

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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 Date: 10/18/2016 Time: 18:13	
	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 checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.	
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 CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY 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 06/01/2015 and ending 05/31/2016, 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)

Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		2,224,448	190,077	-4,167		1
2	SUBPROVIDER - IPF		2	-2			2
3	SUBPROVIDER - IRF		-649	6			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		2,223,801	190,081	-4,167		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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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 / 2015	To: 05 / 31 / 2016		20
21	Type of control (see instructions)	4			21

Inpatient PPS Information

		1	2	3	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR§412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	Y	N		22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	3	N		23

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,703	2,531	3		3,330		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.	742						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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**WORKSHEET S-2
PART I**

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

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**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	Y	40	
		V	XVIII	XIX	
Prospective Payment System (PPS)-Capital		1	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N	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	
Teaching Hospitals					
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
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 osteopathci FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count 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)	0.38	37.66	0.009989	66

Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
67	INTERNAL MEDICINE	1400	2.01	38.32	0.049839

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, indicate which program year began during this cost reporting period. (see instructions)	N			71

Inpatient Rehabilitation Facility PPS

		1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.	Y			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N			76

Long Term Care Hospital PPS

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

TEFRA Providers

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

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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/IID facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97

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 is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			107	
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108	
		Physical	Occupational	Speech	Respiratory
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.				109
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, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:				118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121
122	Does the cost report contain state health or similar taxes? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

Transplant Center Information

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

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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 Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y	N		145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N			147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N			148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N			149

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y			167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)				168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)	0.50			169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01 / 01 / 2015	03 / 31 / 2015		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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

		Y/N	Date		
Provider Organization and Operation		1	2		
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1
		Y/N	Date	V/I	
		1	2	3	
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N			2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3

		Y/N	Type	Date	
Financial Data and Reports		1	2	3	
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	Y	C	12/31/2015	4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N			5

		Y/N	Y/N	
Approved Educational Activities		1	2	
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N		6
7	Are costs claimed for allied health programs? If yes, see instructions.	N		7
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	N		8
9	Are costs claimed for Interns and Residents in approved GME programs claimed on the current cost report? If yes, see instructions.	Y		9
10	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10
11	Are GME costs directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11

		Y/N	
Bad Debts		Y/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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data		1	2	3	4
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	09/01/2016	Y	09/01/2016
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	

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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 services to other chain components? If yes, see instructions.			39
40	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				
						Title V	Title XVIII	Title XIX	Total All Patients	
						5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	103	37,698		9,274	3,653	22,425	1	
2	HMO and other (see instructions)					3,709	3,330		2	
3	HMO IPF Subprovider					534	114		3	
4	HMO IRF Subprovider					236			4	
5	Hospital Adults & Peds. Swing Bed SNF								5	
6	Hospital Adults & Peds. Swing Bed NF								6	
7	Total Adults & Peds. (exclude observation beds) (see instructions)		103	37,698		9,274	3,653	22,425	7	
8	Intensive Care Unit	31	16	5,856		1,499	584	3,771	8	
9	Coronary Care Unit	32							9	
10	Burn Intensive Care Unit	33							10	
11	Surgical Intensive Care Unit	34							11	
12	Other Special Care (specify)	35							12	
13	Nursery	43							13	
14	Total (see instructions)		119	43,554		10,773	4,237	26,196	14	
15	CAH Visits								15	
16	Subprovider - IPF	40	11	4,026		2,103	382	3,133	16	
17	Subprovider - IRF	41	14	5,124		1,654	742	3,044	17	
18	Subprovider I	42							18	
19	Skilled Nursing Facility	44							19	
20	Nursing Facility	45							20	
21	Other Long Term Care	46							21	
22	Home Health Agency	101							22	
23	ASC (Distinct Part)	115							23	
24	Hospice (Distinct Part)	116							24	
24.10	Hospice (non-distinct part)	30							24.10	
25	CMHC	99							25	
26	RHC	88							26	
27	Total (sum of lines 14-26)		144						27	
28	Observation Bed Days							1,709	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	

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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)					2,111	787	5,269	1
2	HMO and other (see instructions)					615	869		2
3	HMO IPF Subprovider						11		3
4	HMO IRF Subprovider						21		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)	79.28	640.63			2,111	787	5,269	14
15	CAH Visits								15
16	Subprovider - IPF		15.81			199	40	320	16
17	Subprovider - IRF		13.66			134	39	247	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)	79.28	670.10						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

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HOSPITAL WAGE INDEX INFORMATION

**WORKSHEET S-3
PARTS II-III**

Part II - Wage Data

		Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
		1	2	3	4	5	6	
SALARIES								
1	Total salaries (see instructions)	200	47,029,241		47,029,241	1,393,817.00	33.74	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		528,213		528,213	5,172.00	102.13	4.01
5	Physician-Part B							5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21	4,845,908		4,845,908	160,471.00	30.20	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)		3,526,479	125,353	3,651,832	88,834.00	41.11	10
OTHER WAGES & RELATED COSTS								
11	Contract labor (see instructions)		873,966		873,966	12,977.00	67.35	11
12	Contract management and administrative services		106,603		106,603	992.00	107.46	12
13	Contract labor: Physician-Part A - Administrative		620,671		620,671	2,966.00	209.26	13
14	Home office salaries & wage-related costs		4,072,011		4,072,011	90,061.00	45.21	14
15	Home office: Physician Part A - Administrative							15
16	Home office & Contract Physicians Part A - Teaching							16
WAGE-RELATED COSTS								
17	Wage-related costs (core)(see instructions)		6,683,192		6,683,192			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		780,381		780,381			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		92,891		92,891			22.01
23	Physician Part B							23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)		852,193		852,193			25
OVERHEAD COSTS - DIRECT SALARIES								
26	Employee Benefits Department		197,125	36,927	234,052	4,101.00	57.07	26
27	Administrative & General		5,317,804	-791,753	4,526,051	96,141.00	47.08	27
28	Administrative & General under contract (see instructions)							28
29	Maintenance & Repairs							29
30	Operation of Plant		1,100,422		1,100,422	42,474.00	25.91	30
31	Laundry & Linen Service							31
32	Housekeeping		928,437		928,437	60,761.00	15.28	32
33	Housekeeping under contract (see instructions)							33
34	Dietary		842,000		842,000	52,271.00	16.11	34
35	Dietary under contract (see instructions)							35
36	Cafeteria							36
37	Maintenance of Personnel							37
38	Nursing Administration		893,925		893,925	20,976.00	42.62	38
39	Central Services and Supply		315,080		315,080	15,137.00	20.82	39
40	Pharmacy		1,042,799	112,173	1,154,972	28,420.00	40.64	40
41	Medical Records & Medical Records Library		322,400	517,300	839,700	32,306.00	25.99	41
42	Social Service							42
43	Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		41,655,120		41,655,120	1,228,174.00	33.92	1
2	Excluded area salaries (see instructions)		3,526,479	125,353	3,651,832	88,834.00	41.11	2
3	Subtotal salaries (line 1 minus line 2)		38,128,641	-125,353	38,003,288	1,139,340.00	33.36	3
4	Subtotal other wages & related costs (see instructions)		5,673,251		5,673,251	106,996.00	53.02	4
5	Subtotal wage-related costs (see instructions)		6,683,192		6,683,192		17.59%	5
6	Total (sum of lines 3 through 5)		50,485,084	-125,353	50,359,731	1,246,336.00	40.41	6
7	Total overhead cost (see instructions)		10,959,992	-125,353	10,834,639	352,587.00	30.73	7

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	543,779	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)	2,967,765	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	-813	10
11	Life Insurance (If employee is owner or beneficiary)	12,226	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)		13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	338,185	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	2,448,902	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance		19
20	State or Federal Unemployment Taxes	371,243	20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	1,905	23
24	Total Wage Related cost (Sum of lines 1-23)	6,683,192	24

Part B - Other Than Core Related Cost

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

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost	1,120,764	8,408,657	1
2	Hospital	1,113,549	8,408,608	2
3	Subprovider - IPF	3,034	49	3
4	Subprovider - IRF	4,181		4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)	0.180298	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	12,651,421	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	7,289,997	5
6	Medicaid charges	138,246,058	6
7	Medicaid cost (line 1 times line 6)	24,925,488	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.	4,984,070	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)	4,984,070	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	3,510,557	95,736	3,606,293	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	632,946	17,261	650,207	21
22	Partial payment by patients approved for charity care				22
23	Cost of charity care (line 21 minus line 22)	632,946	17,261	650,207	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)	5,989,640	26
27	Medicare bad debts for the entire hospital complex (see instructions)	1,311,561	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	4,678,079	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	843,448	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	1,493,655	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	6,477,725	31

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt				579,636	579,636	4,107,275	4,686,911	1
2	00200	Cap Rel Costs-Mvble Equip				920,732	920,732	2,675,933	3,596,665	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	197,125	7,939,302	8,136,427	12,763	8,149,190	25,834	8,175,024	4
5	00500	Administrative & General	5,317,804	15,230,798	20,548,602	-1,401,245	19,147,357	1,195,190	20,342,547	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	1,100,422	4,940,214	6,040,636	-5,482	6,035,154	-318,061	5,717,093	7
8	00800	Laundry & Linen Service		420,039	420,039	79,365	499,404		499,404	8
9	00900	Housekeeping	928,437	352,494	1,280,931	-14,790	1,266,141	-2,875	1,263,266	9
10	01000	Dietary	842,000	483,498	1,325,498	-2,373	1,323,125	-7,657	1,315,468	10
11	01100	Cafeteria								11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	893,925	54,266	948,191	-379	947,812	-7,189	940,623	13
14	01400	Central Services & Supply	315,080	538,858	853,938	67,100	921,038	-8,306	912,732	14
15	01500	Pharmacy	1,042,799	2,635,733	3,678,532	-2,519,025	1,159,507	-409,650	749,857	15
16	01600	Medical Records & Library	322,400	206,895	529,295	737,211	1,266,506	-3,779	1,262,727	16
17	01700	Social Service								17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	4,845,908		4,845,908		4,845,908		4,845,908	21
22	02200	I&R Services-Other Prgm Costs Apprvd		1,899,073	1,899,073	-11,559	1,887,514	-50,041	1,837,473	22
23	02300	Paramed Ed Prgm-(specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	8,903,077	1,439,370	10,342,447	-489,478	9,852,969	-569,725	9,283,244	30
31	03100	Intensive Care Unit	2,503,639	714,208	3,217,847	-294,362	2,923,485	-22,729	2,900,756	31
40	04000	Subprovider - IPF	947,989	41,617	989,606	-12,041	977,565	-3,037	974,528	40
41	04100	Subprovider - IRF	988,565	130,061	1,118,626	-20,261	1,098,365	-50,331	1,048,034	41
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	3,522,623	11,662,309	15,184,932	-6,403,681	8,781,251	-959,738	7,821,513	50
50.01	03340	GASTRO INTESTINAL SERVICES	403,931	246,026	649,957	-29,456	620,501	-25,705	594,796	50.01
51	05100	Recovery Room	619,700	228,278	847,978	-33,872	814,106		814,106	51
53	05300	Anesthesiology	121,081	368,843	489,924	-171,678	318,246	-122,794	195,452	53
54	05400	Radiology-Diagnostic	1,285,160	453,584	1,738,744	-134,458	1,604,286	-37,373	1,566,913	54
54.01	03630	ULTRA SOUND	187,063	5,013	192,076	-4,329	187,747	-2,086	185,661	54.01
55	05500	Radiology-Therapeutic	324,934	500,575	825,509	-111,262	714,247	-78,299	635,948	55
56	05600	Radioisotope	191,216	349,849	541,065	-4,197	536,868	-600	536,268	56
56.01	03650	VASCULAR LAB	177,451	20,568	198,019	-2,539	195,480		195,480	56.01
56.02	03950	STRAUSS ONCOLOGY	520,066	3,630,809	4,150,875	-2,890,588	1,260,287	-656,772	603,515	56.02
57	05700	CT Scan	378,809	163,530	542,339	-18,566	523,773	-15,399	508,374	57
58	05800	MRI	138,828	18,927	157,755	-11,165	146,590		146,590	58
59	05900	Cardiac Catheterization	431,271	825,160	1,256,431	-613,676	642,755		642,755	59
60	06000	Laboratory	1,181,585	1,630,571	2,812,156	-28,695	2,783,461	-108,203	2,675,258	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.		559,609	559,609		559,609	-1,394	558,215	63
65	06500	Respiratory Therapy	1,218,477	308,180	1,526,657	-217,806	1,308,851	-141,777	1,167,074	65
66	06600	Physical Therapy	1,815,275	34,136	1,849,411	-2,915	1,846,496	-5,074	1,841,422	66
69	06900	Electrocardiology	477,020	33,254	510,274	-12,394	497,880	-680	497,200	69
70	07000	Electroencephalography	49,860	192	50,052	-1,245	48,807		48,807	70
71	07100	Medical Supplies Charged to Patients				2,108,329	2,108,329		2,108,329	71
72	07200	Impl. Dev. Charged to Patients				5,497,504	5,497,504		5,497,504	72
73	07300	Drugs Charged to Patients				5,734,974	5,734,974		5,734,974	73
74	07400	Renal Dialysis		383,139	383,139	-3,035	380,104	-6,958	373,146	74
76	03951	WOUND CARE	251,310	227,584	478,894	-89,566	389,328	-17,477	371,851	76
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	980,325	654,583	1,634,908	-84,744	1,550,164	-414,437	1,135,727	90
91	09100	Emergency	2,014,161	1,082,522	3,096,683	-252,581	2,844,102	-575,847	2,268,255	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	45,439,316	60,413,667	105,852,983	-155,829	105,697,154	3,380,239	109,077,393	118
		NONREIMBURSABLE COST CENTERS								

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- 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	1,246,426	1,122,700	2,369,126	38,188	2,407,314		2,407,314	192
194	07950	MARKETING	343,499	1,393,892	1,737,391	82,028	1,819,419		1,819,419	194
194.0 1	07951	HOSPICE		33,349	33,349	-22,688	10,661		10,661	194.0 1
194.0 2	07952	OTHER NONREIMBURSABLE COST CENTERS				58,301	58,301		58,301	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)	47,029,241	62,963,608	109,992,849		109,992,849	3,380,239	113,373,088	200

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	RENTS	A	Cap Rel Costs-Bldg & Fixt	1		400,660	1
2	RENTS	A	Cap Rel Costs-Mvble Equip	2		912,930	2
3	RENTS	A	Physicians' Private Offices	192		52,405	3
4	RENTS	A					4
5	RENTS	A					5
6	RENTS	A					6
7	RENTS	A					7
8	RENTS	A					8
9	RENTS	A					9
10	RENTS	A					10
11	RENTS	A					11
12	RENTS	A					12
13	RENTS	A					13
14	RENTS	A					14
15	RENTS	A					15
16	RENTS	A					16
17	RENTS	A					17
18	RENTS	A					18
19	RENTS	A					19
20	RENTS	A					20
21	RENTS	A					21
22	RENTS	A					22
23	RENTS	A					23
24	RENTS	A					24
25	RENTS	A					25
26	RENTS	A					26
27	RENTS	A					27
28	RENTS	A					28
29	RENTS	A					29
30	RENTS	A					30
31	RENTS	A					31
500	Total reclassifications					1,365,995	500
	Code Letter - A						
1	INTEREST EXPENSE	B	Cap Rel Costs-Mvble Equip	2		7,802	1
500	Total reclassifications					7,802	500
	Code Letter - B						
1	PROPERTY TAXES	C	Cap Rel Costs-Bldg & Fixt	1		145,128	1
500	Total reclassifications					145,128	500
	Code Letter - C						
1	INSURANCE	D	Cap Rel Costs-Bldg & Fixt	1		33,848	1
500	Total reclassifications					33,848	500
	Code Letter - D						
1	BILLABLE DRUGS	E	Drugs Charged to Patients	73		5,734,974	1
2	BILLABLE DRUGS	E					2
3	BILLABLE DRUGS	E					3
4	BILLABLE DRUGS	E					4
5	BILLABLE DRUGS	E					5
6	BILLABLE DRUGS	E					6
7	BILLABLE DRUGS	E					7
8	BILLABLE DRUGS	E					8
9	BILLABLE DRUGS	E					9
10	BILLABLE DRUGS	E					10
11	BILLABLE DRUGS	E					11
12	BILLABLE DRUGS	E					12
13	BILLABLE DRUGS	E					13
14	BILLABLE DRUGS	E					14
15	BILLABLE DRUGS	E					15
16	BILLABLE DRUGS	E					16
17	BILLABLE DRUGS	E					17
18	BILLABLE DRUGS	E					18
19	BILLABLE DRUGS	E					19
20	BILLABLE DRUGS	E					20
21	BILLABLE DRUGS	E					21
22	BILLABLE DRUGS	E					22
23	BILLABLE DRUGS	E					23
24	BILLABLE DRUGS	E					24

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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	
25	BILLABLE DRUGS	E					25
26	BILLABLE DRUGS	E					26
27	BILLABLE DRUGS	E					27
28	BILLABLE DRUGS	E					28
500	Total reclassifications					5,734,974	500
	Code Letter - E						
1	LAUNDRY LINEN	F	Laundry & Linen Service	8		88,684	1
2	LAUNDRY LINEN	F					2
3	LAUNDRY LINEN	F					3
4	LAUNDRY LINEN	F					4
5	LAUNDRY LINEN	F					5
6	LAUNDRY LINEN	F					6
7	LAUNDRY LINEN	F					7
8	LAUNDRY LINEN	F					8
9	LAUNDRY LINEN	F					9
10	LAUNDRY LINEN	F					10
11	LAUNDRY LINEN	F					11
12	LAUNDRY LINEN	F					12
13	LAUNDRY LINEN	F					13
14	LAUNDRY LINEN	F					14
15	LAUNDRY LINEN	F					15
16	LAUNDRY LINEN	F					16
17	LAUNDRY LINEN	F					17
18	LAUNDRY LINEN	F					18
19	LAUNDRY LINEN	F					19
20	LAUNDRY LINEN	F					20
500	Total reclassifications					88,684	500
	Code Letter - F						
1	BILLABLE SUPPLIES	G	Medical Supplies Charged to P	71		2,108,329	1
2	BILLABLE SUPPLIES	G	Central Services & Supply	14		126,914	2
3	BILLABLE SUPPLIES	G					3
4	BILLABLE SUPPLIES	G					4
5	BILLABLE SUPPLIES	G					5
6	BILLABLE SUPPLIES	G					6
7	BILLABLE SUPPLIES	G					7
8	BILLABLE SUPPLIES	G					8
9	BILLABLE SUPPLIES	G					9
10	BILLABLE SUPPLIES	G					10
11	BILLABLE SUPPLIES	G					11
12	BILLABLE SUPPLIES	G					12
13	BILLABLE SUPPLIES	G					13
14	BILLABLE SUPPLIES	G					14
15	BILLABLE SUPPLIES	G					15
16	BILLABLE SUPPLIES	G					16
17	BILLABLE SUPPLIES	G					17
18	BILLABLE SUPPLIES	G					18
19	BILLABLE SUPPLIES	G					19
20	BILLABLE SUPPLIES	G					20
21	BILLABLE SUPPLIES	G					21
22	BILLABLE SUPPLIES	G					22
23	BILLABLE SUPPLIES	G					23
24	BILLABLE SUPPLIES	G					24
25	BILLABLE SUPPLIES	G					25
26	BILLABLE SUPPLIES	G					26
27	BILLABLE SUPPLIES	G					27
28	BILLABLE SUPPLIES	G					28
29	BILLABLE SUPPLIES	G					29
30	BILLABLE SUPPLIES	G					30
31	BILLABLE SUPPLIES	G					31
32	BILLABLE SUPPLIES	G					32
33	BILLABLE SUPPLIES	G					33
34	BILLABLE SUPPLIES	G					34
35	BILLABLE SUPPLIES	G					35
36	BILLABLE SUPPLIES	G					36
37	BILLABLE SUPPLIES	G					37
500	Total reclassifications					2,235,243	500
	Code Letter - G						

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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	IMPLANTABLE DEVICES	H	Impl. Dev. Charged to Patient	72		5,497,504	1
2	IMPLANTABLE DEVICES	H					2
3	IMPLANTABLE DEVICES	H					3
4	IMPLANTABLE DEVICES	H					4
5	IMPLANTABLE DEVICES	H					5
6	IMPLANTABLE DEVICES	H					6
500	Total reclassifications					5,497,504	500
	Code Letter - H						
1	TRANSCRIPTION	I	Medical Records & Library	16		19,420	1
2	TRANSCRIPTION	I					2
500	Total reclassifications					19,420	500
	Code Letter - I						
1	REGIONAL COSTS	J	Employee Benefits Department	4	36,927	6,897	1
2	REGIONAL COSTS	J	Pharmacy	15	112,173	2,851	2
3	REGIONAL COSTS	J	Medical Records & Library	16	517,300	203,392	3
4	REGIONAL COSTS	J	MARKETING	194	60,129	22,533	4
5	REGIONAL COSTS	J	OTHER NONREIMBURSABLE COST CE	194.02	65,224		5
500	Total reclassifications				791,753	235,673	500
	Code Letter - J						
	GRAND TOTAL (Increases)				791,753	15,364,271	

(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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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	RENTS	A	Employee Benefits Department	4		2,519	10	1
2	RENTS	A	Administrative & General	5		193,902	10	2
3	RENTS	A	Operation of Plant	7		2,602		3
4	RENTS	A	Housekeeping	9		552		4
5	RENTS	A	Dietary	10		2,195		5
6	RENTS	A	Nursing Administration	13		360		6
7	RENTS	A	Central Services & Supply	14		59,814		7
8	RENTS	A	Pharmacy	15		912		8
9	RENTS	A	Medical Records & Library	16		2,901		9
10	RENTS	A	I&R Services-Other Prgm Costs	22		11,535		10
11	RENTS	A	Adults & Pediatrics	30		14,128		11
12	RENTS	A	Intensive Care Unit	31		25,966		12
13	RENTS	A	Subprovider - IPF	40		3,274		13
14	RENTS	A	Subprovider - IRF	41		1,532		14
15	RENTS	A	Operating Room	50		655,347		15
16	RENTS	A	Radiology-Diagnostic	54		3,610		16
17	RENTS	A	Radiology-Therapeutic	55		106,207		17
18	RENTS	A	Radioisotope	56		360		18
19	RENTS	A	VASCULAR LAB	56.01		696		19
20	RENTS	A	STRAUSS ONCOLOGY	56.02		143,773		20
21	RENTS	A	CT Scan	57		7,133		21
22	RENTS	A	MRI	58		9,500		22
23	RENTS	A	Cardiac Catheterization	59		360		23
24	RENTS	A	Laboratory	60		552		24
25	RENTS	A	Respiratory Therapy	65		101,132		25
26	RENTS	A	Physical Therapy	66		702		26
27	RENTS	A	Electrocardiology	69		1,633		27
28	RENTS	A	WOUND CARE	76		4,041		28
29	RENTS	A	Clinic	90		5,753		29
30	RENTS	A	Emergency	91		2,370		30
31	RENTS	A	MARKETING	194		634		31
500	Total reclassifications					1,365,995		500
	Code letter - A							
1	INTEREST EXPENSE	B	Administrative & General	5		7,802	11	1
500	Total reclassifications					7,802		500
	Code letter - B							
1	PROPERTY TAXES	C	Administrative & General	5		145,128	13	1
500	Total reclassifications					145,128		500
	Code letter - C							
1	INSURANCE	D	Administrative & General	5		33,848	12	1
500	Total reclassifications					33,848		500
	Code letter - D							
1	BILLABLE DRUGS	E	Employee Benefits Department	4		28,207		1
2	BILLABLE DRUGS	E	Operation of Plant	7		2		2
3	BILLABLE DRUGS	E	Pharmacy	15		2,630,087		3
4	BILLABLE DRUGS	E	Adults & Pediatrics	30		53,660		4
5	BILLABLE DRUGS	E	Intensive Care Unit	31		37,077		5
6	BILLABLE DRUGS	E	Subprovider - IPF	40		101		6
7	BILLABLE DRUGS	E	Subprovider - IRF	41		543		7
8	BILLABLE DRUGS	E	Operating Room	50		66,658		8
9	BILLABLE DRUGS	E	GASTRO INTESTINAL SERVICES	50.01		1,954		9
10	BILLABLE DRUGS	E	Recovery Room	51		5,820		10
11	BILLABLE DRUGS	E	Anesthesiology	53		51,610		11
12	BILLABLE DRUGS	E	Radiology-Diagnostic	54		6,758		12
13	BILLABLE DRUGS	E	ULTRA SOUND	54.01		250		13
14	BILLABLE DRUGS	E	Radiology-Therapeutic	55		25		14
15	BILLABLE DRUGS	E	Radioisotope	56		197		15
16	BILLABLE DRUGS	E	STRAUSS ONCOLOGY	56.02		2,722,747		16
17	BILLABLE DRUGS	E	CT Scan	57		6,239		17
18	BILLABLE DRUGS	E	MRI	58		11		18
19	BILLABLE DRUGS	E	Cardiac Catheterization	59		2,360		19
20	BILLABLE DRUGS	E	Laboratory	60		42		20
21	BILLABLE DRUGS	E	Respiratory Therapy	65		664		21
22	BILLABLE DRUGS	E	Electrocardiology	69		1,084		22
23	BILLABLE DRUGS	E	Renal Dialysis	74		1,388		23

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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
24	BILLABLE DRUGS	E	WOUND CARE	76		10,616	24
25	BILLABLE DRUGS	E	Clinic	90		51,081	25
26	BILLABLE DRUGS	E	Emergency	91		47,449	26
27	BILLABLE DRUGS	E	Physicians' Private Offices	192		6,985	27
28	BILLABLE DRUGS	E	HOSPICE	194.01		1,359	28
500	Total reclassifications Code letter - E					5,734,974	500
1	LAUNDRY LINEN	F	Housekeeping	9		7,347	1
2	LAUNDRY LINEN	F	Dietary	10		170	2
3	LAUNDRY LINEN	F	Adults & Pediatrics	30		7,153	3
4	LAUNDRY LINEN	F	Intensive Care Unit	31		758	4
5	LAUNDRY LINEN	F	Subprovider - IPF	40		1,051	5
6	LAUNDRY LINEN	F	Subprovider - IRF	41		695	6
7	LAUNDRY LINEN	F	Operating Room	50		59,935	7
8	LAUNDRY LINEN	F	Radiology-Diagnostic	54		8,323	8
9	LAUNDRY LINEN	F	ULTRA SOUND	54.01		93	9
10	LAUNDRY LINEN	F	STRAUSS ONCOLOGY	56.02		25	10
11	LAUNDRY LINEN	F	CT Scan	57		113	11
12	LAUNDRY LINEN	F	MRI	58		131	12
13	LAUNDRY LINEN	F	Cardiac Catheterization	59		433	13
14	LAUNDRY LINEN	F	Physical Therapy	66		37	14
15	LAUNDRY LINEN	F	Electrocardiology	69		74	15
16	LAUNDRY LINEN	F	Renal Dialysis	74		32	16
17	LAUNDRY LINEN	F	Clinic	90		29	17
18	LAUNDRY LINEN	F	Emergency	91		1,323	18
19	LAUNDRY LINEN	F	Physicians' Private Offices	192		831	19
20	LAUNDRY LINEN	F	HOSPICE	194.01		131	20
500	Total reclassifications Code letter - F					88,684	500
1	BILLABLE SUPPLIES	G	Employee Benefits Department	4		335	1
2	BILLABLE SUPPLIES	G	Administrative & General	5		62	2
3	BILLABLE SUPPLIES	G	Operation of Plant	7		2,878	3
4	BILLABLE SUPPLIES	G	Laundry & Linen Service	8		9,319	4
5	BILLABLE SUPPLIES	G	Housekeeping	9		6,891	5
6	BILLABLE SUPPLIES	G	Dietary	10		8	6
7	BILLABLE SUPPLIES	G	Nursing Administration	13		19	7
8	BILLABLE SUPPLIES	G	Pharmacy	15		3,050	8
9	BILLABLE SUPPLIES	G	I&R Services-Other Prgm Costs	22		24	9
10	BILLABLE SUPPLIES	G	Adults & Pediatrics	30		414,537	10
11	BILLABLE SUPPLIES	G	Intensive Care Unit	31		230,561	11
12	BILLABLE SUPPLIES	G	Subprovider - IPF	40		7,615	12
13	BILLABLE SUPPLIES	G	Subprovider - IRF	41		17,491	13
14	BILLABLE SUPPLIES	G	Operating Room	50		795,140	14
15	BILLABLE SUPPLIES	G	GASTRO INTESTINAL SERVICES	50.01		26,592	15
16	BILLABLE SUPPLIES	G	Recovery Room	51		28,052	16
17	BILLABLE SUPPLIES	G	Anesthesiology	53		119,645	17
18	BILLABLE SUPPLIES	G	Radiology-Diagnostic	54		73,215	18
19	BILLABLE SUPPLIES	G	ULTRA SOUND	54.01		3,986	19
20	BILLABLE SUPPLIES	G	Radiology-Therapeutic	55		2,208	20
21	BILLABLE SUPPLIES	G	Radioisotope	56		3,640	21
22	BILLABLE SUPPLIES	G	VASCULAR LAB	56.01		1,843	22
23	BILLABLE SUPPLIES	G	STRAUSS ONCOLOGY	56.02		24,043	23
24	BILLABLE SUPPLIES	G	CT Scan	57		5,081	24
25	BILLABLE SUPPLIES	G	MRI	58		1,523	25
26	BILLABLE SUPPLIES	G	Cardiac Catheterization	59		13,796	26
27	BILLABLE SUPPLIES	G	Laboratory	60		28,101	27
28	BILLABLE SUPPLIES	G	Respiratory Therapy	65		116,010	28
29	BILLABLE SUPPLIES	G	Physical Therapy	66		2,176	29
30	BILLABLE SUPPLIES	G	Electrocardiology	69		9,603	30
31	BILLABLE SUPPLIES	G	Electroencephalography	70		1,245	31
32	BILLABLE SUPPLIES	G	Renal Dialysis	74		1,615	32
33	BILLABLE SUPPLIES	G	WOUND CARE	76		44,618	33
34	BILLABLE SUPPLIES	G	Clinic	90		11,283	34
35	BILLABLE SUPPLIES	G	Emergency	91		201,439	35
36	BILLABLE SUPPLIES	G	Physicians' Private Offices	192		6,401	36
37	BILLABLE SUPPLIES	G	HOSPICE	194.01		21,198	37
500	Total reclassifications					2,235,243	500

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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
	Code letter - G						
1	IMPLANTABLE DEVICES	H	Operating Room	50		4,826,601	1
2	IMPLANTABLE DEVICES	H	GASTRO INTESTINAL SERVICES	50.01		910	2
3	IMPLANTABLE DEVICES	H	Anesthesiology	53		423	3
4	IMPLANTABLE DEVICES	H	Radiology-Diagnostic	54		42,552	4
5	IMPLANTABLE DEVICES	H	Cardiac Catheterization	59		596,727	5
6	IMPLANTABLE DEVICES	H	WOUND CARE	76		30,291	6
500	Total reclassifications					5,497,504	500
	Code letter - H						
1	TRANSCRIPTION	I	Radiology-Therapeutic	55		2,822	1
2	TRANSCRIPTION	I	Clinic	90		16,598	2
500	Total reclassifications					19,420	500
	Code letter - I						
1	REGIONAL COSTS	J	OTHER NONREIMBURSABLE COST CE	194.02		6,923	1
2	REGIONAL COSTS	J	Administrative & General	5	791,753	228,750	2
3	REGIONAL COSTS	J					3
4	REGIONAL COSTS	J					4
5	REGIONAL COSTS	J					5
500	Total reclassifications				791,753	235,673	500
	Code letter - J						
	GRAND TOTAL (Decreases)				791,753	15,364,271	

(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	55,669,211	2,089,672		2,089,672		57,758,883		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	149,024,706	2,784,313		2,784,313		151,809,019		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	213,206,397	4,873,985		4,873,985		218,080,382		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	213,206,397	4,873,985		4,873,985		218,080,382		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	63,442,035		63,442,035	0.294735				1	
2	Cap Rel Costs-Mvble Equip	151,809,020		151,809,020	0.705265				2	
3	Total (sum of lines 1-2)	215,251,055		215,251,055	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	4,107,275	400,660		33,848	145,128		4,686,911	1	
2	Cap Rel Costs-Mvble Equip	2,675,933	912,930	7,802				3,596,665	2	
3	Total (sum of lines 1-2)	6,783,208	1,313,590	7,802	33,848	145,128		8,283,576	3	

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

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

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED				
	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	2
3	Investment income-other (chapter 2)					3
4	Trade, quantity, and time discounts (chapter 8)					4
5	Refunds and rebates of expenses (chapter 8)					5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)					7
8	Television and radio service (chapter 21)					8
9	Parking lot (chapter 21)	B	-314,650	Operation of Plant	7	9
10	Provider-based physician adjustment	Wkst A-8-2	-3,263,032			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	1,947,493			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests					14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients					17
18	Sale of medical records and abstracts	B	-3,779	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	1,623,751	Cap Rel Costs-Bldg & Fixt	1	9 26
27	Depreciation--movable equipment	A	2,678,201	Cap Rel Costs-Mvble Equip	2	9 27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33	DEPRECIATION	A	-3,095,316	Administrative & General	5	33
33.01	TELEPHONE SERVICES - DIRECT PHONE	A	-25,366	Administrative & General	5	33.01
33.02	TELEPHONE SERVICES - PBX SALARY	A	-24,382	Administrative & General	5	33.02
33.03	TELEPHONE SERVICES - PBX BENEFITS	A	-4,145	Employee Benefits Department	4	33.03
33.04	TELEPHONE SERVICES - DEPRECIATION	A	-206	Cap Rel Costs-Mvble Equip	2	9 33.04
33.05	TELEVISION SERVICES - DEPRECIATION	A	-2,062	Cap Rel Costs-Mvble Equip	2	9 33.05
33.06	SATELLITE TV	A	-6,707	Dietary	10	33.06
33.07	ID BADGES	B	-60	Administrative & General	5	33.07
33.08	QUALITY BONUSES	B	-4,333	Administrative & General	5	33.08
33.09	RESIDENCY RECLASS	B	-120,253	Administrative & General	5	33.09
33.10	MEDICAL STAFF APPLICATION	B	-4,600	Administrative & General	5	33.10
33.11	OTHER MISC REVENUE	B	-26,390	Administrative & General	5	33.11
33.12	DIETARY REVENUE	B	-950	Dietary	10	33.12
33.13	HOSPICE REVENUE	B	-8,306	Central Services & Supply	14	33.13
33.14	HOSPICE REVENUE	B	-409,650	Pharmacy	15	33.14
33.15	STUDENT FEES & PAYMENTS	B	-47,541	I&R Services-Other Prgm Costs Apprvd	22	33.15
33.16	HOSPICE REVENUE	B	-24,445	GASTRO INTESTINAL SERVICES	50.01	33.16
33.17	HOSPICE REVENUE	B	-11,208	Radiology-Diagnostic	54	33.17
33.18	HOSPICE REVENUE	B	-2,086	ULTRA SOUND	54.01	33.18
33.19	HOSPICE REVENUE	B	-60,943	Radiology-Therapeutic	55	33.19
33.20	HOSPICE REVENUE	B	-600	Radioisotope	56	33.20
33.21	HOSPICE REVENUE	B	-15,399	CT Scan	57	33.21
33.22	HOSPICE REVENUE	B	-40,717	Laboratory	60	33.22
33.23	HOSPICE REVENUE	B	-1,394	Blood Storing, Processing & Trans.	63	33.23
33.24	HOSPICE REVENUE	B	-141,777	Respiratory Therapy	65	33.24

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED				
	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
33.25	HOSPICE REVENUE	B	-5,074	Physical Therapy	66	33.25
33.26	HOSPICE REVENUE	B	-680	Electrocardiology	69	33.26
33.27	HOSPICE REVENUE	B	-6,958	Renal Dialysis	74	33.27
33.28	MISC RENTAL INCOME	B	-11,050	Clinic	90	33.28
33.29	OTHER MISC REVENUE	B	-409	Clinic	90	33.29
33.30	HOSPICE REVENUE	B	-848	Emergency	91	33.30
33.31	ADVERTISING	A	-8,381	Administrative & General	5	33.31
33.32	ADVERTISING	A	-3,650	Adults & Pediatrics	30	33.32
33.33	OTHER EXPENSE	A	-4,550	Employee Benefits Department	4	33.33
33.34	OTHER EXPENSE	A	-6,063	Administrative & General	5	33.34
33.35	OTHER EXPENSE	A	-411	Operation of Plant	7	33.35
33.36	OTHER EXPENSE	A	-2,875	Housekeeping	9	33.36
33.37	PURCHASED SVCS	A	-36,569	Employee Benefits Department	4	33.37
33.38	PURCHASED SVCS	A	-398,808	Administrative & General	5	33.38
33.39	PURCHASED SVCS	A	-3,000	Operation of Plant	7	33.39
33.40	PURCHASED SVCS	A	-25,364	Adults & Pediatrics	30	33.40
33.41	PURCHASED SVCS	A	-1,260	GASTRO INTESTINAL SERVICES	50.01	33.41
33.42	PHYSICIAN RECRUITMENT	A	-194	Administrative & General	5	33.42
33.43	PHYSICIAN INTERVIEW	A	-932	Administrative & General	5	33.43
33.44	PHYSICIAN INCENTIVES	A	-5,400	Adults & Pediatrics	30	33.44
33.45	PHYSICIAN INCENTIVES	A	-27,257	Operating Room	50	33.45
33.46	TRAVEL	A	-11,404	Administrative & General	5	33.46
33.47	ALCOHOL	A	-148	Administrative & General	5	33.47
33.48	DONATION & CONTRIBUTION	A	-345,070	Administrative & General	5	33.48
33.49	LOBBYING DUES	A	-27,962	Administrative & General	5	33.49
33.50	LOBBYING DUES	A	-125	Nursing Administration	13	33.50
33.51	DUES & SUBSCRIPTION	A	-24,173	Administrative & General	5	33.51
33.52	DUES & SUBSCRIPTION	A	-2,500	I&R Services-Other Prgm Costs Apprvd	22	33.52
33.53	PATIENT TRANSPORTATION	A	-7,064	Nursing Administration	13	33.53
33.54	BAD DEBTS - NON PATIENT	A	-32,507	Administrative & General	5	33.54
33.55	LEGAL	A	-114,701	Administrative & General	5	33.55
33.56	SENIOR SERVICES	A	-121,359	Adults & Pediatrics	30	33.56
33.57	H.O. WORKERS COMPENSATION	A	206,987	Employee Benefits Department	4	33.57
33.58	PERIOD 13 ADJUSTMENT	A	-135,889	Employee Benefits Department	4	33.58
33.59	PERIOD 13 ADJUSTMENT	A	5,956,739	Administrative & General	5	33.59
34						34
35						35
36						36
37						37
38						38
39						39
40						40
41						41
42						42
43						43
44						44
45						45
46						46
47						47
48						48
49						49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		3,380,239			50

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

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

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

WORKSHEET A-8-1

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

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
1	2	3	4	5	6	7	
1	1	Cap Rel Costs-Bldg & Fixt	TENET DIRECT ALLOC.- CAPITAL	1,822,142	1,822,142	9 1	
2	1	Cap Rel Costs-Bldg & Fixt	TENET POOL ALLOC.- CAPITAL	661,382	661,382	9 2	
3	5	Administrative & General	TENET POOL/DIRECT ALLOC.-NON CAPITAL	4,006,185	4,006,185	3	
4	5	Administrative & General	PERIOD 13 ADJ - IC OVERHEAD ALLOC		4,474,730	-4,474,730	4
4.01	1	Cap Rel Costs-Bldg & Fixt	REGIONAL ALLOCATION	158,157	158,157	10	4.01
4.02	2	Cap Rel Costs-Mvble Equip	REGIONAL ALLOCATION	3,963	3,963	10	4.02
4.03	4	Employee Benefits Department	REGIONAL ALLOCATION	43,825	43,825		4.03
4.04	5	Administrative & General	REGIONAL ALLOCATION	5,491,574	5,491,574		4.04
4.05	14	Central Services & Supply	REGIONAL ALLOCATION	61	61		4.05
4.06	15	Pharmacy	REGIONAL ALLOCATION	115,024	115,024		4.06
4.07	16	Medical Records & Library	REGIONAL ALLOCATION	720,693	720,693		4.07
4.08	194	MARKETING	REGIONAL ALLOCATION	82,662	82,662		4.08
4.09	194.0	OTHER NONREIMBURSABLE COST CENTERS	REGIONAL ALLOCATION	58,301	58,301		4.09
4.10	2	Laboratory	GENESIS LAB	967,836	1,035,322	-67,486	4.10
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			14,131,805	12,184,312	1,947,493	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		Type of Business	
			Name	Percentage of Ownership		
1	2	3	4	5	6	
6	B		TENET HLTHCARE	100.00	HLTHCARE	6
7	G		GENESIS LAB	1.00	LAB	7
8	G		REGIONAL	1.00	HLTHCARE	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	21,961	21,961						1
2	30	Adults & Pediatrics ADULTS & PEDIAT	440,788	367,388	73,400	177,200	315	26,836	1,342	2
3	31	Intensive Care Unit INTENSIVE CARE	22,729	22,729						3
4	41	Subprovider - IRF SUBPROVIDER - I	81,000	20,250	60,750	177,200	360	30,669	1,533	4
5	40	Subprovider - IPF SUBPROVIDER - I	6,000		6,000	154,100	40	2,963	148	5
6	50	Operating Room OPERATING ROOM	1,114,981	702,046	412,935	208,000	1,825	182,500	9,125	6
7	53	Anesthesiology ANESTHESIOLOGY	122,794	122,794						7
8	54	Radiology-Diagnostic RADIOLOGY - DIA	49,670	13,100	36,570	225,300	217	23,505	1,175	8
9	55	Radiology-Therapeuti RADIOLOGY - THE	24,086	12,273	11,813	177,200	79	6,730	337	9
10	56.02	STRAUSS ONCOLOGY STRAUSS ONCOLOG	656,772	656,772						10
11	76	WOUND CARE WOUND CARE	28,552	9,349	19,203	177,200	130	11,075	554	11
12	90	Clinic CLINIC	402,978	402,978						12
13	91	Emergency EMERGENCY	574,999	574,999						13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	3,547,310	2,926,639	620,671		2,966	284,278	14,214	200

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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 Disallowanc e	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5	Administrative & Gen ADMINISTRATIVE							21,961	1
2	30	Adults & Pediatrics ADULTS & PEDIAT					26,836	46,564	413,952	2
3	31	Intensive Care Unit INTENSIVE CARE							22,729	3
4	41	Subprovider - IRF SUBPROVIDER - I					30,669	30,081	50,331	4
5	40	Subprovider - IPF SUBPROVIDER - I					2,963	3,037	3,037	5
6	50	Operating Room OPERATING ROOM					182,500	230,435	932,481	6
7	53	Anesthesiology ANESTHESIOLOGY							122,794	7
8	54	Radiology-Diagnostic RADIOLOGY - DIA					23,505	13,065	26,165	8
9	55	Radiology-Therapeuti RADIOLOGY - THE					6,730	5,083	17,356	9
10	56.02	STRAUSS ONCOLOGY STRAUSS ONCOLOG							656,772	10
11	76	WOUND CARE WOUND CARE					11,075	8,128	17,477	11
12	90	Clinic CLINIC							402,978	12
13	91	Emergency EMERGENCY							574,999	13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					284,278	336,393	3,263,032	200

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	4,686,911	4,686,911					1
2	Cap Rel Costs-Mvble Equip	3,596,665		3,596,665				2
4	Employee Benefits Department	8,175,024	37,948	29,819	8,242,791			4
5	Administrative & General	20,342,547	520,708	409,161	797,246	22,069,662	22,069,662	5
6	Maintenance & Repairs							6
7	Operation of Plant	5,717,093	647,573	508,849	193,835	7,067,350	1,708,306	7
8	Laundry & Linen Service	499,404	37,814	29,713		566,931	137,037	8
9	Housekeeping	1,263,266	40,686	31,970	163,540	1,499,462	362,447	9
10	Dietary	1,315,468	86,017	67,591	148,315	1,617,391	390,953	10
11	Cafeteria		43,304	34,027		77,331	18,692	11
12	Maintenance of Personnel							12
13	Nursing Administration	940,623	4,698	3,692	157,461	1,106,474	267,455	13
14	Central Services & Supply	912,732	45,358	35,641	55,500	1,049,231	253,618	14
15	Pharmacy	749,857	16,309	12,816	203,444	982,426	237,470	15
16	Medical Records & Library	1,262,727	35,679	28,036	147,910	1,474,352	356,377	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	4,845,908			853,587	5,699,495	1,377,671	21
22	I&R Services-Other Prgm Costs Apprvd	1,837,473	136,046	106,902		2,080,421	502,875	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	9,283,244	747,204	587,135	1,568,248	12,185,831	2,945,519	30
31	Intensive Care Unit	2,900,756	157,658	123,884	441,006	3,623,304	875,818	31
40	Subprovider - IPF	974,528	68,003	53,435	166,984	1,262,950	305,278	40
41	Subprovider - IRF	1,048,034	131,764	103,538	174,132	1,457,468	352,296	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	7,821,513	370,822	291,384	620,496	9,104,215	2,200,653	50
50.01	GASTRO INTESTINAL SERVICES							
51	Recovery Room	594,796	48,150	37,835	71,151	751,932	181,755	50.01
53	Anesthesiology	184,106	45,103	35,441	109,158	1,003,808	242,638	51
54	Radiology-Diagnostic	195,452	5,302	4,166	21,328	226,248	54,688	53
54	Radiology-Diagnostic	1,566,913	159,162	125,066	226,376	2,077,517	502,173	54
54.01	ULTRA SOUND							
55	Radiology-Therapeutic	185,661	2,295	1,804	32,950	222,710	53,833	54.01
56	Radioisotope	635,948	49,412	38,827	57,236	781,423	188,884	55
56.01	VASCULAR LAB							
56.02	STRAUSS ONCOLOGY							
57	CT Scan	536,268	39,962	31,401	33,682	641,313	155,017	56
58	MRI	195,480			31,257	226,737	54,806	56.01
59	Cardiac Catheterization	603,515			91,608	695,123	168,024	56.02
60	Laboratory	508,374	12,068	9,483	66,726	596,651	144,221	57
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							
63	Blood Storing, Processing & Trans.	508,374						62.30
65	Respiratory Therapy	558,215	2,940	2,310		563,465	136,200	63
66	Physical Therapy	1,167,074	14,014	11,012	214,630	1,406,730	340,032	65
69	Electrocardiology	1,841,422	48,069	37,772	319,753	2,247,016	543,144	66
70	Electroencephalography	497,200	96,327	75,691	84,025	753,243	182,072	69
71	Medical Supplies Charged to Patients	48,807	1,342	1,055	8,783	59,987	14,500	70
72	Impl. Dev. Charged to Patients	2,108,329				2,108,329	509,621	71
73	Drugs Charged to Patients	5,497,504				5,497,504	1,328,846	72
74	Renal Dialysis	5,734,974				5,734,974	1,386,246	73
76	WOUND CARE	373,146				373,146	90,196	74
76.97	CARDIAC REHABILITATION							
76.98	HYPERBARIC OXYGEN THERAPY							
76.99	LITHOTRIPSY							
76	WOUND CARE	371,851	35,626	27,994	44,267	479,738	115,961	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,135,727	91,763	72,105	172,680	1,472,275	355,875	90
91	Emergency	2,268,255	159,081	125,002	354,786	2,907,124	702,704	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	109,077,393	4,034,103	3,169,910	7,940,652	107,695,691	20,697,334	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	2,407,314	485,874	381,790	219,553	3,494,531	844,691	192
194	MARKETING	1,819,419	4,161	3,270	71,097	1,897,947	458,768	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 DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINIS-TRATIVE & GENERAL	
		0	1	2	4	4A	5	
194.0 1	HOSPICE	10,661	28,109	22,087		60,857	14,710	194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS	58,301			11,489	69,790	16,869	194.0 2
194.0 3	VACANT AREA		109,710			109,710	26,519	194.0 3
194.0 4	LAKEFRONT		24,954	19,608		44,562	10,771	194.0 4
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	113,373,088	4,686,911	3,596,665	8,242,791	113,373,088	22,069,662	202

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	8,775,656						7
8	Laundry & Linen Service	95,338	799,306					8
9	Housekeeping	102,580		1,964,489				9
10	Dietary	216,871		49,668	2,274,883			10
11	Cafeteria	109,180		25,005	944,838	1,175,046		11
12	Maintenance of Personnel							12
13	Nursing Administration	11,845		2,713		21,648	1,410,135	13
14	Central Services & Supply	114,358		26,191		15,634		14
15	Pharmacy	41,120		9,417		29,336	56,579	15
16	Medical Records & Library	89,957		20,602		33,352		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					165,685		21
22	I&R Services-Other Prgm Costs Apprvd	343,007		78,556				22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,883,878	313,151	431,450	673,394	305,083	588,247	30
31	Intensive Care Unit	397,495	102,298	91,035	113,239	63,762	122,951	31
40	Subprovider - IPF	171,453	22,917	39,266	94,079	33,953	65,482	40
41	Subprovider - IRF	332,210	68,449	76,083	91,406	29,336	56,553	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	934,934	86,542	214,120		97,736	188,449	50
50.01	GASTRO INTESTINAL SERVICES	121,398	12,287	27,803		9,793	18,889	50.01
51	Recovery Room	113,715		26,043		15,656	30,207	51
53	Anesthesiology	13,368		3,062		4,682		53
54	Radiology-Diagnostic	401,286	61,665	91,903		39,880		54
54.01	ULTRA SOUND	5,787		1,325		3,694		54.01
55	Radiology-Therapeutic	124,579	6,182	28,531		8,827		55
56	Radioisotope	100,753	6,182	23,075		4,639		56
56.01	VASCULAR LAB					4,832		56.01
56.02	STRAUSS ONCOLOGY		6,182			14,926		56.02
57	CT Scan	30,426		6,968		9,922		57
58	MRI	34,724		7,952		3,221		58
59	Cardiac Catheterization	51,984		11,905		8,032		59
60	Laboratory	155,072		35,515		47,333		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	7,412		1,697				63
65	Respiratory Therapy	35,333		8,092		39,880	76,905	65
66	Physical Therapy	121,195		27,756		47,032	90,672	66
69	Electrocardiology	242,863	6,182	55,621		15,505		69
70	Electroencephalography	3,384	6,182	775		1,976		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	89,821		20,571		7,366		76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	231,356	12,514	52,986		4,145		90
91	Emergency	401,083	40,104	91,857		59,746	115,201	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	7,129,765	750,837	1,587,543	1,916,956	1,146,612	1,410,135	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	1,225,009	3,016	280,554	322,520	17,825		192
194	MARKETING	10,492		2,403		8,998		194
194.0	HOSPICE	70,869	45,453	16,231	32,530			194.0
1								1

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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				2,877	1,611		194.0 2
194.0 3	VACANT AREA	276,605		63,349				194.0 3
194.0 4	LAKEFRONT	62,916		14,409				194.0 4
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	8,775,656	799,306	1,964,489	2,274,883	1,175,046	1,410,135	202

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
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	1,459,032						14
15	Pharmacy		1,356,348					15
16	Medical Records & Library			1,974,640				16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				7,242,851			21
22	I&R Services-Other Prgm Costs Apprvd					3,004,859		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics			151,181	5,055,251	2,097,284	26,630,269	30
31	Intensive Care Unit			28,052			5,417,954	31
40	Subprovider - IPF			12,489			2,007,867	40
41	Subprovider - IRF			9,343			2,473,144	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			313,478	1,855,066	769,616	15,764,809	50
50.01	GASTRO INTESTINAL SERVICES			44,079			1,167,936	50.01
51	Recovery Room			51,568			1,483,635	51
53	Anesthesiology			50,744			352,792	53
54	Radiology-Diagnostic			57,683			3,232,107	54
54.01	ULTRA SOUND			14,113			301,462	54.01
55	Radiology-Therapeutic			23,974			1,162,400	55
56	Radioisotope			26,835			957,814	56
56.01	VASCULAR LAB			15,758			302,133	56.01
56.02	STRAUSS ONCOLOGY			10,038			894,293	56.02
57	CT Scan			122,687			910,875	57
58	MRI			25,890			314,714	58
59	Cardiac Catheterization			51,728			1,061,818	59
60	Laboratory			231,866			4,186,527	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.			15,126			723,900	63
65	Respiratory Therapy			31,502			1,938,474	65
66	Physical Therapy			57,299			3,134,114	66
69	Electrocardiology			66,087			1,321,573	69
70	Electroencephalography			1,750			88,554	70
71	Medical Supplies Charged to Patients	404,443		96,951			3,119,344	71
72	Impl. Dev. Charged to Patients	1,054,589		61,982			7,942,921	72
73	Drugs Charged to Patients		1,356,348	239,654			8,717,222	73
74	Renal Dialysis			2,083			465,425	74
76	WOUND CARE			8,976			722,433	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			922			2,130,073	90
91	Emergency			150,802	332,534	137,959	4,939,114	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,459,032	1,356,348	1,974,640	7,242,851	3,004,859	103,865,696	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices						6,188,146	192
194	MARKETING						2,378,608	194
194.0	HOSPICE							194.0
1							240,650	1

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	SUBTOTAL 24	
194.0 2	OTHER NONREIMBURSABLE COST CENTERS						91,147	194.0 2
194.0 3	VACANT AREA						476,183	194.0 3
194.0 4	LAKEFRONT						132,658	194.0 4
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,459,032	1,356,348	1,974,640	7,242,851	3,004,859	113,373,088	202

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		25	26			
	GENERAL SERVICE COST CENTERS					
1	Cap Rel Costs-Bldg & Fixt					1
2	Cap Rel Costs-Mvble Equip					2
4	Employee Benefits Department					4
5	Administrative & General					5
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
	INPATIENT ROUTINE SERV COST CENTERS					
30	Adults & Pediatrics	-7,152,535	19,477,734			30
31	Intensive Care Unit		5,417,954			31
40	Subprovider - IPF		2,007,867			40
41	Subprovider - IRF		2,473,144			41
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	-2,624,682	13,140,127			50
50.01	GASTRO INTESTINAL SERVICES		1,167,936			50.01
51	Recovery Room		1,483,635			51
53	Anesthesiology		352,792			53
54	Radiology-Diagnostic		3,232,107			54
54.01	ULTRA SOUND		301,462			54.01
55	Radiology-Therapeutic		1,162,400			55
56	Radioisotope		957,814			56
56.01	VASCULAR LAB		302,133			56.01
56.02	STRAUSS ONCOLOGY		894,293			56.02
57	CT Scan		910,875			57
58	MRI		314,714			58
59	Cardiac Catheterization		1,061,818			59
60	Laboratory		4,186,527			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Trans.		723,900			63
65	Respiratory Therapy		1,938,474			65
66	Physical Therapy		3,134,114			66
69	Electrocardiology		1,321,573			69
70	Electroencephalography		88,554			70
71	Medical Supplies Charged to Patients		3,119,344			71
72	Impl. Dev. Charged to Patients		7,942,921			72
73	Drugs Charged to Patients		8,717,222			73
74	Renal Dialysis		465,425			74
76	WOUND CARE		722,433			76
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic		2,130,073			90
91	Emergency	-470,493	4,468,621			91
92	Observation Beds (Non-Distinct Part)					92
	OTHER REIMBURSABLE COST CENTERS					
	SPECIAL PURPOSE COST CENTERS					
118	SUBTOTALS (sum of lines 1-117)	-10,247,710	93,617,986			118
	NONREIMBURSABLE COST CENTERS					
192	Physicians' Private Offices		6,188,146			192
194	MARKETING		2,378,608			194
194.0	HOSPICE					194.0
1			240,650			1

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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		91,147				194.0 2
194.0 3	VACANT AREA		476,183				194.0 3
194.0 4	LAKEFRONT		132,658				194.0 4
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	-10,247,710	103,125,378				202

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDG & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		37,948	29,819	67,767	67,767		4
5	Administrative & General		520,708	409,161	929,869	6,554	936,423	5
6	Maintenance & Repairs							6
7	Operation of Plant		647,573	508,849	1,156,422	1,593	72,483	7
8	Laundry & Linen Service		37,814	29,713	67,527		5,814	8
9	Housekeeping		40,686	31,970	72,656	1,344	15,378	9
10	Dietary		86,017	67,591	153,608	1,219	16,588	10
11	Cafeteria		43,304	34,027	77,331		793	11
12	Maintenance of Personnel							12
13	Nursing Administration		4,698	3,692	8,390	1,294	11,348	13
14	Central Services & Supply		45,358	35,641	80,999	456	10,761	14
15	Pharmacy		16,309	12,816	29,125	1,672	10,076	15
16	Medical Records & Library		35,679	28,036	63,715	1,216	15,121	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					7,017	58,454	21
22	I&R Services-Other Prgm Costs Apprvd		136,046	106,902	242,948		21,337	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		747,204	587,135	1,334,339	12,900	124,996	30
31	Intensive Care Unit		157,658	123,884	281,542	3,625	37,161	31
40	Subprovider - IPF		68,003	53,435	121,438	1,373	12,953	40
41	Subprovider - IRF		131,764	103,538	235,302	1,431	14,948	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		370,822	291,384	662,206	5,101	93,373	50
50.01	GASTRO INTESTINAL SERVICES		48,150	37,835	85,985	585	7,712	50.01
51	Recovery Room		45,103	35,441	80,544	897	10,295	51
53	Anesthesiology		5,302	4,166	9,468	175	2,320	53
54	Radiology-Diagnostic		159,162	125,066	284,228	1,861	21,307	54
54.01	ULTRA SOUND		2,295	1,804	4,099	271	2,284	54.01
55	Radiology-Therapeutic		49,412	38,827	88,239	471	8,014	55
56	Radioisotope		39,962	31,401	71,363	277	6,577	56
56.01	VASCULAR LAB					257	2,325	56.01
56.02	STRAUSS ONCOLOGY					753	7,129	56.02
57	CT Scan		12,068	9,483	21,551	549	6,119	57
58	MRI		13,772	10,822	24,594	201	2,006	58
59	Cardiac Catheterization		20,618	16,201	36,819	624	7,749	59
60	Laboratory		61,506	48,330	109,836	1,711	30,699	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		2,940	2,310	5,250		5,779	63
65	Respiratory Therapy		14,014	11,012	25,026	1,764	14,427	65
66	Physical Therapy		48,069	37,772	85,841	2,629	23,045	66
69	Electrocardiology		96,327	75,691	172,018	691	7,725	69
70	Electroencephalography		1,342	1,055	2,397	72	615	70
71	Medical Supplies Charged to Patients						21,623	71
72	Impl. Dev. Charged to Patients						56,382	72
73	Drugs Charged to Patients						58,818	73
74	Renal Dialysis						3,827	74
76	WOUND CARE		35,626	27,994	63,620	364	4,920	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		91,763	72,105	163,868	1,420	15,100	90
91	Emergency		159,081	125,002	284,083	2,917	29,815	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)		4,034,103	3,169,910	7,204,013	65,284	878,196	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		485,874	381,790	867,664	1,805	35,840	192
194	MARKETING		4,161	3,270	7,431	584	19,465	194
194.0	HOSPICE		28,109	22,087	50,196		624	194.0
1								1

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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					94	716	194.0 2
194.0 3	VACANT AREA		109,710		109,710		1,125	194.0 3
194.0 4	LAKEFRONT		24,954	19,608	44,562		457	194.0 4
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		4,686,911	3,596,665	8,283,576	67,767	936,423	202

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	1,230,498						7
8	Laundry & Linen Service	13,368	86,709					8
9	Housekeeping	14,384		103,762				9
10	Dietary	30,409		2,623	204,447			10
11	Cafeteria	15,309		1,321	84,913	179,667		11
12	Maintenance of Personnel							12
13	Nursing Administration	1,661		143		3,310	26,146	13
14	Central Services & Supply	16,035		1,383		2,391		14
15	Pharmacy	5,766		497		4,486	1,049	15
16	Medical Records & Library	12,613		1,088		5,100		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					25,334		21
22	I&R Services-Other Prgm Costs Apprvd	48,095		4,149				22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	264,151	33,968	22,787	60,519	46,646	10,907	30
31	Intensive Care Unit	55,736	11,097	4,808	10,177	9,749	2,280	31
40	Subprovider - IPF	24,041	2,486	2,074	8,455	5,192	1,214	40
41	Subprovider - IRF	46,582	7,425	4,019	8,215	4,486	1,049	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	131,094	9,388	11,310		14,944	3,494	50
50.01	GASTRO INTESTINAL SERVICES	17,022	1,333	1,469		1,497	350	50.01
51	Recovery Room	15,945		1,376		2,394	560	51
53	Anesthesiology	1,874		162		716		53
54	Radiology-Diagnostic	56,267	6,690	4,854		6,098		54
54.01	ULTRA SOUND	811		70		565		54.01
55	Radiology-Therapeutic	17,468	671	1,507		1,350		55
56	Radioisotope	14,127	671	1,219		709		56
56.01	VASCULAR LAB					739		56.01
56.02	STRAUSS ONCOLOGY		671			2,282		56.02
57	CT Scan	4,266		368		1,517		57
58	MRI	4,869		420		493		58
59	Cardiac Catheterization	7,289		629		1,228		59
60	Laboratory	21,744		1,876		7,237		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	1,039		90				63
65	Respiratory Therapy	4,954		427		6,098	1,426	65
66	Physical Therapy	16,994		1,466		7,191	1,681	66
69	Electrocardiology	34,054	671	2,938		2,371		69
70	Electroencephalography	475	671	41		302		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	12,595		1,087		1,126		76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	32,440	1,358	2,799		634		90
91	Emergency	56,239	4,351	4,852		9,135	2,136	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	999,716	81,451	83,852	172,279	175,320	26,146	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	171,767	327	14,819	28,985	2,725		192
194	MARKETING	1,471		127		1,376		194
194.0	HOSPICE	9,937	4,931	857	2,924			194.0
1								1

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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				259	246		194.0 2
194.0 3	VACANT AREA	38,785		3,346				194.0 3
194.0 4	LAKEFRONT	8,822		761				194.0 4
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,230,498	86,709	103,762	204,447	179,667	26,146	202

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
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	112,025						14
15	Pharmacy		52,671					15
16	Medical Records & Library			98,853				16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				90,805			21
22	I&R Services-Other Prgm Costs Apprvd					316,529		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics			7,553			1,918,766	30
31	Intensive Care Unit			1,401			417,576	31
40	Subprovider - IPF			624			179,850	40
41	Subprovider - IRF			467			323,924	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			15,861			946,771	50
50.01	GASTRO INTESTINAL SERVICES			2,202			118,155	50.01
51	Recovery Room			2,576			114,587	51
53	Anesthesiology			2,535			17,250	53
54	Radiology-Diagnostic			2,882			384,187	54
54.01	ULTRA SOUND			705			8,805	54.01
55	Radiology-Therapeutic			1,198			118,918	55
56	Radioisotope			1,341			96,284	56
56.01	VASCULAR LAB			787			4,108	56.01
56.02	STRAUSS ONCOLOGY			502			11,337	56.02
57	CT Scan			6,130			40,500	57
58	MRI			1,293			33,876	58
59	Cardiac Catheterization			2,584			56,922	59
60	Laboratory			11,584			184,687	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.			756			12,914	63
65	Respiratory Therapy			1,574			55,696	65
66	Physical Therapy			2,863			141,710	66
69	Electrocardiology			3,302			223,770	69
70	Electroencephalography			87			4,660	70
71	Medical Supplies Charged to Patients	31,054		4,844			57,521	71
72	Impl. Dev. Charged to Patients	80,971		3,097			140,450	72
73	Drugs Charged to Patients		52,671	11,973			123,462	73
74	Renal Dialysis			104			3,931	74
76	WOUND CARE			448			84,160	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			46			217,665	90
91	Emergency			7,534			401,062	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	112,025	52,671	98,853			6,443,504	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices						1,123,932	192
194	MARKETING						30,454	194
194.0	HOSPICE						69,469	194.0
1								1

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	SUBTOTAL 24	
194.0 2	OTHER NONREIMBURSABLE COST CENTERS						1,315	194.0 2
194.0 3	VACANT AREA						152,966	194.0 3
194.0 4	LAKEFRONT						54,602	194.0 4
200	Cross Foot Adjustments				90,805	316,529	407,334	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	112,025	52,671	98,853	90,805	316,529	8,283,576	202

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26				
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
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
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics		1,918,766				30
31	Intensive Care Unit		417,576				31
40	Subprovider - IPF		179,850				40
41	Subprovider - IRF		323,924				41
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room		946,771				50
50.01	GASTRO INTESTINAL SERVICES		118,155				50.01
51	Recovery Room		114,587				51
53	Anesthesiology		17,250				53
54	Radiology-Diagnostic		384,187				54
54.01	ULTRA SOUND		8,805				54.01
55	Radiology-Therapeutic		118,918				55
56	Radioisotope		96,284				56
56.01	VASCULAR LAB		4,108				56.01
56.02	STRAUSS ONCOLOGY		11,337				56.02
57	CT Scan		40,500				57
58	MRI		33,876				58
59	Cardiac Catheterization		56,922				59
60	Laboratory		184,687				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.		12,914				63
65	Respiratory Therapy		55,696				65
66	Physical Therapy		141,710				66
69	Electrocardiology		223,770				69
70	Electroencephalography		4,660				70
71	Medical Supplies Charged to Patients		57,521				71
72	Impl. Dev. Charged to Patients		140,450				72
73	Drugs Charged to Patients		123,462				73
74	Renal Dialysis		3,931				74
76	WOUND CARE		84,160				76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic		217,665				90
91	Emergency		401,062				91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)		6,443,504				118
	NONREIMBURSABLE COST CENTERS						
192	Physicians' Private Offices		1,123,932				192
194	MARKETING		30,454				194
194.0	HOSPICE						194.0
1			69,469				1

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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				
194.0 2	OTHER NONREIMBURSABLE COST CENTERS		1,315				194.0 2
194.0 3	VACANT AREA		152,966				194.0 3
194.0 4	LAKEFRONT		54,602				194.0 4
200	Cross Foot Adjustments		407,334				200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)		8,283,576				202

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	349,159						1
2	Cap Rel Costs-Mvble Equip		340,986					2
4	Employee Benefits Department	2,827	2,827	46,795,189				4
5	Administrative & General	38,791	38,791	4,526,051	-22,069,662	91,303,426		5
6	Maintenance & Repairs							6
7	Operation of Plant	48,242	48,242	1,100,422		7,067,350	259,299	7
8	Laundry & Linen Service	2,817	2,817			566,931	2,817	8
9	Housekeeping	3,031	3,031	928,437		1,499,462	3,031	9
10	Dietary	6,408	6,408	842,000		1,617,391	6,408	10
11	Cafeteria	3,226	3,226			77,331	3,226	11
12	Maintenance of Personnel							12
13	Nursing Administration	350	350	893,925		1,106,474	350	13
14	Central Services & Supply	3,379	3,379	315,080		1,049,231	3,379	14
15	Pharmacy	1,215	1,215	1,154,972		982,426	1,215	15
16	Medical Records & Library	2,658	2,658	839,700		1,474,352	2,658	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			4,845,908		5,699,495		21
22	I&R Services-Other Prgm Costs Apprvd	10,135	10,135			2,080,421	10,135	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	55,664	55,664	8,903,077		12,185,831	55,664	30
31	Intensive Care Unit	11,745	11,745	2,503,639		3,623,304	11,745	31
40	Subprovider - IPF	5,066	5,066	947,989		1,262,950	5,066	40
41	Subprovider - IRF	9,816	9,816	988,565		1,457,468	9,816	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	27,625	27,625	3,522,623		9,104,215	27,625	50
50.01	GASTRO INTESTINAL SERVICES							
51	Recovery Room	3,587	3,587	403,931		751,932	3,587	50.01
51	Recovery Room	3,360	3,360	619,700		1,003,808	3,360	51
53	Anesthesiology	395	395	121,081		226,248	395	53
54	Radiology-Diagnostic	11,857	11,857	1,285,160		2,077,517	11,857	54
54.01	ULTRA SOUND							
55	Radiology-Therapeutic	171	171	187,063		222,710	171	54.01
55	Radiology-Therapeutic	3,681	3,681	324,934		781,423	3,681	55
56	Radioisotope	2,977	2,977	191,216		641,313	2,977	56
56.01	VASCULAR LAB							
56.02	STRAUSS ONCOLOGY							
57	CT Scan			177,451		226,737		56.01
57	CT Scan	899	899	378,809		596,651	899	57
58	MRI	1,026	1,026	138,828		195,638	1,026	58
59	Cardiac Catheterization	1,536	1,536	431,271		755,541	1,536	59
60	Laboratory	4,582	4,582	1,181,585		2,993,225	4,582	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							
63	Blood Storing, Processing & Trans.	219	219			563,465	219	62.30
65	Respiratory Therapy	1,044	1,044	1,218,477		1,406,730	1,044	63
66	Physical Therapy	3,581	3,581	1,815,275		2,247,016	3,581	65
69	Electrocardiology	7,176	7,176	477,020		753,243	7,176	66
70	Electroencephalography	100	100	49,860		59,987	100	69
71	Medical Supplies Charged to Patients					2,108,329		70
72	Impl. Dev. Charged to Patients					5,497,504		71
73	Drugs Charged to Patients					5,734,974		72
74	Renal Dialysis					373,146		73
76	WOUND CARE	2,654	2,654	251,310		479,738	2,654	74
76.97	CARDIAC REHABILITATION							
76.98	HYPERBARIC OXYGEN THERAPY							
76.99	LITHOTRIPSY							
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	6,836	6,836	980,325		1,472,275	6,836	76.97
91	Emergency	11,851	11,851	2,014,161		2,907,124	11,851	76.98
92	Observation Beds (Non-Distinct Part)							76.99
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	300,527	300,527	45,079,911	-22,069,662	85,626,029	210,667	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	36,196	36,196	1,246,426		3,494,531	36,196	192
194	MARKETING	310	310	403,628		1,897,947	310	194

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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			60,857	2,094	194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS			65,224		69,790		194.0 2
194.0 3	VACANT AREA	8,173				109,710	8,173	194.0 3
194.0 4	LAKEFRONT	1,859	1,859			44,562	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)	4,686,911	3,596,665	8,242,791		22,069,662	8,775,656	202
203	Unit Cost Multiplier (Wkst. B, Part I)	13.423429	10.547838	0.176146		0.241718	33.843771	203
204	Cost to be allocated (Per Wkst. B, Part II)			67.767		936,423	1,230,498	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.001448		0.010256	4.745479	205

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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service	882,529						8
9	Housekeeping		253,451					9
10	Dietary		6,408	311,544				10
11	Cafeteria		3,226	129,395	54,715			11
12	Maintenance of Personnel							12
13	Nursing Administration		350		1,008	708,320		13
14	Central Services & Supply		3,379		728		7,605,833	14
15	Pharmacy		1,215		1,366	28,420		15
16	Medical Records & Library		2,658		1,553			16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				7,715			21
22	I&R Services-Other Prgm Costs Apprvd		10,135					22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	345,754	55,664	92,221	14,206	295,481		30
31	Intensive Care Unit	112,949	11,745	15,508	2,969	61,759		31
40	Subprovider - IPF	25,303	5,066	12,884	1,581	32,892		40
41	Subprovider - IRF	75,576	9,816	12,518	1,366	28,407		41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	95,553	27,625		4,551	94,659		50
50.01	GASTRO INTESTINAL SERVICES	13,566	3,587		456	9,488		50.01
51	Recovery Room		3,360		729	15,173		51
53	Anesthesiology		395		218			53
54	Radiology-Diagnostic	68,086	11,857		1,857			54
54.01	ULTRA SOUND		171		172			54.01
55	Radiology-Therapeutic	6,826	3,681		411			55
56	Radioisotope	6,826	2,977		216			56
56.01	VASCULAR LAB				225			56.01
56.02	STRAUSS ONCOLOGY	6,826			695			56.02
57	CT Scan		899		462			57
58	MRI		1,026		150			58
59	Cardiac Catheterization		1,536		374			59
60	Laboratory		4,582		2,204			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		219					63
65	Respiratory Therapy		1,044		1,857	38,630		65
66	Physical Therapy		3,581		2,190	45,545		66
69	Electrocardiology	6,826	7,176		722			69
70	Electroencephalography	6,826	100		92			70
71	Medical Supplies Charged to Patients						2,108,329	71
72	Impl. Dev. Charged to Patients						5,497,504	72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	WOUND CARE		2,654		343			76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	13,817	6,836		193			90
91	Emergency	44,280	11,851		2,782	57,866		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	829,014	204,819	262,526	53,391	708,320	7,605,833	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	3,330	36,196	44,169	830			192
194	MARKETING		310		419			194
194.0	HOSPICE	50,185	2,094	4,455				194.0
1								1

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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			394	75			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)	799,306	1,964,489	2,274,883	1,175,046	1,410,135	1,459,032	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.905699	7.750962	7.301964	21.475756	1.990816	0.191831	203
204	Cost to be allocated (Per Wkst. B, Part II)	86,709	103,762	204,447	179,667	26,146	112,025	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.098251	0.409397	0.656238	3.283688	0.036913	0.014729	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
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	5,734,974					15
16	Medical Records & Library		519,240,060				16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd			79,282			21
22	I&R Services-Other Prgm Costs Apprvd				79,282		22
23	Paramed Ed Prgm-(specify)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		39,752,994	55,336	55,336		30
31	Intensive Care Unit		7,376,238				31
40	Subprovider - IPF		3,283,996				40
41	Subprovider - IRF		2,456,660				41
ANCILLARY SERVICE COST CENTERS							
50	Operating Room		82,437,358	20,306	20,306		50
50.01	GASTRO INTESTINAL SERVICES		11,590,637				50.01
51	Recovery Room		13,559,735				51
53	Anesthesiology		13,343,248				53
54	Radiology-Diagnostic		15,167,725				54
54.01	ULTRA SOUND		3,710,932				54.01
55	Radiology-Therapeutic		6,304,014				55
56	Radioisotope		7,056,336				56
56.01	VASCULAR LAB		4,143,555				56.01
56.02	STRAUSS ONCOLOGY		2,639,555				56.02
57	CT Scan		32,260,585				57
58	MRI		6,807,701				58
59	Cardiac Catheterization		13,601,865				59
60	Laboratory		60,969,223				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.		3,977,282				63
65	Respiratory Therapy		8,283,408				65
66	Physical Therapy		15,066,878				66
69	Electrocardiology		17,377,721				69
70	Electroencephalography		460,123				70
71	Medical Supplies Charged to Patients		25,493,178				71
72	Impl. Dev. Charged to Patients		16,298,281				72
73	Drugs Charged to Patients	5,734,974	63,016,992				73
74	Renal Dialysis		547,698				74
76	WOUND CARE		2,360,195				76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic		242,426				90
91	Emergency		39,653,521	3,640	3,640		91
92	Observation Beds (Non-Distinct Part)						92
OTHER REIMBURSABLE COST CENTERS							
SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	5,734,974	519,240,060	79,282	79,282		118
NONREIMBURSABLE COST CENTERS							
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 CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS CHAR GES	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME			
		15	16	21	22			
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)	1,356,348	1,974,640	7,242,851	3,004,859			202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.236505	0.003803	91.355554	37.900898			203
204	Cost to be allocated (Per Wkst. B, Part II)	52,671	98,853	90,805	316,529			204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.009184	0.000190	1.145342	3.992445			205

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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 CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	19,477,734		19,477,734	46,564	19,524,298	30
31	Intensive Care Unit	5,417,954		5,417,954		5,417,954	31
40	Subprovider - IPF	2,007,867		2,007,867	3,037	2,010,904	40
41	Subprovider - IRF	2,473,144		2,473,144	30,081	2,503,225	41
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	13,140,127		13,140,127	230,435	13,370,562	50
50.01	GASTRO INTESTINAL SERVICES	1,167,936		1,167,936		1,167,936	50.01
51	Recovery Room	1,483,635		1,483,635		1,483,635	51
53	Anesthesiology	352,792		352,792		352,792	53
54	Radiology-Diagnostic	3,232,107		3,232,107	13,065	3,245,172	54
54.01	ULTRA SOUND	301,462		301,462		301,462	54.01
55	Radiology-Therapeutic	1,162,400		1,162,400	5,083	1,167,483	55
56	Radioisotope	957,814		957,814		957,814	56
56.01	VASCULAR LAB	302,133		302,133		302,133	56.01
56.02	STRAUSS ONCOLOGY	894,293		894,293		894,293	56.02
57	CT Scan	910,875		910,875		910,875	57
58	MRI	314,714		314,714		314,714	58
59	Cardiac Catheterization	1,061,818		1,061,818		1,061,818	59
60	Laboratory	4,186,527		4,186,527		4,186,527	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	723,900		723,900		723,900	63
65	Respiratory Therapy	1,938,474		1,938,474		1,938,474	65
66	Physical Therapy	3,134,114		3,134,114		3,134,114	66
69	Electrocardiology	1,321,573		1,321,573		1,321,573	69
70	Electroencephalography	88,554		88,554		88,554	70
71	Medical Supplies Charged to Patients	3,119,344		3,119,344		3,119,344	71
72	Impl. Dev. Charged to Patients	7,942,921		7,942,921		7,942,921	72
73	Drugs Charged to Patients	8,717,222		8,717,222		8,717,222	73
74	Renal Dialysis	465,425		465,425		465,425	74
76	WOUND CARE	722,433		722,433	8,128	730,561	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,130,073		2,130,073		2,130,073	90
91	Emergency	4,468,621		4,468,621		4,468,621	91
92	Observation Beds (Non-Distinct Part)	1,382,581		1,382,581		1,382,581	92
OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (sum of lines 30 thru 199)	95,000,567		95,000,567	336,393	95,336,960	200
201	Less Observation Beds	1,382,581		1,382,581		1,382,581	201
202	Total (line 200 minus line 201)	93,617,986		93,617,986		93,954,379	202

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	36,193,014		36,193,014				30
31	Intensive Care Unit	7,376,238		7,376,238				31
40	Subprovider - IPF	3,283,996		3,283,996				40
41	Subprovider - IRF	2,456,660		2,456,660				41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	33,422,011	49,015,347	82,437,358	0.159395	0.159395	0.162191	50
50.01	GASTRO INTESTINAL SERVICES	5,029,984	6,560,653	11,590,637	0.100765	0.100765	0.100765	50.01
51	Recovery Room	4,773,141	8,786,594	13,559,735	0.109415	0.109415	0.109415	51
53	Anesthesiology	5,741,787	7,601,461	13,343,248	0.026440	0.026440	0.026440	53
54	Radiology-Diagnostic	4,875,227	10,292,498	15,167,725	0.213091	0.213091	0.213952	54
54.01	ULTRA SOUND	1,223,673	2,487,259	3,710,932	0.081236	0.081236	0.081236	54.01
55	Radiology-Therapeutic	522,020	5,781,994	6,304,014	0.184390	0.184390	0.185197	55
56	Radioisotope	2,527,689	4,528,647	7,056,336	0.135738	0.135738	0.135738	56
56.01	VASCULAR LAB	2,372,252	1,771,303	4,143,555	0.072916	0.072916	0.072916	56.01
56.02	STRAUSS ONCOLOGY	85,813	2,553,742	2,639,555	0.338804	0.338804	0.338804	56.02
57	CT Scan	14,552,067	17,708,518	32,260,585	0.028235	0.028235	0.028235	57
58	MRI	1,727,742	5,079,959	6,807,701	0.046229	0.046229	0.046229	58
59	Cardiac Catheterization	9,752,687	3,849,178	13,601,865	0.078064	0.078064	0.078064	59
60	Laboratory	38,100,287	22,868,936	60,969,223	0.068666	0.068666	0.068666	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	3,314,609	662,673	3,977,282	0.182009	0.182009	0.182009	63
65	Respiratory Therapy	7,832,684	450,724	8,283,408	0.234019	0.234019	0.234019	65
66	Physical Therapy	9,558,145	5,508,733	15,066,878	0.208013	0.208013	0.208013	66
69	Electrocardiology	9,437,500	7,940,221	17,377,721	0.076050	0.076050	0.076050	69
70	Electroencephalography	326,304	133,819	460,123	0.192457	0.192457	0.192457	70
71	Medical Supplies Charged to Patients	12,742,757	12,750,421	25,493,178	0.122360	0.122360	0.122360	71
72	Impl. Dev. Charged to Patients	11,609,564	4,688,717	16,298,281	0.487347	0.487347	0.487347	72
73	Drugs Charged to Patients	31,921,063	31,095,929	63,016,992	0.138331	0.138331	0.138331	73
74	Renal Dialysis	536,269	11,429	547,698	0.849784	0.849784	0.849784	74
76	WOUND CARE	22,503	2,337,692	2,360,195	0.306090	0.306090	0.309534	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		242,426	242,426	8.786487	8.786487	8.786487	90
91	Emergency	11,855,997	27,797,524	39,653,521	0.112692	0.112692	0.112692	91
92	Observation Beds (Non-Distinct Part)	844,915	2,715,065	3,559,980	0.388368	0.388368	0.388368	92
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (sum of lines 30 thru 199)	274,018,598	245,221,462	519,240,060				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	274,018,598	245,221,462	519,240,060				202

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	1,918,766		1,918,766	24,134	79.50	9,274	737,283	30
31	Intensive Care Unit	417,576		417,576	3,771	110.73	1,499	165,984	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	179,850		179,850	3,133	57.41	2,103	120,733	40
41	Subprovider - IRF	323,924		323,924	3,044	106.41	1,654	176,002	41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	2,840,116		2,840,116	34,082		14,530	1,200,002	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	946,771	82,437,358	0.011485	13,501,109	155,060	50
50.01	GASTRO INTESTINAL SERVICES	118,155	11,590,637	0.010194	1,749,252	17,832	50.01
51	Recovery Room	114,587	13,559,735	0.008451	2,033,573	17,186	51
53	Anesthesiology	17,250	13,343,248	0.001293	2,196,050	2,839	53
54	Radiology-Diagnostic	384,187	15,167,725	0.025329	1,635,038	41,414	54
54.01	ULTRA SOUND	8,805	3,710,932	0.002373	532,061	1,263	54.01
55	Radiology-Therapeutic	118,918	6,304,014	0.018864	176,006	3,320	55
56	Radioisotope	96,284	7,056,336	0.013645	1,057,112	14,424	56
56.01	VASCULAR LAB	4,108	4,143,555	0.000991	1,043,457	1,034	56.01
56.02	STRAUSS ONCOLOGY	11,337	2,639,555	0.004295			56.02
57	CT Scan	40,500	32,260,585	0.001255	5,696,378	7,149	57
58	MRI	33,876	6,807,701	0.004976	640,329	3,186	58
59	Cardiac Catheterization	56,922	13,601,865	0.004185	3,856,288	16,139	59
60	Laboratory	184,687	60,969,223	0.003029	15,779,104	47,795	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	12,914	3,977,282	0.003247	883,018	2,867	63
65	Respiratory Therapy	55,696	8,283,408	0.006724	2,944,717	19,800	65
66	Physical Therapy	141,710	15,066,878	0.009405	2,642,216	24,850	66
69	Electrocardiology	223,770	17,377,721	0.012877	4,035,661	51,967	69
70	Electroencephalography	4,660	460,123	0.010128	113,601	1,151	70
71	Medical Supplies Charged to Pat	57,521	25,493,178	0.002256	4,992,986	11,264	71
72	Impl. Dev. Charged to Patients	140,450	16,298,281	0.008617	5,469,382	47,130	72
73	Drugs Charged to Patients	123,462	63,016,992	0.001959	12,275,209	24,047	73
74	Renal Dialysis	3,931	547,698	0.007177	198,118	1,422	74
76	WOUND CARE	84,160	2,360,195	0.035658			76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	217,665	242,426	0.897862			90
91	Emergency	401,062	39,653,521	0.010114	4,075,271	41,217	91
92	Observation Beds (Non-Distinct	135,875	3,559,980	0.038167	367,097	14,011	92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	3,739,263	469,930,152		87,893,033	568,367	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics General Routine Care)					30
31	Intensive Care Unit					31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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)	
6		7		8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	24,134		9,274		30
31	Intensive Care Unit	3,771		1,499		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	3,133		2,103		40
41	Subprovider - IRF	3,044		1,654		41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	34,082		14,530		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0082

**WORKSHEET D
PART IV**

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

(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)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
50.01	GASTRO INTESTINAL SERVICES							50.01
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	ULTRA SOUND							54.01
55	Radiology-Therapeutic							55
56	Radioisotope							56
56.01	VASCULAR LAB							56.01
56.02	STRAUSS ONCOLOGY							56.02
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66	Physical Therapy							66
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	WOUND CARE							76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0082

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	7	8	9	10	11	12	13
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	82,437,358			13,501,109		10,867,537	50
50.01	GASTRO INTESTINAL SERVICES	11,590,637			1,749,252		2,223,158	50.01
51	Recovery Room	13,559,735			2,033,573		3,021,282	51
53	Anesthesiology	13,343,248			2,196,050		1,668,065	53
54	Radiology-Diagnostic	15,167,725			1,635,038		5,327,627	54
54.01	ULTRA SOUND	3,710,932			532,061		844,819	54.01
55	Radiology-Therapeutic	6,304,014			176,006		58,450	55
56	Radioisotope	7,056,336			1,057,112		2,100,266	56
56.01	VASCULAR LAB	4,143,555			1,043,457		943,708	56.01
56.02	STRAUSS ONCOLOGY	2,639,555					1,086,546	56.02
57	CT Scan	32,260,585			5,696,378		7,476,766	57
58	MRI	6,807,701			640,329		1,765,971	58
59	Cardiac Catheterization	13,601,865			3,856,288		1,753,491	59
60	Laboratory	60,969,223			15,779,104		5,830,228	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	3,977,282			883,018		104,511	63
65	Respiratory Therapy	8,283,408			2,944,717		227,458	65
66	Physical Therapy	15,066,878			2,642,216		53,496	66
69	Electrocardiology	17,377,721			4,035,661		3,909,760	69
70	Electroencephalography	460,123			113,601		35,844	70
71	Medical Supplies Charged to Pat	25,493,178			4,992,986		3,784,030	71
72	Impl. Dev. Charged to Patients	16,298,281			5,469,382		1,320,416	72
73	Drugs Charged to Patients	63,016,992			12,275,209		14,957,726	73
74	Renal Dialysis	547,698			198,118		8,302	74
76	WOUND CARE	2,360,195					50,115	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	242,426					240,191	90
91	Emergency	39,653,521			4,075,271		6,153,035	91
92	Observation Beds (Non-Distinct	3,559,980			367,097		982,325	92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)	469,930,152			87,893,033		76,795,123	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0082

**WORKSHEET D
PART V**

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

(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.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.159395	10,867,537			1,732,231			50
50.01	GASTRO INTESTINAL SERVICES	0.100765	2,223,158			224,017			50.01
51	Recovery Room	0.109415	3,021,282			330,574			51
53	Anesthesiology	0.026440	1,668,065			44,104			53
54	Radiology-Diagnostic	0.213091	5,327,627			1,135,269			54
54.01	ULTRA SOUND	0.081236	844,819			68,630			54.01
55	Radiology-Therapeutic	0.184390	58,450			10,778			55
56	Radioisotope	0.135738	2,100,266			285,086			56
56.01	VASCULAR LAB	0.072916	943,708			68,811			56.01
56.02	STRAUSS ONCOLOGY	0.338804	1,086,546			368,126			56.02
57	CT Scan	0.028235	7,476,766			211,106			57
58	MRI	0.046229	1,765,971			81,639			58
59	Cardiac Catheterization	0.078064	1,753,491			136,885			59
60	Laboratory	0.068666	5,830,228			400,338			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.182009	104,511			19,022			63
65	Respiratory Therapy	0.234019	227,458			53,229			65
66	Physical Therapy	0.208013	53,496			11,128			66
69	Electrocardiology	0.076050	3,909,760			297,337			69
70	Electroencephalography	0.192457	35,844			6,898			70
71	Medical Supplies Charged to Pat	0.122360	3,784,030			463,014			71
72	Impl. Dev. Charged to Patients	0.487347	1,320,416			643,501			72
73	Drugs Charged to Patients	0.138331	14,957,726		51,688	2,069,117		7,150	73
74	Renal Dialysis	0.849784	8,302			7,055			74
76	WOUND CARE	0.306090	50,115			15,340			76
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	8.786487	240,191			2,110,435			90
91	Emergency	0.112692	6,153,035			693,398			91
92	Observation Beds (Non-Distinct	0.388368	982,325			381,504			92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		76,795,123		51,688	11,868,572		7,150	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		76,795,123		51,688	11,868,572		7,150	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	946,771	82,437,358	0.011485	562	6	50
50.01	GASTRO INTESTINAL SERVICES	118,155	11,590,637	0.010194	5,255	54	50.01
51	Recovery Room	114,587	13,559,735	0.008451	1,631	14	51
53	Anesthesiology	17,250	13,343,248	0.001293			53
54	Radiology-Diagnostic	384,187	15,167,725	0.025329	32,799	831	54
54.01	ULTRA SOUND	8,805	3,710,932	0.002373	8,372	20	54.01
55	Radiology-Therapeutic	118,918	6,304,014	0.018864			55
56	Radioisotope	96,284	7,056,336	0.013645	16,161	221	56
56.01	VASCULAR LAB	4,108	4,143,555	0.000991	17,678	18	56.01
56.02	STRAUSS ONCOLOGY	11,337	2,639,555	0.004295			56.02
57	CT Scan	40,500	32,260,585	0.001255	126,988	159	57
58	MRI	33,876	6,807,701	0.004976	8,825	44	58
59	Cardiac Catheterization	56,922	13,601,865	0.004185			59
60	Laboratory	184,687	60,969,223	0.003029	607,037	1,839	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	12,914	3,977,282	0.003247			63
65	Respiratory Therapy	55,696	8,283,408	0.006724	22,916	154	65
66	Physical Therapy	141,710	15,066,878	0.009405	184,251	1,733	66
69	Electrocardiology	223,770	17,377,721	0.012877	109,992	1,416	69
70	Electroencephalography	4,660	460,123	0.010128	2,312	23	70
71	Medical Supplies Charged to Pat	57,521	25,493,178	0.002256	6,923	16	71
72	Impl. Dev. Charged to Patients	140,450	16,298,281	0.008617			72
73	Drugs Charged to Patients	123,462	63,016,992	0.001959	685,001	1,342	73
74	Renal Dialysis	3,931	547,698	0.007177			74
76	WOUND CARE	84,160	2,360,195	0.035658			76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	217,665	242,426	0.897862			90
91	Emergency	401,062	39,653,521	0.010114	155,721	1,575	91
92	Observation Beds (Non-Distinct		3,559,980				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	3,603,388	469,930,152		1,992,424	9,465	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S082

**WORKSHEET D
PART IV**

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

(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)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
50.01	GASTRO INTESTINAL SERVICES							50.01
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	ULTRA SOUND							54.01
55	Radiology-Therapeutic							55
56	Radioisotope							56
56.01	VASCULAR LAB							56.01
56.02	STRAUSS ONCOLOGY							56.02
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66	Physical Therapy							66
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	WOUND CARE							76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S082

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	82,437,358			562				50
50.01	GASTRO INTESTINAL SERVICES	11,590,637			5,255				50.01
51	Recovery Room	13,559,735			1,631				51
53	Anesthesiology	13,343,248							53
54	Radiology-Diagnostic	15,167,725			32,799		6,347		54
54.01	ULTRA SOUND	3,710,932			8,372		1,542		54.01
55	Radiology-Therapeutic	6,304,014							55
56	Radioisotope	7,056,336			16,161				56
56.01	VASCULAR LAB	4,143,555			17,678		3,273		56.01
56.02	STRAUSS ONCOLOGY	2,639,555							56.02
57	CT Scan	32,260,585			126,988		17,704		57
58	MRI	6,807,701			8,825				58
59	Cardiac Catheterization	13,601,865							59
60	Laboratory	60,969,223			607,037		2,892		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	3,977,282							63
65	Respiratory Therapy	8,283,408			22,916				65
66	Physical Therapy	15,066,878			184,251				66
69	Electrocardiology	17,377,721			109,992		10,388		69
70	Electroencephalography	460,123			2,312				70
71	Medical Supplies Charged to Pat	25,493,178			6,923		1,007		71
72	Impl. Dev. Charged to Patients	16,298,281							72
73	Drugs Charged to Patients	63,016,992			685,001		7,853		73
74	Renal Dialysis	547,698							74
76	WOUND CARE	2,360,195							76
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	242,426							90
91	Emergency	39,653,521			155,721		2,322		91
92	Observation Beds (Non-Distinct	3,559,980							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	469,930,152			1,992,424		53,328		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S082

**WORKSHEET D
PART V**

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

(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			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	0.159395						50	
50.01	GASTRO INTESTINAL SERVICES	0.100765						50.01	
51	Recovery Room	0.109415						51	
53	Anesthesiology	0.026440						53	
54	Radiology-Diagnostic	0.213091	6,347			1,352		54	
54.01	ULTRA SOUND	0.081236	1,542			125		54.01	
55	Radiology-Therapeutic	0.184390						55	
56	Radioisotope	0.135738						56	
56.01	VASCULAR LAB	0.072916	3,273			239		56.01	
56.02	STRAUSS ONCOLOGY	0.338804						56.02	
57	CT Scan	0.028235	17,704			500		57	
58	MRI	0.046229						58	
59	Cardiac Catheterization	0.078064						59	
60	Laboratory	0.068666	2,892			199		60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63	Blood Storing, Processing & Tra	0.182009						63	
65	Respiratory Therapy	0.234019						65	
66	Physical Therapy	0.208013						66	
69	Electrocardiology	0.076050	10,388			790		69	
70	Electroencephalography	0.192457						70	
71	Medical Supplies Charged to Pat	0.122360	1,007			123		71	
72	Impl. Dev. Charged to Patients	0.487347						72	
73	Drugs Charged to Patients	0.138331	7,853		86	1,086	12	73	
74	Renal Dialysis	0.849784						74	
76	WOUND CARE	0.306090						76	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	8.786487						90	
91	Emergency	0.112692	2,322			262		91	
92	Observation Beds (Non-Distinct)	0.388368						92	
OTHER REIMBURSABLE COST CENTERS									
200	Subtotal (see instructions)		53,328		86	4,676	12	200	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)		53,328		86	4,676	12	202	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	946,771	82,437,358	0.011485	4,187	48	50
50.01	GASTRO INTESTINAL SERVICES	118,155	11,590,637	0.010194	10,064	103	50.01
51	Recovery Room	114,587	13,559,735	0.008451	3,262	28	51
53	Anesthesiology	17,250	13,343,248	0.001293			53
54	Radiology-Diagnostic	384,187	15,167,725	0.025329	28,271	716	54
54.01	ULTRA SOUND	8,805	3,710,932	0.002373	7,433	18	54.01
55	Radiology-Therapeutic	118,918	6,304,014	0.018864			55
56	Radioisotope	96,284	7,056,336	0.013645	10,910	149	56
56.01	VASCULAR LAB	4,108	4,143,555	0.000991	16,430	16	56.01
56.02	STRAUSS ONCOLOGY	11,337	2,639,555	0.004295			56.02
57	CT Scan	40,500	32,260,585	0.001255	23,635	30	57
58	MRI	33,876	6,807,701	0.004976	13,307	66	58
59	Cardiac Catheterization	56,922	13,601,865	0.004185			59
60	Laboratory	184,687	60,969,223	0.003029	334,584	1,013	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	12,914	3,977,282	0.003247	11,042	36	63
65	Respiratory Therapy	55,696	8,283,408	0.006724	131,569	885	65
66	Physical Therapy	141,710	15,066,878	0.009405	1,993,511	18,749	66
69	Electrocardiology	223,770	17,377,721	0.012877	30,108	388	69
70	Electroencephalography	4,660	460,123	0.010128			70
71	Medical Supplies Charged to Pat	57,521	25,493,178	0.002256	41,146	93	71
72	Impl. Dev. Charged to Patients	140,450	16,298,281	0.008617	73	1	72
73	Drugs Charged to Patients	123,462	63,016,992	0.001959	517,349	1,013	73
74	Renal Dialysis	3,931	547,698	0.007177	1,491	11	74
76	WOUND CARE	84,160	2,360,195	0.035658			76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	217,665	242,426	0.897862			90
91	Emergency	401,062	39,653,521	0.010114			91
92	Observation Beds (Non-Distinct		3,559,980				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	3,603,388	469,930,152		3,178,372	23,363	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T082

**WORKSHEET D
PART IV**

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

(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)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
50.01	GASTRO INTESTINAL SERVICES							50.01
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	ULTRA SOUND							54.01
55	Radiology-Therapeutic							55
56	Radioisotope							56
56.01	VASCULAR LAB							56.01
56.02	STRAUSS ONCOLOGY							56.02
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66	Physical Therapy							66
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	WOUND CARE							76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T082

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	82,437,358			4,187				50
50.01	GASTRO INTESTINAL SERVICES	11,590,637			10,064				50.01
51	Recovery Room	13,559,735			3,262				51
53	Anesthesiology	13,343,248							53
54	Radiology-Diagnostic	15,167,725			28,271		3,450		54
54.01	ULTRA SOUND	3,710,932			7,433		4,378		54.01
55	Radiology-Therapeutic	6,304,014							55
56	Radioisotope	7,056,336			10,910				56
56.01	VASCULAR LAB	4,143,555			16,430		3,638		56.01
56.02	STRAUSS ONCOLOGY	2,639,555							56.02
57	CT Scan	32,260,585			23,635		4,221		57
58	MRI	6,807,701			13,307				58
59	Cardiac Catheterization	13,601,865							59
60	Laboratory	60,969,223			334,584				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	3,977,282			11,042				63
65	Respiratory Therapy	8,283,408			131,569				65
66	Physical Therapy	15,066,878			1,993,511				66
69	Electrocardiology	17,377,721			30,108		6,322		69
70	Electroencephalography	460,123							70
71	Medical Supplies Charged to Pat	25,493,178			41,146		4,165		71
72	Impl. Dev. Charged to Patients	16,298,281			73				72
73	Drugs Charged to Patients	63,016,992			517,349		12,867		73
74	Renal Dialysis	547,698			1,491				74
76	WOUND CARE	2,360,195							76
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	242,426							90
91	Emergency	39,653,521							91
92	Observation Beds (Non-Distinct	3,559,980							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	469,930,152			3,178,372		39,041		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T082

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	0.159395						50	
50.01	GASTRO INTESTINAL SERVICES	0.100765						50.01	
51	Recovery Room	0.109415						51	
53	Anesthesiology	0.026440						53	
54	Radiology-Diagnostic	0.213091	3,450			735		54	
54.01	ULTRA SOUND	0.081236	4,378			356		54.01	
55	Radiology-Therapeutic	0.184390						55	
56	Radioisotope	0.135738						56	
56.01	VASCULAR LAB	0.072916	3,638			265		56.01	
56.02	STRAUSS ONCOLOGY	0.338804						56.02	
57	CT Scan	0.028235	4,221			119		57	
58	MRI	0.046229						58	
59	Cardiac Catheterization	0.078064						59	
60	Laboratory	0.068666						60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63	Blood Storing, Processing & Tra	0.182009						63	
65	Respiratory Therapy	0.234019						65	
66	Physical Therapy	0.208013						66	
69	Electrocardiology	0.076050	6,322			481		69	
70	Electroencephalography	0.192457						70	
71	Medical Supplies Charged to Pat	0.122360	4,165			510		71	
72	Impl. Dev. Charged to Patients	0.487347						72	
73	Drugs Charged to Patients	0.138331	12,867			1,780		73	
74	Renal Dialysis	0.849784						74	
76	WOUND CARE	0.306090						76	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	8.786487						90	
91	Emergency	0.112692						91	
92	Observation Beds (Non-Distinct)	0.388368						92	
OTHER REIMBURSABLE COST CENTERS									
200	Subtotal (see instructions)		39,041			4,246		200	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)		39,041			4,246		202	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0082

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	24,134	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	24,134	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)	22,425	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)	9,274	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)	19,524,298	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)	19,524,298	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)	19,524,298	37

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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)						809.00	38
39	Program general inpatient routine service cost (line 9 x line 38)						7,502,666	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)							40
41	Total Program general inpatient routine service cost (line 39 + line 40)						7,502,666	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
42	Nursery (Titles V and XIX only)							42
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	5,417,954	3,771	1,436.74	1,499	2,153,673		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)						12,339,641	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						21,995,980	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						903,267	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						568,367	51
52	Total Program excludable cost (sum of lines 50 and 51)						1,471,634	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						20,524,346	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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/IID 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)					1,709	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					809.00	88
89	Observation bed cost (line 87 x line 88) (see instructions)					1,382,581	89
		Cost	Routine Cost (from line 21)	col. 1=col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	1,918,766	19,524,298	0.098276	1,382,581	135,875	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S082

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,133	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,133	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	3,133	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)	2,103	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)	2,010,904	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)	2,010,904	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)	2,010,904	37

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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)	641.85	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,349,811	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)	1,349,811	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	223,309	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,573,120	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	120,733	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	9,465	51
52	Total Program excludable cost (sum of lines 50 and 51)	130,198	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,442,922	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T082

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,044	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,044	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)	3,044	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)	1,654	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)	2,503,225	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)	2,503,225	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)	2,503,225	37

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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)	822.35	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,360,167	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)	1,360,167	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	563,308	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,923,475	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	176,002	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	23,363	51
52	Total Program excludable cost (sum of lines 50 and 51)	199,365	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,724,110	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0082

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		14,727,326		30
31	Intensive Care Unit		2,925,925		31
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.162191	13,501,109	2,189,758	50
50.01	GASTRO INTESTINAL SERVICES	0.100765	1,749,252	176,263	50.01
51	Recovery Room	0.109415	2,033,573	222,503	51
53	Anesthesiology	0.026440	2,196,050	58,064	53
54	Radiology-Diagnostic	0.213952	1,635,038	349,820	54
54.01	ULTRA SOUND	0.081236	532,061	43,223	54.01
55	Radiology-Therapeutic	0.185197	176,006	32,596	55
56	Radioisotope	0.135738	1,057,112	143,490	56
56.01	VASCULAR LAB	0.072916	1,043,457	76,085	56.01
56.02	STRAUSS ONCOLOGY	0.338804			56.02
57	CT Scan	0.028235	5,696,378	160,837	57
58	MRI	0.046229	640,329	29,602	58
59	Cardiac Catheterization	0.078064	3,856,288	301,037	59
60	Laboratory	0.068666	15,779,104	1,083,488	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.182009	883,018	160,717	63
65	Respiratory Therapy	0.234019	2,944,717	689,120	65
66	Physical Therapy	0.208013	2,642,216	549,615	66
69	Electrocardiology	0.076050	4,035,661	306,912	69
70	Electroencephalography	0.192457	113,601	21,863	70
71	Medical Supplies Charged to Patients	0.122360	4,992,986	610,942	71
72	Impl. Dev. Charged to Patients	0.487347	5,469,382	2,665,487	72
73	Drugs Charged to Patients	0.138331	12,275,209	1,698,042	73
74	Renal Dialysis	0.849784	198,118	168,358	74
76	WOUND CARE	0.309534			76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	8.786487			90
91	Emergency	0.112692	4,075,271	459,250	91
92	Observation Beds (Non-Distinct Part)	0.388368	367,097	142,569	92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		87,893,033	12,339,641	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		87,893,033		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S082

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF		2,131,341		40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.162191	562	91	50
50.01	GASTRO INTESTINAL SERVICES	0.100765	5,255	530	50.01
51	Recovery Room	0.109415	1,631	178	51
53	Anesthesiology	0.026440			53
54	Radiology-Diagnostic	0.213952	32,799	7,017	54
54.01	ULTRA SOUND	0.081236	8,372	680	54.01
55	Radiology-Therapeutic	0.185197			55
56	Radioisotope	0.135738	16,161	2,194	56
56.01	VASCULAR LAB	0.072916	17,678	1,289	56.01
56.02	STRAUSS ONCOLOGY	0.338804			56.02
57	CT Scan	0.028235	126,988	3,586	57
58	MRI	0.046229	8,825	408	58
59	Cardiac Catheterization	0.078064			59
60	Laboratory	0.068666	607,037	41,683	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.182009			63
65	Respiratory Therapy	0.234019	22,916	5,363	65
66	Physical Therapy	0.208013	184,251	38,327	66
69	Electrocardiology	0.076050	109,992	8,365	69
70	Electroencephalography	0.192457	2,312	445	70
71	Medical Supplies Charged to Patients	0.122360	6,923	847	71
72	Impl. Dev. Charged to Patients	0.487347			72
73	Drugs Charged to Patients	0.138331	685,001	94,757	73
74	Renal Dialysis	0.849784			74
76	WOUND CARE	0.309534			76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	8.786487			90
91	Emergency	0.112692	155,721	17,549	91
92	Observation Beds (Non-Distinct Part)	0.388368			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		1,992,424	223,309	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,992,424		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T082

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF				40
41	Subprovider - IRF		1,369,750		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.162191	4,187	679	50
50.01	GASTRO INTESTINAL SERVICES	0.100765	10,064	1,014	50.01
51	Recovery Room	0.109415	3,262	357	51
53	Anesthesiology	0.026440			53
54	Radiology-Diagnostic	0.213952	28,271	6,049	54
54.01	ULTRA SOUND	0.081236	7,433	604	54.01
55	Radiology-Therapeutic	0.185197			55
56	Radioisotope	0.135738	10,910	1,481	56
56.01	VASCULAR LAB	0.072916	16,430	1,198	56.01
56.02	STRAUSS ONCOLOGY	0.338804			56.02
57	CT Scan	0.028235	23,635	667	57
58	MRI	0.046229	13,307	615	58
59	Cardiac Catheterization	0.078064			59
60	Laboratory	0.068666	334,584	22,975	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.182009	11,042	2,010	63
65	Respiratory Therapy	0.234019	131,569	30,790	65
66	Physical Therapy	0.208013	1,993,511	414,676	66
69	Electrocardiology	0.076050	30,108	2,290	69
70	Electroencephalography	0.192457			70
71	Medical Supplies Charged to Patients	0.122360	41,146	5,035	71
72	Impl. Dev. Charged to Patients	0.487347	73	36	72
73	Drugs Charged to Patients	0.138331	517,349	71,565	73
74	Renal Dialysis	0.849784	1,491	1,267	74
76	WOUND CARE	0.309534			76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	8.786487			90
91	Emergency	0.112692			91
92	Observation Beds (Non-Distinct Part)	0.388368			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		3,178,372	563,308	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		3,178,372		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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)	6,230,851			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	13,292,152			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)	120,988			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	5,849,362			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	114.33			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)	56.25			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).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	10.00			8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)	60.38			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	70.40			10
11	FTE count for residents in dental and podiatric programs	8.88			11
12	Current year allowable FTE (see instructions)	69.26			12
13	Total allowable FTE count for the prior year	73.44			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	78.50			14
15	Sum of lines 12 through 14 divided by 3	73.73			15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count	73.73			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.644888			19
20	Prior year resident to bed ratio (see instructions)	0.638664			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.638664			21
22	IME payment adjustment (see instructions)	5,836,031			22
22.01	IME payment adjustment - Managed Care (see instructions)	1,748,556			22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)	10.02			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)	5,836,031			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	1,748,556			29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.1381			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2889			31
32	Sum of lines 30 and 31	0.4270			32
33	Allowable disproportionate share percentage (see instructions)	0.2444			33
34	Disproportionate share adjustment (see instructions)	1,192,856			34
		Prior to		On or after	
	Uncompensated Care Adjustment	October 1 (1.00)	(1.01)	October 1 (2.00)	
35	Total uncompensated care amount (see instructions)				35
35.01	Factor 3 (see instructions)				35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,798,268		1,462,636	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	601,066		975,091	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,576,157			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40

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)	28,249,035			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)	29,997,591			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	2,254,781			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)	3,473,980			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)	35,726,352			59
60	Primary payer payments	16,384			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	35,709,968			61
62	Deductibles billed to program beneficiaries	1,635,368			62
63	Coinsurance billed to program beneficiaries	222,971			63
64	Allowable bad debts (see instructions)	1,033,812			64
65	Adjusted reimbursable bad debts (see instructions)	671,978			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	838,303			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	34,523,607			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)	-20,670			70.93
70.94	HRR adjustment amount (see instructions)	-297,996			70.94
70.99	HAC adjustment amount (see instructions)	217,234			70.99
71	Amount due provider (see instructions)	33,987,707			71
71.01	Sequestration adjustment (see instructions)	679,754			71.01
72	Interim payments	31,083,505			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	2,224,448			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	301,957			75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. I, line 2				91
92	Operating outlier reconciliation adjustment amount (see instructions)				92
93	Capital outlier reconciliation adjustment amount (see instructions)				93
94	The rate used to calculate the time value of money (see instructions)				94
95	Time value of money for operating expenses (see instructions)				95
96	Time value of money for capital related expenses (see instructions)				96

HSP Bonus Payment Amount

		Prior to 10/1	On or After 10/1	
100	HSP bonus amount (see instructions)			100

HVBP Adjustment for HSP Bonus Payment

		Prior to 10/1	On or After 10/1	
101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101
102	HVBP adjustment amount for HSP bonus payment (see instructions)			102

HRR Adjustment for HSP Bonus Payment

		Prior to 10/1	On or After 10/1	
103	HRR adjustment factor (see instructions)	0.0000	0.0000	103
104	HRR adjustment amount for HSP bonus payment (see instructions)			104

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION

EXHIBIT 5

	(Amt. from Wkst. E, Pt. A or L Pt. I)	Prior to 10/1	(2.01)	On or after 10/1	(3.01)	Total (cols. 2 and 3)	
	(1)	(2)	(2.01)	(3)	(3.01)	(4)	
1	DRG Amounts Other Than Outlier Payments						1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	6,230,851	6,230,851			6,230,851	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	13,292,152		13,292,152		13,292,152	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1						1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1						1.04
2	Outlier payments for discharges	120,988	53,821	67,167		120,988	2
2.01	Outlier payment for discharges for Model 4 BPCI						2.01
3	Operating outlier reconciliation						3
4	Managed Care Simulated Payments	5,849,362	1,562,982	4,286,380		5,849,362	4
	Indirect Medical Education Adjustment						
5	Amount from Worksheet E Part A, line 21	0.638664	0.638664	0.638664			5
6	IME payment adjustment	5,836,031	1,862,595	3,973,436		5,836,031	6
6.01	IME payment adjustment for managed care	1,748,556	467,224	1,281,332		1,748,556	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7	IME payment adjustment factor						7
8	IME add-on adjustment amount						8
8.01	IME payment adjustment add-on for managed care						8.01
9	Total IME payment (sum of lines 6 and 8)	5,836,031	1,862,595	3,973,436		5,836,031	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	1,748,556	467,224	1,281,332		1,748,556	9.01
	Disproportionate Share Adjustment						
10	Allowable disproportionate share percentage	0.2444	0.2444	0.2444	0.2444	0.2444	10
11	Disproportionate share adjustment	1,192,856	380,705	812,151		1,192,856	11
11.01	Uncompensated care payments	1,576,157	601,066	975,091		1,576,157	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12	Total ESRD additional payment						12
13	Subtotal	28,249,035	9,129,038	19,119,997		28,249,035	13
14	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.)						14
15	Total payment for inpatient operating costs SCH and MDH only	29,997,591	9,596,262	20,401,329		29,997,591	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	2,254,781	720,281	1,534,500		2,254,781	16
17	Special add-on payments for new technologies						17
17.01	Net organ acquisition cost (Wkst. D-4 Pt. III, col 1, line 69)						17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG						17.02
18	Capital outlier reconciliation adjustment amount						18
19	SUBTOTAL		10,316,543	21,935,829		32,252,372	19
20	Capital DRG other than outlier	1,564,351	498,155	1,066,196		1,564,351	20
20.01	Model 4 BPCI Capital DRG other than outlier						20.01
21	Capital DRG outlier payments	21,201	9,016	12,185		21,201	21
21.01	Model 4 BPCI Capital DRG outlier payments						21.01
22	Indirect medical education percentage	33.7400	33.7400	33.7400			22
23	Indirect medical education adjustment	527,812	168,077	359,735		527,812	23
24	Allowable disproportionate share percentage	0.0904	0.0904	0.0904			24
25	Disproportionate share adjustment	141,417	45,033	96,384		141,417	25
26	Total prospective capital payments	2,254,781	720,281	1,534,500		2,254,781	26
27							27
28	Low volume adjustment prior to October 1						28
29	Low volume adjustment on or after October 1						29
30	HVBP payment adjustment	-20,670	-6,890	-13,780		-20,670	30
30.01	HVBP payment adjustment for HSP bonus payment						30.01
31	HRR adjustment	-297,996	-99,332	-198,664		-297,996	31
31.01	HRR adjustment for HSP bonus payment						31.01
32	HAC Reduction Program adjustment			217,234		217,234	32

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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)	7,150			1
2	Medical and other services reimbursed under OPPS (see instructions)	11,868,572			2
3	PPS payments	9,160,415			3
4	Outlier payment (see instructions)	58,119			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)	7,150			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	51,688			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)	51,688			14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)	51,688			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions))	44,538			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)	7,150			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)	9,218,534			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	1,953,543			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)	7,272,141			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	1,621,073			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	8,893,214			30
31	Primary payer payments	3,890			31
32	Subtotal (line 30 minus line 31)	8,889,324			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	983,974			34
35	Adjusted reimbursable bad debts (see instructions)	639,583			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	821,099			36
37	Subtotal (see instructions)	9,528,907			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	9,528,907			40
40.01	Sequestration adjustment (see instructions)	190,578			40.01
41	Interim payments	9,148,252			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	190,077			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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)	12		1
2	Medical and other services reimbursed under OPPS (see instructions)	4,676		2
3	PPS payments	4,719		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)	12		11
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
12	Ancillary service charges	86		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)	86		14
	CUSTOMARY CHARGES			
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis			15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000		17
18	Total customary charges (see instructions)	86		18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	74		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)	12		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)	4,719		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
25	Deductibles and coinsurance (see instructions)			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	1,103		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)	3,628		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)	3,628		30
31	Primary payer payments			31
32	Subtotal (line 30 minus line 31)	3,628		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
33	Composite rate ESRD (from Wkst. I-5, line 11)			33
34	Allowable bad debts (see instructions)			34
35	Adjusted reimbursable bad debts (see instructions)			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)			36
37	Subtotal (see instructions)	3,628		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)	3,628		40
40.01	Sequestration adjustment (see instructions)	73		40.01
41	Interim payments	3,557		41
42	Tentative settlement (for contractors use only)			42
43	Balance due provider/program (see instructions)	-2		43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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)	4,246			2
3	PPS payments	2,674			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
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (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)	2,674			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	635			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)	2,039			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)	2,039			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	2,039			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)	2,039			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)	2,039			40
40.01	Sequestration adjustment (see instructions)	41			40.01
41	Interim payments	1,992			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	6			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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

	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		31,325,074		9,476,986	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	12/23/2015	64,237	12/23/2015	111,055	3.50
		.51	05/19/2016	177,332	05/19/2016	217,679	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		-241,569		-328,734	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)			31,083,505		9,148,252	4
TO BE COMPLETED BY CONTRACTOR							
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)						
		.01				5.01	
		.02				5.02	
	Program	.03				5.03	
	to	.04				5.04	
	Provider	.05				5.05	
		.06				5.06	
		.07				5.07	
		.08				5.08	
		.09				5.09	
		.10				5.10	
		.50				5.50	
		.51				5.51	
	Provider	.52				5.52	
	to	.53				5.53	
	Program	.54				5.54	
		.55				5.55	
		.56				5.56	
		.57				5.57	
		.58				5.58	
		.59				5.59	
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99	
6	Determined net settlement amount (balance due) based on the cost report (1)	.01		2,224,448		190,077	6.01
		.02					6.02
7	Total Medicare program liability (see instructions)			33,307,953		9,338,329	7
8	Name of Contractor			Contractor Number		NPR Date (Month/Day/Year)	8

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

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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		1,803,566		3,557	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)		1,803,566		3,557	4
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				5.01
		.02				5.02
	Program	.03				5.03
	to	.04				5.04
	Provider	.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	Provider	.52				5.52
	to	.53				5.53
	Program	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01	2			6.01
		.02			-2	6.02
7	Total Medicare program liability (see instructions)		1,803,568		3,555	7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)		8

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

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 05/31/2016	Run Date: 10/18/2016 Run Time: 18:13 Version: 2016.05 (09/27/2016)
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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		2,699,500		1,992
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	12/23/2015	13,870	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		13,870	3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)			2,713,370	1,992
	TO BE COMPLETED BY CONTRACTOR				
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01			6
		.02		-649	6.02
7	Total Medicare program liability (see instructions)			2,712,721	1,998
8	Name of Contractor		Contractor Number	NPR Date (Month/Day/Year)	8

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

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CALCULATION OF 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)	5,269	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	10,773	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	3,709	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	26,196	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	519,240,060	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	3,606,293	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)	786,061	8
9	Sequestration adjustment amount (see instructions)	15,721	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	770,340	10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

30	Initial/interim HIT payment(s)	774,507	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	-4,167	32

(*) This worksheet is completed by the contractor for standard and non-standard cost reporting periods at cost report settlement. Providers may complete this worksheet for a standard cost reporting period.

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S082

**WORKSHEET E-3
PART II**

Check Hospital
Applicable Subprovider IPF
Box:

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)	1,971,649	1
2	Net IPF PPS Outlier payment	4,684	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)	8,560,109	9
10	Teaching adjustment factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$		10
11	Teaching adjustment (line 1 multiplied by line 10)		11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,976,333	12
13	Nursing and allied health managed care payment (see instructions)		13
14	Organ acquisition DO NOT USE THIS LINE		14
15	Cost of physicians' services in a teaching hospital (see instructions)		15
16	Subtotal (see instructions)	1,976,333	16
17	Primary payer payments	15,571	17
18	Subtotal (line 16 less line 17)	1,960,762	18
19	Deductibles	104,272	19
20	Subtotal (line 18 minus line 19)	1,856,490	20
21	Coinsurance	16,114	21
22	Subtotal (line 20 minus line 21)	1,840,376	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)	1,840,376	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)	1,840,376	31
31.01	Sequestration adjustment (see instructions)	36,808	31.01
32	Interim payments	1,803,566	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	2	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)	4,684	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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T082

**WORKSHEET E-3
PART III**

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

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	Net Federal PPS payment (see instructions)	2,551,479		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.107700		2
3	Inpatient Rehabilitation LIP payments (see instructions)	256,168		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 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2)			5.01
6	New teaching program adjustment (see instructions)			6
7	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)			7
8	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)			8
9	Intern and resident count for IRF PPS medical education adjustment (see instructions)			9
10	Average daily census (see instructions)	8.316940		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	2,807,647		13
14	Nursing and allied health managed care payments (see instructions)			14
15	Organ acquisition DO NOT USE THIS LINE			15
16	Cost of physicians' services in a teaching hospital (see instructions)			16
17	Subtotal (see instructions)	2,807,647		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	2,807,647		19
20	Deductibles	7,644		20
21	Subtotal (line 19 minus line 20)	2,800,003		21
22	Coinsurance	31,920		22
23	Subtotal (line 21 minus line 22)	2,768,083		23
24	Allowable bad debts (exclude bad debts for professional services) (see instructions)			24
25	Adjusted reimbursable bad debts (see instructions)			25
26	Allowable bad debts for dual eligible beneficiaries (see instructions)			26
27	Subtotal (sum of lines 23 and 25)	2,768,083		27
28	Direct graduate medical education payments (from Wkst. E-4, line 49) (For free standing IRF only)			28
29	Other pass through costs (see instructions)			29
30	Outlier payments reconciliation			30
31	Other adjustments (specify) (see instructions)			31
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			31.50
32	Total amount payable to the provider (see instructions)	2,768,083		32
32.01	Sequestration adjustment (see instructions)	55,362		32.01
33	Interim payments	2,713,370		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 33 and 34)	-649		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	248,514		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

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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
		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))			1.45	4
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			10.00	4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			64.37	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			70.40	6
7	Enter the lesser of line 5 or line 6			64.37	7
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	41.66	27.78	69.44	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	38.09	25.40	63.49	9
10	Weighted dental and podiatric resident FTE count for the current year		7.44		10
11	Total weighted FTE count	38.09	32.84		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	45.08	29.87		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	43.81	27.57		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	42.33	30.09		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	42.33	30.09		17
18	Per resident amount	126,737.75	120,009.50		18
19	Approved amount for resident costs	5,364,809	3,611,086	8,975,895	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)			6.03	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)			8,975,895	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	14,530	4,479	26	
27	Total inpatient days (see instructions)	32,373	32,373	27	
28	Ratio of inpatient days to total inpatient days	0.448831	0.138356	28	
29	Program direct GME amount	4,028,660	1,241,869	29	
30	Reduction for direct GME payments for Medicare Advantage		175,476	30	
31	Net Program direct GME amount			5,095,053	31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			547,698	33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
Part A Reasonable Cost					
37	Reasonable cost (see instructions)			25,492,575	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)			31,955	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			25,460,620	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			11,884,656	42
43	Primary payer payments (see instructions)			3,890	43
44	Total Part B reasonable cost (line 42 minus line 43)			11,880,766	44
45	Total reasonable cost (sum of lines 41 and 44)			37,341,386	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.681834	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.318166	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			5,095,053	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			3,473,980	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			1,621,073	50

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BALANCE SHEET

WORKSHEET G

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

Assets (Omit Cents)		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund
		1	2	3	4
CURRENT ASSETS					
1	Cash on hand and in banks	-27,015			1
2	Temporary investments				2
3	Notes receivable				3
4	Accounts receivable	17,886,971			4
5	Other receivables	435,024			5
6	Allowances for uncollectible notes and accounts receivable	-2,691,676			6
7	Inventory	3,100,253			7
8	Prepaid expenses	374,538			8
9	Other current assets				9
10	Due from other funds				10
11	Total current assets (sum of lines 1-10)	19,078,095			11
FIXED ASSETS					
12	Land	18,200,000			12
13	Land improvements	228,233			13
14	Accumulated depreciation				14
15	Buildings	31,367,127			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	11,336,453			23
24	Accumulated depreciation	-10,280,775			24
25	Minor equipment depreciable				25
26	Accumulated depreciation				26
27	HIT designated assets				27
28	Accumulated depreciation				28
29	Minor equipment-nondepreciable	100,838			29
30	Total fixed assets (sum of lines 12-29)	51,472,777			30
OTHER ASSETS					
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)	74,708,625			36
Liabilities and Fund Balances (Omit Cents)		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund
		1	2	3	4
CURRENT LIABILITIES					
37	Accounts payable	8,123,434			37
38	Salaries, wages and fees payable	5,104,823			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	-1,699,112			43
44	Other current liabilities	842,583			44
45	Total current liabilities (sum of lines 37 thru 44)	12,371,728			45
LONG TERM LIABILITIES					
46	Mortgage payable	143,923,929			46
47	Notes payable	3,679,975			47
48	Unsecured loans				48
49	Other long term liabilities	5,470,288			49
50	Total long term liabilities (sum of lines 46 thru 49)	153,074,192			50
51	Total liabilities (sum of lines 45 and 50)	165,445,920			51
CAPITAL ACCOUNTS					
52	General fund balance	-90,737,295			52
53	Specific purpose fund				53
54	Donor created - endowment fund balance - restricted				54
55	Donor created - endowment fund balance - unrestricted				55
56	Governing body created - endowment fund balance				56

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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Assets					
	(Omit Cents)	1	2	3	4	
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	-90,737,295				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	74,708,625				60

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	Fund balances at beginning of period		-85,675,384		1
2	Net income (loss) (from Worksheet G-3, line 29)		1,863,441		2
3	Total (sum of line 1 and line 2)		-83,811,943		3
4	Additions (credit adjustments) (specify)				4
5					5
6					6
7					7
8					8
9					9
10	Total additions (sum of lines 4-9)				10
11	Subtotal (line 3 plus line 10)		-83,811,943		11
12	Deductions (debit adjustments) (specify)				12
13	PERIOD 13 RETAINED EARNINGS	5,820,850			13
14	OUT OF BALANCE ADJ.	1,104,502			14
15					15
16					16
17					17
18	Total deductions (sum of lines 12-17)		6,925,352		18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		-90,737,295		19

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

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

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

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	36,193,014		36,193,014	1
2	Subprovider IPF	3,283,996		3,283,996	2
3	Subprovider IRF	2,456,660		2,456,660	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)	41,933,670		41,933,670	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	7,376,238		7,376,238	11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,376,238		7,376,238	16
17	Total inpatient routine care services (sum of lines 10 and 16)	49,309,908		49,309,908	17
18	Ancillary services	212,007,779	214,466,448	426,474,227	18
19	Outpatient services	12,661,155	30,794,771	43,455,926	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	PHYSICIAN PRIVATE OFFICES		1,151,825	1,151,825	27
27.01	PROFESSIONAL FEES		1,035,832	1,035,832	27.01
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	273,978,842	247,448,876	521,427,718	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		109,992,849	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)		109,992,849	43

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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	521,427,718	1
2	Less contractual allowances and discounts on patients' accounts	411,168,536	2
3	Net patient revenues (line 1 minus line 2)	110,259,182	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	109,992,849	4
5	Net income from service to patients (line 3 minus line 4)	266,333	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	314,650	12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts	3,779	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	874,418	22
23	Governmental appropriations		23
24	Other (HOSPICE BED RENTAL REVENUE)	156,327	24
24.0	Other (OTHER OPERATING REVENUE)	247,934	24.0
1			1
25	Total other income (sum of lines 6-24)	1,597,108	25
26	Total (line 5 plus line 25)	1,863,441	26
29	Net income (or loss) for the period (line 26 minus line 28)	1,863,441	29

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0082

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	1,564,351	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	21,201	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)	71.57	3
4	Number of interns & residents (see instructions)	73.73	4
5	Indirect medical education percentage (see instructions)	33.74	5
6	Indirect medical education adjustment (see instructions)	527,812	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.1381	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.2889	8
9	Sum of lines 7 and 8	0.4270	9
10	Allowable disproportionate share percentage (see instructions)	0.0904	10
11	Disproportionate share adjustment (see instructions)	141,417	11
12	Total prospective capital payments (see instructions)	2,254,781	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
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
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
40	Subprovider - IPF						40
41	Subprovider - IRF						41
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
50.01	GASTRO INTESTINAL SERVICES						50.01
51	Recovery Room						51
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	ULTRA SOUND						54.01
55	Radiology-Therapeutic						55
56	Radioisotope						56
56.01	VASCULAR LAB						56.01
56.02	STRAUSS ONCOLOGY						56.02
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
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
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						
192	Physicians' Private Offices						192
194	MARKETING						194
194.0	HOSPICE						194.0
1							1

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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