151	15,868		41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	52,997	27,625		3,780	52,130		50
50.01	GASTRO INTESTINAL SERVICES	7,524	3,587		297	4,095		50.01
51	Recovery Room		3,360		548	7,560		51
53	Anesthesiology		395		42			53
54	Radiology-Diagnostic	37,763	11,857		2,074			54
54.01	ULTRA SOUND		171		156			54.01
55	Radiology-Therapeutic	3,786	3,681		290			55
56	Radioisotope	3,786	2,977		203			56
56.01	VASCULAR LAB				189			56.01
56.02	STRAUSS ONCOLOGY	3,786			515			56.02
57	CT Scan		899		519			57
58	MRI		1,026		130			58
59	Cardiac Catheterization		1,536		337			59
60	Laboratory		4,582		2,207			60
63	Blood Storing, Processing & Trans.		219					63
65	Respiratory Therapy		1,044		1,709	23,567		65
66	Physical Therapy		3,581		2,115	29,170		66
69	Electrocardiology	3,786	7,176		678			69
70	Electroencephalography	3,786	100		89			70
71	Medical Supplies Charged to Patients						229,662	71
72	Impl. Dev. Charged to Patients						2,924,127	72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	WOUND CARE		2,654		264			76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	7,663	6,836		158			90
91	Emergency	24,559	11,851		3,056	42,143		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	459,798	204,819	194,267	50,138	434,803	3,153,789	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	1,847	36,196	39,475	694			192
194	MARKETING		310		426			194
194.01	HOSPICE	27,834	2,094	3,981				194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS			352	24			194.02
194.03	VACANT AREA		8,173					194.03
194.04	LAKEFRONT		1,859					194.04
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	440,706	1,150,311	1,568,224	915,178	883,853	797,763	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.900357	4.538593	6.587101	17.845989	2.032767	0.252954	203
204	Cost to be allocated (Per Wkst. B, Part II)	56,849	67,777	136,435	129,140	17,204	73,219	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.116142	0.267417	0.573076	2.518233	0.039567	0.023216	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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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	4,155,182						15
16	Medical Records & Library		405,571,052					16
21	I&R Services-Salary & Fringes Apprvd			82,254				21
22	I&R Services-Other Prgm Costs Apprvd				82,254			22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		37,314,096	55,842	55,842			30
31	Intensive Care Unit		7,544,296					31
40	Subprovider - IPF		2,595,829					40
41	Subprovider - IRF		1,721,259					41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		54,757,977	22,394	22,394			50
50.01	GASTRO INTESTINAL SERVICES		7,094,218					50.01
51	Recovery Room		8,600,811					51
53	Anesthesiology		8,386,846					53
54	Radiology-Diagnostic		12,375,767					54
54.01	ULTRA SOUND		2,741,646					54.01
55	Radiology-Therapeutic		3,235,055					55
56	Radioisotope		4,345,182					56
56.01	VASCULAR LAB		2,925,229					56.01
56.02	STRAUSS ONCOLOGY		1,366,810					56.02
57	CT Scan		31,104,514					57
58	MRI		4,213,094					58
59	Cardiac Catheterization		11,055,233					59
60	Laboratory		47,054,169					60
63	Blood Storing, Processing & Trans.		2,989,197					63
65	Respiratory Therapy		4,934,795					65
66	Physical Therapy		13,163,951					66
69	Electrocardiology		11,827,038					69
70	Electroencephalography		228,436					70
71	Medical Supplies Charged to Patients		16,895,966					71
72	Impl. Dev. Charged to Patients		14,216,941					72
73	Drugs Charged to Patients	4,155,182	54,508,986					73
74	Renal Dialysis		651,737					74
76	WOUND CARE		1,234,863					76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		1,923,585					90
91	Emergency		34,563,526	4,018	4,018			91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	4,155,182	405,571,052	82,254	82,254			118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices							192
194	MARKETING							194
194.01	HOSPICE							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	VACANT AREA							194.03
194.04	LAKEFRONT							194.04
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,432,124	1,102,469	5,073,871	2,082,304			202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.344660	0.002718	61.685401	25.315535			203
204	Cost to be allocated (Per Wkst. B, Part II)	40,416	63,586	67,009	211,058			204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.009727	0.000157	0.814659	2.565930			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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

		WORKSHEET			
	DESCRIPTION	CODE	LINE NO.	AMOUNT	
	1	2	3	4	

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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COMPUTATION OF RATIO OF COST TO CHARGES
**WORKSHEET C
PART I**

				COSTS			
	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	12,951,531		12,951,531		12,951,531	30
31	Intensive Care Unit	3,466,457		3,466,457		3,466,457	31
40	Subprovider - IPF	1,788,151		1,788,151		1,788,151	40
41	Subprovider - IRF	1,544,448		1,544,448		1,544,448	41
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	7,813,769		7,813,769		7,813,769	50
50.01	GASTRO INTESTINAL SERVICES	717,787		717,787		717,787	50.01
51	Recovery Room	878,884		878,884		878,884	51
53	Anesthesiology	167,972		167,972		167,972	53
54	Radiology-Diagnostic	2,425,631		2,425,631		2,425,631	54
54.01	ULTRA SOUND	192,044		192,044		192,044	54.01
55	Radiology-Therapeutic	635,442		635,442		635,442	55
56	Radioisotope	647,458		647,458		647,458	56
56.01	VASCULAR LAB	672,633		672,633		672,633	56.01
56.02	STRAUSS ONCOLOGY	424,193		424,193		424,193	56.02
57	CT Scan	592,298		592,298		592,298	57
58	MRI	185,516		185,516		185,516	58
59	Cardiac Catheterization	602,354		602,354		602,354	59
60	Laboratory	2,620,464		2,620,464		2,620,464	60
63	Blood Storing, Processing & Trans.	419,274		419,274		419,274	63
65	Respiratory Therapy	1,336,090		1,336,090		1,336,090	65
66	Physical Therapy	1,930,447		1,930,447		1,930,447	66
69	Electrocardiology	912,982		912,982		912,982	69
70	Electroencephalography	58,554		58,554		58,554	70
71	Medical Supplies Charged to Patients	385,273		385,273		385,273	71
72	Impl. Dev. Charged to Patients	4,359,343		4,359,343		4,359,343	72
73	Drugs Charged to Patients	6,668,923		6,668,923		6,668,923	73
74	Renal Dialysis	354,310		354,310		354,310	74
76	WOUND CARE	361,703		361,703		361,703	76
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	1,619,027		1,619,027		1,619,027	90
91	Emergency	3,411,383		3,411,383		3,411,383	91
92	Observation Beds (Non-Distinct Part)	1,393,232		1,393,232		1,393,232	92
	OTHER REIMBURSABLE COST CENTERS						
200	Subtotal (sum of lines 30 thru 199)	61,537,573		61,537,573		61,537,573	200
201	Less Observation Beds	1,393,232		1,393,232		1,393,232	201
202	Total (line 200 minus line 201)	60,144,341		60,144,341		60,144,341	202

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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COMPUTATION OF RATIO OF COST TO CHARGES
**WORKSHEET C
PART I**

		CHARGES						
	COST CENTER DESCRIPTIONS	Inpatient	Outpatient	Total (column 6 + column 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	32,626,615		32,626,615				30
31	Intensive Care Unit	7,544,296		7,544,296				31
40	Subprovider - IPF	2,595,829		2,595,829				40
41	Subprovider - IRF	1,721,259		1,721,259				41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	26,534,064	28,223,913	54,757,977	0.142696	0.142696	0.142696	50
50.01	GASTRO INTESTINAL SERVICES	3,670,581	3,423,637	7,094,218	0.101179	0.101179	0.101179	50.01
51	Recovery Room	3,656,863	4,943,948	8,600,811	0.102186	0.102186	0.102186	51
53	Anesthesiology	4,271,260	4,115,586	8,386,846	0.020028	0.020028	0.020028	53
54	Radiology-Diagnostic	4,685,076	7,690,691	12,375,767	0.195998	0.195998	0.195998	54
54.01	ULTRA SOUND	807,113	1,934,533	2,741,646	0.070047	0.070047	0.070047	54.01
55	Radiology-Therapeutic	169,767	3,065,288	3,235,055	0.196424	0.196424	0.196424	55
56	Radioisotope	1,615,768	2,729,414	4,345,182	0.149006	0.149006	0.149006	56
56.01	VASCULAR LAB	1,807,040	1,118,189	2,925,229	0.229942	0.229942	0.229942	56.01
56.02	STRAUSS ONCOLOGY		1,366,810	1,366,810	0.310353	0.310353	0.310353	56.02
57	CT Scan	13,668,633	17,435,881	31,104,514	0.019042	0.019042	0.019042	57
58	MRI	1,010,051	3,203,043	4,213,094	0.044033	0.044033	0.044033	58
59	Cardiac Catheterization	7,681,969	3,373,264	11,055,233	0.054486	0.054486	0.054486	59
60	Laboratory	30,669,253	16,384,916	47,054,169	0.055690	0.055690	0.055690	60
63	Blood Storing, Processing & Trans.	2,498,285	490,912	2,989,197	0.140263	0.140263	0.140263	63
65	Respiratory Therapy	4,655,699	279,096	4,934,795	0.270749	0.270749	0.270749	65
66	Physical Therapy	8,053,669	5,110,282	13,163,951	0.146646	0.146646	0.146646	66
69	Electrocardiology	6,821,168	5,005,870	11,827,038	0.077194	0.077194	0.077194	69
70	Electroencephalography	184,231	44,205	228,436	0.256326	0.256326	0.256326	70
71	Medical Supplies Charged to Patients	9,236,927	7,659,039	16,895,966	0.022803	0.022803	0.022803	71
72	Impl. Dev. Charged to Patients	10,446,612	3,770,329	14,216,941	0.306630	0.306630	0.306630	72
73	Drugs Charged to Patients	23,778,451	30,730,535	54,508,986	0.122345	0.122345	0.122345	73
74	Renal Dialysis	635,252	16,485	651,737	0.543640	0.543640	0.543640	74
76	WOUND CARE	18,053	1,216,810	1,234,863	0.292909	0.292909	0.292909	76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,795	1,920,790	1,923,585	0.841672	0.841672	0.841672	90
91	Emergency	9,671,035	24,892,491	34,563,526	0.098699	0.098699	0.098699	91
92	Observation Beds (Non-Distinct Part)	1,431,898	3,255,583	4,687,481	0.297224	0.297224	0.297224	92
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (sum of lines 30 thru 199)	222,169,512	183,401,540	405,571,052				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	222,169,512	183,401,540	405,571,052				202

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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**

	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	COSTS			
				Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						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

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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 CENTER DESCRIPTIONS	Inpatient	Outpatient	Total (column 6 + column 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	32,626,615		32,626,615				30
31	Intensive Care Unit	7,544,296		7,544,296				31
40	Subprovider - IPF	2,595,829		2,595,829				40
41	Subprovider - IRF	1,721,259		1,721,259				41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	26,534,064	28,223,913	54,757,977				50
50.01	GASTRO INTESTINAL SERVICES	3,670,581	3,423,637	7,094,218				50.01
51	Recovery Room	3,656,863	4,943,948	8,600,811				51
53	Anesthesiology	4,271,260	4,115,586	8,386,846				53
54	Radiology-Diagnostic	4,685,076	7,690,691	12,375,767				54
54.01	ULTRA SOUND	807,113	1,934,533	2,741,646				54.01
55	Radiology-Therapeutic	169,767	3,065,288	3,235,055				55
56	Radioisotope	1,615,768	2,729,414	4,345,182				56
56.01	VASCULAR LAB	1,807,040	1,118,189	2,925,229				56.01
56.02	STRAUSS ONCOLOGY		1,366,810	1,366,810				56.02
57	CT Scan	13,668,633	17,435,881	31,104,514				57
58	MRI	1,010,051	3,203,043	4,213,094				58
59	Cardiac Catheterization	7,681,969	3,373,264	11,055,233				59
60	Laboratory	30,669,253	16,384,916	47,054,169				60
63	Blood Storing, Processing & Trans.	2,498,285	490,912	2,989,197				63
65	Respiratory Therapy	4,655,699	279,096	4,934,795				65
66	Physical Therapy	8,053,669	5,110,282	13,163,951				66
69	Electrocardiology	6,821,168	5,005,870	11,827,038				69
70	Electroencephalography	184,231	44,205	228,436				70
71	Medical Supplies Charged to Patients	9,236,927	7,659,039	16,895,966				71
72	Impl. Dev. Charged to Patients	10,446,612	3,770,329	14,216,941				72
73	Drugs Charged to Patients	23,778,451	30,730,535	54,508,986				73
74	Renal Dialysis	635,252	16,485	651,737				74
76	WOUND CARE	18,053	1,216,810	1,234,863				76
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,795	1,920,790	1,923,585				90
91	Emergency	9,671,035	24,892,491	34,563,526				91
92	Observation Beds (Non-Distinct Part)	1,431,898	3,255,583	4,687,481				92
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (sum of lines 30 thru 199)	222,169,512	183,401,540	405,571,052				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)		183,401,540	405,571,052				202

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

WORKSHEET C PART II

[] Title V

[XX] Title XIX

	COST CENTER DESCRIPTIONS	Total Cost (Wkst B, Part I, col. 26)	Capital Cost (Wkst B, Part II, col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	
		1	2	3	4	
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room					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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY
**WORKSHEET C
PART II**
[] Title V
[XX] Title XIX

	COST CENTER DESCRIPTIONS	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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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)	1,268,299		1,268,299	14,855	85.38	5,259	449,013	30
31	Intensive Care Unit	275,411		275,411	2,015	136.68	785	107,294	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	126,054		126,054	2,152	58.58	1,366	80,020	40
41	Subprovider - IRF	211,784		211,784	1,175	180.24	721	129,953	41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	1,881,548		1,881,548	20,197		8,131	766,280	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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0082

WORKSHEET D PART II

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

		Capital Related Cost (from Wkst. B, Part II (col. 26)	Total Charges (from Wkst. C, Part I, (col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	619,349	54,757,977	0.011311	10,229,540	115,706	50
50.01	GASTRO INTESTINAL SERVICES	77,391	7,094,218	0.010909	1,186,746	12,946	50.01
51	Recovery Room	74,698	8,600,811	0.008685	1,450,252	12,595	51
53	Anesthesiology	10,242	8,386,846	0.001221	1,456,130	1,778	53
54	Radiology-Diagnostic	258,959	12,375,767	0.020925	1,183,444	24,764	54
54.01	ULTRA SOUND	5,809	2,741,646	0.002119	437,472	927	54.01
55	Radiology-Therapeutic	77,416	3,235,055	0.023930	107,316	2,568	55
56	Radioisotope	63,957	4,345,182	0.014719	733,172	10,792	56
56.01	VASCULAR LAB	6,700	2,925,229	0.002290	729,586	1,671	56.01
56.02	STRAUSS ONCOLOGY	5,839	1,366,810	0.004272			56.02
57	CT Scan	27,946	31,104,514	0.000898	5,250,794	4,715	57
58	MRI	22,134	4,213,094	0.005254	376,556	1,978	58
59	Cardiac Catheterization	37,095	11,055,233	0.003355	2,436,630	8,175	59
60	Laboratory	122,327	47,054,169	0.002600	12,603,479	32,769	60
63	Blood Storing, Processing & Tra	8,131	2,989,197	0.002720	715,680	1,947	63
65	Respiratory Therapy	37,592	4,934,795	0.007618	1,767,456	13,464	65
66	Physical Therapy	93,806	13,163,951	0.007126	2,598,834	18,519	66
69	Electrocardiology	148,757	11,827,038	0.012578	2,913,720	36,649	69
70	Electroencephalography	3,107	228,436	0.013601	60,555	824	70
71	Medical Supplies Charged to Pat	10,367	16,895,966	0.000614	3,468,676	2,130	71
72	Impl. Dev. Charged to Patients	100,451	14,216,941	0.007066	4,855,337	34,308	72
73	Drugs Charged to Patients	92,076	54,508,986	0.001689	8,312,889	14,040	73
74	Renal Dialysis	3,088	651,737	0.004738	248,263	1,176	74
76	WOUND CARE	54,686	1,234,863	0.044285			76
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	146,790	1,923,585	0.076311			90
91	Emergency	272,674	34,563,526	0.007889	3,449,847	27,216	91
92	Observation Beds (Non-Distinct	136,435	4,687,481	0.029106	579,904	16,879	92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	2,517,822	361,083,053		67,152,278	398,536	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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**WORKSHEET D
PART III**

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

☒ PPS
☐ TEFRA
☐ Other

		Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjust- ment Amount (see instruct- ions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1A	1	2A	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)								30
31	Intensive Care Unit								31
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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

Check
Applicable
Boxes:

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

☒ PPS
☐ TEFRA
☐ Other

		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass- Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	14,855		5,259		30
31	Intensive Care Unit	2,015		785		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	2,152		1,366		40
41	Subprovider - IRF	1,175		721		41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	20,197		8,131		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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0082

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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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	54,757,977			10,229,540		7,098,683		50
50.01	GASTRO INTESTINAL SERVICES	7,094,218			1,186,746		1,192,279		50.01
51	Recovery Room	8,600,811			1,450,252		2,049,353		51
53	Anesthesiology	8,386,846			1,456,130		994,228		53
54	Radiology-Diagnostic	12,375,767			1,183,444		3,056,829		54
54.01	ULTRA SOUND	2,741,646			437,472		541,328		54.01
55	Radiology-Therapeutic	3,235,055			107,316				55
56	Radioisotope	4,345,182			733,172		1,095,878		56
56.01	VASCULAR LAB	2,925,229			729,586		623,476		56.01
56.02	STRAUSS ONCOLOGY	1,366,810					632,294		56.02
57	CT Scan	31,104,514			5,250,794		6,279,470		57
58	MRI	4,213,094			376,556		1,110,883		58
59	Cardiac Catheterization	11,055,233			2,436,630		1,134,465		59
60	Laboratory	47,054,169			12,603,479		3,846,851		60
63	Blood Storing, Processing & Tra	2,989,197			715,680		58,691		63
65	Respiratory Therapy	4,934,795			1,767,456		57,264		65
66	Physical Therapy	13,163,951			2,598,834		148,148		66
69	Electrocardiology	11,827,038			2,913,720		2,254,503		69
70	Electroencephalography	228,436			60,555		28,638		70
71	Medical Supplies Charged to Pat	16,895,966			3,468,676		2,418,815		71
72	Impl. Dev. Charged to Patients	14,216,941			4,855,337		1,454,975		72
73	Drugs Charged to Patients	54,508,986			8,312,889		14,505,558		73
74	Renal Dialysis	651,737			248,263		8,905		74
76	WOUND CARE	1,234,863							76
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	1,923,585					470,568		90
91	Emergency	34,563,526			3,449,847		5,218,015		91
92	Observation Beds (Non-Distinct	4,687,481			579,904		943,443		92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	361,083,053			67,152,278		57,223,540		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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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 [XX] Hospital [] SUB (Other) [] Swing Bed SNF
Applicable [XX] Title XVIII, Part B [] IPF [] SNF [] Swing Bed NF
Boxes: [] Title XIX - O/P [] IRF [] NF [] ICF/IID

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.142696	7,098,683			1,012,954			50
50.01	GASTRO INTESTINAL SERVICES	0.101179	1,192,279			120,634			50.01
51	Recovery Room	0.102186	2,049,353			209,415			51
53	Anesthesiology	0.020028	994,228			19,912			53
54	Radiology-Diagnostic	0.195998	3,056,829			599,132			54
54.01	ULTRA SOUND	0.070047	541,328			37,918			54.01
55	Radiology-Therapeutic	0.196424							55
56	Radioisotope	0.149006	1,095,878			163,292			56
56.01	VASCULAR LAB	0.229942	623,476			143,363			56.01
56.02	STRAUSS ONCOLOGY	0.310353	632,294			196,234			56.02
57	CT Scan	0.019042	6,279,470			119,574			57
58	MRI	0.044033	1,110,883			48,916			58
59	Cardiac Catheterization	0.054486	1,134,465			61,812			59
60	Laboratory	0.055690	3,846,851			214,231			60
63	Blood Storing, Processing & Tra	0.140263	58,691			8,232			63
65	Respiratory Therapy	0.270749	57,264			15,504			65
66	Physical Therapy	0.146646	148,148			21,725			66
69	Electrocardiology	0.077194	2,254,503			174,034			69
70	Electroencephalography	0.256326	28,638			7,341			70
71	Medical Supplies Charged to Pat	0.022803	2,418,815			55,156			71
72	Impl. Dev. Charged to Patients	0.306630	1,454,975			446,139			72
73	Drugs Charged to Patients	0.122345	14,505,558		18,469	1,774,682		2,260	73
74	Renal Dialysis	0.543640	8,905			4,841			74
76	WOUND CARE	0.292909							76
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.841672	470,568			396,064			90
91	Emergency	0.098699	5,218,015			515,013			91
92	Observation Beds (Non-Distinct	0.297224	943,443			280,414			92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		57,223,540		18,469	6,646,532		2,260	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		57,223,540		18,469	6,646,532		2,260	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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S082

WORKSHEET D
PART II

Check ☐ Title V ☐ Hospital ☐ SUB (Other) ☒ PPS
Applicable ☒ Title XVIII, Part A ☒ IPF
Boxes: ☐ Title XIX ☐ IRF ☐ 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	619,349	54,757,977	0.011311			50
50.01	GASTRO INTESTINAL SERVICES	77,391	7,094,218	0.010909			50.01
51	Recovery Room	74,698	8,600,811	0.008685			51
53	Anesthesiology	10,242	8,386,846	0.001221			53
54	Radiology-Diagnostic	258,959	12,375,767	0.020925	27,564	577	54
54.01	ULTRA SOUND	5,809	2,741,646	0.002119	12,892	27	54.01
55	Radiology-Therapeutic	77,416	3,235,055	0.023930			55
56	Radioisotope	63,957	4,345,182	0.014719			56
56.01	VASCULAR LAB	6,700	2,925,229	0.002290	10,878	25	56.01
56.02	STRAUSS ONCOLOGY	5,839	1,366,810	0.004272			56.02
57	CT Scan	27,946	31,104,514	0.000898	55,063	49	57
58	MRI	22,134	4,213,094	0.005254			58
59	Cardiac Catheterization	37,095	11,055,233	0.003355			59
60	Laboratory	122,327	47,054,169	0.002600	468,201	1,217	60
63	Blood Storing, Processing & Tra	8,131	2,989,197	0.002720	1,758	5	63
65	Respiratory Therapy	37,592	4,934,795	0.007618	21,214	162	65
66	Physical Therapy	93,806	13,163,951	0.007126	167,442	1,193	66
69	Electrocardiology	148,757	11,827,038	0.012578	78,519	988	69
70	Electroencephalography	3,107	228,436	0.013601	1,432	19	70
71	Medical Supplies Charged to Pat	10,367	16,895,966	0.000614	491		71
72	Impl. Dev. Charged to Patients	100,451	14,216,941	0.007066	189	1	72
73	Drugs Charged to Patients	92,076	54,508,986	0.001689	558,716	944	73
74	Renal Dialysis	3,088	651,737	0.004738			74
76	WOUND CARE	54,686	1,234,863	0.044285			76
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	146,790	1,923,585	0.076311			90
91	Emergency	272,674	34,563,526	0.007889	197,806	1,560	91
92	Observation Beds (Non-Distinct		4,687,481				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	2,381,387	361,083,053		1,602,165	6,767	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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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	54,757,977							50
50.01	GASTRO INTESTINAL SERVICES	7,094,218							50.01
51	Recovery Room	8,600,811							51
53	Anesthesiology	8,386,846							53
54	Radiology-Diagnostic	12,375,767			27,564		3,123		54
54.01	ULTRA SOUND	2,741,646			12,892				54.01
55	Radiology-Therapeutic	3,235,055							55
56	Radioisotope	4,345,182							56
56.01	VASCULAR LAB	2,925,229			10,878		2,076		56.01
56.02	STRAUSS ONCOLOGY	1,366,810							56.02
57	CT Scan	31,104,514			55,063		6,670		57
58	MRI	4,213,094							58
59	Cardiac Catheterization	11,055,233							59
60	Laboratory	47,054,169			468,201				60
63	Blood Storing, Processing & Tra	2,989,197			1,758				63
65	Respiratory Therapy	4,934,795			21,214				65
66	Physical Therapy	13,163,951			167,442				66
69	Electrocardiology	11,827,038			78,519		10,829		69
70	Electroencephalography	228,436			1,432		1,432		70
71	Medical Supplies Charged to Pat	16,895,966			491				71
72	Impl. Dev. Charged to Patients	14,216,941			189				72
73	Drugs Charged to Patients	54,508,986			558,716		5,924		73
74	Renal Dialysis	651,737							74
76	WOUND CARE	1,234,863							76
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	1,923,585							90
91	Emergency	34,563,526			197,806				91
92	Observation Beds (Non-Distinct	4,687,481							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	361,083,053			1,602,165		30,054		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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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 [XX] Title XVIII, Part B [XX] IPF [] SNF [] Swing Bed NF
Boxes: [] Title XIX - O/P [] IRF [] NF [] ICF/IID

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.142696							50
50.01	GASTRO INTESTINAL SERVICES	0.101179							50.01
51	Recovery Room	0.102186							51
53	Anesthesiology	0.020028							53
54	Radiology-Diagnostic	0.195998	3,123			612			54
54.01	ULTRA SOUND	0.070047							54.01
55	Radiology-Therapeutic	0.196424							55
56	Radioisotope	0.149006							56
56.01	VASCULAR LAB	0.229942	2,076			477			56.01
56.02	STRAUSS ONCOLOGY	0.310353							56.02
57	CT Scan	0.019042	6,670			127			57
58	MRI	0.044033							58
59	Cardiac Catheterization	0.054486							59
60	Laboratory	0.055690							60
63	Blood Storing, Processing & Tra	0.140263							63
65	Respiratory Therapy	0.270749							65
66	Physical Therapy	0.146646							66
69	Electrocardiology	0.077194	10,829			836			69
70	Electroencephalography	0.256326	1,432			367			70
71	Medical Supplies Charged to Pat	0.022803							71
72	Impl. Dev. Charged to Patients	0.306630							72
73	Drugs Charged to Patients	0.122345	5,924			725			73
74	Renal Dialysis	0.543640							74
76	WOUND CARE	0.292909							76
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.841672							90
91	Emergency	0.098699							91
92	Observation Beds (Non-Distinct	0.297224							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		30,054			3,144			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		30,054			3,144			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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T082

WORKSHEET D PART II

Check ☐ Title V ☐ Hospital ☐ SUB (Other) ☒ PPS
Applicable ☒ Title XVIII, Part A ☐ IPF
Boxes: ☐ Title XIX ☒ IRF ☐ 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	619,349	54,757,977	0.011311			50
50.01	GASTRO INTESTINAL SERVICES	77,391	7,094,218	0.010909			50.01
51	Recovery Room	74,698	8,600,811	0.008685			51
53	Anesthesiology	10,242	8,386,846	0.001221			53
54	Radiology-Diagnostic	258,959	12,375,767	0.020925	15,024	314	54
54.01	ULTRA SOUND	5,809	2,741,646	0.002119	3,009	6	54.01
55	Radiology-Therapeutic	77,416	3,235,055	0.023930			55
56	Radioisotope	63,957	4,345,182	0.014719			56
56.01	VASCULAR LAB	6,700	2,925,229	0.002290	7,209	17	56.01
56.02	STRAUSS ONCOLOGY	5,839	1,366,810	0.004272			56.02
57	CT Scan	27,946	31,104,514	0.000898	26,016	23	57
58	MRI	22,134	4,213,094	0.005254			58
59	Cardiac Catheterization	37,095	11,055,233	0.003355			59
60	Laboratory	122,327	47,054,169	0.002600	209,055	544	60
63	Blood Storing, Processing & Tra	8,131	2,989,197	0.002720			63
65	Respiratory Therapy	37,592	4,934,795	0.007618	36,109	275	65
66	Physical Therapy	93,806	13,163,951	0.007126	1,298,351	9,252	66
69	Electrocardiology	148,757	11,827,038	0.012578	7,869	99	69
70	Electroencephalography	3,107	228,436	0.013601			70
71	Medical Supplies Charged to Pat	10,367	16,895,966	0.000614	24,959	15	71
72	Impl. Dev. Charged to Patients	100,451	14,216,941	0.007066	824	6	72
73	Drugs Charged to Patients	92,076	54,508,986	0.001689	355,345	600	73
74	Renal Dialysis	3,088	651,737	0.004738	35,882	170	74
76	WOUND CARE	54,686	1,234,863	0.044285			76
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	146,790	1,923,585	0.076311			90
91	Emergency	272,674	34,563,526	0.007889	76	1	91
92	Observation Beds (Non-Distinct		4,687,481				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	2,381,387	361,083,053		2,019,728	11,322	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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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	54,757,977							50
50.01	GASTRO INTESTINAL SERVICES	7,094,218							50.01
51	Recovery Room	8,600,811							51
53	Anesthesiology	8,386,846							53
54	Radiology-Diagnostic	12,375,767			15,024		2,933		54
54.01	ULTRA SOUND	2,741,646			3,009				54.01
55	Radiology-Therapeutic	3,235,055							55
56	Radioisotope	4,345,182							56
56.01	VASCULAR LAB	2,925,229			7,209				56.01
56.02	STRAUSS ONCOLOGY	1,366,810							56.02
57	CT Scan	31,104,514			26,016		3,335		57
58	MRI	4,213,094							58
59	Cardiac Catheterization	11,055,233							59
60	Laboratory	47,054,169			209,055				60
63	Blood Storing, Processing & Tra	2,989,197							63
65	Respiratory Therapy	4,934,795			36,109				65
66	Physical Therapy	13,163,951			1,298,351				66
69	Electrocardiology	11,827,038			7,869		1,353		69
70	Electroencephalography	228,436							70
71	Medical Supplies Charged to Pat	16,895,966			24,959		643		71
72	Impl. Dev. Charged to Patients	14,216,941			824		48		72
73	Drugs Charged to Patients	54,508,986			355,345		20,923		73
74	Renal Dialysis	651,737			35,882				74
76	WOUND CARE	1,234,863							76
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	1,923,585							90
91	Emergency	34,563,526			76				91
92	Observation Beds (Non-Distinct	4,687,481							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	361,083,053			2,019,728		29,235		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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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 [XX] Title XVIII, Part B [] IPF [] SNF [] Swing Bed NF
Boxes: [] Title XIX - O/P [XX] IRF [] NF [] ICF/IID

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.142696							50
50.01	GASTRO INTESTINAL SERVICES	0.101179							50.01
51	Recovery Room	0.102186							51
53	Anesthesiology	0.020028							53
54	Radiology-Diagnostic	0.195998	2,933			575			54
54.01	ULTRA SOUND	0.070047							54.01
55	Radiology-Therapeutic	0.196424							55
56	Radioisotope	0.149006							56
56.01	VASCULAR LAB	0.229942							56.01
56.02	STRAUSS ONCOLOGY	0.310353							56.02
57	CT Scan	0.019042	3,335			64			57
58	MRI	0.044033							58
59	Cardiac Catheterization	0.054486							59
60	Laboratory	0.055690							60
63	Blood Storing, Processing & Tra	0.140263							63
65	Respiratory Therapy	0.270749							65
66	Physical Therapy	0.146646							66
69	Electrocardiology	0.077194	1,353			104			69
70	Electroencephalography	0.256326							70
71	Medical Supplies Charged to Pat	0.022803	643			15			71
72	Impl. Dev. Charged to Patients	0.306630	48			15			72
73	Drugs Charged to Patients	0.122345	20,923			2,560			73
74	Renal Dialysis	0.543640							74
76	WOUND CARE	0.292909							76
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.841672							90
91	Emergency	0.098699							91
92	Observation Beds (Non-Distinct	0.297224							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		29,235			3,333			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		29,235			3,333			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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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)	14,855	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	14,855	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)	13,257	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	5,259	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)	12,951,531	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)	12,951,531	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 31)		32
33	Average semi-private room per diem charge (line 30 ÷ line 31)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	12,951,531	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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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)					871.86	38
39	Program general inpatient routine service cost (line 9 x line 38)					4,585,112	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)					4,585,112	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	3,466,457	2,015	1,720.33	785	1,350,459	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)					7,702,272	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					13,637,843	49
PASS THROUGH COST ADJUSTMENTS							
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					556,307	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					398,536	51
52	Total Program excludable cost (sum of lines 50 and 51)					954,843	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					12,683,000	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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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)					1,598	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					871.86	88
89	Observation bed cost (line 87 x line 88) (see instructions)					1,393,232	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	1,268,299	12,951,531	0.097927	1,393,232	136,435	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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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)	2,152	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,152	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)	2,152	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)	1,366	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)	1,788,151	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)	1,788,151	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)	1,788,151	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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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)	830.93	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,135,050	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)	1,135,050	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	160,851	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,295,901	49
PASS THROUGH COST ADJUSTMENTS			
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	80,020	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	6,767	51
52	Total Program excludable cost (sum of lines 50 and 51)	86,787	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,209,114	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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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)	1,175	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	1,175	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)	1,175	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)	721	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)	1,544,448	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)	1,544,448	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 31)		32
33	Average semi-private room per diem charge (line 30 ÷ line 31)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	1,544,448	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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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)	1,314.42	38
39	Program general inpatient routine service cost (line 9 x line 38)	947,697	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)	947,697	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	281,544	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,229,241	49
PASS THROUGH COST ADJUSTMENTS			
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	129,953	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	11,322	51
52	Total Program excludable cost (sum of lines 50 and 51)	141,275	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,087,966	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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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 ☐ 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		13,181,000		30
31	Intensive Care Unit		2,983,000		31
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.142696	10,229,540	1,459,714	50
50.01	GASTRO INTESTINAL SERVICES	0.101179	1,186,746	120,074	50.01
51	Recovery Room	0.102186	1,450,252	148,195	51
53	Anesthesiology	0.020028	1,456,130	29,163	53
54	Radiology-Diagnostic	0.195998	1,183,444	231,953	54
54.01	ULTRA SOUND	0.070047	437,472	30,644	54.01
55	Radiology-Therapeutic	0.196424	107,316	21,079	55
56	Radioisotope	0.149006	733,172	109,247	56
56.01	VASCULAR LAB	0.229942	729,586	167,762	56.01
56.02	STRAUSS ONCOLOGY	0.310353			56.02
57	CT Scan	0.019042	5,250,794	99,986	57
58	MRI	0.044033	376,556	16,581	58
59	Cardiac Catheterization	0.054486	2,436,630	132,762	59
60	Laboratory	0.055690	12,603,479	701,888	60
63	Blood Storing, Processing & Trans.	0.140263	715,680	100,383	63
65	Respiratory Therapy	0.270749	1,767,456	478,537	65
66	Physical Therapy	0.146646	2,598,834	381,109	66
69	Electrocardiology	0.077194	2,913,720	224,922	69
70	Electroencephalography	0.256326	60,555	15,522	70
71	Medical Supplies Charged to Patients	0.022803	3,468,676	79,096	71
72	Impl. Dev. Charged to Patients	0.306630	4,855,337	1,488,792	72
73	Drugs Charged to Patients	0.122345	8,312,889	1,017,040	73
74	Renal Dialysis	0.543640	248,263	134,966	74
76	WOUND CARE	0.292909			76
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.841672			90
91	Emergency	0.098699	3,449,847	340,496	91
92	Observation Beds (Non-Distinct Part)	0.297224	579,904	172,361	92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		67,152,278	7,702,272	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		67,152,278		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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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 ☐ 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		1,640,800		40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.142696			50
50.01	GASTRO INTESTINAL SERVICES	0.101179			50.01
51	Recovery Room	0.102186			51
53	Anesthesiology	0.020028			53
54	Radiology-Diagnostic	0.195998	27,564	5,402	54
54.01	ULTRA SOUND	0.070047	12,892	903	54.01
55	Radiology-Therapeutic	0.196424			55
56	Radioisotope	0.149006			56
56.01	VASCULAR LAB	0.229942	10,878	2,501	56.01
56.02	STRAUSS ONCOLOGY	0.310353			56.02
57	CT Scan	0.019042	55,063	1,049	57
58	MRI	0.044033			58
59	Cardiac Catheterization	0.054486			59
60	Laboratory	0.055690	468,201	26,074	60
63	Blood Storing, Processing & Trans.	0.140263	1,758	247	63
65	Respiratory Therapy	0.270749	21,214	5,744	65
66	Physical Therapy	0.146646	167,442	24,555	66
69	Electrocardiology	0.077194	78,519	6,061	69
70	Electroencephalography	0.256326	1,432	367	70
71	Medical Supplies Charged to Patients	0.022803	491	11	71
72	Impl. Dev. Charged to Patients	0.306630	189	58	72
73	Drugs Charged to Patients	0.122345	558,716	68,356	73
74	Renal Dialysis	0.543640			74
76	WOUND CARE	0.292909			76
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.841672			90
91	Emergency	0.098699	197,806	19,523	91
92	Observation Beds (Non-Distinct Part)	0.297224			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		1,602,165	160,851	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,602,165		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

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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		1,081,500		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.142696			50
50.01	GASTRO INTESTINAL SERVICES	0.101179			50.01
51	Recovery Room	0.102186			51
53	Anesthesiology	0.020028			53
54	Radiology-Diagnostic	0.195998	15,024	2,945	54
54.01	ULTRA SOUND	0.070047	3,009	211	54.01
55	Radiology-Therapeutic	0.196424			55
56	Radioisotope	0.149006			56
56.01	VASCULAR LAB	0.229942	7,209	1,658	56.01
56.02	STRAUSS ONCOLOGY	0.310353			56.02
57	CT Scan	0.019042	26,016	495	57
58	MRI	0.044033			58
59	Cardiac Catheterization	0.054486			59
60	Laboratory	0.055690	209,055	11,642	60
63	Blood Storing, Processing & Trans.	0.140263			63
65	Respiratory Therapy	0.270749	36,109	9,776	65
66	Physical Therapy	0.146646	1,298,351	190,398	66
69	Electrocardiology	0.077194	7,869	607	69
70	Electroencephalography	0.256326			70
71	Medical Supplies Charged to Patients	0.022803	24,959	569	71
72	Impl. Dev. Charged to Patients	0.306630	824	253	72
73	Drugs Charged to Patients	0.122345	355,345	43,475	73
74	Renal Dialysis	0.543640	35,882	19,507	74
76	WOUND CARE	0.292909			76
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.841672			90
91	Emergency	0.098699	76	8	91
92	Observation Beds (Non-Distinct Part)	0.297224			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		2,019,728	281,544	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		2,019,728		202

(A) Worksheet A line numbers

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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)	5,633,655			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	5,469,215			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)	205,149			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
2.03	Outlier payment for discharges occurring prior to October 1 (see instructions)				2.03
2.04	Outlier payment for discharges occurring on or after October 1 (see instructions)				2.04
3	Managed care simulated payments	3,843,326			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	112.37			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)	73.13			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)	77.26			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	69.63			10
11	FTE count for residents in dental and podiatric programs	12.63			11
12	Current year allowable FTE (see instructions)	82.26			12
13	Total allowable FTE count for the prior year	69.59			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	69.38			14
15	Sum of lines 12 through 14 divided by 3	73.74			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	73.74			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.656225			19
20	Prior year resident to bed ratio (see instructions)	0.621617			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.621617			21
22	IME payment adjustment (see instructions)	3,241,594			22
22.01	IME payment adjustment - Managed Care (see instructions)	1,122,097			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)	-7.63			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)	3,241,594			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	1,122,097			29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.1140			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2748			31
32	Sum of lines 30 and 31	0.3888			32
33	Allowable disproportionate share percentage (see instructions)	0.2129			33
34	Disproportionate share adjustment (see instructions)	590,950			34
		Prior to		On or after	
	Uncompensated Care Adjustment	October 1 (1.00)	(1.01)	October 1 (2.00)	
35	Total uncompensated care amount (see instructions)	6,766,695,164		8,272,872,447	35
35.01	Factor 3 (see instructions)	0.000169138		0.000149942	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,144,505		1,240,453	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	382,547		404,421	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	786,968			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44

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

		1	1.01	1.02	
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	15,927,531			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)	17,049,628			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	1,272,735			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)	3,348,029			52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies				54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)				58
59	Total (sum of amounts on lines 49 through 58)	21,670,392			59
60	Primary payer payments				60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	21,670,392			61
62	Deductibles billed to program beneficiaries	1,053,532			62
63	Coinurance billed to program beneficiaries	75,280			63
64	Allowable bad debts (see instructions)	709,078			64
65	Adjusted reimbursable bad debts (see instructions)	460,901			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	554,550			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	21,002,481			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)	-40,030			70.93
70.94	HRR adjustment amount (see instructions)	-114,465			70.94
70.99	HAC adjustment amount (see instructions)	181,679			70.99
71	Amount due provider (see instructions)	20,666,307			71
71.01	Sequestration adjustment (see instructions)	413,326			71.01
71.02	Demonstration payment adjustment amount after sequestration				71.02
72	Interim payments	19,360,901			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	892,080			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	332,679			75
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. I, line 2				91
92	Operating outlier reconciliation adjustment amount (see instructions)				92
93	Capital outlier reconciliation adjustment amount (see instructions)				93
94	The rate used to calculate the time value of money (see instructions)				94
95	Time value of money for operating expenses (see instructions)				95
96	Time value of money for capital related expenses (see instructions)				96
HSP Bonus Payment Amount		Prior to 10/1	On or After 10/1		
100	HSP bonus amount (see instructions)				100
HVBP Adjustment for HSP Bonus Payment		Prior to 10/1	On or After 10/1		
101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102
HRR Adjustment for HSP Bonus Payment		Prior to 10/1	On or After 10/1		
103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

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HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION**EXHIBIT 5**

		(Amt. from Wkst. E, Pt. A or L Pt. I)	Prior to October 1		On or After October 1		Total (cols. 2 and 3)	
		(1)	(2)	(2.01)	(3)	(3.01)	(4)	
1	DRG Amounts Other Than Outlier Payments							1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	5,633,655	5,633,655				5,633,655	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	5,469,215			5,469,215		5,469,215	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	205,149	108,692		96,457		205,149	2
2.01	Outlier payment for discharges for Model 4 BPCI							2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)							2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)							2.03
3	Operating outlier reconciliation							3
4	Managed Care Simulated Payments	3,843,326	1,972,843		1,870,483		3,843,326	4
	Indirect Medical Education Adjustment							
5	Amount from Worksheet E Part A, line 21	0,621,617	0,621,617		0,621,617			5
6	IME payment adjustment	3,241,594	1,644,802		1,596,792		3,241,594	6
6.01	IME payment adjustment for managed care	1,122,097	575,991		546,106		1,122,097	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)	3,241,594	1,644,802		1,596,792		3,241,594	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	1,122,097	575,991		546,106		1,122,097	9.01
	Disproportionate Share Adjustment							
10	Allowable disproportionate share percentage	0.2129	0.2129	0.2129	0.2129	0.2129		10
11	Disproportionate share adjustment	590,950	299,851		291,099		590,950	11
11.01	Uncompensated care payments	786,968	382,547		404,421		786,968	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12	Total ESRD additional payment							12
13	Subtotal	15,927,531	8,069,547		7,857,984		15,927,531	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	17,049,628	8,645,538		8,404,090		17,049,628	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	1,272,735	646,454		626,281		1,272,735	16
17	Special add-on payments for new technologies							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		9,291,992		9,030,371		18,322,363	19
20	Capital DRG other than outlier	903,778	458,833		444,945		903,778	20
20.01	Model 4 BPCI Capital DRG other than outlier							20.01
21	Capital DRG outlier payments	17,658	9,272		8,386		17,658	21
21.01	Model 4 BPCI Capital DRG outlier payments							21.01
22	Indirect medical education percentage	38.8700	38.8700		38.8700			22
23	Indirect medical education adjustment	351,299	178,349		172,950		351,299	23
24	Allowable disproportionate share percentage							24
25	Disproportionate share adjustment							25
26	Total prospective capital payments	1,272,735	646,454		626,281		1,272,735	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	-40,030	-13,870		-26,160		-40,030	30
30.01	HVBP payment adjustment for HSP bonus payment							30.01
31	HRR adjustment	-114,465	-99,152		-15,313		-114,465	31
31.01	HRR adjustment for HSP bonus payment							31.01
32	HAC Reduction Program adjustment		91,790		89,889		181,679	32

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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)	2,260			1
2	Medical and other services reimbursed under OPPS (see instructions)	6,646,532			2
3	OPPS payments	5,648,015			3
4	Outlier payment (see instructions)	107,946			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)	2,260			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	18,469			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)	18,469			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)	18,469			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	16,209			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)	2,260			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)	5,755,961			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	1,118,324			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)	4,639,897			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	1,378,495			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	6,018,392			30
31	Primary payer payments	423			31
32	Subtotal (line 30 minus line 31)	6,017,969			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)	562,428			34
35	Adjusted reimbursable bad debts (see instructions)	365,578			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	488,198			36
37	Subtotal (see instructions)	6,383,547			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)	6,383,547			40
40.01	Sequestration adjustment (see instructions)	127,671			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	5,814,044			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	441,832			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

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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)	3,144			2
3	OPPS payments	1,888			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)	1,888			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	378			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)	1,510			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)	1,510			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	1,510			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)	1,510			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)	1,510			40
40.01	Sequestration adjustment (see instructions)	30			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	1,480			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

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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)	3,333			2
3	OPPS payments	419			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)	419			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	84			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)	335			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)	335			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	335			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)	335			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)	335			40
40.01	Sequestration adjustment (see instructions)	7			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	328			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

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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WORKSHEET E-1
PART I

			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			19,623,316		5,814,044	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero						2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)						
		.01					3.01
		.02					3.02
	Program	.03					3.03
	to	.04					3.04
	Provider	.05					3.05
		.06					3.06
		.07					3.07
		.08					3.08
		.09					3.09
		.10					3.10
		.50	01/07/2019	262,415			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		-262,415			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)			19,360,901		5,814,044	4
	TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)						
		.01					5.01
		.02					5.02
	Program	.03					5.03
	to	.04					5.04
	Provider	.05					5.05
		.06					5.06
		.07					5.07
		.08					5.08
		.09					5.09
		.10					5.10
		.50					5.50
		.51					5.51
	Provider	.52					5.52
	to	.53					5.53
	Program	.54					5.54
		.55					5.55
		.56					5.56
		.57					5.57
		.58					5.58
		.59					5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99					5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01		892,080		441,832	6.01
		.02					6.02
7	Total Medicare program liability (see instructions)			20,252,981		6,255,876	7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)		8

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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			1,260,623		1,480
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)			1,260,623		1,480
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			6.01
	based on the cost report (1)		.02			6.02
7	Total Medicare program liability (see instructions)			1,260,623		1,480
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	

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

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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				1,351,956		328	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)				1,351,956		328	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		9,518			6.01
	based on the cost report (1)		.02					6.02
7	Total Medicare program liability (see instructions)				1,361,474		328	7
8	Name of Contractor			Contractor Number		NPR Date (Month/Day/Year)		8

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

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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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)	1,381,514	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)	8.929461	9
10	Teaching adjustment factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$		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)	1,381,514	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)	1,381,514	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	1,381,514	18
19	Deductibles	72,384	19
20	Subtotal (line 18 minus line 19)	1,309,130	20
21	Coinurance	22,780	21
22	Subtotal (line 20 minus line 21)	1,286,350	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)	1,286,350	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)	1,286,350	31
31.01	Sequestration adjustment (see instructions)	25,727	31.01
31.02	Demonstration payment adjustment amount after sequestration		31.02
32	Interim payments	1,260,623	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, 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: 06/01/2018 To: 01/27/2019	Run Date: 12/02/2019 Run Time: 17:32 Version: 2018.12 (10/24/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-T082****WORKSHEET E-3
PART III**

Check ☐ Hospital
Applicable ☒ Subprovider IRF
Box:

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	Net Federal PPS payment (see instructions)	1,254,891		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.116800		2
3	Inpatient Rehabilitation LIP payments (see instructions)	133,520		3
4	Outlier payments	28,342		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)	4.875519		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	1,416,753		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)	1,416,753		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	1,416,753		19
20	Deductibles	5,384		20
21	Subtotal (line 19 minus line 20)	1,411,369		21
22	Coinsurance	22,110		22
23	Subtotal (line 21 minus line 22)	1,389,259		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)	1,389,259		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)	1,389,259		32
32.01	Sequestration adjustment (see instructions)	27,785		32.01
32.02	Demonstration payment adjustment amount after sequestration			32.02
33	Interim payments	1,351,956		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)	9,518		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)	28,342		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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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)			45.97	6
7	Enter the lesser of line 5 or line 6			45.97	7
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	27.86	17.43	45.29	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	27.86	17.43	45.29	9
10	Weighted dental and podiatric resident FTE count for the current year		7.35		10
10.01	Unweighted dental and podiatric resident FTE count for the current year		8.34		10.01
11	Total weighted FTE count	27.86	24.78		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	40.10	31.41		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	38.09	32.71		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	35.35	29.63		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	35.35	29.63		17
18	Per resident amount	134,456.94	127,318.90		18
19	Approved amount for resident costs	4,753,053	3,772,459	8,525,512	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)				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)			8,525,512	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	8,131	2,539		26
27	Total inpatient days (see instructions)	18,599	18,599		27
28	Ratio of inpatient days to total inpatient days	0.437174	0.136513		28
29	Program direct GME amount	3,727,132	1,163,843		29
30	Reduction for direct GME payments for Medicare Advantage		164,451		30
31	Net Program direct GME amount			4,726,524	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)			651,737	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)			16,162,985	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)				40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			16,162,985	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			6,655,269	42
43	Primary payer payments (see instructions)			423	43
44	Total Part B reasonable cost (line 42 minus line 43)			6,654,846	44
45	Total reasonable cost (sum of lines 41 and 44)			22,817,831	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.708349	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.291651	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			4,726,524	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			3,348,029	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			1,378,495	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	-1,731,901				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	23,683,230				4
5	Other receivables	902,393				5
6	Allowances for uncollectible notes and accounts receivable	-3,472,006				6
7	Inventory	3,232,742				7
8	Prepaid expenses	612,771				8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	23,227,229				11
	FIXED ASSETS					
12	Land	15,558,766				12
13	Land improvements	228,233				13
14	Accumulated depreciation					14
15	Buildings	29,097,045				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	12,832,614				23
24	Accumulated depreciation	-17,578,591				24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable	164,869				29
30	Total fixed assets (sum of lines 12-29)	40,823,837				30
	OTHER ASSETS					
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	4,138,903				34
35	Total other assets (sum of lines 31-34)	4,138,903				35
36	Total assets (sum of lines 11, 30 and 35)	68,189,969				36
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Liabilities and Fund Balances (Omit Cents)	1	2	3	4	
	CURRENT LIABILITIES					
37	Accounts payable	6,667,120				37
38	Salaries, wages and fees payable	5,597,965				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	-1,070,670				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	254,978				44
45	Total current liabilities (sum of lines 37 thru 44)	11,449,393				45
	LONG TERM LIABILITIES					
46	Mortgage payable	174,586,192				46
47	Notes payable	51,839				47
48	Unsecured loans					48
49	Other long term liabilities	3,773,747				49
50	Total long term liabilities (sum of lines 46 thru 49)	178,411,778				50
51	Total liabilities (sum of lines 45 and 50)	189,861,171				51
	CAPITAL ACCOUNTS					
52	General fund balance	-121,671,202				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	-121,671,202				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	68,189,969				60

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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		-109,901,793		1
2	Net income (loss) (from Worksheet G-3, line 29)		-5,772,760		2
3	Total (sum of line 1 and line 2)		-115,674,553		3
4	Additions (credit adjustments) (specify)				4
5	RECONCILING ITEM	59,242			5
6					6
7					7
8					8
9					9
10	Total additions (sum of lines 4-9)		59,242		10
11	Subtotal (line 3 plus line 10)		-115,615,311		11
12	Deductions (debit adjustments) (specify)				12
13	CHANGE IN RETAINED EARNINGS PERIOD	6,055,891			13
14					14
15					15
16					16
17					17
18	Total deductions (sum of lines 12-17)		6,055,891		18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		-121,671,202		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	RECONCILING ITEM				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 PERIOD				13
14					14
15					15
16					16
17					17
18	Total deductions (sum of lines 12-17)				18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)				19

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

	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	32,626,615		32,626,615	1
2	Subprovider IPF	2,595,829		2,595,829	2
3	Subprovider IRF	1,721,259		1,721,259	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)	36,943,703		36,943,703	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	7,544,296		7,544,296	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)	7,544,296		7,544,296	16
17	Total inpatient routine care services (sum of lines 10 and 16)	44,487,999		44,487,999	17
18	Ancillary services	166,575,785	153,332,679	319,908,464	18
19	Outpatient services	11,105,727	30,068,864	41,174,591	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	PROFESSIONAL FEES	405	557,418	557,823	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	222,169,916	183,958,961	406,128,877	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		72,273,307	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)		72,273,307	43

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

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	406,128,877	1
2	Less contractual allowances and discounts on patients' accounts	340,554,489	2
3	Net patient revenues (line 1 minus line 2)	65,574,388	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	72,273,307	4
5	Net income from service to patients (line 3 minus line 4)	-6,698,919	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	260,243	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	15,202	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	433,445	22
23	Governmental appropriations		23
24	Other (HOSPICE BED RENTAL REVENUE)	87,630	24
24.01	Other (OTHER OPERATING REVENUE)	129,639	24.01
25	Total other income (sum of lines 6-24)	926,159	25
26	Total (line 5 plus line 25)	-5,772,760	26
29	Net income (or loss) for the period (line 26 minus line 28)	-5,772,760	29

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CALCULATION OF CAPITAL PAYMENT**COMPONENT CCN: 14-0082****WORKSHEET L**

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

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	903,778	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	17,658	2
2.01	Model 4 BPCI Capital DRG outlier payments		2.01
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	63.37	3
4	Number of interns & residents (see instructions)	73.74	4
5	Indirect medical education percentage (see instructions)	38.87	5
6	Indirect medical education adjustment (see instructions)	351,299	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)		7
8	Percentage of Medicaid patient days to total days (see instructions)		8
9	Sum of lines 7 and 8		9
10	Allowable disproportionate share percentage (see instructions)		10
11	Disproportionate share adjustment (see instructions)		11
12	Total prospective capital payments (see instructions)	1,272,735	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		0	2A	24	25	26		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	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
194.01	HOSPICE							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	VACANT AREA							194.03
194.04	LAKEFRONT							194.04
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202