

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period: From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:49 Version: 2015.03 (10/05/2015)
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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. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report 4. <input type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.	Date: 10/19/2015 Time: 16:49
Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN
		10. NPR Date: _____ 11. Contractor's Vendor Code: _____ 12. <input type="checkbox"/> 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 FEDERAL CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROVIDED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

**AS FILED**

CERTIFICATION BY 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 06/01/2014 and ending 05/31/2015, 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.

ECR Encryption: 10/19/2015 16:49  
af0G4zYJYDE4zdSwVJxtopbs3Y8IL0  
zazZw0j5xeqlS5uH.Ud6HF1k4755ht  
UzaF1gT.oq0CKAIO

PI Encryption: 10/19/2015 16:49  
QIGHRnbQO3sd2Vgf3Yq:H2306n5gR0  
gEsSk02fUthX4HSvZQ6lrOtNAypq0  
lf3p052B3H0oXV0F

(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)

BAI  
Title \_\_\_\_\_

Date 10/20/15

PART III - SETTLEMENT SUMMARY

		TITLE XVIII				
		TITLE V	PART A	PART B	HIT	TITLE XIX
		1	2	3	4	5
1	HOSPITAL		486,889	-253,348	356,020	1
2	SUBPROVIDER - IPF		5			2
3	SUBPROVIDER - IRF		11,460			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		498,354	-253,348	356,020	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, you are required to respond to a collection of information unless it displays a valid OMB control number for this information collection. 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 above estimated time, please write them on this page and send them to the Office of Management and Budget, Paperwork Project Director (0338-0050).

**AS FILED**

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**KPMG LLP Compu-Max 2552-10**

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**WORKSHEET S  
PARTS I, II & III**

**PART I - COST REPORT STATUS**

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Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN
		10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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CERTIFICATION BY 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 06/01/2014 and ending 05/31/2015, 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.

(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)

BAI  
Title

\_\_\_\_\_  
Date

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		TITLE V	PART A	PART B	HIT	TITLE XIX	
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200	TOTAL		498,354	-253,348	356,020		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 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.

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY****WORKSHEET S  
PARTS I, II & III**

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

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**WORKSHEET S-2  
PART I**

Hospital and Hospital Health Care Complex Address:

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

Hospital and Hospital-Based Component Identification:

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

20	Cost Reporting Period (mm/dd/yyyy)	From: 06 / 01 / 2014	To: 05 / 31 / 2015		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)	N	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	3	N		23

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	4,386				3,366		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.	788						25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1						26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1						27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							35

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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**WORKSHEET S-2  
PART I**

36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.			37
38	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	38

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**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)(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)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	N	N	39	
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40	
		V	XVIII	XIX	
Prospective Payment System (PPS)-Capital		I	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	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	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	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N	48

		1	2	3	
<b>Teaching Hospitals</b>					
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, 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
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	N			60
		Y/N	IME	Direct GME	
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 and enter in column 4 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 and enter in column 4 direct 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 64-67. (see instructions)	Y			63
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**WORKSHEET S-2  
PART I**

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	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)	0.21	23.84	0.008732	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	1.97	43.61	0.043221

**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 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, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program, enter 6 in column 3. (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 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, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program, enter 6 in column 3. (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

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**WORKSHEET S-2  
PART I**

Title V and XIX Services		V	XIX	
		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/MR 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

**Rural Providers**

		1	2		
105	Does this hospital qualify as a Critical Access Hospital (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 would not be on Wkst. B, Pt. I, col. 25 and the program would be 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
110	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter 'Y' for yes or 'N' for no.			N	110

**Miscellaneous Cost Reporting Information**

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-I, Section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	3,893	1,305,678		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

**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, if applicable in column 2.				126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.				134

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**

**WORKSHEET S-2  
PART I**

All Providers

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)	1 Y	2 HB0557	140
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If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.

141	Name: TENET HEALTHCARE CORP	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 Worksheet A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no.	Y		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, section 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
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transitional factor. (see instructions)	1.00				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	09 / 01 / 2013	10 / 31 / 2014			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. (see instructions)		N			171

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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		
<b>Provider Organization and Operation</b>		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	
<b>Financial Data and Reports</b>		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	C	12/31/2014	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	
<b>Approved Educational Activities</b>		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 Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9
10	Was an Intern-Resident 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	
<b>Bad Debts</b>		Y/N	
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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
<b>PS&amp;R Report Data</b>		1	2	3	4
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	09/01/2015	Y	09/01/2015
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	
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	
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	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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

Home Office Costs		Y/N	Date	
		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 servcies 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, OPERATIONS REIMB
42	Employer: TENET HEALTHCARE		
43	Phone number: 606-451-1228	E-mail Address: BETH1.SLOAN@TENETHEALTH.COM	

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**

**WORKSHEET S-3  
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				
						Title V	Title XVIII	Title XIX	Total All Patients	
						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	148	54,020		9,791	3,775	22,726	1	
2	HMO and other (see instructions)					3,171	3,366		2	
3	HMO IPF Subprovider					295			3	
4	HMO IRF Subprovider					403			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)		148	54,020		9,791	3,775	22,726	7	
8	Intensive Care Unit	31	16	5,840		1,535	611	3,623	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)		164	59,860		11,326	4,386	26,349	14	
15	CAH Visits								15	
16	Subprovider - IPF	40	10	3,650		2,374		3,137	16	
17	Subprovider - IRF	41	26	9,490		1,975	788	3,517	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)		200						27	
28	Observation Bed Days							1,465	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	

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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)					2,122	1,554	5,412	1
2	HMO and other (see instructions)					599			2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
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)	79.20	655.22			2,122	1,554	5,412	14
15	CAH Visits								15
16	Subprovider - IPF		16.21			196	34	268	16
17	Subprovider - IRF		14.40			170	43	299	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)	79.20	685.83						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

**KPMG LLP Compu-Max 2552-10**

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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	
<b>SALARIES</b>								
1	Total salaries (see instructions)	200	47,743,274	1	47,743,275	1,426,561.00	33.47	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		477,939		477,939	4,928.00	96.98	4.01
5	Physician-Part B							5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21	4,526,978		4,526,978	154,815.00	29.24	7
7.01	Contracted interns & residents (in an approved program)							7.01
8	Home office personnel							8
9	SNF	44						9
10	Excluded area salaries (see instructions)		3,295,387	164,023	3,459,410	89,486.00	38.66	10
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11	Contract labor (see instructions)		1,823,249		1,823,249	28,122.00	64.83	11
12	Contract management and administrative services		385,070		385,070	3,655.00	105.35	12
13	Contract labor: Physician-Part A - Administrative		887,876		887,876	5,591.00	158.80	13
14	Home office salaries & wage-related costs		1,961,484		1,961,484	16,559.00	118.45	14
15	Home office: Physician Part A - Administrative							15
16	Home office & Contract Physicians Part A - Teaching							16
<b>WAGE-RELATED COSTS</b>								
17	Wage-related costs (core)(see instructions)		7,367,936		7,367,936			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		703,043		703,043			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)		791,883		791,883			25
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26	Employee Benefits Department		266,963	133,955	400,918	10,118.00	39.62	26
27	Administrative & General		7,512,261	-851,335	6,660,926	154,815.00	43.03	27
28	Administrative & General under contract (see instructions)							28
29	Maintenance & Repairs							29
30	Operation of Plant		1,120,969		1,120,969	44,261.00	25.33	30
31	Laundry & Linen Service							31
32	Housekeeping		904,496		904,496	61,901.00	14.61	32
33	Housekeeping under contract (see instructions)							33
34	Dietary		906,505		906,505	53,991.00	16.79	34
35	Dietary under contract (see instructions)							35
36	Cafeteria							36
37	Maintenance of Personnel							37
38	Nursing Administration		936,981		936,981	21,034.00	44.55	38
39	Central Services and Supply		301,567		301,567	14,393.00	20.95	39
40	Pharmacy		1,024,047	95,081	1,119,128	28,275.00	39.58	40
41	Medical Records & Medical Records Library		309,649	458,277	767,926	29,830.00	25.74	41
42	Social Service							42
43	Other General Service							43

**Part III - Hospital Wage Index Summary**

1	Net salaries (see instructions)		42,738,357	1	42,738,358	1,266,818.00	33.74	1
2	Excluded area salaries (see instructions)		3,295,387	164,023	3,459,410	89,486.00	38.66	2
3	Subtotal salaries (line 1 minus line 2)		39,442,970	-164,022	39,278,948	1,177,332.00	33.36	3
4	Subtotal other wages & related costs (see instructions)		5,057,679		5,057,679	53,927.00	93.79	4
5	Subtotal wage-related costs (see instructions)		7,367,936		7,367,936		18.76%	5
6	Total (sum of lines 3 through 5)		51,868,585	-164,022	51,704,563	1,231,259.00	41.99	6
7	Total overhead cost (see instructions)		13,283,438	-164,022	13,119,416	418,618.00	31.34	7

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**HOSPITAL WAGE RELATED COSTS**

**WORKSHEET S-3  
PART IV**

**Part IV - Wage Related Cost**

**Part A - Core List**

		Amount Reported	
	<b>RETIREMENT COST</b>		
1	401K Employer Contributions	489,129	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
	<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization):</b>		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	<b>HEALTH AND INSURANCE COST</b>		
8	Health Insurance (Purchased or Self Funded)	3,163,012	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	3,370	10
11	Life Insurance (If employee is owner or beneficiary)	34,826	11
12	Accident Insurance (If employee is owner or beneficiary)	-14	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	541,291	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	<b>TAXES</b>		
17	FICA-Employers Portion Only	2,581,103	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance		19
20	State or Federal Unemployment Taxes	555,219	20
	<b>OTHER</b>		
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		23
24	Total Wage Related cost (Sum of lines 1-23)	7,367,936	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	Supporting Exhibit for Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)**

**EXHIBIT 3**

<b>STEP 1: DETERMINE THE 3-YEAR AVERAGING PERIOD</b>			
1	Wage Index Fiscal Year Ending Date		1
2	Provider's Cost Reporting Period Used for Wage Index Year on Line 1 (FYB in Col. 1, FYE in Col. 2)		2
3	Midpoint of Provider's Cost Reporting Period Shown on Line 2, Adjusted to First of Month		3
4	Date Beginning the 3-Year Averaging Period (subtract 18 months from midpoint shown on Line 3)		4
5	Date Ending the 3-Year Averaging Period (add 18 months to midpoint shown on Line 3)		5
<b>STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)</b>			
6	Effective Date of Pension Plan		6
7	First Day of the Provider Cost Reporting Period Containing the Pension Plan Effective Date		7
8	Starting Date of the Adjusted Averaging Period (date on Line 7, adjusted to first of month)		8

**IF THIS DATE OCCURS AFTER THE PERIOD SHOWN ON LINE 2, STOP HERE AND SEE INSTRUCTIONS**

<b>STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD</b>			
9	Beginning Date of Averaging Period from Line 4 or Line 8, as Applicable		9
10	Ending Date of Averaging Period from Line 5		10
11	Enter Provider Contributions Made During Averaging Period on Lines 9 & 10	<b>DEPOSIT DATE(S)</b>	<b>CONTRIBUTION(S)</b> 11
12	Total Calendar Months Included in Averaging Period (36 unless Step 2 completed)		12
13	Total Contributions Made During Averaging Period		13
14	Average Monthly Contribution (Line 13 divided by Line 12)		14
15	Number of MOnths in Provider Cost Reporting Period on Line 2		15
16	Average Pension Contributions (Line 14 times Line 15)		16
<b>STEP 4: TOTAL PENSION COST FOR WAGE INDEX</b>			
17	Annual Prefunding Installment (see instructions)		17
18	Reportable Prefunding Installment ((Line 17 times Line 15) divided by 12)		18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)		19

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**HOSPITAL CONTRACT LABOR AND BENEFIT COST**

**WORKSHEET S-3  
PART V**

**Part V - Contract Labor and Benefit Cost**

**Hospital and Hospital-Based Component Identification:**

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost	2,251,063	8,862,863	1
2	Hospital	2,212,389	8,862,863	2
3	Subprovider - IPF	18,132		3
4	Subprovider - IRF	20,542		4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

**KPMG LLP Compu-Max 2552-10**

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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)	0.188317	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	12,361,107	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 or supplemental payments from Medicaid?	N	4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid	10,465,425	5
6	Medicaid charges	140,069,674	6
7	Medicaid cost (line 1 times line 6)	26,377,501	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.	3,550,969	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

Uncompensated care (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)	3,550,969	19

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	3,545,512	-115	3,545,397	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	667,680	-22	667,658	21
22	Partial payment by patients approved for charity care				22
23	Cost of charity care (line 21 minus line 22)	667,680	-22	667,658	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, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)		25
26	Total bad debt expense for the entire hospital complex (see instructions)	9,587,679	26
27	Medicare bad debts for the entire hospital complex (see instructions)	1,595,586	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	7,992,093	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	1,505,047	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	2,172,705	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	5,723,674	31

**KPMG LLP Compu-Max 2552-10**

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

**WORKSHEET A**

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		<b>GENERAL SERVICE COST CENTERS</b>								
1	00100	Cap Rel Costs-Bldg & Fixt				714,176	714,176	3,812,679	4,526,855	1
2	00200	Cap Rel Costs-Mvble Equip				978,348	978,348	6,864,703	7,843,051	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	266,963	8,216,698	8,483,661	138,673	8,622,334	-650,945	7,971,389	4
5	00500	Administrative & General	7,512,261	18,540,526	26,052,787	-1,691,968	24,360,819	-6,909,480	17,451,339	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	1,120,969	4,725,271	5,846,240	-3,926	5,842,314	-253,370	5,588,944	7
8	00800	Laundry & Linen Service		474,929	474,929	64,756	539,685		539,685	8
9	00900	Housekeeping	904,496	311,608	1,216,104	-9,851	1,206,253		1,206,253	9
10	01000	Dietary	906,505	517,121	1,423,626	8,749	1,432,375	-213,748	1,218,627	10
11	01100	Cafeteria								11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	936,981	121,258	1,058,239	-864	1,057,375		1,057,375	13
14	01400	Central Services & Supply	301,567	583,706	885,273	32,619	917,892	-11,365	906,527	14
15	01500	Pharmacy	1,024,047	2,836,110	3,860,157	-2,647,678	1,212,479	-476,770	735,709	15
16	01600	Medical Records & Library	309,649	108,679	418,328	625,760	1,044,088	-2,835	1,041,253	16
17	01700	Social Service								17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	4,526,978		4,526,978		4,526,978		4,526,978	21
22	02200	I&R Services-Other Prgm Costs Apprvd		2,207,943	2,207,943	-12,699	2,195,244	-27,380	2,167,864	22
23	02300	Paramed Ed Prgm-(specify)								23
		<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	03000	Adults & Pediatrics	8,643,173	1,928,643	10,571,816	-467,038	10,104,778	-501,714	9,603,064	30
31	03100	Intensive Care Unit	2,290,308	920,450	3,210,758	-263,097	2,947,661		2,947,661	31
40	04000	Subprovider - IPF	997,885	75,927	1,073,812	-8,235	1,065,577	-19,701	1,045,876	40
41	04100	Subprovider - IRF	970,991	161,334	1,132,325	-23,650	1,108,675	-6,750	1,101,925	41
		<b>ANCILLARY SERVICE COST CENTERS</b>								
50	05000	Operating Room	3,326,302	11,972,962	15,299,264	-7,047,366	8,251,898	-872,443	7,379,455	50
50.01	03340	GASTRO INTESTINAL SERVICES	343,944	261,197	605,141	-33,434	571,707	-3,823	567,884	50.01
51	05100	Recovery Room	556,027	306,342	862,369	-39,434	822,935		822,935	51
53	05300	Anesthesiology	113,475	233,679	347,154	-208,739	138,415		138,415	53
54	05400	Radiology-Diagnostic	1,235,285	497,255	1,732,540	-195,851	1,536,689	-43,915	1,492,774	54
54.01	03630	ULTRA SOUND	173,016	9,861	182,877	-6,792	176,085	-4,271	171,814	54.01
55	05500	Radiology-Therapeutic	292,445	507,993	800,438	-117,411	683,027	-29,728	653,299	55
56	05600	Radioisotope	183,513	351,118	534,631	-3,990	530,641		530,641	56
56.01	03650	VASCULAR LAB	196,109	20,626	216,735	-691	216,044		216,044	56.01
56.02	03950	STRAUSS ONCOLOGY	513,796	3,900,907	4,414,703	-3,178,856	1,235,847	-613,922	621,925	56.02
57	05700	CT Scan	378,820	333,587	712,407	-17,899	694,508	-8,136	686,372	57
58	05800	MRI	150,068	18,936	169,004	-6,843	162,161		162,161	58
59	05900	Cardiac Catheterization	416,754	914,121	1,330,875	-672,427	658,448		658,448	59
60	06000	Laboratory	1,164,323	1,754,601	2,918,924	-32,636	2,886,288	-225,678	2,660,610	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.		693,387	693,387	-729	692,658	-6,921	685,737	63
65	06500	Respiratory Therapy	1,012,225	290,890	1,303,115	-194,444	1,108,671	-169,342	939,329	65
66	06600	Physical Therapy	1,827,426	44,533	1,871,959	-5,033	1,866,926	-3,500	1,863,426	66
69	06900	Electrocardiology	463,734	125,040	588,774	-12,224	576,550	-8,780	567,770	69
70	07000	Electroencephalography	49,860	6,157	56,017	-1,344	54,673		54,673	70
71	07100	Medical Supplies Charged to Patients				2,248,795	2,248,795		2,248,795	71
72	07200	Impl. Dev. Charged to Patients				6,234,664	6,234,664		6,234,664	72
73	07300	Drugs Charged to Patients				6,123,393	6,123,393		6,123,393	73
74	07400	Renal Dialysis		345,884	345,884	-2,192	343,692		343,692	74
76	03951	WOUND CARE	224,575	312,811	537,386	-55,449	481,937	-13,009	468,928	76
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	09000	Clinic	1,178,470	640,633	1,819,103	-74,062	1,745,041	-422,543	1,322,498	90
91	09100	Emergency	1,903,823	1,277,561	3,181,384	-265,310	2,916,074	-727,979	2,188,095	91
92	09200	Observation Beds (Non-Distinct Part)								92
		<b>OTHER REIMBURSABLE COST CENTERS</b>								
		<b>SPECIAL PURPOSE COST CENTERS</b>								
118		SUBTOTALS (sum of lines 1-117)	46,416,763	66,550,284	112,967,047	-132,229	112,834,818	-1,550,666	111,284,152	118
		<b>NONREIMBURSABLE COST CENTERS</b>								

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

**WORKSHEET A**

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
192	19200	Physicians' Private Offices	1,055,599	1,011,766	2,067,365	-123,072	1,944,293		1,944,293	192
194	07950	MARKETING	270,912	976,829	1,247,741	208,733	1,456,474		1,456,474	194
194.0 1	07951	HOSPICE		34,204	34,204	-21,852	12,352		12,352	194.0 1
194.0 2	07952	OTHER NONREIMBURSABLE COST CENTERS				68,420	68,420		68,420	194.0 2
194.0 3	07953	VACANT AREA								194.0 3
194.0 4	07954	LAKEFRONT								194.0 4
200		TOTAL (sum of lines 118-199)	47,743,274	68,573,083	116,316,357		116,316,357	-1,550,666	114,765,691	200

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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	RENTS LEASES	A	Cap Rel Costs-Bldg & Fixt	1		512,150	1
2	RENTS LEASES	A	Cap Rel Costs-Mvble Equip	2		843,694	2
3	RENTS LEASES	A					3
4	RENTS LEASES	A					4
5	RENTS LEASES	A					5
6	RENTS LEASES	A					6
7	RENTS LEASES	A					7
8	RENTS LEASES	A					8
9	RENTS LEASES	A					9
10	RENTS LEASES	A					10
11	RENTS LEASES	A					11
12	RENTS LEASES	A					12
13	RENTS LEASES	A					13
14	RENTS LEASES	A					14
15	RENTS LEASES	A					15
16	RENTS LEASES	A	GASTRO INTESTINAL SERVICES	50.01		41	16
17	RENTS LEASES	A					17
18	RENTS LEASES	A					18
19	RENTS LEASES	A					19
20	RENTS LEASES	A					20
21	RENTS LEASES	A					21
22	RENTS LEASES	A					22
23	RENTS LEASES	A					23
24	RENTS LEASES	A					24
25	RENTS LEASES	A					25
26	RENTS LEASES	A					26
27	RENTS LEASES	A					27
28	RENTS LEASES	A					28
29	RENTS LEASES	A					29
30	RENTS LEASES	A					30
31	RENTS LEASES	A					31
32	RENTS LEASES	A	Emergency	91		395	32
33	RENTS LEASES	A					33
34	RENTS LEASES	A					34
500	Total reclassifications					1,356,280	500
	Code Letter - A						
1	PROPERTY TAXES	B	Cap Rel Costs-Bldg & Fixt	1		202,026	1
500	Total reclassifications					202,026	500
	Code Letter - B						
1	BILLABLE DRUGS	C	Drugs Charged to Patients	73		6,123,393	1
2	BILLABLE DRUGS	C	Administrative & General	5		3,967	2
3	BILLABLE DRUGS	C					3
4	BILLABLE DRUGS	C	Dietary	10		10,360	4
5	BILLABLE DRUGS	C					5
6	BILLABLE DRUGS	C					6
7	BILLABLE DRUGS	C					7
8	BILLABLE DRUGS	C					8
9	BILLABLE DRUGS	C					9
10	BILLABLE DRUGS	C					10
11	BILLABLE DRUGS	C					11
12	BILLABLE DRUGS	C					12
13	BILLABLE DRUGS	C					13
14	BILLABLE DRUGS	C					14
15	BILLABLE DRUGS	C					15
16	BILLABLE DRUGS	C					16
17	BILLABLE DRUGS	C					17
18	BILLABLE DRUGS	C					18
19	BILLABLE DRUGS	C					19
20	BILLABLE DRUGS	C					20
21	BILLABLE DRUGS	C					21
22	BILLABLE DRUGS	C					22
23	BILLABLE DRUGS	C					23
24	BILLABLE DRUGS	C					24
25	BILLABLE DRUGS	C					25
26	BILLABLE DRUGS	C					26
27	BILLABLE DRUGS	C					27
28	BILLABLE DRUGS	C					28
29	BILLABLE DRUGS	C					29

**KPMG LLP Compu-Max 2552-10**

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**RECLASSIFICATIONS**

**WORKSHEET A-6**

			INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
30	BILLABLE DRUGS	C					30
31	BILLABLE DRUGS	C					31
32	BILLABLE DRUGS	C					32
500	Total reclassifications					6,137,720	500
	Code Letter - C						
1	LAUNDRY	D	Laundry & Linen Service	8		73,379	1
2	LAUNDRY	D					2
3	LAUNDRY	D					3
4	LAUNDRY	D					4
5	LAUNDRY	D					5
6	LAUNDRY	D					6
7	LAUNDRY	D					7
8	LAUNDRY	D	GASTRO INTESTINAL SERVICES	50.01		26	8
9	LAUNDRY	D					9
10	LAUNDRY	D					10
11	LAUNDRY	D					11
12	LAUNDRY	D					12
13	LAUNDRY	D					13
14	LAUNDRY	D					14
15	LAUNDRY	D					15
16	LAUNDRY	D					16
17	LAUNDRY	D					17
18	LAUNDRY	D					18
19	LAUNDRY	D					19
20	LAUNDRY	D					20
21	LAUNDRY	D					21
22	LAUNDRY	D					22
23	LAUNDRY	D					23
24	LAUNDRY	D					24
500	Total reclassifications					73,405	500
	Code Letter - D						
1	CHARGEABLE SUPPLIES	E	Medical Supplies Charged to P	71		2,248,795	1
2	CHARGEABLE SUPPLIES	E					2
3	CHARGEABLE SUPPLIES	E					3
4	CHARGEABLE SUPPLIES	E					4
5	CHARGEABLE SUPPLIES	E					5
6	CHARGEABLE SUPPLIES	E					6
7	CHARGEABLE SUPPLIES	E					7
8	CHARGEABLE SUPPLIES	E	Central Services & Supply	14		103,554	8
9	CHARGEABLE SUPPLIES	E					9
10	CHARGEABLE SUPPLIES	E					10
11	CHARGEABLE SUPPLIES	E					11
12	CHARGEABLE SUPPLIES	E					12
13	CHARGEABLE SUPPLIES	E					13
14	CHARGEABLE SUPPLIES	E					14
15	CHARGEABLE SUPPLIES	E					15
16	CHARGEABLE SUPPLIES	E					16
17	CHARGEABLE SUPPLIES	E					17
18	CHARGEABLE SUPPLIES	E					18
19	CHARGEABLE SUPPLIES	E					19
20	CHARGEABLE SUPPLIES	E					20
21	CHARGEABLE SUPPLIES	E					21
22	CHARGEABLE SUPPLIES	E					22
23	CHARGEABLE SUPPLIES	E					23
24	CHARGEABLE SUPPLIES	E					24
25	CHARGEABLE SUPPLIES	E					25
26	CHARGEABLE SUPPLIES	E					26
27	CHARGEABLE SUPPLIES	E					27
28	CHARGEABLE SUPPLIES	E					28
29	CHARGEABLE SUPPLIES	E					29
30	CHARGEABLE SUPPLIES	E					30
31	CHARGEABLE SUPPLIES	E					31
32	CHARGEABLE SUPPLIES	E					32
33	CHARGEABLE SUPPLIES	E					33
34	CHARGEABLE SUPPLIES	E					34
35	CHARGEABLE SUPPLIES	E					35
36	CHARGEABLE SUPPLIES	E					36
37	CHARGEABLE SUPPLIES	E					37

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
38	CHARGEABLE SUPPLIES	E					38
39	CHARGEABLE SUPPLIES	E					39
500	Total reclassifications					2,352,349	500
	Code Letter - E						
1	IMPLANTABLE DEVICE	F	Impl. Dev. Charged to Patient	72		6,234,664	1
2	IMPLANTABLE DEVICE	F					2
3	IMPLANTABLE DEVICE	F					3
4	IMPLANTABLE DEVICE	F					4
5	IMPLANTABLE DEVICE	F					5
6	IMPLANTABLE DEVICE	F					6
500	Total reclassifications					6,234,664	500
	Code Letter - F						
1	TRANSCRIPTION	G	Medical Records & Library	16		16,710	1
2	TRANSCRIPTION	G					2
3	TRANSCRIPTION	G	Administrative & General	5		2,043	3
500	Total reclassifications					18,753	500
	Code Letter - G						
1	REGIONAL COSTS	H	Employee Benefits Department	4	133,955	32,055	1
2	REGIONAL COSTS	H	Pharmacy	15	95,081	3,262	2
3	REGIONAL COSTS	H	Medical Records & Library	16	458,277	152,869	3
4	REGIONAL COSTS	H	MARKETING	194	101,383	107,350	4
5	REGIONAL COSTS	H	OTHER NONREIMBURSABLE COST CE	194.02	62,640	5,780	5
500	Total reclassifications				851,336	301,316	500
	Code Letter - H						
1	REGIONAL DEPREC IS DEPT	I	Cap Rel Costs-Mvble Equip	2		134,654	1
500	Total reclassifications					134,654	500
	Code Letter - I						
	<b>GRAND TOTAL (Increases)</b>				<b>851,336</b>	<b>16,811,167</b>	

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

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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 LEASES	A	Employee Benefits Department	4		11,581	10	1
2	RENTS LEASES	A	Administrative & General	5		208,157	10	2
3	RENTS LEASES	A	Operation of Plant	7		1,300		3
4	RENTS LEASES	A	Housekeeping	9		62		4
5	RENTS LEASES	A	Dietary	10		1,603		5
6	RENTS LEASES	A	Nursing Administration	13		851		6
7	RENTS LEASES	A	Central Services & Supply	14		70,935		7
8	RENTS LEASES	A	Pharmacy	15		929		8
9	RENTS LEASES	A	Medical Records & Library	16		2,096		9
10	RENTS LEASES	A	I&R Services-Other Prgm Costs	22		12,683		10
11	RENTS LEASES	A	Adults & Pediatrics	30		13,683		11
12	RENTS LEASES	A	Intensive Care Unit	31		3,410		12
13	RENTS LEASES	A	Subprovider - IPF	40		730		13
14	RENTS LEASES	A	Subprovider - IRF	41		1,021		14
15	RENTS LEASES	A	Operating Room	50		547,565		15
16	RENTS LEASES	A						16
17	RENTS LEASES	A	Radiology-Diagnostic	54		5,854		17
18	RENTS LEASES	A	Radiology-Therapeutic	55		112,271		18
19	RENTS LEASES	A	Radioisotope	56		72		19
20	RENTS LEASES	A	VASCULAR LAB	56.01		72		20
21	RENTS LEASES	A	STRAUSS ONCOLOGY	56.02		143,140		21
22	RENTS LEASES	A	CT Scan	57		2,917		22
23	RENTS LEASES	A	MRI	58		3,500		23
24	RENTS LEASES	A	Cardiac Catheterization	59		72		24
25	RENTS LEASES	A	Laboratory	60		857		25
26	RENTS LEASES	A	Respiratory Therapy	65		97,498		26
27	RENTS LEASES	A	Physical Therapy	66		1,236		27
28	RENTS LEASES	A	Electrocardiology	69		1,199		28
29	RENTS LEASES	A	Electroencephalography	70		289		29
30	RENTS LEASES	A	WOUND CARE	76		1,743		30
31	RENTS LEASES	A	Clinic	90		3,749		31
32	RENTS LEASES	A						32
33	RENTS LEASES	A	Physicians' Private Offices	192		105,205		33
34	RENTS LEASES	A						34
500	Total reclassifications					1,356,280		500
	Code letter - A							
1	PROPERTY TAXES	B	Administrative & General	5		202,026	13	1
500	Total reclassifications					202,026		500
	Code letter - B							
1	BILLABLE DRUGS	C	Employee Benefits Department	4		15,130		1
2	BILLABLE DRUGS	C						2
3	BILLABLE DRUGS	C	Operation of Plant	7		9		3
4	BILLABLE DRUGS	C						4
5	BILLABLE DRUGS	C	Pharmacy	15		2,742,132		5
6	BILLABLE DRUGS	C	Adults & Pediatrics	30		52,501		6
7	BILLABLE DRUGS	C	Intensive Care Unit	31		36,437		7
8	BILLABLE DRUGS	C	Subprovider - IPF	40		20		8
9	BILLABLE DRUGS	C	Subprovider - IRF	41		514		9
10	BILLABLE DRUGS	C	Operating Room	50		65,106		10
11	BILLABLE DRUGS	C	GASTRO INTESTINAL SERVICES	50.01		904		11
12	BILLABLE DRUGS	C	Recovery Room	51		7,171		12
13	BILLABLE DRUGS	C	Anesthesiology	53		67,307		13
14	BILLABLE DRUGS	C	Radiology-Diagnostic	54		9,376		14
15	BILLABLE DRUGS	C	ULTRA SOUND	54.01		809		15
16	BILLABLE DRUGS	C						16
17	BILLABLE DRUGS	C	Radioisotope	56		258		17
18	BILLABLE DRUGS	C	STRAUSS ONCOLOGY	56.02		3,009,623		18
19	BILLABLE DRUGS	C	CT Scan	57		8,045		19
20	BILLABLE DRUGS	C	MRI	58		555		20
21	BILLABLE DRUGS	C	Cardiac Catheterization	59		7,790		21
22	BILLABLE DRUGS	C	Laboratory	60		22		22
23	BILLABLE DRUGS	C	Blood Storing, Processing & T	63		290		23
24	BILLABLE DRUGS	C	Respiratory Therapy	65		1,746		24
25	BILLABLE DRUGS	C						25
26	BILLABLE DRUGS	C	Electrocardiology	69		1,216		26
27	BILLABLE DRUGS	C	Renal Dialysis	74		1,069		27
28	BILLABLE DRUGS	C	WOUND CARE	76		13,769		28

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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10	
		1	6	7	8	9	10	
29	BILLABLE DRUGS	C	Clinic	90		42,028	29	
30	BILLABLE DRUGS	C	Emergency	91		45,948	30	
31	BILLABLE DRUGS	C	Physicians' Private Offices	192		6,397	31	
32	BILLABLE DRUGS	C	HOSPICE	194.01		1,548	32	
500	Total reclassifications					6,137,720	500	
	Code letter - C							
1	LAUNDRY	D	Housekeeping	9		5,906	1	
2	LAUNDRY	D					2	
3	LAUNDRY	D	Adults & Pediatrics	30		6,702	3	
4	LAUNDRY	D	Intensive Care Unit	31		838	4	
5	LAUNDRY	D	Subprovider - IPF	40		628	5	
6	LAUNDRY	D	Subprovider - IRF	41		742	6	
7	LAUNDRY	D	Operating Room	50		46,983	7	
8	LAUNDRY	D					8	
9	LAUNDRY	D					9	
10	LAUNDRY	D	Radiology-Diagnostic	54		8,464	10	
11	LAUNDRY	D	ULTRA SOUND	54.01		136	11	
12	LAUNDRY	D	Radiology-Therapeutic	55		26	12	
13	LAUNDRY	D					13	
14	LAUNDRY	D	STRAUSS ONCOLOGY	56.02		74	14	
15	LAUNDRY	D	CT Scan	57		536	15	
16	LAUNDRY	D	MRI	58		201	16	
17	LAUNDRY	D	Cardiac Catheterization	59		210	17	
18	LAUNDRY	D	Respiratory Therapy	65		93	18	
19	LAUNDRY	D	Physical Therapy	66		8	19	
20	LAUNDRY	D	Electrocardiology	69		21	20	
21	LAUNDRY	D	Renal Dialysis	74		42	21	
22	LAUNDRY	D	Emergency	91		872	22	
23	LAUNDRY	D	Physicians' Private Offices	192		764	23	
24	LAUNDRY	D	HOSPICE	194.01		159	24	
500	Total reclassifications					73,405	500	
	Code letter - D							
1	CHARGEABLE SUPPLIES	E	Employee Benefits Department	4		626	1	
2	CHARGEABLE SUPPLIES	E	Administrative & General	5		489	2	
3	CHARGEABLE SUPPLIES	E	Operation of Plant	7		2,617	3	
4	CHARGEABLE SUPPLIES	E	Laundry & Linen Service	8		8,623	4	
5	CHARGEABLE SUPPLIES	E	Housekeeping	9		3,883	5	
6	CHARGEABLE SUPPLIES	E	Dietary	10		8	6	
7	CHARGEABLE SUPPLIES	E	Nursing Administration	13		13	7	
8	CHARGEABLE SUPPLIES	E					8	
9	CHARGEABLE SUPPLIES	E	Pharmacy	15		2,960	9	
10	CHARGEABLE SUPPLIES	E	I&R Services-Other Prgm Costs	22		16	10	
11	CHARGEABLE SUPPLIES	E	Adults & Pediatrics	30		394,152	11	
12	CHARGEABLE SUPPLIES	E	Intensive Care Unit	31		222,412	12	
13	CHARGEABLE SUPPLIES	E	Subprovider - IPF	40		6,857	13	
14	CHARGEABLE SUPPLIES	E	Subprovider - IRF	41		21,373	14	
15	CHARGEABLE SUPPLIES	E	Operating Room	50		861,681	15	
16	CHARGEABLE SUPPLIES	E	GASTRO INTESTINAL SERVICES	50.01		29,167	16	
17	CHARGEABLE SUPPLIES	E	Recovery Room	51		32,263	17	
18	CHARGEABLE SUPPLIES	E	Anesthesiology	53		140,491	18	
19	CHARGEABLE SUPPLIES	E	Radiology-Diagnostic	54		123,576	19	
20	CHARGEABLE SUPPLIES	E	ULTRA SOUND	54.01		5,847	20	
21	CHARGEABLE SUPPLIES	E	Radiology-Therapeutic	55		2,398	21	
22	CHARGEABLE SUPPLIES	E	Radioisotope	56		3,660	22	
23	CHARGEABLE SUPPLIES	E	VASCULAR LAB	56.01		619	23	
24	CHARGEABLE SUPPLIES	E	STRAUSS ONCOLOGY	56.02		26,019	24	
25	CHARGEABLE SUPPLIES	E	CT Scan	57		6,401	25	
26	CHARGEABLE SUPPLIES	E	MRI	58		2,587	26	
27	CHARGEABLE SUPPLIES	E	Cardiac Catheterization	59		12,696	27	
28	CHARGEABLE SUPPLIES	E	Laboratory	60		31,757	28	
29	CHARGEABLE SUPPLIES	E	Blood Storing, Processing & T	63		439	29	
30	CHARGEABLE SUPPLIES	E	Respiratory Therapy	65		95,107	30	
31	CHARGEABLE SUPPLIES	E	Physical Therapy	66		3,789	31	
32	CHARGEABLE SUPPLIES	E	Electrocardiology	69		9,788	32	
33	CHARGEABLE SUPPLIES	E	Electroencephalography	70		1,055	33	
34	CHARGEABLE SUPPLIES	E	Renal Dialysis	74		1,081	34	
35	CHARGEABLE SUPPLIES	E	WOUND CARE	76		35,915	35	

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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10	
		1	6	7	8	9	10	
36	CHARGEABLE SUPPLIES	E	Clinic	90		12,248		36
37	CHARGEABLE SUPPLIES	E	Emergency	91		218,885		37
38	CHARGEABLE SUPPLIES	E	Physicians' Private Offices	192		10,706		38
39	CHARGEABLE SUPPLIES	E	HOSPICE	194.01		20,145		39
500	Total reclassifications					2,352,349		500
	Code letter - E							
1	IMPLANTABLE DEVICE	F	Operating Room	50		5,526,031		1
2	IMPLANTABLE DEVICE	F	GASTRO INTESTINAL SERVICES	50.01		3,430		2
3	IMPLANTABLE DEVICE	F	Anesthesiology	53		941		3
4	IMPLANTABLE DEVICE	F	Radiology-Diagnostic	54		48,581		4
5	IMPLANTABLE DEVICE	F	Cardiac Catheterization	59		651,659		5
6	IMPLANTABLE DEVICE	F	WOUND CARE	76		4,022		6
500	Total reclassifications					6,234,664		500
	Code letter - F							
1	TRANSCRIPTION	G	Radiology-Therapeutic	55		2,716		1
2	TRANSCRIPTION	G	Clinic	90		16,037		2
3	TRANSCRIPTION	G						3
500	Total reclassifications					18,753		500
	Code letter - G							
1	REGIONAL COSTS	H	Administrative & General	5	851,335	301,317		1
2	REGIONAL COSTS	H						2
3	REGIONAL COSTS	H						3
4	REGIONAL COSTS	H						4
5	REGIONAL COSTS	H						5
500	Total reclassifications				851,335	301,317		500
	Code letter - H							
1	REGIONAL DEPREC IS DEPT	I	Administrative & General	5		134,654	9	1
500	Total reclassifications					134,654		500
	Code letter - I							
	<b>GRAND TOTAL (Decreases)</b>				<b>851,335</b>	<b>16,811,168</b>		

(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	55,544,844	124,367		124,367		55,669,211		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	148,042,648	1,002,758		1,002,758	20,700	149,024,706		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	212,099,972	1,127,125		1,127,125	20,700	213,206,397		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	212,099,972	1,127,125		1,127,125	20,700	213,206,397		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	61,352,363		61,352,363	0.291630					1
2	Cap Rel Costs-Mvble Equ	149,024,706		149,024,706	0.708370					2
3	Total (sum of lines 1-2)	210,377,069		210,377,069	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	1,570,596	512,150	2,242,083		202,026		4,526,855	1	
2	Cap Rel Costs-Mvble Equip	6,999,357	843,694					7,843,051	2	
3	Total (sum of lines 1-2)	8,569,953	1,355,844	2,242,083		202,026		12,369,906	3	

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

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

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**ADJUSTMENTS TO EXPENSES**

**WORKSHEET A-8**

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
				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)	B	-304	Administrative & General	5	3
4	Trace, 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)	B	-249,051	Operation of Plant	7	9
10	Provider-based physician adjustment	Wkst A-8-2	-3,027,554			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-855,520			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests	B	-209,429	Dietary	10	14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients					17
18	Sale of medical records and abstracts	B	-2,835	Medical Records & Library	16	18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines					20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures	A	1,570,596	Cap Rel Costs-Bldg & Fixt	1	9 26
27	Depreciation--movable equipment	A	6,868,170	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	TELEPHONE SERVICES - DIRECT PHONE	A	-55,140	Administrative & General	5	33
33.01	TELEPHONE SERVICES - PBX SALARY	A	-23,304	Administrative & General	5	33.01
33.02	TELEPHONE SERVICES - PBX BENEFITS	A	-4,183	Employee Benefits Department	4	33.02
33.03	TELEPHONE SERVICES - DEPRECIATION	A	-206	Cap Rel Costs-Mvble Equip	2	9 33.03
33.04	TELEVISION SERVICES - DEPRECIATION	A	-3,261	Cap Rel Costs-Mvble Equip	2	9 33.04
33.05	SATELLITE TV	A	-4,319	Dietary	10	33.05
33.06	ID BADGES	B	-248	Administrative & General	5	33.06
33.07	CLINICAL TRIALS	B	-969	Administrative & General	5	33.07
33.09	MEDICAL STAFF APPLICATION	B	-16,375	Administrative & General	5	33.09
33.10	OTHER MISC REVENUE	B	-30,334	Administrative & General	5	33.10
33.11	HOSPICE REVENUE	B	-11,365	Central Services & Supply	14	33.11
33.12	HOSPICE REVENUE	B	-476,770	Pharmacy	15	33.12
33.13	HOSPICE REVENUE	B	-3,823	GASTRO INTESTINAL SERVICES	50.01	33.13
33.14	HOSPICE REVENUE	B	-19,536	Radiology-Diagnostic	54	33.14
33.15	HOSPICE REVENUE	B	-4,271	ULTRA SOUND	54.01	33.15
33.16	HOSPICE REVENUE	B	-19,937	Radiology-Therapeutic	55	33.16
33.18	HOSPICE REVENUE	B	-8,136	CT Scan	57	33.18
33.19	HOSPICE REVENUE	B	-28,453	Laboratory	60	33.19
33.20	HOSPICE REVENUE	B	-6,921	Blood Storing, Processing & Trans.	63	33.20
33.21	HOSPICE REVENUE	B	-169,342	Respiratory Therapy	65	33.21
33.22	HOSPICE REVENUE	B	-3,500	Physical Therapy	66	33.22
33.23	HOSPICE REVENUE	B	-7,580	Electrocardiology	69	33.23
33.25	MISC RENTAL INCOME	B	-2,651	Clinic	90	33.25
33.26	OTHER MISC REVENUE	B	-5,039	Clinic	90	33.26
33.27	HOSPICE REVENUE	B	-7,967	Emergency	91	33.27

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**ADJUSTMENTS TO EXPENSES**

**WORKSHEET A-8**

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref.
				COST CENTER	LINE#		
		1	2	3	4	5	
33.28	ADVERTISING	A	-3,820	Administrative & General	5		33.28
33.31	OTHER EXPENSE	A	-3,000	Administrative & General	5		33.31
33.32	OTHER EXPENSE	A	-2,800	Adults & Pediatrics	30		33.32
33.35	PURCHASED SVCS	A	-2,850	Employee Benefits Department	4		33.35
33.36	PURCHASED SVCS	A	-393,803	Administrative & General	5		33.36
33.37	PURCHASED SVCS	A	-4,319	Operation of Plant	7		33.37
33.43	PHYSICIAN CME	A	-1,450	Administrative & General	5		33.43
33.44	PHYSICIAN INCENTIVES	A	-13,500	Adults & Pediatrics	30		33.44
33.45	PHYSICIAN INCENTIVES	A	-16,500	Clinic	90		33.45
33.47	TRAVEL	A	-29	Administrative & General	5		33.47
33.49	MEALS	A	-2,143	Administrative & General	5		33.49
33.50	MEALS	A	-74	Adults & Pediatrics	30		33.50
33.51	MEALS	A	-390	WOUND CARE	76		33.51
33.53	DONATION & CONTRIBUTION	A	-337,845	Administrative & General	5		33.53
33.54	LOBBYING DUES	A	-44,066	Administrative & General	5		33.54
33.55	DUES & SUBSCRIPTION	A	-33,538	Administrative & General	5		33.55
33.56	DUES & SUBSCRIPTION	A	-850	Clinic	90		33.56
33.57	PHYSICIAN DUES & SUBSCRIPTION	A	-3,115	Clinic	90		33.57
33.68	PENALTIES & FINES	A	-679	Administrative & General	5		33.68
33.69	LEGAL	A	-14,073	Administrative & General	5		33.69
33.70	SENIOR SERVICES	A	-117,991	Adults & Pediatrics	30		33.70
33.99	DEPRECIATION	A	-3,706,894	Administrative & General	5		33.99
34	STUDENT FEES & PYMTS	B	-27,380	I&R Services-Other Prgm Costs Apprvd	22		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)		-1,550,666				50

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1
- (2) Basis for adjustment (see instructions)
  - A. Costs - if cost, including applicable overhead, can be determined
  - B. Amount Received - if cost cannot be determined
- (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

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

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**STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS**

**WORKSHEET A-8-1**

**A: COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:**

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	5	Administrative & General	AUTO INSURANCE		4,996	-4,996		1
2	5	Administrative & General	PROPERTY INSURANCE		36,188	-36,188		2
3	5	Administrative & General	MALPRACTICE INSURANCE		2,262,700	-2,262,700		3
3.01	90	Clinic	MALPRACTICE INSURANCE		15,000	-15,000		3.01
3.02	4	Employee Benefits Department	WORKER COMP INSURANCE		643,912	-643,912		3.02
3.03	5	Administrative & General	INTEREST EXEPENSE		4,161,008	-4,161,008		3.03
3.04	5	Administrative & General	CORPORATE ALLOCATION		1,310,541	-1,310,541		3.04
3.05	1	Cap Rel Costs-Bldg & Fixt	DIRECT - CAPITAL INT/INS	1,825,447		1,825,447	11	3.05
3.06	1	Cap Rel Costs-Bldg & Fixt	POOLED - INT EXP CAP	416,636		416,636	11	3.06
3.07	5	Administrative & General	POOLED NON CAPITAL	5,533,967		5,533,967		3.07
3.08	60	Laboratory	GENESIS LAB	700,257	897,482	-197,225		3.08
4								4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			8,476,307	9,331,827	-855,520		5

\* The amounts on lines 1 through 4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which have not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

**B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:**

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office			
				Name	Percentage of Ownership		Type of Business
	1	2	3	4	5	6	
6	B			TENET HLTHCARE	100.00	HEALTHCARE	6
7	G			GENESIS LAB	0.01	LAB	7
8							8
9							9
10							10

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

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

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**PROVIDER-BASED PHYSICIANS ADJUSTMENTS**

**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit		
	1	2	3	4	5	6	7	8	9		
	1	5	Administrative & Gen ADMINISTRATIVE							1	
	2	30	Adults & Pediatrics ADULTS & PEDIAT	482,614	312,914	169,700	177,200	1,353	115,265	5,763	2
	3	41	Subprovider - IRF SUBPROVIDER - I	81,000	6,750	74,250	177,200	1,157	98,568	4,928	3
	4	40	Subprovider - IPF SUBPROVIDER - I	36,000	3,000	33,000	154,100	220	16,299	815	4
	5	50	Operating Room OPERATING ROOM	1,124,543	607,836	516,707	208,000	2,521	252,100	12,605	5
	6	54	Radiology-Diagnostic RADIOLOGY - DIA	48,100	4,160	43,940	225,300	219	23,721	1,186	6
	7	55	Radiology-Therapeuti RADIOLOGY - THE	21,377	1,014	20,363	177,200	136	11,586	579	7
	8	56.02	STRAUSS ONCOLOGY STRAUSS ONCOLOG	613,922	613,922						8
	9	69	Electrocardiology ELECTRO CARDIOL	1,200	1,200						9
	10	76	WOUND CARE WOUND CARE	29,913		29,913	177,200	203	17,294	865	10
	11	90	Clinic CLINIC	379,388	379,388						11
	12	91	Emergency EMERGENCY	720,012	720,012						12
	13										13
	14										14
	15										15
	16										16
	17										17
	18										18
	19										19
	20										20
	200		TOTAL	3,538,069	2,650,196	887,873		5,809	534,833	26,741	200

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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	5	Administrative & Gen ADMINISTRATIVE								1
2	30	Adults & Pediatrics ADULTS & PEDIAT					115,265	54,435	367,349	2
3	41	Subprovider - IRF SUBPROVIDER - I					98,568		6,750	3
4	40	Subprovider - IPF SUBPROVIDER - I					16,299	16,701	19,701	4
5	50	Operating Room OPERATING ROOM					252,100	264,607	872,443	5
6	54	Radiology-Diagnostic RADIOLOGY - DIA					23,721	20,219	24,379	6
7	55	Radiology-Therapeuti RADIOLOGY - THE					11,586	8,777	9,791	7
8	56.02	STRAUSS ONCOLOGY STRAUSS ONCOLOG							613,922	8
9	69	Electrocardiology ELECTRO CARDIOL							1,200	9
10	76	WOUND CARE WOUND CARE					17,294	12,619	12,619	10
11	90	Clinic CLINIC							379,388	11
12	91	Emergency EMERGENCY							720,012	12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					534,833	377,358	3,027,554	200

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
<b>GENERAL SERVICE COST CENTERS</b>								
1	Cap Rel Costs-Bldg & Fixt	4,526,855	4,526,855					1
2	Cap Rel Costs-Mvble Equip	7,843,051		7,843,051				2
4	Employee Benefits Department	7,971,389	36,652	63,502	8,071,543			4
5	Administrative & General	17,451,339	502,926	871,350	1,155,211	19,980,826	19,980,826	5
6	Maintenance & Repairs							6
7	Operation of Plant	5,588,944	625,459	1,083,645	190,578	7,488,626	1,578,617	7
8	Laundry & Linen Service	539,685	36,522	63,277		639,484	134,805	8
9	Housekeeping	1,206,253	39,297	68,084	153,775	1,467,409	309,333	9
10	Dietary	1,218,627	83,080	143,941	154,117	1,599,765	337,234	10
11	Cafeteria		41,825	72,465		114,290	24,093	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,057,375	4,538	7,862	159,299	1,229,074	259,091	13
14	Central Services & Supply	906,527	43,809	75,901	51,270	1,077,507	227,141	14
15	Pharmacy	735,709	15,753	27,292	190,265	969,019	204,271	15
16	Medical Records & Library	1,041,253	34,461	59,706	130,557	1,265,977	266,870	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	4,526,978			769,641	5,296,619	1,116,538	21
22	I&R Services-Other Prgm Costs Apprvd	2,167,864	131,401	227,659		2,526,924	532,681	22
23	Paramed Ed Prgm-(specify)							23
<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	Adults & Pediatrics	9,603,064	721,684	1,250,365	1,469,445	13,044,558	2,749,807	30
31	Intensive Care Unit	2,947,661	152,274	263,824	389,380	3,753,139	791,169	31
40	Subprovider - IPF	1,045,876	65,681	113,796	169,652	1,395,005	294,070	40
41	Subprovider - IRF	1,101,925	127,265	220,494	165,080	1,614,764	340,395	41
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	7,379,455	358,159	620,532	565,511	8,923,657	1,881,125	50
50.01	GASTRO INTESTINAL SERVICES	567,884	46,506	80,574	58,475	753,439	158,826	50.01
51	Recovery Room	822,935	43,562	75,475	94,531	1,036,503	218,497	51
53	Anesthesiology	138,415	5,121	8,873	19,292	171,701	36,195	53
54	Radiology-Diagnostic	1,492,774	153,726	266,340	210,013	2,122,853	447,502	54
54.01	ULTRA SOUND	171,814	2,217	3,841	29,415	207,287	43,697	54.01
55	Radiology-Therapeutic	653,299	47,724	82,685	49,719	833,427	175,688	55
56	Radioisotope	530,641	38,597	66,871	31,199	667,308	140,670	56
56.01	VASCULAR LAB	216,044			33,341	249,385	52,571	56.01
56.02	STRAUSS ONCOLOGY	621,925			87,351	709,276	149,517	56.02
57	CT Scan	686,372	11,656	20,194	64,404	782,626	164,979	57
58	MRI	162,161	13,302	23,047	25,513	224,023	47,224	58
59	Cardiac Catheterization	658,448	19,914	34,503	70,853	783,718	165,209	59
60	Laboratory	2,660,610	59,406	102,924	197,949	3,020,889	636,809	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	685,737	2,839	4,919		693,495	146,190	63
65	Respiratory Therapy	939,329	13,535	23,451	172,090	1,148,405	242,086	65
66	Physical Therapy	1,863,426	46,428	80,439	310,684	2,300,977	485,051	66
69	Electrocardiology	567,770	93,037	161,192	78,840	900,839	189,899	69
70	Electroencephalography	54,673	1,297	2,246	8,477	66,693	14,059	70
71	Medical Supplies Charged to Patients	2,248,795				2,248,795	474,050	71
72	Impl. Dev. Charged to Patients	6,234,664				6,234,664	1,314,280	72
73	Drugs Charged to Patients	6,123,393				6,123,393	1,290,823	73
74	Renal Dialysis	343,692				343,692	72,451	74
76	WOUND CARE	468,928	34,409	59,616	38,180	601,133	126,720	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	1,322,498	88,629	153,555	200,354	1,765,036	372,073	90
91	Emergency	2,188,095	153,649	266,205	323,673	2,931,622	617,992	91
92	Observation Beds (Non-Distinct Part)							92
<b>OTHER REIMBURSABLE COST CENTERS</b>								
<b>SPECIAL PURPOSE COST CENTERS</b>								
118	SUBTOTALS (sum of lines 1-117)	111,284,152	3,896,340	6,750,645	7,818,134	109,307,822	18,830,298	118
<b>NONREIMBURSABLE COST CENTERS</b>								
192	Physicians' Private Offices	1,944,293	469,282	813,060	179,464	3,406,099	718,012	192
194	MARKETING	1,456,474	4,019	6,963	63,295	1,530,751	322,685	194

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMEN T	SUBTOTAL (cols.0-4)	ADMINIS- TRATIVE & GENERAL	
		0	1	2	4	4A	5	
194.0 1	HOSPICE	12,352	27,149	47,037		86,538	18,242	194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS	68,420			10,650	79,070	16,668	194.0 2
194.0 3	VACANT AREA		105,963	183,588		289,551	61,038	194.0 3
194.0 4	LAKEFRONT		24,102	41,758		65,860	13,883	194.0 4
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	114,765,691	4,526,855	7,843,051	8,071,543	114,765,691	19,980,826	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 ADMINISTRATION	
		7	8	9	10	11	13	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	9,067,243						7
8	Laundry & Linen Service	98,430	872,719					8
9	Housekeeping	105,907		1,882,649				9
10	Dietary	223,904		47,599	2,208,502			10
11	Cafeteria	112,721		23,963	917,267	1,192,334		11
12	Maintenance of Personnel							12
13	Nursing Administration	12,229		2,600		22,930	1,525,924	13
14	Central Services & Supply	118,067		25,099		15,695		14
15	Pharmacy	42,454		9,025		30,618		15
16	Medical Records & Library	92,874		19,744		14,220		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					168,807		21
22	I&R Services-Other Prgm Costs Apprvd	354,130		75,283				22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	1,944,975	341,914	413,476	649,872	315,345	660,657	30
31	Intensive Care Unit	410,386	111,694	87,243	103,604	67,110	145,633	31
40	Subprovider - IPF	177,013	25,022	37,631	89,706	36,855	75,471	40
41	Subprovider - IRF	342,984	74,736	72,914	100,575	32,024	67,242	41
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	965,255	94,492	205,200		96,980	207,089	50
50.01	GASTRO INTESTINAL SERVICES	125,335	13,416	26,644		9,707	20,392	50.01
51	Recovery Room	124,391		24,958		17,577	37,269	51
53	Anesthesiology	13,802		2,934		5,398		53
54	Radiology-Diagnostic	414,299	67,329	88,074		40,688		54
54.01	ULTRA SOUND	5,975		1,270		3,515		54.01
55	Radiology-Therapeutic	128,619	6,749	27,343		8,482		55
56	Radioisotope	104,020	6,749	22,113		4,785		56
56.01	VASCULAR LAB					5,421		56.01
56.02	STRAUSS ONCOLOGY		6,749			16,647		56.02
57	CT Scan	31,412		6,678		10,569		57
58	MRI	35,850		7,621		3,697		58
59	Cardiac Catheterization	53,670		11,409		8,845		59
60	Laboratory	160,101		34,035		49,510		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	7,652		1,627				63
65	Respiratory Therapy	36,479		7,755		36,265	73,957	65
66	Physical Therapy	125,125		26,600		51,529	105,075	66
69	Electrocardiology	250,739	6,749	53,304		16,125		69
70	Electroencephalography	3,494	6,749	743		2,041		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	92,734		19,714		7,212		76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	238,859	13,663	50,778		4,014		90
91	Emergency	414,090	43,788	88,030		63,164	133,139	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	7,367,975	819,799	1,521,407	1,861,024	1,165,775	1,525,924	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices	1,264,737	3,293	268,866	313,110	17,532		192
194	MARKETING	10,832		2,303		7,394		194
194.0	HOSPICE	73,167	49,627	15,554	31,578			194.0
1								1

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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 ADMINISTRATION	
		7	8	9	10	11	13	
194.0 2	OTHER NONREIMBURSABLE COST CENTERS				2,790	1,633		194.0 2
194.0 3	VACANT AREA	285,576		60,710				194.0 3
194.0 4	LAKEFRONT	64,956		13,809				194.0 4
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	9,067,243	872,719	1,882,649	2,208,502	1,192,334	1,525,924	202

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply	1,463,509						14
15	Pharmacy		1,255,387					15
16	Medical Records & Library			1,659,685				16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				6,581,964			21
22	I&R Services-Other Prgm Costs Apprvd					3,489,018		22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics			119,356	4,810,470	2,549,971	27,600,401	30
31	Intensive Care Unit			22,189			5,492,167	31
40	Subprovider - IPF			10,076			2,140,849	40
41	Subprovider - IRF			9,290			2,654,924	41
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room			270,091	1,474,416	781,570	14,899,875	50
50.01	GASTRO INTESTINAL SERVICES			29,627			1,137,386	50.01
51	Recovery Room			40,634			1,499,829	51
53	Anesthesiology			43,001			273,031	53
54	Radiology-Diagnostic			54,017			3,234,762	54
54.01	ULTRA SOUND			10,275			272,019	54.01
55	Radiology-Therapeutic			17,625			1,197,933	55
56	Radioisotope			20,841			966,486	56
56.01	VASCULAR LAB			13,604			320,981	56.01
56.02	STRAUSS ONCOLOGY			8,984			891,173	56.02
57	CT Scan			95,756			1,092,020	57
58	MRI			23,458			341,873	58
59	Cardiac Catheterization			45,403			1,068,254	59
60	Laboratory			189,979			4,091,323	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.			14,170			863,134	63
65	Respiratory Therapy			22,330			1,567,277	65
66	Physical Therapy			48,198			3,142,555	66
69	Electrocardiology			52,363			1,470,018	69
70	Electroencephalography			1,293			95,072	70
71	Medical Supplies Charged to Patients	387,946		85,287			3,196,078	71
72	Impl. Dev. Charged to Patients	1,075,563		63,585			8,688,092	72
73	Drugs Charged to Patients		1,255,387	218,268			8,887,871	73
74	Renal Dialysis			1,930			418,073	74
76	WOUND CARE			7,830			855,343	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic			3,607			2,448,030	90
91	Emergency			116,618	297,078	157,477	4,862,998	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	1,463,509	1,255,387	1,659,685	6,581,964	3,489,018	105,669,827	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices						5,991,649	192
194	MARKETING						1,873,965	194
194.0	HOSPICE							194.0
1							274,706	1

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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	
194.0 2	OTHER NONREIMBURSABLE COST CENTERS						100,161	194.0 2
194.0 3	VACANT AREA						696,875	194.0 3
194.0 4	LAKEFRONT						158,508	194.0 4
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,463,509	1,255,387	1,659,685	6,581,964	3,489,018	114,765,691	202

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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			
	<b>GENERAL SERVICE COST CENTERS</b>					
1	Cap Rel Costs-Bldg & Fixt					1
2	Cap Rel Costs-Mvble Equip					2
4	Employee Benefits Department					4
5	Administrative & General					5
6	Maintenance & Repairs					6
7	Operation of Plant					7
8	Laundry & Linen Service					8
9	Housekeeping					9
10	Dietary					10
11	Cafeteria					11
12	Maintenance of Personnel					12
13	Nursing Administration					13
14	Central Services & Supply					14
15	Pharmacy					15
16	Medical Records & Library					16
17	Social Service					17
19	Nonphysician Anesthetists					19
20	Nursing School					20
21	I&R Services-Salary & Fringes Apprvd					21
22	I&R Services-Other Prgm Costs Apprvd					22
23	Paramed Ed Prgm-(specify)					23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>					
30	Adults & Pediatrics	-7,360,441	20,239,960			30
31	Intensive Care Unit		5,492,167			31
40	Subprovider - IPF		2,140,849			40
41	Subprovider - IRF		2,654,924			41
	<b>ANCILLARY SERVICE COST CENTERS</b>					
50	Operating Room	-2,255,986	12,643,889			50
50.01	GASTRO INTESTINAL SERVICES		1,137,386			50.01
51	Recovery Room		1,499,829			51
53	Anesthesiology		273,031			53
54	Radiology-Diagnostic		3,234,762			54
54.01	ULTRA SOUND		272,019			54.01
55	Radiology-Therapeutic		1,197,933			55
56	Radioisotope		966,486			56
56.01	VASCULAR LAB		320,981			56.01
56.02	STRAUSS ONCOLOGY		891,173			56.02
57	CT Scan		1,092,020			57
58	MRI		341,873			58
59	Cardiac Catheterization		1,068,254			59
60	Laboratory		4,091,323			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Trans.		863,134			63
65	Respiratory Therapy		1,567,277			65
66	Physical Therapy		3,142,555			66
69	Electrocardiology		1,470,018			69
70	Electroencephalography		95,072			70
71	Medical Supplies Charged to Patients		3,196,078			71
72	Impl. Dev. Charged to Patients		8,688,092			72
73	Drugs Charged to Patients		8,887,871			73
74	Renal Dialysis		418,073			74
76	WOUND CARE		855,343			76
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
90	Clinic		2,448,030			90
91	Emergency	-454,555	4,408,443			91
92	Observation Beds (Non-Distinct Part)					92
	<b>OTHER REIMBURSABLE COST CENTERS</b>					
	<b>SPECIAL PURPOSE COST CENTERS</b>					
118	SUBTOTALS (sum of lines 1-117)	-10,070,982	95,598,845			118
	<b>NONREIMBURSABLE COST CENTERS</b>					
192	Physicians' Private Offices		5,991,649			192
194	MARKETING		1,873,965			194
194.0	HOSPICE					194.0
1			274,706			1

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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					
194.0 2	OTHER NONREIMBURSABLE COST CENTERS		100,161					194.0 2
194.0 3	VACANT AREA		696,875					194.0 3
194.0 4	LAKEFRONT		158,508					194.0 4
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	-10,070,982	104,694,709					202

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		36,652	63,502	100,154	100,154		4
5	Administrative & General		502,926	871,350	1,374,276	14,337	1,388,613	5
6	Maintenance & Repairs							6
7	Operation of Plant		625,459	1,083,645	1,709,104	2,365	109,708	7
8	Laundry & Linen Service		36,522	63,277	99,799		9,368	8
9	Housekeeping		39,297	68,084	107,381	1,908	21,498	9
10	Dietary		83,080	143,941	227,021	1,913	23,437	10
11	Cafeteria		41,825	72,465	114,290		1,674	11
12	Maintenance of Personnel							12
13	Nursing Administration		4,538	7,862	12,400	1,977	18,006	13
14	Central Services & Supply		43,809	75,901	119,710	636	15,785	14
15	Pharmacy		15,753	27,292	43,045	2,361	14,196	15
16	Medical Records & Library		34,461	59,706	94,167	1,620	18,547	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					9,552	77,595	21
22	I&R Services-Other Prgm Costs Apprvd		131,401	227,659	359,060		37,019	22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics		721,684	1,250,365	1,972,049	18,218	191,119	30
31	Intensive Care Unit		152,274	263,824	416,098	4,833	54,983	31
40	Subprovider - IPF		65,681	113,796	179,477	2,106	20,437	40
41	Subprovider - IRF		127,265	220,494	347,759	2,049	23,656	41
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		358,159	620,532	978,691	7,018	130,732	50
50.01	GASTRO INTESTINAL SERVICES		46,506	80,574	127,080	726	11,038	50.01
51	Recovery Room		43,562	75,475	119,037	1,173	15,185	51
53	Anesthesiology		5,121	8,873	13,994	239	2,515	53
54	Radiology-Diagnostic		153,726	266,340	420,066	2,606	31,100	54
54.01	ULTRA SOUND		2,217	3,841	6,058	365	3,037	54.01
55	Radiology-Therapeutic		47,724	82,685	130,409	617	12,210	55
56	Radioisotope		38,597	66,871	105,468	387	9,776	56
56.01	VASCULAR LAB					414	3,653	56.01
56.02	STRAUSS ONCOLOGY					1,084	10,391	56.02
57	CT Scan		11,656	20,194	31,850	799	11,465	57
58	MRI		13,302	23,047	36,349	317	3,282	58
59	Cardiac Catheterization		19,914	34,503	54,417	879	11,481	59
60	Laboratory		59,406	102,924	162,330	2,457	44,256	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		2,839	4,919	7,758		10,160	63
65	Respiratory Therapy		13,535	23,451	36,986	2,136	16,824	65
66	Physical Therapy		46,428	80,439	126,867	3,856	33,709	66
69	Electrocardiology		93,037	161,192	254,229	978	13,197	69
70	Electroencephalography		1,297	2,246	3,543	105	977	70
71	Medical Supplies Charged to Patients						32,945	71
72	Impl. Dev. Charged to Patients						91,338	72
73	Drugs Charged to Patients						89,708	73
74	Renal Dialysis						5,035	74
76	WOUND CARE		34,409	59,616	94,025	474	8,807	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic		88,629	153,555	242,184	2,487	25,858	90
91	Emergency		153,649	266,205	419,854	4,017	42,948	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)		3,896,340	6,750,645	10,646,985	97,009	1,308,655	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices		469,282	813,060	1,282,342	2,227	49,899	192
194	MARKETING		4,019	6,963	10,982	786	22,426	194
194.0	HOSPICE		27,149	47,037	74,186		1,268	194.0
1								1

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
194.0 2	OTHER NONREIMBURSABLE COST CENTERS					132	1,158	194.0 2
194.0 3	VACANT AREA		105,963	183,588	289,551		4,242	194.0 3
194.0 4	LAKEFRONT		24,102	41,758	65,860		965	194.0 4
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		4,526,855	7,843,051	12,369,906	100,154	1,388,613	202

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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 ADMINISTRATION	
		7	8	9	10	11	13	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	1,821,177						7
8	Laundry & Linen Service	19,770	128,937					8
9	Housekeeping	21,272		152,059				9
10	Dietary	44,972		3,845	301,188			10
11	Cafeteria	22,640		1,935	125,094	265,633		11
12	Maintenance of Personnel							12
13	Nursing Administration	2,456		210		5,108	40,157	13
14	Central Services & Supply	23,714		2,027		3,497		14
15	Pharmacy	8,527		729		6,821		15
16	Medical Records & Library	18,654		1,595		3,168		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					37,608		21
22	I&R Services-Other Prgm Costs Apprvd	71,128		6,081				22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	390,650	50,515	33,398	88,627	70,249	17,385	30
31	Intensive Care Unit	82,427	16,502	7,046	14,129	14,951	3,833	31
40	Subprovider - IPF	35,553	3,697	3,039	12,234	8,211	1,986	40
41	Subprovider - IRF	68,889	11,042	5,889	13,716	7,134	1,770	41
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	193,874	13,960	16,574		21,606	5,450	50
50.01	GASTRO INTESTINAL SERVICES	25,174	1,982	2,152		2,163	537	50.01
51	Recovery Room	24,984		2,016		3,916	981	51
53	Anesthesiology	2,772		237		1,203		53
54	Radiology-Diagnostic	83,213	9,947	7,114		9,065		54
54.01	ULTRA SOUND	1,200		103		783		54.01
55	Radiology-Therapeutic	25,833	997	2,208		1,890		55
56	Radioisotope	20,893	997	1,786		1,066		56
56.01	VASCULAR LAB					1,208		56.01
56.02	STRAUSS ONCOLOGY		997			3,709		56.02
57	CT Scan	6,309		539		2,355		57
58	MRI	7,201		616		824		58
59	Cardiac Catheterization	10,780		922		1,971		59
60	Laboratory	32,157		2,749		11,030		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	1,537		131				63
65	Respiratory Therapy	7,327		626		8,079	1,946	65
66	Physical Therapy	25,132		2,148		11,480	2,765	66
69	Electrocardiology	50,362	997	4,305		3,593		69
70	Electroencephalography	702	997	60		455		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	18,626		1,592		1,607		76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	47,975	2,019	4,101		894		90
91	Emergency	83,171	6,469	7,110		14,072	3,504	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	1,479,874	121,118	122,883	253,800	259,716	40,157	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices	254,025	487	21,716	42,701	3,906		192
194	MARKETING	2,176		186		1,647		194
194.0	HOSPICE	14,696	7,332	1,256	4,306			194.0
1								1

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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	
194.0 2	OTHER NONREIMBURSABLE COST CENTERS				381	364		194.0 2
194.0 3	VACANT AREA	57,359		4,903				194.0 3
194.0 4	LAKEFRONT	13,047		1,115				194.0 4
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,821,177	128,937	152,059	301,188	265,633	40,157	202

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply	165,369						14
15	Pharmacy		75,679					15
16	Medical Records & Library			137,751				16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				124,755			21
22	I&R Services-Other Prgm Costs Apprvd					473,288		22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics			9,895			2,842,105	30
31	Intensive Care Unit			1,839			616,641	31
40	Subprovider - IPF			835			267,575	40
41	Subprovider - IRF			770			482,674	41
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room			22,553			1,390,458	50
50.01	GASTRO INTESTINAL SERVICES			2,456			173,308	50.01
51	Recovery Room			3,369			170,661	51
53	Anesthesiology			3,565			24,525	53
54	Radiology-Diagnostic			4,478			567,589	54
54.01	ULTRA SOUND			852			12,398	54.01
55	Radiology-Therapeutic			1,461			175,625	55
56	Radioisotope			1,728			142,101	56
56.01	VASCULAR LAB			1,128			6,403	56.01
56.02	STRAUSS ONCOLOGY			745			16,926	56.02
57	CT Scan			7,938			61,255	57
58	MRI			1,945			50,534	58
59	Cardiac Catheterization			3,764			84,214	59
60	Laboratory			15,749			270,728	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.			1,175			20,761	63
65	Respiratory Therapy			1,851			75,775	65
66	Physical Therapy			3,996			209,953	66
69	Electrocardiology			4,341			332,002	69
70	Electroencephalography			107			6,946	70
71	Medical Supplies Charged to Patients	43,836		7,070			83,851	71
72	Impl. Dev. Charged to Patients	121,533		5,271			218,142	72
73	Drugs Charged to Patients		75,679	18,094			183,481	73
74	Renal Dialysis			160			5,195	74
76	WOUND CARE			649			125,780	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic			299			325,817	90
91	Emergency			9,668			590,813	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	165,369	75,679	137,751			9,534,236	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices						1,657,303	192
194	MARKETING						38,203	194
194.0	HOSPICE							194.0
1							103,044	1

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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	
194.0 2	OTHER NONREIMBURSABLE COST CENTERS						2,035	194.0 2
194.0 3	VACANT AREA						356,055	194.0 3
194.0 4	LAKEFRONT						80,987	194.0 4
200	Cross Foot Adjustments				124,755	473,288	598,043	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	165,369	75,679	137,751	124,755	473,288	12,369,906	202

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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			
	<b>GENERAL SERVICE COST CENTERS</b>					
1	Cap Rel Costs-Bldg & Fixt					1
2	Cap Rel Costs-Mvble Equip					2
4	Employee Benefits Department					4
5	Administrative & General					5
6	Maintenance & Repairs					6
7	Operation of Plant					7
8	Laundry & Linen Service					8
9	Housekeeping					9
10	Dietary					10
11	Cafeteria					11
12	Maintenance of Personnel					12
13	Nursing Administration					13
14	Central Services & Supply					14
15	Pharmacy					15
16	Medical Records & Library					16
17	Social Service					17
19	Nonphysician Anesthetists					19
20	Nursing School					20
21	I&R Services-Salary & Fringes Apprvd					21
22	I&R Services-Other Prgm Costs Apprvd					22
23	Paramed Ed Prgm-(specify)					23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>					
30	Adults & Pediatrics		2,842,105			30
31	Intensive Care Unit		616,641			31
40	Subprovider - IPF		267,575			40
41	Subprovider - IRF		482,674			41
	<b>ANCILLARY SERVICE COST CENTERS</b>					
50	Operating Room		1,390,458			50
50.01	GASTRO INTESTINAL SERVICES		173,308			50.01
51	Recovery Room		170,661			51
53	Anesthesiology		24,525			53
54	Radiology-Diagnostic		567,589			54
54.01	ULTRA SOUND		12,398			54.01
55	Radiology-Therapeutic		175,625			55
56	Radioisotope		142,101			56
56.01	VASCULAR LAB		6,403			56.01
56.02	STRAUSS ONCOLOGY		16,926			56.02
57	CT Scan		61,255			57
58	MRI		50,534			58
59	Cardiac Catheterization		84,214			59
60	Laboratory		270,728			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Trans.		20,761			63
65	Respiratory Therapy		75,775			65
66	Physical Therapy		209,953			66
69	Electrocardiology		332,002			69
70	Electroencephalography		6,946			70
71	Medical Supplies Charged to Patients		83,851			71
72	Impl. Dev. Charged to Patients		218,142			72
73	Drugs Charged to Patients		183,481			73
74	Renal Dialysis		5,195			74
76	WOUND CARE		125,780			76
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
90	Clinic		325,817			90
91	Emergency		590,813			91
92	Observation Beds (Non-Distinct Part)					92
	<b>OTHER REIMBURSABLE COST CENTERS</b>					
	<b>SPECIAL PURPOSE COST CENTERS</b>					
118	SUBTOTALS (sum of lines 1-117)		9,534,236			118
	<b>NONREIMBURSABLE COST CENTERS</b>					
192	Physicians' Private Offices		1,657,303			192
194	MARKETING		38,203			194
194.0	HOSPICE					194.0
1			103,044			1

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26				
194.0 2	OTHER NONREIMBURSABLE COST CENTERS		2,035				194.0 2
194.0 3	VACANT AREA		356,055				194.0 3
194.0 4	LAKEFRONT		80,987				194.0 4
200	Cross Foot Adjustments		598,043				200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)		12,369,906				202

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt	349,159						1
2	Cap Rel Costs-Mvble Equip		349,159					2
4	Employee Benefits Department	2,827	2,827	47,476,311				4
5	Administrative & General	38,791	38,791	6,794,877	-19,980,826	94,784,865		5
6	Maintenance & Repairs							6
7	Operation of Plant	48,242	48,242	1,120,969		7,488,626	259,499	7
8	Laundry & Linen Service	2,817	2,817			639,484	2,817	8
9	Housekeeping	3,031	3,031	904,496		1,467,409	3,031	9
10	Dietary	6,408	6,408	906,505		1,599,765	6,408	10
11	Cafeteria	3,226	3,226			114,290	3,226	11
12	Maintenance of Personnel							12
13	Nursing Administration	350	350	936,984		1,229,074	350	13
14	Central Services & Supply	3,379	3,379	301,567		1,077,507	3,379	14
15	Pharmacy	1,215	1,215	1,119,128		969,019	1,215	15
16	Medical Records & Library	2,658	2,658	767,926		1,265,977	2,658	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			4,526,978		5,296,619		21
22	I&R Services-Other Prgm Costs Apprvd	10,135	10,135			2,526,924	10,135	22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	55,664	55,664	8,643,173		13,044,558	55,664	30
31	Intensive Care Unit	11,745	11,745	2,290,308		3,753,139	11,745	31
40	Subprovider - IPF	5,066	5,066	997,885		1,395,005	5,066	40
41	Subprovider - IRF	9,816	9,816	970,991		1,614,764	9,816	41
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	27,625	27,625	3,326,302		8,923,657	27,625	50
50.01	<b>GASTRO INTESTINAL SERVICES</b>	3,587	3,587	343,944		753,439	3,587	50.01
51	Recovery Room	3,360	3,360	556,027		1,036,503	3,360	51
53	Anesthesiology	395	395	113,475		171,701	395	53
54	Radiology-Diagnostic	11,857	11,857	1,235,285		2,122,853	11,857	54
54.01	<b>ULTRA SOUND</b>	171	171	173,016		207,287	171	54.01
55	Radiology-Therapeutic	3,681	3,681	292,445		833,427	3,681	55
56	Radioisotope	2,977	2,977	183,513		667,308	2,977	56
56.01	<b>VASCULAR LAB</b>			196,109		249,385		56.01
56.02	<b>STRAUSS ONCOLOGY</b>			513,796		709,276		56.02
57	CT Scan	899	899	378,820		782,626	899	57
58	MRI	1,026	1,026	150,068		224,023	1,026	58
59	Cardiac Catheterization	1,536	1,536	416,754		783,718	1,536	59
60	Laboratory	4,582	4,582	1,164,323		3,020,889	4,582	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
63	Blood Storing, Processing & Trans.	219	219			693,495	219	63
65	Respiratory Therapy	1,044	1,044	1,012,225		1,148,405	1,044	65
66	Physical Therapy	3,581	3,581	1,827,426		2,300,977	3,581	66
69	Electrocardiology	7,176	7,176	463,734		900,839	7,176	69
70	Electroencephalography	100	100	49,860		66,693	100	70
71	Medical Supplies Charged to Patients					2,248,795		71
72	Impl. Dev. Charged to Patients					6,234,664		72
73	Drugs Charged to Patients					6,123,393		73
74	Renal Dialysis					343,692		74
76	WOUND CARE	2,654	2,654	224,575		601,133	2,654	76
76.97	<b>CARDIAC REHABILITATION</b>							76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>							76.98
76.99	<b>LITHOTRIPSY</b>							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	6,836	6,836	1,178,470		1,765,036	6,836	90
91	Emergency	11,851	11,851	1,903,823		2,931,622	11,851	91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	300,527	300,527	45,985,777	-19,980,826	89,326,996	210,867	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices	36,196	36,196	1,055,599		3,406,099	36,196	192
194	MARKETING	310	310	372,295		1,530,751	310	194

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMEN T GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT  SQUARE FEET	
		1	2	4	5A	5	7	
194.0 1	HOSPICE	2,094	2,094			86,538	2,094	194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS			62,640		79,070		194.0 2
194.0 3	VACANT AREA	8,173	8,173			289,551	8,173	194.0 3
194.0 4	LAKEFRONT	1,859	1,859			65,860	1,859	194.0 4
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	4,526,855	7,843,051	8,071,543		19,980,826	9,067,243	202
203	Unit Cost Multiplier (Wkst. B, Part I)	12.965025	22.462692	0.170012		0.210802	34.941341	203
204	Cost to be allocated (Per Wkst. B, Part II)			100,154		1,388,613	1,821,177	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.002110		0.014650	7.018050	205

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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 ADMINISTRATION DIRECT NRSNG HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service	797,408						8
9	Housekeeping		253,451					9
10	Dietary		6,408	287,308				10
11	Cafeteria		3,226	119,329	52,572			11
12	Maintenance of Personnel							12
13	Nursing Administration		350		1,011	686,260		13
14	Central Services & Supply		3,379		692		8,483,456	14
15	Pharmacy		1,215		1,350			15
16	Medical Records & Library		2,658		627			16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				7,443			21
22	I&R Services-Other Prgm Costs Apprvd		10,135					22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	312,407	55,664	84,543	13,904	297,120		30
31	Intensive Care Unit	102,055	11,745	13,478	2,959	65,496		31
40	Subprovider - IPF	22,863	5,066	11,670	1,625	33,942		40
41	Subprovider - IRF	68,287	9,816	13,084	1,412	30,241		41
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	86,338	27,625		4,276	93,135		50
50.01	GASTRO INTESTINAL SERVICES	12,258	3,587		428	9,171		50.01
51	Recovery Room		3,360		775	16,761		51
53	Anesthesiology		395		238			53
54	Radiology-Diagnostic	61,519	11,857		1,794			54
54.01	ULTRA SOUND		171		155			54.01
55	Radiology-Therapeutic	6,167	3,681		374			55
56	Radioisotope	6,167	2,977		211			56
56.01	VASCULAR LAB				239			56.01
56.02	STRAUSS ONCOLOGY	6,167			734			56.02
57	CT Scan		899		466			57
58	MRI		1,026		163			58
59	Cardiac Catheterization		1,536		390			59
60	Laboratory		4,582		2,183			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		219					63
65	Respiratory Therapy		1,044		1,599	33,261		65
66	Physical Therapy		3,581		2,272	47,256		66
69	Electrocardiology	6,167	7,176		711			69
70	Electroencephalography	6,167	100		90			70
71	Medical Supplies Charged to Patients						2,248,792	71
72	Impl. Dev. Charged to Patients						6,234,664	72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	WOUND CARE		2,654		318			76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	12,484	6,836		177			90
91	Emergency	40,009	11,851		2,785	59,877		91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
	<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	749,055	204,819	242,104	51,401	686,260	8,483,456	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices	3,009	36,196	40,733	773			192
194	MARKETING		310		326			194
194.0	HOSPICE	45,344	2,094	4,108				194.0
1								1

**KPMG LLP Compu-Max 2552-10**

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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 ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
194.0 2	OTHER NONREIMBURSABLE COST CENTERS			363	72			194.0 2
194.0 3	VACANT AREA		8,173					194.0 3
194.0 4	LAKEFRONT		1,859					194.0 4
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	872,719	1,882,649	2,208,502	1,192,334	1,525,924	1,463,509	202
203	Unit Cost Multiplier (Wkst. B, Part I)	1.094445	7.428059	7.686880	22.680020	2.223536	0.172513	203
204	Cost to be allocated (Per Wkst. B, Part II)	128,937	152,059	301,188	265,633	40,157	165,369	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.161695	0.599954	1.048311	5.052747	0.058516	0.019493	205

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS CHAR GES	SOCIAL SERVICE ASSIGNED TIME	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME		
	15	16	17	21	22		

<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy	6,123,393					15
16	Medical Records & Library		507,647,371				16
17	Social Service			33,003			17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd				78,564		21
22	I&R Services-Other Prgm Costs Apprvd					78,564	22
23	Paramed Ed Prgm-(specify)						23
<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics		36,511,605	22,726	57,419	57,419	30
31	Intensive Care Unit		6,787,562	3,623			31
40	Subprovider - IPF		3,082,351	3,137			40
41	Subprovider - IRF		2,841,697	3,517			41
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		82,565,367		17,599	17,599	50
50.01	<b>GASTRO INTESTINAL SERVICES</b>		9,063,157				50.01
51	Recovery Room		12,430,175				51
53	Anesthesiology		13,154,157				53
54	Radiology-Diagnostic		16,523,900				54
54.01	<b>ULTRA SOUND</b>		3,143,117				54.01
55	Radiology-Therapeutic		5,391,452				55
56	Radioisotope		6,375,407				56
56.01	<b>VASCULAR LAB</b>		4,161,578				56.01
56.02	<b>STRAUSS ONCOLOGY</b>		2,748,361				56.02
57	CT Scan		29,292,197				57
58	MRI		7,175,851				58
59	Cardiac Catheterization		13,888,869				59
60	Laboratory		58,115,475				60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
63	Blood Storing, Processing & Trans.		4,334,653				63
65	Respiratory Therapy		6,830,697				65
66	Physical Therapy		14,743,811				66
69	Electrocardiology		16,017,909				69
70	Electroencephalography		395,638				70
71	Medical Supplies Charged to Patients		26,089,506				71
72	Impl. Dev. Charged to Patients		19,450,812				72
73	Drugs Charged to Patients	6,123,393	66,769,189				73
74	Renal Dialysis		590,335				74
76	WOUND CARE		2,395,365				76
76.97	<b>CARDIAC REHABILITATION</b>						76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>						76.98
76.99	<b>LITHOTRIPSY</b>						76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic		1,103,296				90
91	Emergency		35,673,882		3,546	3,546	91
92	Observation Beds (Non-Distinct Part)						92
<b>OTHER REIMBURSABLE COST CENTERS</b>							
<b>SPECIAL PURPOSE COST CENTERS</b>							
118	SUBTOTALS (sum of lines 1-117)	6,123,393	507,647,371	33,003	78,564	78,564	118
<b>NONREIMBURSABLE COST CENTERS</b>							
192	Physicians' Private Offices						192
194	MARKETING						194

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS CHAR GES	SOCIAL SERVICE ASSIGNED TIME	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME		
		15	16	17	21	22		
194.0 1	HOSPICE							194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS							194.0 2
194.0 3	VACANT AREA							194.0 3
194.0 4	LAKEFRONT							194.0 4
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,255,387	1,659,685		6,581,964	3,489,018		202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.205015	0.003269		83.778372	44.409882		203
204	Cost to be allocated (Per Wkst. B, Part II)	75,679	137,751		124,755	473,288		204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.012359	0.000271		1.587941	6.024235		205

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**POST STEPDOWN ADJUSTMENTS**

**WORKSHEET B-2**

		WORKSHEET		
DESCRIPTION		PART	LINE NO.	AMOUNT
1		2	3	4

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**COMPUTATION OF RATIO OF COST TO CHARGES**

**WORKSHEET C  
PART I**

COST CENTER DESCRIPTIONS		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	COSTS			
				Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics	20,239,960		20,239,960	54,435	20,294,395	30
31	Intensive Care Unit	5,492,167		5,492,167		5,492,167	31
40	Subprovider - IPF	2,140,849		2,140,849	16,701	2,157,550	40
41	Subprovider - IRF	2,654,924		2,654,924		2,654,924	41
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	12,643,889		12,643,889	264,607	12,908,496	50
50.01	GASTRO INTESTINAL SERVICES	1,137,386		1,137,386		1,137,386	50.01
51	Recovery Room	1,499,829		1,499,829		1,499,829	51
53	Anesthesiology	273,031		273,031		273,031	53
54	Radiology-Diagnostic	3,234,762		3,234,762	20,219	3,254,981	54
54.01	ULTRA SOUND	272,019		272,019		272,019	54.01
55	Radiology-Therapeutic	1,197,933		1,197,933	8,777	1,206,710	55
56	Radioisotope	966,486		966,486		966,486	56
56.01	VASCULAR LAB	320,981		320,981		320,981	56.01
56.02	STRAUSS ONCOLOGY	891,173		891,173		891,173	56.02
57	CT Scan	1,092,020		1,092,020		1,092,020	57
58	MRI	341,873		341,873		341,873	58
59	Cardiac Catheterization	1,068,254		1,068,254		1,068,254	59
60	Laboratory	4,091,323		4,091,323		4,091,323	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	863,134		863,134		863,134	63
65	Respiratory Therapy	1,567,277		1,567,277		1,567,277	65
66	Physical Therapy	3,142,555		3,142,555		3,142,555	66
69	Electrocardiology	1,470,018		1,470,018		1,470,018	69
70	Electroencephalography	95,072		95,072		95,072	70
71	Medical Supplies Charged to Patients	3,196,078		3,196,078		3,196,078	71
72	Impl. Dev. Charged to Patients	8,688,092		8,688,092		8,688,092	72
73	Drugs Charged to Patients	8,887,871		8,887,871		8,887,871	73
74	Renal Dialysis	418,073		418,073		418,073	74
76	WOUND CARE	855,343		855,343	12,619	867,962	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	2,448,030		2,448,030		2,448,030	90
91	Emergency	4,408,443		4,408,443		4,408,443	91
92	Observation Beds (Non-Distinct Part)	1,229,018		1,229,018		1,229,018	92
<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Subtotal (sum of lines 30 thru 199)	96,827,863		96,827,863	377,358	97,205,221	200
201	Less Observation Beds	1,229,018		1,229,018		1,229,018	201
202	Total (line 200 minus line 201)	95,598,845		95,598,845		95,976,203	202

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**COMPUTATION OF RATIO OF COST TO CHARGES**

**WORKSHEET C  
PART I**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics	33,774,911		33,774,911				30
31	Intensive Care Unit	6,787,563		6,787,563				31
40	Subprovider - IPF	3,082,351		3,082,351				40
41	Subprovider - IRF	2,841,697		2,841,697				41
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	36,429,320	46,136,047	82,565,367	0.153138	0.153138	0.156343	50
50.01	GASTRO INTESTINAL SERVICES	3,040,767	6,022,390	9,063,157	0.125496	0.125496	0.125496	50.01
51	Recovery Room	4,484,086	7,946,089	12,430,175	0.120660	0.120660	0.120660	51
53	Anesthesiology	6,224,659	6,929,498	13,154,157	0.020756	0.020756	0.020756	53
54	Radiology-Diagnostic	5,336,251	11,187,649	16,523,900	0.195763	0.195763	0.196986	54
54.01	ULTRA SOUND	1,103,692	2,039,425	3,143,117	0.086544	0.086544	0.086544	54.01
55	Radiology-Therapeutic	664,362	4,727,090	5,391,452	0.222191	0.222191	0.223819	55
56	Radioisotope	2,423,500	3,951,904	6,375,404	0.151596	0.151596	0.151596	56
56.01	VASCULAR LAB	2,312,561	1,849,017	4,161,578	0.077130	0.077130	0.077130	56.01
56.02	STRAUSS ONCOLOGY	73,685	2,674,679	2,748,364	0.324256	0.324256	0.324256	56.02
57	CT Scan	13,092,799	16,199,398	29,292,197	0.037280	0.037280	0.037280	57
58	MRI	1,635,380	5,540,471	7,175,851	0.047642	0.047642	0.047642	58
59	Cardiac Catheterization	9,061,462	4,827,407	13,888,869	0.076914	0.076914	0.076914	59
60	Laboratory	36,209,936	21,905,539	58,115,475	0.070400	0.070400	0.070400	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	3,686,532	648,121	4,334,653	0.199124	0.199124	0.199124	63
65	Respiratory Therapy	6,417,254	413,443	6,830,697	0.229446	0.229446	0.229446	65
66	Physical Therapy	9,847,025	4,896,786	14,743,811	0.213144	0.213144	0.213144	66
69	Electrocardiology	9,112,113	6,905,796	16,017,909	0.091773	0.091773	0.091773	69
70	Electroencephalography	263,283	132,355	395,638	0.240300	0.240300	0.240300	70
71	Medical Supplies Charged to Patients	13,347,246	12,742,257	26,089,503	0.122504	0.122504	0.122504	71
72	Impl. Dev. Charged to Patients	14,665,476	4,785,337	19,450,813	0.446670	0.446670	0.446670	72
73	Drugs Charged to Patients	32,208,243	34,560,946	66,769,189	0.133113	0.133113	0.133113	73
74	Renal Dialysis	573,395	16,940	590,335	0.708196	0.708196	0.708196	74
76	WOUND CARE	24,853	2,370,512	2,395,365	0.357083	0.357083	0.362351	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic	793	1,102,503	1,103,296	2.218833	2.218833	2.218833	90
91	Emergency	10,269,890	25,403,992	35,673,882	0.123576	0.123576	0.123576	91
92	Observation Beds (Non-Distinct Part)	513,912	2,222,783	2,736,695	0.449088	0.449088	0.449088	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Subtotal (sum of lines 30 thru 199)	269,508,997	238,138,374	507,647,371				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	269,508,997	238,138,374	507,647,371				202

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS**

**WORKSHEET D  
PART I**

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

(A)	Cost Center Description	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)	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	2,842,105		2,842,105	24,191	117.49	9,791	1,150,345	30
31	Intensive Care Unit	616,641		616,641	3,623	170.20	1,535	261,257	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	267,575		267,575	3,137	85.30	2,374	202,502	40
41	Subprovider - IRF	482,674		482,674	3,517	137.24	1,975	271,049	41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	4,208,995		4,208,995	34,468		15,675	1,885,153	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 <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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

(A)	Cost Center Description	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)	
1	2	3	4	5	6	7	8
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	1,390,458	82,565,367	0.016841	15,051,436	253,481	50
50.01	GASTRO INTESTINAL SERVICES	173,308	9,063,157	0.019122	1,329,796	25,428	50.01
51	Recovery Room	170,661	12,430,175	0.013730	1,873,041	25,717	51
53	Anesthesiology	24,525	13,154,157	0.001864	2,477,275	4,618	53
54	Radiology-Diagnostic	567,589	16,523,900	0.034350	1,702,413	58,478	54
54.01	ULTRA SOUND	12,398	3,143,117	0.003944	653,082	2,576	54.01
55	Radiology-Therapeutic	175,625	5,391,452	0.032575	202,419	6,594	55
56	Radioisotope	142,101	6,375,404	0.022289	1,055,990	23,537	56
56.01	VASCULAR LAB	6,403	4,161,578	0.001539	984,456	1,515	56.01
56.02	STRAUSS ONCOLOGY	16,926	2,748,364	0.006159			56.02
57	CT Scan	61,255	29,292,197	0.002091	5,288,452	11,058	57
58	MRI	50,534	7,175,851	0.007042	543,362	3,826	58
59	Cardiac Catheterization	84,214	13,888,869	0.006063	2,946,452	17,864	59
60	Laboratory	270,728	58,115,475	0.004658	15,667,974	72,981	60
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
63	Blood Storing, Processing & Trans.	20,761	4,334,653	0.004790	1,019,961	4,886	63
65	Respiratory Therapy	75,775	6,830,697	0.011093	2,489,650	27,618	65
66	Physical Therapy	209,953	14,743,811	0.014240	2,603,526	37,074	66
69	Electrocardiology	332,002	16,017,909	0.020727	3,945,079	81,770	69
70	Electroencephalography	6,946	395,638	0.017556	100,577	1,766	70
71	Medical Supplies Charged to Patients	83,851	26,089,503	0.003214	5,199,438	16,711	71
72	Impl. Dev. Charged to Patients	218,142	19,450,813	0.011215	6,675,136	74,862	72
73	Drugs Charged to Patients	183,481	66,769,189	0.002748	12,122,872	33,314	73
74	Renal Dialysis	5,195	590,335	0.008800	234,417	2,063	74
76	WOUND CARE	125,780	2,395,365	0.052510			76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	325,817	1,103,296	0.295312			90
91	Emergency	590,813	35,673,882	0.016562	3,656,438	60,558	91
92	Observation Beds (Non-Distinct Part)	172,117	2,736,695	0.062892	238,372	14,992	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	5,497,358	461,160,849		88,061,614	863,287	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 <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**

**WORKSHEET D  
PART III**

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

(A)	Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)
		1	2	3	4	5
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
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 <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**

**WORKSHEET D  
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics (General Routine Care)	24,191		9,791	30
31	Intensive Care Unit	3,623		1,535	31
32	Coronary Care Unit				32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit				34
35	Other Special Care (specify)				35
40	Subprovider - IPF	3,137		2,374	40
41	Subprovider - IRF	3,517		1,975	41
42	Subprovider I				42
43	Nursery				43
44	Skilled Nursing Facility				44
45	Nursing Facility				45
200	Total (lines 30-199)	34,468		15,675	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 <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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/MR  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
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
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
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
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
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 <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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/MR                             PPS  
 Applicable  Title XVIII, Part A             IPF                             SNF                             TEFRA  
 Boxes:  Title XIX                             IRF                             NF                             Other

(A)	Cost Center Description	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)	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	82,565,367			15,051,436		11,240,270		50
50.01	GASTRO INTESTINAL SERVICES	9,063,157			1,329,796		1,870,075		50.01
51	Recovery Room	12,430,175			1,873,041		2,660,199		51
53	Anesthesiology	13,154,157			2,477,275		1,533,464		53
54	Radiology-Diagnostic	16,523,900			1,702,413		5,983,976		54
54.01	ULTRA SOUND	3,143,117			653,082		706,013		54.01
55	Radiology-Therapeutic	5,391,452			202,419				55
56	Radioisotope	6,375,404			1,055,990		1,796,980		56
56.01	VASCULAR LAB	4,161,578			984,456		897,240		56.01
56.02	STRAUSS ONCOLOGY	2,748,364					1,024,966		56.02
57	CT Scan	29,292,197			5,288,452		7,102,423		57
58	MRI	7,175,851			543,362		2,039,747		58
59	Cardiac Catheterization	13,888,869			2,946,452		1,898,511		59
60	Laboratory	58,115,475			15,667,974		6,163,335		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Trans.	4,334,653			1,019,961		124,404		63
65	Respiratory Therapy	6,830,697			2,489,650		202,718		65
66	Physical Therapy	14,743,811			2,603,526		599		66
69	Electrocardiology	16,017,909			3,945,079		3,598,292		69
70	Electroencephalography	395,638			100,577		45,764		70
71	Medical Supplies Charged to Patients	26,089,503			5,199,438		4,025,346		71
72	Impl. Dev. Charged to Patients	19,450,813			6,675,136		1,313,866		72
73	Drugs Charged to Patients	66,769,189			12,122,872		16,106,210		73
74	Renal Dialysis	590,335			234,417		12,941		74
76	WOUND CARE	2,395,365							76
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	1,103,296					331,153		90
91	Emergency	35,673,882			3,656,438		6,374,125		91
92	Observation Beds (Non-Distinct Part)	2,736,695			238,372		757,895		92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	461,160,849			88,061,614		77,810,512		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 <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**

**COMPONENT CCN: 14-0082**

**WORKSHEET D  
PART V**

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

(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.)	
1	2	3	4	5	6	7			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	0.153138	11,240,270			1,721,312		50	
50.01	GASTRO INTESTINAL SERVICES	0.125496	1,870,075			234,687		50.01	
51	Recovery Room	0.120660	2,660,199			320,980		51	
53	Anesthesiology	0.020756	1,533,464			31,829		53	
54	Radiology-Diagnostic	0.195763	5,983,976			1,171,441		54	
54.01	ULTRA SOUND	0.086544	706,013			61,101		54.01	
55	Radiology-Therapeutic	0.222191						55	
56	Radioisotope	0.151596	1,796,980			272,415		56	
56.01	VASCULAR LAB	0.077130	897,240			69,204		56.01	
56.02	STRAUSS ONCOLOGY	0.324256	1,024,966			332,351		56.02	
57	CT Scan	0.037280	7,102,423			264,778		57	
58	MRI	0.047642	2,039,747			97,178		58	
59	Cardiac Catheterization	0.076914	1,898,511			146,022		59	
60	Laboratory	0.070400	6,163,335			433,899		60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63	Blood Storing, Processing & Trans.	0.199124	124,404			24,772		63	
65	Respiratory Therapy	0.229446	202,718			46,513		65	
66	Physical Therapy	0.213144	599			128		66	
69	Electrocardiology	0.091773	3,598,292			330,226		69	
70	Electroencephalography	0.240300	45,764			10,997		70	
71	Medical Supplies Charged to Patients	0.122504	4,025,346			493,121		71	
72	Impl. Dev. Charged to Patients	0.446670	1,313,866			586,865		72	
73	Drugs Charged to Patients	0.133113	16,106,210			2,143,946		73	
74	Renal Dialysis	0.708196	12,941			9,165		74	
76	WOUND CARE	0.357083						76	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90	Clinic	2.218833	331,153			734,773		90	
91	Emergency	0.123576	6,374,125			787,689		91	
92	Observation Beds (Non-Distinct Part)	0.449088	757,895			340,362		92	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Subtotal (see instructions)		77,810,512			10,665,754		200	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)		77,810,512			10,665,754		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 <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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  TEFRA  
 Boxes:  Title XIX  IRF

(A)	Cost Center Description	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)	
1	2	3	4	5	6	7	8
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	1,390,458	82,565,367	0.016841	12,158	205	50
50.01	GASTRO INTESTINAL SERVICES	173,308	9,063,157	0.019122	8,048	154	50.01
51	Recovery Room	170,661	12,430,175	0.013730	4,660	64	51
53	Anesthesiology	24,525	13,154,157	0.001864	1,976	4	53
54	Radiology-Diagnostic	567,589	16,523,900	0.034350	24,986	858	54
54.01	ULTRA SOUND	12,398	3,143,117	0.003944	6,919	27	54.01
55	Radiology-Therapeutic	175,625	5,391,452	0.032575			55
56	Radioisotope	142,101	6,375,404	0.022289	14,716	328	56
56.01	VASCULAR LAB	6,403	4,161,578	0.001539	16,404	25	56.01
56.02	STRAUSS ONCOLOGY	16,926	2,748,364	0.006159			56.02
57	CT Scan	61,255	29,292,197	0.002091	78,636	164	57
58	MRI	50,534	7,175,851	0.007042			58
59	Cardiac Catheterization	84,214	13,888,869	0.006063			59
60	Laboratory	270,728	58,115,475	0.004658	442,896	2,063	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	20,761	4,334,653	0.004790			63
65	Respiratory Therapy	75,775	6,830,697	0.011093	7,584	84	65
66	Physical Therapy	209,953	14,743,811	0.014240	191,979	2,734	66
69	Electrocardiology	332,002	16,017,909	0.020727	55,438	1,149	69
70	Electroencephalography	6,946	395,638	0.017556	2,138	38	70
71	Medical Supplies Charged to Patients	83,851	26,089,503	0.003214	7,356	24	71
72	Impl. Dev. Charged to Patients	218,142	19,450,813	0.011215			72
73	Drugs Charged to Patients	183,481	66,769,189	0.002748	650,230	1,787	73
74	Renal Dialysis	5,195	590,335	0.008800			74
76	WOUND CARE	125,780	2,395,365	0.052510			76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	325,817	1,103,296	0.295312	104	31	90
91	Emergency	590,813	35,673,882	0.016562	161,944	2,682	91
92	Observation Beds (Non-Distinct Part)		2,736,695				92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	5,325,241	461,160,849		1,688,172	12,421	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 <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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/MR  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
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
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
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
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
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 <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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/MR  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	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)	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	82,565,367			12,158				50
50.01	GASTRO INTESTINAL SERVICES	9,063,157			8,048				50.01
51	Recovery Room	12,430,175			4,660				51
53	Anesthesiology	13,154,157			1,976				53
54	Radiology-Diagnostic	16,523,900			24,986		451		54
54.01	ULTRA SOUND	3,143,117			6,919				54.01
55	Radiology-Therapeutic	5,391,452							55
56	Radioisotope	6,375,404			14,716				56
56.01	VASCULAR LAB	4,161,578			16,404		1,193		56.01
56.02	STRAUSS ONCOLOGY	2,748,364							56.02
57	CT Scan	29,292,197			78,636				57
58	MRI	7,175,851							58
59	Cardiac Catheterization	13,888,869							59
60	Laboratory	58,115,475			442,896				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Trans.	4,334,653							63
65	Respiratory Therapy	6,830,697			7,584				65
66	Physical Therapy	14,743,811			191,979				66
69	Electrocardiology	16,017,909			55,438		1,680		69
70	Electroencephalography	395,638			2,138				70
71	Medical Supplies Charged to Patients	26,089,503			7,356		226		71
72	Impl. Dev. Charged to Patients	19,450,813							72
73	Drugs Charged to Patients	66,769,189			650,230		2,339		73
74	Renal Dialysis	590,335							74
76	WOUND CARE	2,395,365							76
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	1,103,296			104				90
91	Emergency	35,673,882			161,944				91
92	Observation Beds (Non-Distinct Part)	2,736,695							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	461,160,849			1,688,172		5,889		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 <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**

**COMPONENT CCN: 14-S082**

**WORKSHEET D  
PART V**

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost		
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
1	2	3	4	5	6	7		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.153138						50
50.01	GASTRO INTESTINAL SERVICES	0.125496						50.01
51	Recovery Room	0.120660						51
53	Anesthesiology	0.020756						53
54	Radiology-Diagnostic	0.195763	451			88		54
54.01	ULTRA SOUND	0.086544						54.01
55	Radiology-Therapeutic	0.222191						55
56	Radioisotope	0.151596						56
56.01	VASCULAR LAB	0.077130	1,193			92		56.01
56.02	STRAUSS ONCOLOGY	0.324256						56.02
57	CT Scan	0.037280						57
58	MRI	0.047642						58
59	Cardiac Catheterization	0.076914						59
60	Laboratory	0.070400						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	0.199124						63
65	Respiratory Therapy	0.229446						65
66	Physical Therapy	0.213144						66
69	Electrocardiology	0.091773	1,680			154		69
70	Electroencephalography	0.240300						70
71	Medical Supplies Charged to Patients	0.122504	226			28		71
72	Impl. Dev. Charged to Patients	0.446670						72
73	Drugs Charged to Patients	0.133113	2,339			311		73
74	Renal Dialysis	0.708196						74
76	WOUND CARE	0.357083						76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	2.218833						90
91	Emergency	0.123576						91
92	Observation Beds (Non-Distinct Part)	0.449088						92
<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Subtotal (see instructions)		5,889			673		200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)		5,889			673		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 <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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  TEFRA  
 Boxes:  Title XIX  IRF

(A)	Cost Center Description	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)	
1	2	3	4	5	6	7	8
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	1,390,458	82,565,367	0.016841	9,939	167	50
50.01	GASTRO INTESTINAL SERVICES	173,308	9,063,157	0.019122	4,978	95	50.01
51	Recovery Room	170,661	12,430,175	0.013730	3,106	43	51
53	Anesthesiology	24,525	13,154,157	0.001864	1,637	3	53
54	Radiology-Diagnostic	567,589	16,523,900	0.034350	38,361	1,318	54
54.01	ULTRA SOUND	12,398	3,143,117	0.003944	6,761	27	54.01
55	Radiology-Therapeutic	175,625	5,391,452	0.032575			55
56	Radioisotope	142,101	6,375,404	0.022289	4,020	90	56
56.01	VASCULAR LAB	6,403	4,161,578	0.001539	24,655	38	56.01
56.02	STRAUSS ONCOLOGY	16,926	2,748,364	0.006159	6,898	42	56.02
57	CT Scan	61,255	29,292,197	0.002091	36,795	77	57
58	MRI	50,534	7,175,851	0.007042	2,603	18	58
59	Cardiac Catheterization	84,214	13,888,869	0.006063			59
60	Laboratory	270,728	58,115,475	0.004658	393,675	1,834	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	20,761	4,334,653	0.004790	10,828	52	63
65	Respiratory Therapy	75,775	6,830,697	0.011093	110,124	1,222	65
66	Physical Therapy	209,953	14,743,811	0.014240	2,357,539	33,571	66
69	Electrocardiology	332,002	16,017,909	0.020727	25,822	535	69
70	Electroencephalography	6,946	395,638	0.017556			70
71	Medical Supplies Charged to Patients	83,851	26,089,503	0.003214	46,573	150	71
72	Impl. Dev. Charged to Patients	218,142	19,450,813	0.011215	8,649	97	72
73	Drugs Charged to Patients	183,481	66,769,189	0.002748	685,523	1,884	73
74	Renal Dialysis	5,195	590,335	0.008800	2,984	26	74
76	WOUND CARE	125,780	2,395,365	0.052510			76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	325,817	1,103,296	0.295312			90
91	Emergency	590,813	35,673,882	0.016562			91
92	Observation Beds (Non-Distinct Part)		2,736,695				92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	5,325,241	461,160,849		3,781,470	41,289	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 <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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/MR  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
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
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
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
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
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 <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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/MR  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	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)	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	82,565,367			9,939				50
50.01	GASTRO INTESTINAL SERVICES	9,063,157			4,978				50.01
51	Recovery Room	12,430,175			3,106				51
53	Anesthesiology	13,154,157			1,637				53
54	Radiology-Diagnostic	16,523,900			38,361		7,368		54
54.01	ULTRA SOUND	3,143,117			6,761				54.01
55	Radiology-Therapeutic	5,391,452							55
56	Radioisotope	6,375,404			4,020				56
56.01	VASCULAR LAB	4,161,578			24,655		1,255		56.01
56.02	STRAUSS ONCOLOGY	2,748,364			6,898				56.02
57	CT Scan	29,292,197			36,795		9,841		57
58	MRI	7,175,851			2,603				58
59	Cardiac Catheterization	13,888,869							59
60	Laboratory	58,115,475			393,675		3,212		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Trans.	4,334,653			10,828				63
65	Respiratory Therapy	6,830,697			110,124		774		65
66	Physical Therapy	14,743,811			2,357,539				66
69	Electrocardiology	16,017,909			25,822		6,019		69
70	Electroencephalography	395,638							70
71	Medical Supplies Charged to Patients	26,089,503			46,573		4,293		71
72	Impl. Dev. Charged to Patients	19,450,813			8,649				72
73	Drugs Charged to Patients	66,769,189			685,523		1,723		73
74	Renal Dialysis	590,335			2,984				74
76	WOUND CARE	2,395,365							76
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	1,103,296							90
91	Emergency	35,673,882							91
92	Observation Beds (Non-Distinct Part)	2,736,695							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	461,160,849			3,781,470		34,485		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 <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**

**COMPONENT CCN: 14-T082**

**WORKSHEET D  
PART V**

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost		
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
1	2	3	4	5	6	7		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.153138						50
50.01	GASTRO INTESTINAL SERVICES	0.125496						50.01
51	Recovery Room	0.120660						51
53	Anesthesiology	0.020756						53
54	Radiology-Diagnostic	0.195763	7,368			1,442		54
54.01	ULTRA SOUND	0.086544						54.01
55	Radiology-Therapeutic	0.222191						55
56	Radioisotope	0.151596						56
56.01	VASCULAR LAB	0.077130	1,255			97		56.01
56.02	STRAUSS ONCOLOGY	0.324256						56.02
57	CT Scan	0.037280	9,841			367		57
58	MRI	0.047642						58
59	Cardiac Catheterization	0.076914						59
60	Laboratory	0.070400	3,212			226		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	0.199124						63
65	Respiratory Therapy	0.229446	774			178		65
66	Physical Therapy	0.213144						66
69	Electrocardiology	0.091773	6,019			552		69
70	Electroencephalography	0.240300						70
71	Medical Supplies Charged to Patients	0.122504	4,293			526		71
72	Impl. Dev. Charged to Patients	0.446670						72
73	Drugs Charged to Patients	0.133113	1,723			229		73
74	Renal Dialysis	0.708196						74
76	WOUND CARE	0.357083						76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	Clinic	2.218833						90
91	Emergency	0.123576						91
92	Observation Beds (Non-Distinct Part)	0.449088						92
<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Subtotal (see instructions)		34,485			3,617		200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)		34,485			3,617		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 <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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/MR                     PPS  
 Applicable  Title XVIII, Part A                     IPF                     SNF                     TEFRA  
 Boxes:  Title XIX - I/P                     IRF                     NF                     Other

**PART I - ALL PROVIDER COMPONENTS**

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	24,191	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	24,191	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)	22,726	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)	9,791	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)	20,294,395	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)	20,294,395	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)	20,294,395	37

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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)						838.92	38
39	Program general inpatient routine service cost (line 9 x line 38)						8,213,866	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)						8,213,866	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
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit	5,492,167	3,623	1,515.92	1,535	2,326,937		43
44	Coronary Care Unit							44
45	Burn Intensive Care Unit							45
46	Surgical Intensive Care Unit							46
47	Other Special Care (specify)							47

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						12,696,014	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						23,236,817	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						1,411,602	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						863,287	51
52	Total Program excludable cost (sum of lines 50 and 51)						2,274,889	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						20,961,928	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 <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**COMPUTATION OF INPATIENT OPERATING COST**

**COMPONENT CCN: 14-0082**

**WORKSHEET D-1  
PARTS III & IV**

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

**PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST**

87	Total observation bed days (see instructions)					1,465	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					838.92	88
89	Observation bed cost (line 87 x line 88) (see instructions)					1,229,018	89
		Cost	Routine Cost (from line 27)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	2,842,105	20,294,395	0.140044	1,229,018	172,117	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 <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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/MR             PPS  
 Applicable     Title XVIII, Part A                     IPF                     SNF                     TEFRA  
 Boxes:         Title XIX - I/P                             IRF                     NF                     Other

**PART I - ALL PROVIDER COMPONENTS**

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,137	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,137	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	3,137	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,374	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

**SWING-BED ADJUSTMENT**

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	2,157,550	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,157,550	27

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,157,550	37

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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)	687.77	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,632,766	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)	1,632,766	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	202,602	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,835,368	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	202,502	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	12,421	51
52	Total Program excludable cost (sum of lines 50 and 51)	214,923	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,620,445	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 <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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/MR  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX - I/P  IRF  NF  Other

**PART I - ALL PROVIDER COMPONENTS**

**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,517	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,517	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	3,517	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)	1,975	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

**SWING-BED ADJUSTMENT**

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	2,654,924	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,654,924	27

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,654,924	37

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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)	754.88	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,490,888	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)	1,490,888	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	679,911	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	2,170,799	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	271,049	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	41,289	51
52	Total Program excludable cost (sum of lines 50 and 51)	312,338	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,858,461	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 <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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/MR  Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics		14,352,652		30
31	Intensive Care Unit		2,856,255		31
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.156343	15,051,436	2,353,187	50
50.01	GASTRO INTESTINAL SERVICES	0.125496	1,329,796	166,884	50.01
51	Recovery Room	0.120660	1,873,041	226,001	51
53	Anesthesiology	0.020756	2,477,275	51,418	53
54	Radiology-Diagnostic	0.196986	1,702,413	335,352	54
54.01	ULTRA SOUND	0.086544	653,082	56,520	54.01
55	Radiology-Therapeutic	0.223819	202,419	45,305	55
56	Radioisotope	0.151596	1,055,990	160,084	56
56.01	VASCULAR LAB	0.077130	984,456	75,931	56.01
56.02	STRAUSS ONCOLOGY	0.324256			56.02
57	CT Scan	0.037280	5,288,452	197,153	57
58	MRI	0.047642	543,362	25,887	58
59	Cardiac Catheterization	0.076914	2,946,452	226,623	59
60	Laboratory	0.070400	15,667,974	1,103,025	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.199124	1,019,961	203,099	63
65	Respiratory Therapy	0.229446	2,489,650	571,240	65
66	Physical Therapy	0.213144	2,603,526	554,926	66
69	Electrocardiology	0.091773	3,945,079	362,052	69
70	Electroencephalography	0.240300	100,577	24,169	70
71	Medical Supplies Charged to Patients	0.122504	5,199,438	636,952	71
72	Impl. Dev. Charged to Patients	0.446670	6,675,136	2,981,583	72
73	Drugs Charged to Patients	0.133113	12,122,872	1,613,712	73
74	Renal Dialysis	0.708196	234,417	166,013	74
76	WOUND CARE	0.362351			76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	2.218833			90
91	Emergency	0.123576	3,656,438	451,848	91
92	Observation Beds (Non-Distinct Part)	0.449088	238,372	107,050	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		88,061,614	12,696,014	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		88,061,614		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 <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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/MR  Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF		2,312,348		40
41	Subprovider - IRF				41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.156343	12,158	1,901	50
50.01	GASTRO INTESTINAL SERVICES	0.125496	8,048	1,010	50.01
51	Recovery Room	0.120660	4,660	562	51
53	Anesthesiology	0.020756	1,976	41	53
54	Radiology-Diagnostic	0.196986	24,986	4,922	54
54.01	ULTRA SOUND	0.086544	6,919	599	54.01
55	Radiology-Therapeutic	0.223819			55
56	Radioisotope	0.151596	14,716	2,231	56
56.01	VASCULAR LAB	0.077130	16,404	1,265	56.01
56.02	STRAUSS ONCOLOGY	0.324256			56.02
57	CT Scan	0.037280	78,636	2,932	57
58	MRI	0.047642			58
59	Cardiac Catheterization	0.076914			59
60	Laboratory	0.070400	442,896	31,180	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.199124			63
65	Respiratory Therapy	0.229446	7,584	1,740	65
66	Physical Therapy	0.213144	191,979	40,919	66
69	Electrocardiology	0.091773	55,438	5,088	69
70	Electroencephalography	0.240300	2,138	514	70
71	Medical Supplies Charged to Patients	0.122504	7,356	901	71
72	Impl. Dev. Charged to Patients	0.446670			72
73	Drugs Charged to Patients	0.133113	650,230	86,554	73
74	Renal Dialysis	0.708196			74
76	WOUND CARE	0.362351			76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	2.218833	104	231	90
91	Emergency	0.123576	161,944	20,012	91
92	Observation Beds (Non-Distinct Part)	0.449088			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		1,688,172	202,602	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,688,172		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 <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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/MR  Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF				40
41	Subprovider - IRF		1,573,752		41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.156343	9,939	1,554	50
50.01	GASTRO INTESTINAL SERVICES	0.125496	4,978	625	50.01
51	Recovery Room	0.120660	3,106	375	51
53	Anesthesiology	0.020756	1,637	34	53
54	Radiology-Diagnostic	0.196986	38,361	7,557	54
54.01	ULTRA SOUND	0.086544	6,761	585	54.01
55	Radiology-Therapeutic	0.223819			55
56	Radioisotope	0.151596	4,020	609	56
56.01	VASCULAR LAB	0.077130	24,655	1,902	56.01
56.02	STRAUSS ONCOLOGY	0.324256	6,898	2,237	56.02
57	CT Scan	0.037280	36,795	1,372	57
58	MRI	0.047642	2,603	124	58
59	Cardiac Catheterization	0.076914			59
60	Laboratory	0.070400	393,675	27,715	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.199124	10,828	2,156	63
65	Respiratory Therapy	0.229446	110,124	25,268	65
66	Physical Therapy	0.213144	2,357,539	502,495	66
69	Electrocardiology	0.091773	25,822	2,370	69
70	Electroencephalography	0.240300			70
71	Medical Supplies Charged to Patients	0.122504	46,573	5,705	71
72	Impl. Dev. Charged to Patients	0.446670	8,649	3,863	72
73	Drugs Charged to Patients	0.133113	685,523	91,252	73
74	Renal Dialysis	0.708196	2,984	2,113	74
76	WOUND CARE	0.362351			76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	Clinic	2.218833			90
91	Emergency	0.123576			91
92	Observation Beds (Non-Distinct Part)	0.449088			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		3,781,470	679,911	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		3,781,470		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 <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

**PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	6,312,865			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	12,946,566			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)	181,795			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	5,502,148			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	159.99			4
	<b>Indirect Medical Education Adjustment Calculation for Hospitals</b>				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)	56.25			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).	4.13			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)	64.51			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	70.26			10
11	FTE count for residents in dental and podiatric programs	8.93			11
12	Current year allowable FTE (see instructions)	73.44			12
13	Total allowable FTE count for the prior year	78.50			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	77.03			14
15	Sum of lines 12 through 14 divided by 3	76.32			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	76.32			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.477030			19
20	Prior year resident to bed ratio (see instructions)	0.448782			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.448782			21
22	IME payment adjustment (see instructions)	5,415,357			22
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
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)	5.75			24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)	5,415,357			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	<b>Disproportionate Share Adjustment</b>				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.1278			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2942			31
32	Sum of lines 30 and 31	0.4220			32
33	Allowable disproportionate share percentage (see instructions)	0.2290			33
34	Disproportionate share adjustment (see instructions)	1,102,603			34
		<b>Prior to October 1</b>	<b>On or after October 1</b>		
	<b>Uncompensated Care Adjustment</b>				
35	Total uncompensated care amount (see instructions)	9,046,380,143			35
35.01	Factor 3 (see instructions)	0.000266705			35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,412,715	1,798,268		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	806,443	1,197,202		35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,003,645			36
	<b>Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)</b>				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40

**KPMG LLP Compu-Max 2552-10**

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**CALCULATION OF REIMBURSEMENT SETTLEMENT**

**WORKSHEET E  
PART A**

**PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	27,962,831			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)	27,962,831			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	2,238,364			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)	3,643,412			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)	33,844,607			59
60	Primary payer payments	39,662			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	33,804,945			61
62	Deductibles billed to program beneficiaries	1,575,404			62
63	Coinsurance billed to program beneficiaries	174,919			63
64	Allowable bad debts (see instructions)	1,104,409			64
65	Adjusted reimbursable bad debts (see instructions)	717,866			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	906,827			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	32,772,488			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)	7,164			70.93
70.94	HRR adjustment amount (see instructions)	-225,260			70.94
71	Amount due provider (see instructions)	32,554,392			71
71.01	Sequestration adjustment (see instructions)	651,088			71.01
72	Interim payments	31,416,415			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	486,889			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	360,224			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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**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)				1
2	Medical and other services reimbursed under OPPS (see instructions)	10,665,754			2
3	PPS payments	9,775,417			3
4	Outlier payment (see instructions)	56,375			4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 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
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
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
	<b>CUSTOMARY CHARGES</b>				
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 (line 11 minus line 20) (for CAH, 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, 8 and 9)	9,831,792			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	2,100,602			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	7,731,190			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	1,428,725			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	9,159,915			30
31	Primary payer payments	2,569			31
32	Subtotal (line 30 minus line 31)	9,157,346			32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	1,350,339			34
35	Adjusted reimbursable bad debts (see instructions)	877,720			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,179,029			36
37	Subtotal (see instructions)	10,035,066			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)	10,035,066			40
40.01	Sequestration adjustment (see instructions)	200,701			40.01
41	Interim payments	10,087,713			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-253,348			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)	673			2
3	PPS payments	443			3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 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
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
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
	<b>CUSTOMARY CHARGES</b>				
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 (line 11 minus line 20) (for CAH, 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, 8 and 9)	443			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	99			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)	344			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)	344			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	344			32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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)	344			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)	344			40
40.01	Sequestration adjustment (see instructions)	7			40.01
41	Interim payments	337			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 <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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)	3,617			2
3	PPS payments	3,101			3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 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
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
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
	<b>CUSTOMARY CHARGES</b>				
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 (line 11 minus line 20) (for CAH, 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, 8 and 9)	3,101			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	736			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	2,365			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	2,365			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	2,365			32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)	2,365			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	2,365			40
40.01	Sequestration adjustment (see instructions)	47			40.01
41	Interim payments	2,318			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

**TO BE COMPLETED BY CONTRACTOR**

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

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED**

**COMPONENT CCN: 14-0082**

**WORKSHEET E-1  
PART I**

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

		INPATIENT PART A		PART B		
DESCRIPTION		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		30,538,585		9,470,736	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01	01/15/2015	179,600	01/15/2015	3.01
		.02	05/21/2015	698,230	05/21/2015	3.02
	Program	.03				3.03
	to	.04				3.04
	Provider	.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
	Provider	.52				3.52
	to	.53				3.53
	Program	.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99		877,830		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)			31,416,415		4
<b>TO BE COMPLETED BY CONTRACTOR</b>						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				5.01
		.02				5.02
	Program	.03				5.03
	to	.04				5.04
	Provider	.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	Provider	.52				5.52
	to	.53				5.53
	Program	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01		1,137,977		6.01
		.02				6.02
7	Total Medicare program liability (see instructions)			32,554,392		7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	8

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

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		1,958,207		337	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				3.01
		.02				3.02
	Program	.03				3.03
	to	.04				3.04
	Provider	.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
	Provider	.52				3.52
	to	.53				3.53
	Program	.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	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)		1,958,207		337	4
<b>TO BE COMPLETED BY CONTRACTOR</b>						
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	39,969		7	6.01
		.02				6.02
7	Total Medicare program liability (see instructions)		1,998,176		344	7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)		8

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

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		3,124,279		2,318	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01	01/15/2015	20,053		3.01
		.02				3.02
	Program	.03				3.03
	to	.04				3.04
	Provider	.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
	Provider	.52				3.52
	to	.53				3.53
	Program	.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99		20,053		3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)			3,144,332	2,318	4
<b>TO BE COMPLETED BY CONTRACTOR</b>						
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		75,864	47	6.01
		.02				6.02
7	Total Medicare program liability (see instructions)			3,220,196	2,365	7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	8

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

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT**

**WORKSHEET E-1  
PART II**

Check  Hospital  CAH  
applicable box:

**TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS**

**HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION**

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	5,412	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	11,326	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	3,171	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	26,349	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	507,647,371	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	3,545,397	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)	1,580,626	8
9	Sequestration adjustment amount (see instructions)	31,613	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	1,549,013	10

**INPATIENT HOSPITAL SERVICES UNDER PPS & CAH**

30	Initial/interim HIT payment(s)	1,192,993	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	356,020	32

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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)	2,155,418	1
2	Net IPF PPS Outlier payment	2,203	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)	8,594,521	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)	2,157,621	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)	2,157,621	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	2,157,621	18
19	Deductibles	117,104	19
20	Subtotal (line 18 minus line 19)	2,040,517	20
21	Coinsurance	42,341	21
22	Subtotal (line 20 minus line 21)	1,998,176	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)	1,998,176	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)	1,998,176	31
31.01	Sequestration adjustment (see instructions)	39,964	31.01
32	Interim payments	1,958,207	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	5	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 <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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)	2,953,514		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.143300		2
3	Inpatient Rehabilitation LIP payments (see instructions)	308,642		3
4	Outlier payments			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 §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)	9.635616		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	3,262,156		13
14	Nursing and allied health managed care payments (see instructions)			14
15	Organ acquisition DO NOT USE THIS LINE			15
16	Cost of physicians' services in a teaching hospital (see instructions)			16
17	Subtotal (see instructions)	3,262,156		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	3,262,156		19
20	Deductibles	41,960		20
21	Subtotal (line 19 minus line 20)	3,220,196		21
22	Coinsurance			22
23	Subtotal (line 21 minus line 22)	3,220,196		23
24	Allowable bad debts (exclude bad debts for professional services) (see instructions)			24
25	Adjusted reimbursable bad debts (see instructions)			25
26	Allowable bad debts for dual eligible beneficiaries (see instructions)			26
27	Subtotal (sum of lines 23 and 25)	3,220,196		27
28	Direct graduate medical education payments (from Wkst. E-4, line 49) (For free standing IRF only)			28
29	Other pass through costs (see instructions)			29
30	Outlier payments reconciliation			30
31	Other adjustments (specify) (see instructions)			31
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			31.50
32	Total amount payable to the provider (see instructions)	3,220,196		32
32.01	Sequestration adjustment (see instructions)	64,404		32.01
33	Interim payments	3,144,332		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 33 and 34)	11,460		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			36

**TO BE COMPLETED BY CONTRACTOR**

50	Original outlier amount from Wkst. E-3, Pt. III, line 4 (see instructions)			50
51	Outlier reconciliation adjustment amount (see instructions)			51
52	The rate used to calculate the Time Value of Money (see instructions)			52
53	Time Value of Money (see instructions)			53

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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

<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
		Primary Care	Other	Total	
		1	2	3	
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))			6.26	4
4.01	ACA §5503 increase to the direct GME FTE cal (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 4.01 and 4.02 plus applicable subscripts)			69.18	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for teh current year from your records (see instructions)			70.26	6
7	Enter the lesser of line 5 or line 6			69.18	7
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	45.78	22.79	68.57	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	45.08	22.44	67.52	9
10	Weighted dental and podiatric resident FTE count for the current year		7.43		10
11	Total weighted FTE count	45.08	29.87		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	43.81	27.57		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	37.44	32.26		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	42.11	29.90		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
17	Adjusted rolling average FTE count	42.11	29.90		17
18	Per resident amount	125,123.66	118,481.10		18
19	Approved amount for resident costs	5,268,957	3,542,585	8,811,542	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)			1.08	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)			8,811,542	25
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	15,675	3,869	26	
27	Total inpatient days (see instructions)	33,003	33,003	27	
28	Ratio of inpatient days to total inpatient days	0.474957	0.117232	28	
29	Program direct GME amount	4,185,104	1,032,995	29	
30	Reduction for direct GME payments for Medicare Advantage		145,962	30	
31	Net Program direct GME amount			5,072,137	31
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>					
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)			590,335	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
<b>APPORTIONMENT OF MEDICARE REASONABLE COST OF GME</b>					
<b>Part A Reasonable Cost</b>					
37	Reasonable cost (see instructions)			27,242,984	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)			39,662	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			27,203,322	41
<b>Part B Reasonable Cost</b>					
42	Reasonable cost (see instructions)			10,670,044	42
43	Primary payer payments (see instructions)			2,569	43
44	Total Part B reasonable cost (line 42 minus line 43)			10,667,475	44
45	Total reasonable cost (sum of lines 41 and 44)			37,870,797	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.718319	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.281681	47
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>					
48	Total program GME payment (line 31)			5,072,137	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			3,643,412	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			1,428,725	50

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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)

<b>Assets</b> (Omit Cents)		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
<b>CURRENT ASSETS</b>						
1	Cash on hand and in banks	-802,499				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	22,278,679				4
5	Other receivables	89,064				5
6	Allowances for uncollectible notes and accounts receivable	-2,873,496				6
7	Inventory	3,404,391				7
8	Prepaid expenses	323,835				8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	22,419,974				11
<b>FIXED ASSETS</b>						
12	Land	18,200,000				12
13	Land improvements	228,233				13
14	Accumulated depreciation					14
15	Buildings	29,279,412				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	8,656,630				23
24	Accumulated depreciation	-7,203,921				24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable	457,385				29
30	Total fixed assets (sum of lines 12-29)	50,138,640				30
<b>OTHER ASSETS</b>						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	4,157,753				34
35	Total other assets (sum of lines 31-34)	4,157,753				35
36	Total assets (sum of lines 11, 30 and 35)	76,716,367				36

<b>Liabilities and Fund Balances</b> (Omit Cents)		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
<b>CURRENT LIABILITIES</b>						
37	Accounts payable	9,367,477				37
38	Salaries, wages and fees payable	4,904,984				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)					40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds	-2,237,524				43
44	Other current liabilities	197,704				44
45	Total current liabilities (sum of lines 37 thru 44)	12,232,641				45
<b>LONG TERM LIABILITIES</b>						
46	Mortgage payable	142,862,850				46
47	Notes payable	2,188,851				47
48	Unsecured loans					48
49	Other long term liabilities	5,107,409				49
50	Total long term liabilities (sum of lines 46 thru 49)	150,159,110				50
51	Total liabilities (sum of lines 45 and 50)	162,391,751				51
<b>CAPITAL ACCOUNTS</b>						
52	General fund balance	-85,675,384				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56

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**BALANCE SHEET**

**WORKSHEET G**

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	<b>Assets</b>					
	(Omit Cents)	1	2	3	4	
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	-85,675,384				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	76,716,367				60

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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		-81,856,623		
2	Net income (loss) (from Worksheet G-3, line 29)		-2,757,275		
3	Total (sum of line 1 and line 2)		-84,613,898		
4	Additions (credit adjustments) (specify)				
5	RECONCILING ITEM	-1,061,486			
6					
7					
8					
9					
10	Total additions (sum of lines 4-9)		-1,061,486		
11	Subtotal (line 3 plus line 10)		-85,675,384		
12	Deductions (debit adjustments) (specify)				
13					
14					
15					
16					
17					
18	Total deductions (sum of lines 12-17)				
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		-85,675,384		

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

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES**

**WORKSHEET G-2  
PARTS I & II**

**PART I - PATIENT REVENUES**

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
1	Hospital	33,774,912		33,774,912	1
2	Subprovider IPF	3,082,351		3,082,351	2
3	Subprovider IRF	2,841,697		2,841,697	3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	39,698,960		39,698,960	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	Intensive Care Unit	6,787,563		6,787,563	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)	6,787,563		6,787,563	16
17	Total inpatient routine care services (sum of lines 10 and 16)	46,486,523		46,486,523	17
18	Ancillary services	212,237,879	209,409,096	421,646,975	18
19	Outpatient services	10,784,595	28,729,278	39,513,873	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	Other (specify)				27
27.01	PROFESSIONAL FEES		380,503	380,503	27.01
27.02	PHYSICIAN PRIVATE OFFICES		982,670	982,670	27.02
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	269,508,997	239,501,547	509,010,544	28

**PART II - OPERATING EXPENSES**

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		116,316,357	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)		116,316,357	43

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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)	509,010,544	1
2	Less contractual allowances and discounts on patients' accounts	396,902,183	2
3	Net patient revenues (line 1 minus line 2)	112,108,361	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	116,316,357	4
5	Net income from service to patients (line 3 minus line 4)	-4,207,996	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	249,051	12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	209,229	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	2,895	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	772,977	22
23	Governmental appropriations		23
24	Other (HOSPICE BED RENTAL REVENUE)	169,475	24
24.0	Other (OTHER OPERATING REVENUE)	47,094	24.0
1			1
25	Total other income (sum of lines 6-24)	1,450,721	25
26	Total (line 5 plus line 25)	-2,757,275	26
29	Net income (or loss) for the period (line 26 minus line 28)	-2,757,275	29

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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	1,539,552	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	26,182	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)	72.19	3
4	Number of interns & residents (see instructions)	76.32	4
5	Indirect medical education percentage (see instructions)	34.76	5
6	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01) (see instructions)	535,148	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.1278	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.2942	8
9	Sum of lines 7 and 8	0.4220	9
10	Allowable disproportionate share percentage (see instructions)	0.0893	10
11	Disproportionate share adjustment (line 10 times column 1, sum of lines 1 and 1.01)	137,482	11
12	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	2,238,364	12

**PART II - PAYMENT UNDER REASONABLE COST**

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

**PART III - COMPUTATION OF EXCEPTION PAYMENTS**

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

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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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	
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
40	Subprovider - IPF						40
41	Subprovider - IRF						41
	<b>ANCILLARY SERVICE COST CENTERS</b>						
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
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
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
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic						90
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
	<b>SPECIAL PURPOSE COST CENTERS</b>						
118	SUBTOTALS (sum of lines 1-117)						118
	<b>NONREIMBURSABLE COST CENTERS</b>						
192	Physicians' Private Offices						192
194	MARKETING						194
194.0	HOSPICE						194.0
1							1

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES**

**WORKSHEET L-1  
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		0	2A	24	25	26	
194.0 2	OTHER NONREIMBURSABLE COST CENTERS						194.0 2
194.0 3	VACANT AREA						194.0 3
194.0 4	LAKEFRONT						194.0 4
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)						202

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	Non CMS worksheet <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**REPORT 97 - UTILIZATION STATISTICS - HOSPITAL**

	COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
		PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
		1	2	3	4	5	6	7	
	<b>UTILIZATION PERCENTAGES BASED ON DAYS</b>								
30	Adults & Pediatrics	40.47						40.47	30
31	Intensive Care Unit	42.37						42.37	31
	<b>UTILIZATION PERCENTAGES BASED ON CHARGES</b>								
50	Operating Room	18.23	13.61					31.84	50
50.01	GASTRO INTESTINAL SERVICES	14.67	20.63					35.30	50.01
51	Recovery Room	15.07	21.40					36.47	51
53	Anesthesiology	18.83	11.66					30.49	53
54	Radiology-Diagnostic	10.30	36.21					46.51	54
54.01	ULTRA SOUND	20.78	22.46					43.24	54.01
55	Radiology-Therapeutic	3.75						3.75	55
56	Radioisotope	16.56	28.19					44.75	56
56.01	VASCULAR LAB	23.66	21.56					45.22	56.01
56.02	STRAUSS ONCOLOGY		37.29					37.29	56.02
57	CT Scan	18.05	24.25					42.30	57
58	MRI	7.57	28.43					36.00	58
59	Cardiac Catheterization	21.21	13.67					34.88	59
60	Laboratory	26.96	10.61					37.57	60
63	Blood Storing, Processing & Tra	23.53	2.87					26.40	63
65	Respiratory Therapy	36.45	2.97					39.42	65
66	Physical Therapy	17.66						17.66	66
69	Electrocardiology	24.63	22.46					47.09	69
70	Electroencephalography	25.42	11.57					36.99	70
71	Medical Supplies Charged to Pat	19.93	15.43					35.36	71
72	Impl. Dev. Charged to Patients	34.32	6.75					41.07	72
73	Drugs Charged to Patients	18.16	24.12					42.28	73
74	Renal Dialysis	39.71	2.19					41.90	74
90	Clinic		30.01					30.01	90
91	Emergency	10.25	17.87					28.12	91
92	Observation Beds (Non-Distinct	8.71	27.69					36.40	92
200	TOTAL CHARGES	19.10	16.87					35.97	200

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	Non CMS worksheet <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**REPORT 97 - UTILIZATION STATISTICS - SUBPROVIDER-IPF**

	COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
		PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
		1	2	3	4	5	6	7	
	<b>UTILIZATION PERCENTAGES BASED ON DAYS</b>								
40	Subprovider - IPF	75.68						75.68	40
	<b>UTILIZATION PERCENTAGES BASED ON CHARGES</b>								
50	Operating Room	0.01						0.01	50
50.01	GASTRO INTESTINAL SERVICES	0.09						0.09	50.01
51	Recovery Room	0.04						0.04	51
53	Anesthesiology	0.02						0.02	53
54	Radiology-Diagnostic	0.15						0.15	54
54.01	ULTRA SOUND	0.22						0.22	54.01
56	Radioisotope	0.23						0.23	56
56.01	VASCULAR LAB	0.39	0.03					0.42	56.01
57	CT Scan	0.27						0.27	57
60	Laboratory	0.76						0.76	60
65	Respiratory Therapy	0.11						0.11	65
66	Physical Therapy	1.30						1.30	66
69	Electrocardiology	0.35	0.01					0.36	69
70	Electroencephalography	0.54						0.54	70
71	Medical Supplies Charged to Pat	0.03						0.03	71
73	Drugs Charged to Patients	0.97						0.97	73
90	Clinic	0.01						0.01	90
91	Emergency	0.45						0.45	91
200	TOTAL CHARGES	0.37						0.37	200

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	Non CMS worksheet <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**REPORT 97 - UTILIZATION STATISTICS - SUBPROVIDER-IRF**

	COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
		PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
		1	2	3	4	5	6	7	
	<b>UTILIZATION PERCENTAGES BASED ON DAYS</b>								
41	Subprovider - IRF	56.16						56.16	41
	<b>UTILIZATION PERCENTAGES BASED ON CHARGES</b>								
50	Operating Room	0.01						0.01	50
50.01	GASTRO INTESTINAL SERVICES	0.05						0.05	50.01
51	Recovery Room	0.02						0.02	51
53	Anesthesiology	0.01						0.01	53
54	Radiology-Diagnostic	0.23	0.04					0.27	54
54.01	ULTRA SOUND	0.22						0.22	54.01
56	Radioisotope	0.06						0.06	56
56.01	VASCULAR LAB	0.59	0.03					0.62	56.01
56.02	STRAUSS ONCOLOGY	0.25						0.25	56.02
57	CT Scan	0.13	0.03					0.16	57
58	MRI	0.04						0.04	58
60	Laboratory	0.68	0.01					0.69	60
63	Blood Storing, Processing & Tra	0.25						0.25	63
65	Respiratory Therapy	1.61	0.01					1.62	65
66	Physical Therapy	15.99						15.99	66
69	Electrocardiology	0.16	0.04					0.20	69
71	Medical Supplies Charged to Pat	0.18	0.02					0.20	71
72	Impl. Dev. Charged to Patients	0.04						0.04	72
73	Drugs Charged to Patients	1.03						1.03	73
74	Renal Dialysis	0.51						0.51	74
200	TOTAL CHARGES	0.82	0.01					0.83	200

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	Non CMS worksheet <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**REPORT 98 - COST ALLOCATION SUMMARY**

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
<b>GENERAL SERVICE COST CENTERS</b>								
1	Cap Rel Costs-Bldg & Fixt	4,526,855	3.94	-4,526,855	-7.97			1
2	Cap Rel Costs-Mvble Equip	7,843,051	6.83	-7,843,051	-13.81			2
3	Other Cap Rel Costs							3
4	Employee Benefits Department	7,971,389	6.95	-7,971,389	-14.04			4
5	Administrative & General	17,451,339	15.21	-17,451,339	-30.73			5
6	Maintenance & Repairs							6
7	Operation of Plant	5,588,944	4.87	-5,588,944	-9.84			7
8	Laundry & Linen Service	539,685	0.47	-539,685	-0.95			8
9	Housekeeping	1,206,253	1.05	-1,206,253	-2.12			9
10	Dietary	1,218,627	1.06	-1,218,627	-2.15			10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	1,057,375	0.92	-1,057,375	-1.86			13
14	Central Services & Supply	906,527	0.79	-906,527	-1.60			14
15	Pharmacy	735,709	0.64	-735,709	-1.30			15
16	Medical Records & Library	1,041,253	0.91	-1,041,253	-1.83			16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	4,526,978	3.94	-4,526,978	-7.97			21
22	I&R Services-Other Prgm Costs Apprvd	2,167,864	1.89	-2,167,864	-3.82			22
23	Paramed Ed Prgm-(specify)							23
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics	9,603,064	8.37	17,997,337	31.70	27,600,401	24.05	30
31	Intensive Care Unit	2,947,661	2.57	2,544,506	4.48	5,492,167	4.79	31
40	Subprovider - IPF	1,045,876	0.91	1,094,973	1.93	2,140,849	1.87	40
41	Subprovider - IRF	1,101,925	0.96	1,552,999	2.74	2,654,924	2.31	41
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	7,379,455	6.43	7,520,420	13.24	14,899,875	12.98	50
<b>GASTRO INTESTINAL SERVICES</b>								
50.01		567,884	0.49	569,502	1.00	1,137,386	0.99	50.01
51	Recovery Room	822,935	0.72	676,894	1.19	1,499,829	1.31	51
53	Anesthesiology	138,415	0.12	134,616	0.24	273,031	0.24	53
54	Radiology-Diagnostic	1,492,774	1.30	1,741,988	3.07	3,234,762	2.82	54
<b>ULTRA SOUND</b>								
54.01		171,814	0.15	100,205	0.18	272,019	0.24	54.01
55	Radiology-Therapeutic	653,299	0.57	544,634	0.96	1,197,933	1.04	55
56	Radioisotope	530,641	0.46	435,845	0.77	966,486	0.84	56
<b>VASCULAR LAB</b>								
56.01		216,044	0.19	104,937	0.18	320,981	0.28	56.01
<b>STRAUSS ONCOLOGY</b>								
56.02		621,925	0.54	269,248	0.47	891,173	0.78	56.02
57	CT Scan	686,372	0.60	405,648	0.71	1,092,020	0.95	57
58	MRI	162,161	0.14	179,712	0.32	341,873	0.30	58
59	Cardiac Catheterization	658,448	0.57	409,806	0.72	1,068,254	0.93	59
60	Laboratory	2,660,610	2.32	1,430,713	2.52	4,091,323	3.56	60
<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								
62.30								62.30
63	Blood Storing, Processing & Trans.	685,737	0.60	177,397	0.31	863,134	0.75	63
65	Respiratory Therapy	939,329	0.82	627,948	1.11	1,567,277	1.37	65
66	Physical Therapy	1,863,426	1.62	1,279,129	2.25	3,142,555	2.74	66
69	Electrocardiology	567,770	0.49	902,248	1.59	1,470,018	1.28	69
70	Electroencephalography	54,673	0.05	40,399	0.07	95,072	0.08	70
71	Medical Supplies Charged to Patients	2,248,795	1.96	947,283	1.67	3,196,078	2.78	71
72	Impl. Dev. Charged to Patients	6,234,664	5.43	2,453,428	4.32	8,688,092	7.57	72
73	Drugs Charged to Patients	6,123,393	5.34	2,764,478	4.87	8,887,871	7.74	73
74	Renal Dialysis	343,692	0.30	74,381	0.13	418,073	0.36	74
76	WOUND CARE	468,928	0.41	386,415	0.68	855,343	0.75	76
<b>CARDIAC REHABILITATION</b>								
76.97								76.97
<b>HYPERBARIC OXYGEN THERAPY</b>								
76.98								76.98
<b>LITHOTRIPSY</b>								
76.99								76.99
90	Clinic	1,322,498	1.15	1,125,532	1.98	2,448,030	2.13	90
91	Emergency	2,188,095	1.91	2,674,903	4.71	4,862,998	4.24	91
92	Observation Beds (Non-Distinct Part)							92
<b>OTHER REIMBURSABLE COST CENTERS</b>								
<b>OUTPATIENT SERVICE COST CENTERS</b>								
<b>SPECIAL PURPOSE COST CENTERS</b>								
<b>NONREIMBURSABLE COST CENTERS</b>								

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	Non CMS worksheet <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**REPORT 98 - COST ALLOCATION SUMMARY**

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
192	Physicians' Private Offices	1,944,293	1.69	4,047,356	7.13	5,991,649	5.22	192
194	MARKETING	1,456,474	1.27	417,491	0.74	1,873,965	1.63	194
194.0 1	HOSPICE	12,352	0.01	262,354	0.46	274,706	0.24	194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS	68,420	0.06	31,741	0.06	100,161	0.09	194.0 2
194.0 3	VACANT AREA			696,875	1.23	696,875	0.61	194.0 3
194.0 4	LAKEFRONT			158,508	0.28	158,508	0.14	194.0 4
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL	114,765,691	100.00			114,765,691	100.00	202

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	Non CMS worksheet <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS**

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	TOTAL CHARGES	RATIO OF CAPITAL COSTS TO CHARGES	INPATIENT PROGRAM CHARGES	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	1,390,458	82,565,367	0.016841	15,051,436	253,481	50
50.01	GASTRO INTESTINAL SERVICES	173,308	9,063,157	0.019122	1,329,796	25,428	50.01
51	Recovery Room	170,661	12,430,175	0.013730	1,873,041	25,717	51
53	Anesthesiology	24,525	13,154,157	0.001864	2,477,275	4,618	53
54	Radiology-Diagnostic	567,589	16,523,900	0.034350	1,702,413	58,478	54
54.01	ULTRA SOUND	12,398	3,143,117	0.003944	653,082	2,576	54.01
55	Radiology-Therapeutic	175,625	5,391,452	0.032575	202,419	6,594	55
56	Radioisotope	142,101	6,375,404	0.022289	1,055,990	23,537	56
56.01	VASCULAR LAB	6,403	4,161,578	0.001539	984,456	1,515	56.01
56.02	STRAUSS ONCOLOGY	16,926	2,748,364	0.006159			56.02
57	CT Scan	61,255	29,292,197	0.002091	5,288,452	11,058	57
58	MRI	50,534	7,175,851	0.007042	543,362	3,826	58
59	Cardiac Catheterization	84,214	13,888,869	0.006063	2,946,452	17,864	59
60	Laboratory	270,728	58,115,475	0.004658	15,667,974	72,981	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	20,761	4,334,653	0.004790	1,019,961	4,886	63
65	Respiratory Therapy	75,775	6,830,697	0.011093	2,489,650	27,618	65
66	Physical Therapy	209,953	14,743,811	0.014240	2,603,526	37,074	66
69	Electrocardiology	332,002	16,017,909	0.020727	3,945,079	81,770	69
70	Electroencephalography	6,946	395,638	0.017556	100,577	1,766	70
71	Medical Supplies Charged to Pat	83,851	26,089,503	0.003214	5,199,438	16,711	71
72	Impl. Dev. Charged to Patients	218,142	19,450,813	0.011215	6,675,136	74,862	72
73	Drugs Charged to Patients	183,481	66,769,189	0.002748	12,122,872	33,314	73
74	Renal Dialysis	5,195	590,335	0.008800	234,417	2,063	74
76	WOUND CARE	125,780	2,395,365	0.052510			76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	Clinic	325,817	1,103,296	0.295312			90
91	Emergency	590,813	35,673,882	0.016562	3,656,438	60,558	91
92	Observation Beds (Non-Distinct	172,117	2,736,695	0.062892	238,372	14,992	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	TOTAL	5,497,358	461,160,849		88,061,614	863,287	200

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	Non CMS worksheet <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS**

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	SWING-BED ADJUST-MENT AMOUNT	REDUCED CAPITAL RELATED COST	TOTAL PATIENT DAYS	PER DIEM	INPATIENT PROGRAM DAYS	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	6	7	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics	2,842,105		2,842,105	24,191	117.49	9,791	1,150,345	30
31	Intensive Care Unit	616,641		616,641	3,623	170.20	1,535	261,257	31
200	TOTAL	3,458,746		3,458,746	27,814		11,326	1,411,602	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	1,411,602
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	863,287
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	2,274,889
MEDICARE DISCHARGES (Worksheet S-3, Part I, line 14, column 13)	2,122
MEDICARE PATIENT DAYS (Worksheet S-3, Part I, line 14, column 6 - Worksheet S-3, Part I, line 5, column 6)	11,326
PER DISCHARGE CAPITAL COSTS	1,072.05

**KPMG LLP Compu-Max 2552-10**

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	Non CMS worksheet <b>CMS-2552-10</b>	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 16:45 Version: 2015.03 (10/05/2015)
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**I. COST TO CHARGE RATIO FOR PPS HOSPITALS**

1. TOTAL PROGRAM (Title XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (Worksheet D-1, Part II, line 53)	20,961,928
2. HOSPITAL PART A TITLE XVIII CHARGES (sum of inpatient charges and ancillary charges on Worksheet D-3 for hospital Title XVIII component)	105,270,521
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.199

**COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER**

1. TOTAL MEDICARE COSTS (Worksheet D-1, Part II, line 49 - (Worksheet D, Part III, column 9, line 40 + Worksheet D, Part IV, column 11, line 200))	1,835,368
2. TOTAL MEDICARE CHARGES (Worksheet D-3, line 40, column 2 plus Worksheet D-3, line 202, column 2) (see CR 5619)	4,000,520
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.459

**COST TO CHARGE RATIO FOR REHAB SUBPROVIDER**

1. TOTAL MEDICARE COSTS (Worksheet D-1, Part II, line 49 - (Worksheet D, Part III, column 9, line 41 + Worksheet D, Part IV, column 11, line 200))	2,170,799
2. TOTAL MEDICARE CHARGES (Worksheet D-3, line 41, column 2 plus Worksheet D-3, line 202, column 2)	5,355,222
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.405

**II. COST TO CHARGE RATIO FOR CAPITAL**

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (Worksheet D, Part I, lines 30-35, column 7 + Worksheet D, Part II, line 200, column 5)	2,274,889
2. RATIO OF COST TO CHARGES (line II-1 / line I-2)	0.022

**III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES**

1. TOTAL PROGRAM (Title XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, columns 2, 2.01, 2.02 x column 1 less lines 61, 66-68, 74, 94, 95 & 96)	10,656,461
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, line 202, columns 2, 2.01, & 2.02 less lines 61, 66-68, 74, 94, 95 & 96)	77,796,972
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.137