

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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: 10/30/2017 Time: 19:22	
	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 06/01/2016 and ending 05/31/2017, 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		142,106	-162,520	16,718	1
2	SUBPROVIDER - IPF					2
3	SUBPROVIDER - IRF		3,119			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		145,225	-162,520	16,718	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 / 2016	To: 05 / 31 / 2017		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.	1,071	2,082	25		5,204		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.	305				232		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)	Y	Y	40	
		V	XVIII	XIX	
Prospective Payment System (PPS)-Capital		1	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N	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	36.34	0.010349	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	2.05	38.64	0.050381

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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---	---------------------------------------	--	--

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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:	4,340,959			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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LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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)	0.25			169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07 / 01 / 2016	09 / 28 / 2016		170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0		171

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	12/31/2016	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.	N	15

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data		1	2	3	4
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	08/31/2017	Y	08/31/2017
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	41
42	Employer: TENET HEALTHCARE			42
43	Phone number: 606-451-1228	E-mail Address: BETH1.SLOAN@TENETHEALTH.COM		43

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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				Total All Patients
						Title V	Title XVIII	Title XIX		
						5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	103	37,595		10,043	2,735	23,503	1	
2	HMO and other (see instructions)					3,811	5,204		2	
3	HMO IPF Subprovider					628	91		3	
4	HMO IRF Subprovider					202	232		4	
5	Hospital Adults & Peds. Swing Bed SNF								5	
6	Hospital Adults & Peds. Swing Bed NF								6	
7	Total Adults & Peds. (exclude observation beds) (see instructions)		103	37,595		10,043	2,735	23,503	7	
8	Intensive Care Unit	31	16	5,840		1,474	443	3,657	8	
9	Coronary Care Unit	32							9	
10	Burn Intensive Care Unit	33							10	
11	Surgical Intensive Care Unit	34							11	
12	Other Special Care (specify)	35							12	
13	Nursery	43							13	
14	Total (see instructions)		119	43,435		11,517	3,178	27,160	14	
15	CAH Visits								15	
16	Subprovider - IPF	40	11	4,015		2,222	396	3,556	16	
17	Subprovider - IRF	41	14	5,110		1,218	305	2,196	17	
18	Subprovider I	42							18	
19	Skilled Nursing Facility	44							19	
20	Nursing Facility	45							20	
21	Other Long Term Care	46							21	
22	Home Health Agency	101							22	
23	ASC (Distinct Part)	115							23	
24	Hospice (Distinct Part)	116							24	
24.10	Hospice (non-distinct part)	30							24.10	
25	CMHC	99							25	
26	RHC	88							26	
27	Total (sum of lines 14-26)		144						27	
28	Observation Bed Days							2,342	28	
29	Ambulance Trips								29	
30	Employee discount days (see instructions)								30	
31	Employee discount days-IRF								31	
32	Labor & delivery (see instructions)								32	
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32.01	
33	LTCH non-covered days								33	

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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)					2,248	658	5,413	1
2	HMO and other (see instructions)					689	1,029		2
3	HMO IPF Subprovider						11		3
4	HMO IRF Subprovider						20		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)	77.41	646.07			2,248	658	5,413	14
15	CAH Visits								15
16	Subprovider - IPF		16.53			177	39	299	16
17	Subprovider - IRF		12.65			98	27	182	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)	77.41	675.25						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	47,735,827		47,735,827	1,404,511.00	33.99	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		445,996		445,996	5,494.00	81.18	4.01
5	Physician-Part B							5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21	5,034,415		5,034,415	160,480.00	31.37	7
7.01	Contracted interns & residents (in an approved program)							7.01
8	Home office and/or related organization personnel		3,974,659		3,974,659	111,308.00	35.71	8
9	SNF	44						9
10	Excluded area salaries (see instructions)		3,584,580	117,649	3,702,229	86,820.00	42.64	10
OTHER WAGES & RELATED COSTS								
11	Contract labor (see instructions)		1,304,392		1,304,392	18,901.00	69.01	11
12	Contract management and administrative services		219,299		219,299	2,569.00	85.36	12
13	Contract labor: Physician-Part A - Administrative		702,320		702,320	3,627.00	193.64	13
14	Home office salaries & wage-related costs							14
14.01	Home office salaries		7,949,318		7,949,318	222,616.00	35.71	14.01
14.02	Related organization salaries							14.02
15	Home office: Physician Part A - Administrative							15
16	Home office & Contract Physicians Part A - Teaching							16
WAGE-RELATED COSTS								
17	Wage-related costs (core)(see instructions)		6,189,206		6,189,206			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		772,796		772,796			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		75,840		75,840			22.01
23	Physician Part B							23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)		856,083		856,083			25
25.50	Home office wage-related		753,995		753,995			25.50
25.51	Related organization wage-related							25.51
25.52	Home office: Physician Part A - Administrative - wage-related							25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related							25.53
OVERHEAD COSTS - DIRECT SALARIES								
26	Employee Benefits Department		391,547	28,736	420,283	11,215.00	37.48	26
27	Administrative & General		4,997,797	-753,891	4,243,906	101,495.00	41.81	27
28	Administrative & General under contract (see instructions)							28
29	Maintenance & Repairs							29
30	Operation of Plant		1,183,678		1,183,678	46,550.00	25.43	30
31	Laundry & Linen Service							31
32	Housekeeping		937,614		937,614	59,688.00	15.71	32
33	Housekeeping under contract (see instructions)							33
34	Dietary		824,783		824,783	49,804.00	16.56	34
35	Dietary under contract (see instructions)							35
36	Cafeteria							36
37	Maintenance of Personnel							37
38	Nursing Administration		906,662		906,662	20,115.00	45.07	38
39	Central Services and Supply		318,621		318,621	15,268.00	20.87	39
40	Pharmacy		1,093,956	93,897	1,187,853	28,508.00	41.67	40
41	Medical Records & Medical Records Library		377,007	513,609	890,616	30,988.00	28.74	41
42	Social Service							42
43	Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		38,280,757		38,280,757	1,127,229.00	33.96	1
2	Excluded area salaries (see instructions)		3,584,580	117,649	3,702,229	86,820.00	42.64	2
3	Subtotal salaries (line 1 minus line 2)		34,696,177	-117,649	34,578,528	1,040,409.00	33.24	3
4	Subtotal other wages & related costs (see instructions)		10,175,329		10,175,329	247,713.00	41.08	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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HOSPITAL WAGE INDEX INFORMATION**WORKSHEET S-3
PARTS II-III**

5	Subtotal wage-related costs (see instructions)		6,943,201		6,943,201		20.08%	5
6	Total (sum of lines 3 through 5)		51,814,707	-117,649	51,697,058	1,288,122.00	40.13	6
7	Total overhead cost (see instructions)		11,031,665	-117,649	10,914,016	363,631.00	30.01	7

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	481,586	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)	2,716,472	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	-29	10
11	Life Insurance (If employee is owner or beneficiary)	6,847	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	503,215	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	2,369,633	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance		19
20	State or Federal Unemployment Taxes	111,035	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	449	23
24	Total Wage Related cost (Sum of lines 1-23)	6,189,208	24

Part B - Other Than Core Related Cost

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

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	1,304,392	6,189,208	1
2	Hospital	1,304,392	6,189,208	2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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)	0.189143	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	18,291,462	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	9,137,292	5
6	Medicaid charges	133,159,656	6
7	Medicaid cost (line 1 times line 6)	25,186,217	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.		8

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

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

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

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

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

17	Private grants, donations, or endowment income restricted to fundng charity care		17
18	Government grants, appropriations of transfers for support of hospital operations		18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		19

Uncompensated care (see instructions for each line)

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Charity care charges and uninsured discounts for the entire facility (see instructions)	9,626,317	20,909	9,647,226	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,820,750	20,909	1,841,659	21
22	Payments received from patients for amounts previously written off as charity care				22
23	Cost of charity care (line 21 minus line 22)	1,820,750	20,909	1,841,659	23

24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24
25	If line 24 is yes, charges for patient days beyond the indigent care program's length of stay limit		25
26	Total bad debt expense for the entire hospital complex (see instructions)	6,682,755	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,404,330	27
27.0	Medicare allowable bad debts for the entire hospital complex (see instructions)	2,160,507	27.0
1			1
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27.01)	4,522,248	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	1,611,529	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	3,453,188	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	3,453,188	31

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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				624,331	624,331	4,164,910	4,789,241	1
2	00200	Cap Rel Costs-Mvble Equip				1,282,662	1,282,662	3,691,777	4,974,439	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	391,547	7,803,102	8,194,649	1,472	8,196,121	-254,504	7,941,617	4
5	00500	Administrative & General	4,997,797	17,418,854	22,416,651	-1,413,720	21,002,931	2,274,274	23,277,205	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	1,183,678	5,443,411	6,627,089	-1,168	6,625,921	-406,387	6,219,534	7
8	00800	Laundry & Linen Service		451,983	451,983	43,439	495,422		495,422	8
9	00900	Housekeeping	937,614	459,870	1,397,484	-11,371	1,386,113	-391	1,385,722	9
10	01000	Dietary	824,783	822,025	1,646,808	-6,291	1,640,517	-9,106	1,631,411	10
11	01100	Cafeteria								11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	906,662	256,538	1,163,200	-72	1,163,128	-1,407	1,161,721	13
14	01400	Central Services & Supply	318,621	67,077	385,698	382,325	768,023	-5,616	762,407	14
15	01500	Pharmacy	1,093,956	3,046,687	4,140,643	-2,877,042	1,263,601	-501,752	761,849	15
16	01600	Medical Records & Library	377,007	102,211	479,218	657,089	1,136,307	-5,717	1,130,590	16
17	01700	Social Service								17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	5,034,415		5,034,415		5,034,415		5,034,415	21
22	02200	I&R Services-Other Prgm Costs Apprvd		2,235,521	2,235,521	-10,424	2,225,097	-69,298	2,155,799	22
23	02300	Paramed Ed Prgm-(specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	9,669,130	1,956,288	11,625,418	-399,690	11,225,728	-692,520	10,533,208	30
31	03100	Intensive Care Unit	2,391,636	969,644	3,361,280	-264,472	3,096,808	-22,976	3,073,832	31
40	04000	Subprovider - IPF	1,054,052	74,581	1,128,633	-8,155	1,120,478	-14,500	1,105,978	40
41	04100	Subprovider - IRF	1,018,011	139,261	1,157,272	-16,219	1,141,053	-38,830	1,102,223	41
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	3,300,750	11,014,054	14,314,804	-6,233,838	8,080,966	-356,822	7,724,144	50
50.01	03340	GASTRO INTESTINAL SERVICES	454,629	273,619	728,248	-44,065	684,183	-1,963	682,220	50.01
51	05100	Recovery Room	649,654	146,951	796,605	-58,166	738,439		738,439	51
53	05300	Anesthesiology	81,577	414,421	495,998	-145,625	350,373	-177,233	173,140	53
54	05400	Radiology-Diagnostic	1,345,906	505,938	1,851,844	-123,994	1,727,850	-78,023	1,649,827	54
54.01	03630	ULTRA SOUND	187,048	9,287	196,335	-4,818	191,517	-7,262	184,255	54.01
55	05500	Radiology-Therapeutic	367,546	468,320	835,866	-111,509	724,357	-57,131	667,226	55
56	05600	Radioisotope	185,979	360,336	546,315	-3,581	542,734		542,734	56
56.01	03650	VASCULAR LAB	187,737	11,495	199,232	-673	198,559	-1,252	197,307	56.01
56.02	03950	STRAUSS ONCOLOGY	459,328	3,578,038	4,037,366	-2,690,685	1,346,681	-731,584	615,097	56.02
57	05700	CT Scan	352,441	188,844	541,285	-19,502	521,783		521,783	57
58	05800	MRI	159,502	16,490	175,992	1,962	177,954		177,954	58
59	05900	Cardiac Catheterization	392,905	587,014	979,919	-369,992	609,927		609,927	59
60	06000	Laboratory	1,126,264	1,755,961	2,882,225	-19,930	2,862,295	-36,212	2,826,083	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.		622,366	622,366		622,366		622,366	63
65	06500	Respiratory Therapy	1,238,023	341,935	1,579,958	-186,852	1,393,106	-175,490	1,217,616	65
66	06600	Physical Therapy	1,732,145	47,567	1,779,712	-7,574	1,772,138	-22,977	1,749,161	66
69	06900	Electrocardiology	492,164	89,210	581,374	-15,103	566,271	-2,651	563,620	69
70	07000	Electroencephalography	50,128	1,270	51,398	-843	50,555		50,555	70
71	07100	Medical Supplies Charged to Patients				1,220,286	1,220,286		1,220,286	71
72	07200	Impl. Dev. Charged to Patients				5,230,730	5,230,730		5,230,730	72
73	07300	Drugs Charged to Patients				5,793,764	5,793,764		5,793,764	73
74	07400	Renal Dialysis		637,328	637,328	-6,369	630,959	-1,566	629,393	74
76	03951	WOUND CARE	242,401	143,443	385,844	-73,674	312,170	-11,865	300,305	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	977,034	624,682	1,601,716	-54,474	1,547,242	-392,236	1,155,006	90
91	09100	Emergency	2,041,240	1,062,989	3,104,229	-219,673	2,884,556	-541,886	2,342,670	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	46,223,310	64,148,611	110,371,921	-161,504	110,210,417	5,511,804	115,722,221	118
		NONREIMBURSABLE COST CENTERS								

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	1,193,147	1,291,116	2,484,263	62,042	2,546,305		2,546,305	192
194	07950	MARKETING	319,370	924,904	1,244,274	52,932	1,297,206		1,297,206	194
194.0 1	07951	HOSPICE		40,625	40,625	-22,714	17,911		17,911	194.0 1
194.0 2	07952	OTHER NONREIMBURSABLE COST CENTERS				69,244	69,244		69,244	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)	47,735,827	66,405,256	114,141,083		114,141,083	5,511,804	119,652,887	200

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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		354,960	1
2	RENTS	A	Cap Rel Costs-Mvble Equip	2		1,217,692	2
3	RENTS	A	Radiology-Diagnostic	54		2,344	3
4	RENTS	A	MRI	58		4,000	4
5	RENTS	A	Physicians' Private Offices	192		80,968	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
500	Total reclassifications					1,659,964	500
	Code Letter - A						
1	INTEREST EXPENSE	B	Cap Rel Costs-Mvble Equip	2		38,804	1
500	Total reclassifications					38,804	500
	Code Letter - B						
1	PROPERTY TAX	C	Cap Rel Costs-Bldg & Fixt	1		269,371	1
500	Total reclassifications					269,371	500
	Code Letter - C						
1	INSURANCE	D	Cap Rel Costs-Mvble Equip	2		26,166	1
500	Total reclassifications					26,166	500
	Code Letter - D						
1	BILLABLE DRUGS	E	Drugs Charged to Patients	73		5,793,764	1
2	BILLABLE DRUGS	E					2
3	BILLABLE DRUGS	E					3
4	BILLABLE DRUGS	E					4
5	BILLABLE DRUGS	E					5
6	BILLABLE DRUGS	E					6
7	BILLABLE DRUGS	E					7
8	BILLABLE DRUGS	E					8
9	BILLABLE DRUGS	E					9
10	BILLABLE DRUGS	E					10
11	BILLABLE DRUGS	E					11
12	BILLABLE DRUGS	E					12
13	BILLABLE DRUGS	E					13
14	BILLABLE DRUGS	E					14
15	BILLABLE DRUGS	E					15
16	BILLABLE DRUGS	E					16
17	BILLABLE DRUGS	E					17
18	BILLABLE DRUGS	E					18
19	BILLABLE DRUGS	E					19
20	BILLABLE DRUGS	E					20
21	BILLABLE DRUGS	E					21
22	BILLABLE DRUGS	E					22
23	BILLABLE DRUGS	E					23
24	BILLABLE DRUGS	E					24
25	BILLABLE DRUGS	E					25

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	
26	BILLABLE DRUGS	E					26
27	BILLABLE DRUGS	E					27
28	BILLABLE DRUGS	E					28
29	BILLABLE DRUGS	E					29
500	Total reclassifications					5,793,764	500
	Code Letter - E						
1	LAUNDRY	F	Laundry & Linen Service	8		54,336	1
2	LAUNDRY	F					2
3	LAUNDRY	F					3
4	LAUNDRY	F					4
5	LAUNDRY	F					5
6	LAUNDRY	F					6
7	LAUNDRY	F					7
8	LAUNDRY	F					8
9	LAUNDRY	F					9
10	LAUNDRY	F					10
11	LAUNDRY	F					11
12	LAUNDRY	F					12
13	LAUNDRY	F					13
14	LAUNDRY	F					14
15	LAUNDRY	F					15
16	LAUNDRY	F					16
17	LAUNDRY	F					17
18	LAUNDRY	F					18
19	LAUNDRY	F					19
500	Total reclassifications					54,336	500
	Code Letter - F						
1	BILLABLE SUPPLIES	G	Medical Supplies Charged to P	71		1,220,286	1
2	BILLABLE SUPPLIES	G	Central Services & Supply	14		468,970	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
500	Total reclassifications					1,689,256	500
	Code Letter - G						
1	IMPLANTABLE DEVICES	H	Impl. Dev. Charged to Patient	72		5,230,730	1
2	IMPLANTABLE DEVICES	H	Renal Dialysis	74		70	2
3	IMPLANTABLE DEVICES	H					3
4	IMPLANTABLE DEVICES	H					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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	
5	IMPLANTABLE DEVICES	H					5
6	IMPLANTABLE DEVICES	H					6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25	IMPLANTABLE DEVICES	H					25
26							26
27	IMPLANTABLE DEVICES	H					27
28							28
29	IMPLANTABLE DEVICES	H					29
500	Total reclassifications					5,230,800	500
	Code Letter - H						
1	TRANSCRIPTION	I	Medical Records & Library	16		15,056	1
500	Total reclassifications					15,056	500
	Code Letter - I						
1	REGIONAL ALLOCATIONS	J	Employee Benefits Department	4	28,736	2,722	1
2	REGIONAL ALLOCATIONS	J	Pharmacy	15	93,897	17,100	2
3	REGIONAL ALLOCATIONS	J	Medical Records & Library	16	513,609	130,271	3
4	REGIONAL ALLOCATIONS	J	MARKETING	194	52,114	818	4
5	REGIONAL ALLOCATIONS	J	OTHER NONREIMBURSABLE COST CE	194.02	65,535	3,709	5
500	Total reclassifications				753,891	154,620	500
	Code Letter - J						
	GRAND TOTAL (Increases)				753,891	14,932,137	

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

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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		2,254	10	1	
2	RENTS	A	Administrative & General	5		170,865	10	2	
3	RENTS	A	Operation of Plant	7		1,168		3	
4	RENTS	A	Housekeeping	9		339		4	
5	RENTS	A	Dietary	10		2,682		5	
6	RENTS	A	Nursing Administration	13		72		6	
7	RENTS	A	Central Services & Supply	14		86,632		7	
8	RENTS	A	Pharmacy	15		187,482		8	
9	RENTS	A	Medical Records & Library	16		1,847		9	
10	RENTS	A	I&R Services-Other Prgm Costs	22		10,424		10	
11	RENTS	A	Adults & Pediatrics	30		11,961		11	
12	RENTS	A	Intensive Care Unit	31		36,728		12	
13	RENTS	A	Subprovider - IPF	40		2,060		13	
14	RENTS	A	Subprovider - IRF	41		3,654		14	
15	RENTS	A	Operating Room	50		737,933		15	
16	RENTS	A	GASTRO INTESTINAL SERVICES	50.01		500		16	
17	RENTS	A	Anesthesiology	53		8,943		17	
18	RENTS	A	Radiology-Therapeutic	55		109,759		18	
19	RENTS	A	Radioisotope	56		72		19	
20	RENTS	A	VASCULAR LAB	56.01		388		20	
21	RENTS	A	STRAUSS ONCOLOGY	56.02		143,956		21	
22	RENTS	A	CT Scan	57		9,516		22	
23	RENTS	A	Cardiac Catheterization	59		387		23	
24	RENTS	A	Laboratory	60		339		24	
25	RENTS	A	Respiratory Therapy	65		121,709		25	
26	RENTS	A	Physical Therapy	66		388		26	
27	RENTS	A	Electrocardiology	69		555		27	
28	RENTS	A	WOUND CARE	76		2,425		28	
29	RENTS	A	Clinic	90		2,958		29	
30	RENTS	A	Emergency	91		1,968		30	
500	Total reclassifications					1,659,964		500	
	Code letter - A								
1	INTEREST EXPENSE	B	Administrative & General	5		38,804	11	1	
500	Total reclassifications					38,804		500	
	Code letter - B								
1	PROPERTY TAX	C	Administrative & General	5		269,371	13	1	
500	Total reclassifications					269,371		500	
	Code letter - C								
1	INSURANCE	D	Administrative & General	5		26,166	12	1	
500	Total reclassifications					26,166		500	
	Code letter - D								
1	BILLABLE DRUGS	E	Employee Benefits Department	4		26,908		1	
2	BILLABLE DRUGS	E	Dietary	10		3,606		2	
3	BILLABLE DRUGS	E	Central Services & Supply	14		13		3	
4	BILLABLE DRUGS	E	Pharmacy	15		2,797,879		4	
5	BILLABLE DRUGS	E	Adults & Pediatrics	30		72,818		5	
6	BILLABLE DRUGS	E	Intensive Care Unit	31		49,742		6	
7	BILLABLE DRUGS	E	Subprovider - IPF	40		93		7	
8	BILLABLE DRUGS	E	Subprovider - IRF	41		523		8	
9	BILLABLE DRUGS	E	Operating Room	50		101,843		9	
10	BILLABLE DRUGS	E	GASTRO INTESTINAL SERVICES	50.01		6,434		10	
11	BILLABLE DRUGS	E	Recovery Room	51		5,636		11	
12	BILLABLE DRUGS	E	Anesthesiology	53		44,394		12	
13	BILLABLE DRUGS	E	Radiology-Diagnostic	54		12,234		13	
14	BILLABLE DRUGS	E	ULTRA SOUND	54.01		159		14	
15	BILLABLE DRUGS	E	Radioisotope	56		1,177		15	
16	BILLABLE DRUGS	E	STRAUSS ONCOLOGY	56.02		2,529,129		16	
17	BILLABLE DRUGS	E	CT Scan	57		6,391		17	
18	BILLABLE DRUGS	E	MRI	58		536		18	
19	BILLABLE DRUGS	E	Cardiac Catheterization	59		2,973		19	
20	BILLABLE DRUGS	E	Laboratory	60		724		20	
21	BILLABLE DRUGS	E	Respiratory Therapy	65		383		21	
22	BILLABLE DRUGS	E	Electrocardiology	69		6,010		22	
23	BILLABLE DRUGS	E	Electroencephalography	70		45		23	
24	BILLABLE DRUGS	E	Renal Dialysis	74		3,560		24	

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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
25	BILLABLE DRUGS	E	WOUND CARE	76		13,319	25
26	BILLABLE DRUGS	E	Clinic	90		29,797	26
27	BILLABLE DRUGS	E	Emergency	91		58,862	27
28	BILLABLE DRUGS	E	Physicians' Private Offices	192		16,858	28
29	BILLABLE DRUGS	E	HOSPICE	194.01		1,718	29
500	Total reclassifications Code letter - E					5,793,764	500
1	LAUNDRY	F	Housekeeping	9		5,875	1
2	LAUNDRY	F	Adults & Pediatrics	30		4,171	2
3	LAUNDRY	F	Intensive Care Unit	31		527	3
4	LAUNDRY	F	Subprovider - IPF	40		739	4
5	LAUNDRY	F	Subprovider - IRF	41		297	5
6	LAUNDRY	F	Operating Room	50		36,620	6
7	LAUNDRY	F	Recovery Room	51		1	7
8	LAUNDRY	F	Radiology-Diagnostic	54		3,934	8
9	LAUNDRY	F	ULTRA SOUND	54.01		51	9
10	LAUNDRY	F	STRAUSS ONCOLOGY	56.02		61	10
11	LAUNDRY	F	CT Scan	57		41	11
12	LAUNDRY	F	MRI	58		173	12
13	LAUNDRY	F	Cardiac Catheterization	59		60	13
14	LAUNDRY	F	Electrocardiology	69		19	14
15	LAUNDRY	F	Renal Dialysis	74		3	15
16	LAUNDRY	F	Clinic	90		79	16
17	LAUNDRY	F	Emergency	91		1,207	17
18	LAUNDRY	F	Physicians' Private Offices	192		372	18
19	LAUNDRY	F	HOSPICE	194.01		106	19
500	Total reclassifications Code letter - F					54,336	500
1	BILLABLE SUPPLIES	G	Employee Benefits Department	4		824	1
2	BILLABLE SUPPLIES	G	Administrative & General	5		3	2
3	BILLABLE SUPPLIES	G	Laundry & Linen Service	8		10,897	3
4	BILLABLE SUPPLIES	G	Housekeeping	9		5,157	4
5	BILLABLE SUPPLIES	G	Dietary	10		3	5
6	BILLABLE SUPPLIES	G	Pharmacy	15		2,678	6
7	BILLABLE SUPPLIES	G	Adults & Pediatrics	30		310,740	7
8	BILLABLE SUPPLIES	G	Intensive Care Unit	31		174,597	8
9	BILLABLE SUPPLIES	G	Subprovider - IPF	40		5,263	9
10	BILLABLE SUPPLIES	G	Subprovider - IRF	41		11,745	10
11	BILLABLE SUPPLIES	G	Operating Room	50		551,474	11
12	BILLABLE SUPPLIES	G	GASTRO INTESTINAL SERVICES	50.01		31,356	12
13	BILLABLE SUPPLIES	G	Recovery Room	51		52,529	13
14	BILLABLE SUPPLIES	G	Anesthesiology	53		92,288	14
15	BILLABLE SUPPLIES	G	Radiology-Diagnostic	54		58,684	15
16	BILLABLE SUPPLIES	G	ULTRA SOUND	54.01		4,608	16
17	BILLABLE SUPPLIES	G	Radiology-Therapeutic	55		1,750	17
18	BILLABLE SUPPLIES	G	Radioisotope	56		2,332	18
19	BILLABLE SUPPLIES	G	VASCULAR LAB	56.01		285	19
20	BILLABLE SUPPLIES	G	STRAUSS ONCOLOGY	56.02		17,539	20
21	BILLABLE SUPPLIES	G	CT Scan	57		3,554	21
22	BILLABLE SUPPLIES	G	MRI	58		1,329	22
23	BILLABLE SUPPLIES	G	Cardiac Catheterization	59		9,160	23
24	BILLABLE SUPPLIES	G	Laboratory	60		18,867	24
25	BILLABLE SUPPLIES	G	Respiratory Therapy	65		64,760	25
26	BILLABLE SUPPLIES	G	Physical Therapy	66		7,186	26
27	BILLABLE SUPPLIES	G	Electrocardiology	69		8,519	27
28	BILLABLE SUPPLIES	G	Electroencephalography	70		798	28
29	BILLABLE SUPPLIES	G	Renal Dialysis	74		2,876	29
30	BILLABLE SUPPLIES	G	WOUND CARE	76		50,649	30
31	BILLABLE SUPPLIES	G	Clinic	90		6,584	31
32	BILLABLE SUPPLIES	G	Emergency	91		157,636	32
33	BILLABLE SUPPLIES	G	Physicians' Private Offices	192		1,696	33
34	BILLABLE SUPPLIES	G	HOSPICE	194.01		20,890	34
500	Total reclassifications Code letter - G					1,689,256	500
1	IMPLANTABLE DEVICES	H	Intensive Care Unit	31		2,878	1
2	IMPLANTABLE DEVICES	H	Operating Room	50		4,805,968	2

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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		
3	IMPLANTABLE DEVICES	H	GASTRO INTESTINAL SERVICES	50.01		5,775		3	
4	IMPLANTABLE DEVICES	H	Radiology-Diagnostic	54		51,486		4	
5	IMPLANTABLE DEVICES	H	Cardiac Catheterization	59		357,412		5	
6	IMPLANTABLE DEVICES	H	WOUND CARE	76		7,281		6	
7								7	
8								8	
9								9	
10								10	
11								11	
12								12	
13								13	
14								14	
15								15	
16								16	
17								17	
18								18	
19								19	
20								20	
21								21	
22								22	
23								23	
24								24	
25	IMPLANTABLE DEVICES	H						25	
26								26	
27	IMPLANTABLE DEVICES	H						27	
28								28	
29	IMPLANTABLE DEVICES	H						29	
500	Total reclassifications					5,230,800		500	
	Code letter - H								
1	TRANSCRIPTION	I	Clinic	90		15,056		1	
500	Total reclassifications					15,056		500	
	Code letter - I								
1	REGIONAL ALLOCATIONS	J	Administrative & General	5	753,891	154,620		1	
2	REGIONAL ALLOCATIONS	J						2	
3	REGIONAL ALLOCATIONS	J						3	
4	REGIONAL ALLOCATIONS	J						4	
5	REGIONAL ALLOCATIONS	J						5	
500	Total reclassifications				753,891	154,620		500	
	Code letter - J								
	GRAND TOTAL (Decreases)				753,891	14,932,137			

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

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	57,758,883	842,633		842,633		58,601,516		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	151,809,020	1,873,613		1,873,613	3,500	153,679,133		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	218,080,383	2,716,246		2,716,246	3,500	220,793,129		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	218,080,383	2,716,246		2,716,246	3,500	220,793,129		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	64,284,668		64,284,668	0.294933					1
2	Cap Rel Costs-Mvble Equip	153,679,133		153,679,133	0.705067					2
3	Total (sum of lines 1-2)	217,963,801		217,963,801	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	4,164,910	354,960					4,789,241	1	
2	Cap Rel Costs-Mvble Equip	3,691,777	1,217,692	38,804	26,166			4,974,439	2	
3	Total (sum of lines 1-2)	7,856,687	1,572,652	38,804	26,166	269,371		9,763,680	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.)

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	-404,779	Operation of Plant	7	9
10	Provider-based physician adjustment	Wkst A-8-2	-2,868,161			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	1,067,944			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	-5,717	Medical Records & Library	16	18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines					20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures	A	1,570,029	Cap Rel Costs-Bldg & Fixt	1	9 26
27	Depreciation--movable equipment	A	3,692,414	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	-3,413,660	Administrative & General	5	33
33.01	TELEPHONE SERVICES - DIRECT PHONE	A	-23,459	Administrative & General	5	33.01
33.02	TELEPHONE SERVICES - PBX SALARY	A	-25,045	Administrative & General	5	33.02
33.03	TELEPHONE SERVICES - PBX BENEFITS	A	-4,258	Employee Benefits Department	4	33.03
33.04	TELEPHONE SERVICES - DEPRECIATION	A	-207	Cap Rel Costs-Mvble Equip	2	9 33.04
33.05	TELEVISION SERVICES - DEPRECIATION	A	-430	Cap Rel Costs-Mvble Equip	2	9 33.05
33.06	SATELLITE TV	A	-7,830	Dietary	10	33.06
33.07	OTHER MISC REVENUE	B	-27,297	Administrative & General	5	33.07
33.08	DIETARY REVENUE	B	-1,276	Dietary	10	33.08
33.09	HOSPICE REVENUE	B	-5,616	Central Services & Supply	14	33.09
33.10	HOSPICE REVENUE	B	-497,237	Pharmacy	15	33.10
33.11	STUDENT FEES & PAYMENTS	B	-66,050	I&R Services-Other Prgm Costs Apprvd	22	33.11
33.12	HOSPICE REVENUE	B	-1,963	GASTRO INTESTINAL SERVICES	50.01	33.12
33.13	HOSPICE REVENUE	B	-24,597	Radiology-Diagnostic	54	33.13
33.14	HOSPICE REVENUE	B	-7,262	ULTRA SOUND	54.01	33.14
33.15	HOSPICE REVENUE	B	-47,948	Radiology-Therapeutic	55	33.15
33.16	HOSPICE REVENUE	B	-1,252	VASCULAR LAB	56.01	33.16
33.17	HOSPICE REVENUE	B	-36,212	Laboratory	60	33.17
33.18	HOSPICE REVENUE	B	-175,490	Respiratory Therapy	65	33.18
33.19	HOSPICE REVENUE	B	-22,977	Physical Therapy	66	33.19
33.20	HOSPICE REVENUE	B	-2,142	Electrocardiology	69	33.20
33.21	HOSPICE REVENUE	B	-1,566	Renal Dialysis	74	33.21
33.22	MISC RENTAL INCOME	B	-16,058	Clinic	90	33.22
33.23	HOSPICE REVENUE	B	-5,559	Emergency	91	33.23
33.24	INTEREST INCOME	A	-304	Administrative & General	5	33.24

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.
				COST CENTER	LINE#	
		1	2	3	4	5
33.25	ADVERTISING	A	609	Administrative & General	5	33.25
33.26	ADVERTISING	A	-9,265	Adults & Pediatrics	30	33.26
33.27	OTHER EXPENSE	A	-4,374	Employee Benefits Department	4	33.27
33.28	OTHER EXPENSE	A	-86,616	Administrative & General	5	33.28
33.29	OTHER EXPENSE	A	-528	Operation of Plant	7	33.29
33.30	OTHER EXPENSE	A	-391	Housekeeping	9	33.30
33.31	PURCHASED SVCS	A	-51,260	Employee Benefits Department	4	33.31
33.32	PURCHASED SVCS	A	-161,514	Administrative & General	5	33.32
33.33	PURCHASED SVCS	A	-1,080	Operation of Plant	7	33.33
33.34	PURCHASED SVCS	A	-13,794	Adults & Pediatrics	30	33.34
33.35	PHYSICIAN INCENTIVES	A	-4,848	Operating Room	50	33.35
33.36	TRAVEL	A	-3,504	Administrative & General	5	33.36
33.37	ALCOHOL	A	-125	Administrative & General	5	33.37
33.38	ALCOHOL	A	-48	I&R Services-Other Prgm Costs Apprvd	22	33.38
33.39	DONATION & CONTRIBUTION	A	-361,913	Administrative & General	5	33.39
33.40	SENIOR SERVICES	A	-125,378	Adults & Pediatrics	30	33.40
33.41	LOBBYING DUES	A	-44,699	Administrative & General	5	33.41
33.42	LOBBYING DUES	A	-623	Nursing Administration	13	33.42
33.43	DUES & SUBSCRIPTION	A	-14,183	Administrative & General	5	33.43
33.44	DUES & SUBSCRIPTION	A	-3,200	I&R Services-Other Prgm Costs Apprvd	22	33.44
33.45	PATIENT TRANSPORTATION	A	-784	Nursing Administration	13	33.45
33.46	PATIENT TRANSPORTATION	A	-507	Emergency	91	33.46
33.47	BAD DEBTS - NON PATIENT	A	3,560	Administrative & General	5	33.47
33.48	FINES & PENALTIES	A	-4,515	Pharmacy	15	33.48
33.49	LEGAL	A	-44,812	Administrative & General	5	33.49
33.50	H.O. WORKERS COMPENSATION	A	11,896	Employee Benefits Department	4	33.50
33.51	PERIOD 13 ADJUSTMENT	A	-206,508	Employee Benefits Department	4	33.51
33.52	PERIOD 13 ADJUSTMENT	A	8,004,173	Administrative & General	5	33.52
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)		5,511,804			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 subscripsts thereof.

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

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	2,022,480	2,022,480	9 1
2	1	Cap Rel Costs-Bldg & Fixt	TENET POOL ALLOC.- CAPITAL	572,401	572,401	9 2
3	5	Administrative & General	TENET POOL/DIRECT ALLOC.-NON CAPITAL	3,293,140	3,293,140	3
4	5	Administrative & General	PERIOD 13 ADJ - IC OVERHEAD ALLOC		4,820,077	-4,820,077 4
4.01	1	Cap Rel Costs-Bldg & Fixt	REGIONAL ALLOCATION	141,880	141,880	10 4.01
4.02	2	Cap Rel Costs-Mvble Equip	REGIONAL ALLOCATION	2,939	2,939	10 4.02
4.03	4	Employee Benefits Department	REGIONAL ALLOCATION	31,458	31,458	4.03
4.04	5	Administrative & General	REGIONAL ALLOCATION	5,539,090	5,539,090	4.04
4.05	15	Pharmacy	REGIONAL ALLOCATION	110,997	110,997	4.05
4.06	16	Medical Records & Library	REGIONAL ALLOCATION	643,880	643,880	4.06
4.07	194	MARKETING	REGIONAL ALLOCATION	52,932	52,932	4.07
4.08	194.0 2	OTHER NONREIMBURSABLE COST CENTERS	REGIONAL ALLOCATION	69,244	69,244	4.08
4.09	60	Laboratory	GENESIS LAB	1,020,991	1,020,991	4.09
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			13,501,432	12,433,488	1,067,944 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	HEALTHCARE	6
7	G			CM REGIONAL	1.00	HEALTHCARE	7
8	G			GENESIS LAB	1.00	LAB	8
9							9
10							10

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

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

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	30	Adults & Pediatrics ADULTS & PEDIAT	585,657	461,850	123,807	177,200	488	41,574	2,079	1
2	31	Intensive Care Unit INTENSIVE CARE	24,084	22,146	1,938	177,200	13	1,108	55	2
3	41	Subprovider - IRF SUBPROVIDER - I	81,000	6,750	74,250	177,200	495	42,170	2,109	3
4	40	Subprovider - IPF SUBPROVIDER - I	14,500	14,500						4
5	50	Operating Room OPERATING ROOM	532,874	159,437	373,437	208,000	1,809	180,900	9,045	5
6	53	Anesthesiology ANESTHESIOLOGY	177,233	177,233						6
7	54	Radiology-Diagnostic RADIOLOGY - DIA	62,525	45,725	16,800	225,300	84	9,099	455	7
8	55	Radiology-Therapeuti RADIOLOGY - THE	21,025	175	20,850	177,200	139	11,842	592	8
9	56.02	STRAUSS ONCOLOGY STRAUSS ONCOLOG	766,002	703,750	62,252	177,200	404	34,418	1,721	9
10	69	Electrocardiology ELECTRO CARDIOL	1,446		1,446	177,200	11	937	47	10
11	76	WOUND CARE WOUND CARE	27,540		27,540	177,200	184	15,675	784	11
12	90	Clinic CLINIC	376,178	376,178						12
13	91	Emergency EMERGENCY	535,820	535,820						13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	3,205,884	2,503,564	702,320		3,627	337,723	16,887	200

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	30	Adults & Pediatrics ADULTS & PEDIAT					41,574	82,233	544,083	1
2	31	Intensive Care Unit INTENSIVE CARE					1,108	830	22,976	2
3	41	Subprovider - IRF SUBPROVIDER - I					42,170	32,080	38,830	3
4	40	Subprovider - IPF SUBPROVIDER - I							14,500	4
5	50	Operating Room OPERATING ROOM					180,900	192,537	351,974	5
6	53	Anesthesiology ANESTHESIOLOGY							177,233	6
7	54	Radiology-Diagnostic RADIOLOGY - DIA					9,099	7,701	53,426	7
8	55	Radiology-Therapeuti RADIOLOGY - THE					11,842	9,008	9,183	8
9	56.02	STRAUSS ONCOLOGY STRAUSS ONCOLOG					34,418	27,834	731,584	9
10	69	Electrocardiology ELECTRO CARDIOL					937	509	509	10
11	76	WOUND CARE WOUND CARE					15,675	11,865	11,865	11
12	90	Clinic CLINIC							376,178	12
13	91	Emergency EMERGENCY							535,820	13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					337,723	364,597	2,868,161	200

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	4,789,241	4,789,241					1
2	Cap Rel Costs-Mvble Equip	4,974,439		4,974,439				2
4	Employee Benefits Department	7,941,617	38,777	41,241	8,021,635			4
5	Administrative & General	23,277,205	532,077	565,899	719,491	25,094,672	25,094,672	5
6	Maintenance & Repairs							6
7	Operation of Plant	6,219,534	661,712	703,773	200,675	7,785,694	2,066,238	7
8	Laundry & Linen Service	495,422	38,639	41,096		575,157	152,640	8
9	Housekeeping	1,385,722	41,575	44,217	158,958	1,630,472	432,709	9
10	Dietary	1,631,411	87,895	93,482	139,830	1,952,618	518,203	10
11	Cafeteria		44,249	47,062		91,311	24,233	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,161,721	4,801	5,106	153,711	1,325,339	351,730	13
14	Central Services & Supply	762,407	46,348	49,294	54,017	912,066	242,052	14
15	Pharmacy	761,849	16,666	17,725	201,383	997,623	264,758	15
16	Medical Records & Library	1,130,590	36,458	38,776	150,991	1,356,815	360,084	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,034,415			853,510	5,887,925	1,562,591	21
22	I&R Services-Other Prgm Costs Apprvd	2,155,799	139,017	147,853		2,442,669	648,257	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	10,533,208	763,515	812,048	1,639,251	13,748,022	3,648,537	30
31	Intensive Care Unit	3,073,832	161,100	171,341	405,466	3,811,739	1,011,594	31
40	Subprovider - IPF	1,105,978	69,488	73,905	178,699	1,428,070	378,994	40
41	Subprovider - IRF	1,102,223	134,641	143,200	172,588	1,552,652	412,057	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	7,724,144	378,918	403,004	559,593	9,065,659	2,405,926	50
50.01	GASTRO INTESTINAL SERVICES	682,220	49,201	52,329	77,076	860,826	228,454	50.01
51	Recovery Room	738,439	46,087	49,017	110,139	943,682	250,443	51
53	Anesthesiology	173,140	5,418	5,762	13,830	198,150	52,587	53
54	Radiology-Diagnostic	1,649,827	162,637	172,975	228,178	2,213,617	587,470	54
54.01	ULTRA SOUND	184,255	2,346	2,495	31,711	220,807	58,600	54.01
55	Radiology-Therapeutic	667,226	50,490	53,700	62,312	833,728	221,262	55
56	Radioisotope	542,734	40,834	43,430	31,530	658,528	174,766	56
56.01	VASCULAR LAB	197,307			31,828	229,135	60,810	56.01
56.02	STRAUSS ONCOLOGY	615,097			77,872	692,969	183,906	56.02
57	CT Scan	521,783	12,331	13,115	59,751	606,980	161,086	57
58	MRI	177,954	14,073	14,968	27,041	234,036	62,111	58
59	Cardiac Catheterization	609,927	21,069	22,408	66,611	720,015	191,084	59
60	Laboratory	2,826,083	62,849	66,844	190,941	3,146,717	835,104	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	622,366	3,004	3,195		628,565	166,814	63
65	Respiratory Therapy	1,217,616	14,320	15,230	209,888	1,457,054	386,686	65
66	Physical Therapy	1,749,161	49,119	52,241	293,659	2,144,180	569,042	66
69	Electrocardiology	563,620	98,430	104,686	83,439	850,175	225,627	69
70	Electroencephalography	50,555	1,372	1,459	8,498	61,884	16,423	70
71	Medical Supplies Charged to Patients	1,220,286				1,220,286	323,850	71
72	Impl. Dev. Charged to Patients	5,230,730				5,230,730	1,388,178	72
73	Drugs Charged to Patients	5,793,764				5,793,764	1,537,601	73
74	Renal Dialysis	629,393				629,393	167,034	74
76	WOUND CARE	300,305	36,404	38,718	41,095	416,522	110,540	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	1,155,006	93,766	99,726	165,641	1,514,139	401,836	90
91	Emergency	2,342,670	162,554	172,887	346,062	3,024,173	802,582	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	115,722,221	4,122,180	4,384,207	7,745,265	114,188,558	23,644,499	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	2,546,305	496,483	528,042	202,280	3,773,110	1,001,342	192
194	MARKETING	1,297,206	4,252	4,522	62,980	1,368,960	363,307	194

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	17,911	28,722	30,548		77,181	20,483	194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS	69,244			11,110	80,354	21,325	194.0 2
194.0 3	VACANT AREA		112,105			112,105	29,751	194.0 3
194.0 4	LAKEFRONT		25,499	27,120		52,619	13,965	194.0 4
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	119,652,887	4,789,241	4,974,439	8,021,635	119,652,887	25,094,672	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	9,851,932						7
8	Laundry & Linen Service	107,030	834,827					8
9	Housekeeping	115,161		2,178,342				9
10	Dietary	243,469		55,075	2,769,365			10
11	Cafeteria	122,570		27,727	1,307,359	1,573,200		11
12	Maintenance of Personnel							12
13	Nursing Administration	13,298		3,008		27,860	1,721,235	13
14	Central Services & Supply	128,383		29,042		21,147		14
15	Pharmacy	46,163		10,443		39,499	68,643	15
16	Medical Records & Library	100,989		22,845		42,928		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					222,273		21
22	I&R Services-Other Prgm Costs Apprvd	385,074		87,108				22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	2,114,928	327,066	478,416	690,391	436,568	758,898	30
31	Intensive Care Unit	446,245	106,843	100,945	107,409	78,883	137,122	31
40	Subprovider - IPF	192,480	23,936	43,541	104,458	47,624	82,779	40
41	Subprovider - IRF	372,954	71,491	84,366	64,504	36,445	63,367	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,049,598	90,388	237,429		122,963	213,762	50
50.01	GASTRO INTESTINAL SERVICES	136,286	12,833	30,829		14,348	24,960	50.01
51	Recovery Room	127,661		28,878		20,801	36,156	51
53	Anesthesiology	15,008		3,395		3,774		53
54	Radiology-Diagnostic	450,501	64,406	101,908		53,847		54
54.01	ULTRA SOUND	6,497		1,470		4,581		54.01
55	Radiology-Therapeutic	139,858	6,457	31,637		13,224		55
56	Radioisotope	113,110	6,457	25,586		5,964		56
56.01	VASCULAR LAB					6,655		56.01
56.02	STRAUSS ONCOLOGY		6,457			16,134		56.02
57	CT Scan	34,157		7,727		12,965		57
58	MRI	38,982		8,818		5,099		58
59	Cardiac Catheterization	58,360		13,201		9,853		59
60	Laboratory	174,091		39,381		62,807		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	8,321		1,882				63
65	Respiratory Therapy	39,666		8,973		56,008	97,342	65
66	Physical Therapy	136,058		30,778		60,502	105,170	66
69	Electrocardiology	272,648	6,457	61,676		21,147		69
70	Electroencephalography	3,799	6,457	859		2,708		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	100,837		22,810		9,536		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	259,730	13,070	58,754		4,350		90
91	Emergency	450,273	41,887	101,856		76,521	133,036	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	8,004,185	784,205	1,760,363	2,274,121	1,537,014	1,721,235	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	1,375,248	3,150	311,095	446,265	23,077		192
194	MARKETING	11,778		2,664		10,948		194
194.0	HOSPICE	79,560	47,472	17,997	45,006			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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		7	8	9	10	11	13	
194.0 2	OTHER NONREIMBURSABLE COST CENTERS				3,973	2,161		194.0 2
194.0 3	VACANT AREA	310,529		70,245				194.0 3
194.0 4	LAKEFRONT	70,632		15,978				194.0 4
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	9,851,932	834,827	2,178,342	2,769,365	1,573,200	1,721,235	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	1,332,690						14
15	Pharmacy		1,427,129					15
16	Medical Records & Library			1,883,661				16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				7,672,789			21
22	I&R Services-Other Prgm Costs Apprvd					3,563,108		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics			163,442	5,515,380	2,561,245	30,442,893	30
31	Intensive Care Unit			27,205			5,827,985	31
40	Subprovider - IPF			13,336			2,315,218	40
41	Subprovider - IRF			7,170			2,665,006	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			270,623	1,789,994	831,242	16,077,584	50
50.01	GASTRO INTESTINAL SERVICES			45,651			1,354,187	50.01
51	Recovery Room			46,025			1,453,646	51
53	Anesthesiology			43,065			315,979	53
54	Radiology-Diagnostic			54,467			3,526,216	54
54.01	ULTRA SOUND			12,680			304,635	54.01
55	Radiology-Therapeutic			27,329			1,273,495	55
56	Radioisotope			22,533			1,006,944	56
56.01	VASCULAR LAB			14,118			310,718	56.01
56.02	STRAUSS ONCOLOGY			10,073			909,539	56.02
57	CT Scan			125,381			948,296	57
58	MRI			24,905			373,951	58
59	Cardiac Catheterization			43,879			1,036,392	59
60	Laboratory			230,212			4,488,312	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.			15,163			820,745	63
65	Respiratory Therapy			31,920			2,077,649	65
66	Physical Therapy			56,263			3,101,993	66
69	Electrocardiology			62,855			1,500,585	69
70	Electroencephalography			1,750			93,880	70
71	Medical Supplies Charged to Patients	252,094		81,054			1,877,284	71
72	Impl. Dev. Charged to Patients	1,080,596		64,139			7,763,643	72
73	Drugs Charged to Patients		1,427,129	228,055			8,986,549	73
74	Renal Dialysis			3,765			800,192	74
76	WOUND CARE			9,015			669,260	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			5,746			2,257,625	90
91	Emergency			141,842	367,415	170,621	5,310,206	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,332,690	1,427,129	1,883,661	7,672,789	3,563,108	109,890,607	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices						6,933,287	192
194	MARKETING						1,757,657	194
194.0	HOSPICE						287,699	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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						107,813	194.0 2
194.0 3	VACANT AREA						522,630	194.0 3
194.0 4	LAKEFRONT						153,194	194.0 4
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,332,690	1,427,129	1,883,661	7,672,789	3,563,108	119,652,887	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	-8,076,625	22,366,268		30
31	Intensive Care Unit		5,827,985		31
40	Subprovider - IPF		2,315,218		40
41	Subprovider - IRF		2,665,006		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	-2,621,236	13,456,348		50
50.01	GASTRO INTESTINAL SERVICES		1,354,187		50.01
51	Recovery Room		1,453,646		51
53	Anesthesiology		315,979		53
54	Radiology-Diagnostic		3,526,216		54
54.01	ULTRA SOUND		304,635		54.01
55	Radiology-Therapeutic		1,273,495		55
56	Radioisotope		1,006,944		56
56.01	VASCULAR LAB		310,718		56.01
56.02	STRAUSS ONCOLOGY		909,539		56.02
57	CT Scan		948,296		57
58	MRI		373,951		58
59	Cardiac Catheterization		1,036,392		59
60	Laboratory		4,488,312		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.		820,745		63
65	Respiratory Therapy		2,077,649		65
66	Physical Therapy		3,101,993		66
69	Electrocardiology		1,500,585		69
70	Electroencephalography		93,880		70
71	Medical Supplies Charged to Patients		1,877,284		71
72	Impl. Dev. Charged to Patients		7,763,643		72
73	Drugs Charged to Patients		8,986,549		73
74	Renal Dialysis		800,192		74
76	WOUND CARE		669,260		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		2,257,625		90
91	Emergency	-538,036	4,772,170		91
92	Observation Beds (Non-Distinct Part)				92
	OTHER REIMBURSABLE COST CENTERS				
	SPECIAL PURPOSE COST CENTERS				
118	SUBTOTALS (sum of lines 1-117)	-11,235,897	98,654,710		118
	NONREIMBURSABLE COST CENTERS				
192	Physicians' Private Offices		6,933,287		192
194	MARKETING		1,757,657		194
194.0	HOSPICE				194.0
1			287,699		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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26					
194.0 2	OTHER NONREIMBURSABLE COST CENTERS		107,813					194.0 2
194.0 3	VACANT AREA		522,630					194.0 3
194.0 4	LAKEFRONT		153,194					194.0 4
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	-11,235,897	108,416,990					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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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		38,777	41,241	80,018	80,018		4
5	Administrative & General		532,077	565,899	1,097,976	7,176	1,105,152	5
6	Maintenance & Repairs							6
7	Operation of Plant		661,712	703,773	1,365,485	2,002	90,999	7
8	Laundry & Linen Service		38,639	41,096	79,735		6,722	8
9	Housekeeping		41,575	44,217	85,792	1,586	19,057	9
10	Dietary		87,895	93,482	181,377	1,395	22,822	10
11	Cafeteria		44,249	47,062	91,311		1,067	11
12	Maintenance of Personnel							12
13	Nursing Administration		4,801	5,106	9,907	1,533	15,491	13
14	Central Services & Supply		46,348	49,294	95,642	539	10,660	14
15	Pharmacy		16,666	17,725	34,391	2,009	11,660	15
16	Medical Records & Library		36,458	38,776	75,234	1,506	15,858	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					8,513	68,818	21
22	I&R Services-Other Prgm Costs Apprvd		139,017	147,853	286,870		28,550	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		763,515	812,048	1,575,563	16,357	160,645	30
31	Intensive Care Unit		161,100	171,341	332,441	4,044	44,552	31
40	Subprovider - IPF		69,488	73,905	143,393	1,782	16,691	40
41	Subprovider - IRF		134,641	143,200	277,841	1,721	18,147	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		378,918	403,004	781,922	5,582	105,959	50
50.01	GASTRO INTESTINAL SERVICES		49,201	52,329	101,530	769	10,061	50.01
51	Recovery Room		46,087	49,017	95,104	1,099	11,030	51
53	Anesthesiology		5,418	5,762	11,180	138	2,316	53
54	Radiology-Diagnostic		162,637	172,975	335,612	2,276	25,873	54
54.01	ULTRA SOUND		2,346	2,495	4,841	316	2,581	54.01
55	Radiology-Therapeutic		50,490	53,700	104,190	622	9,745	55
56	Radioisotope		40,834	43,430	84,264	314	7,697	56
56.01	VASCULAR LAB					317	2,678	56.01
56.02	STRAUSS ONCOLOGY					777	8,099	56.02
57	CT Scan		12,331	13,115	25,446	596	7,094	57
58	MRI		14,073	14,968	29,041	270	2,735	58
59	Cardiac Catheterization		21,069	22,408	43,477	664	8,416	59
60	Laboratory		62,849	66,844	129,693	1,905	36,779	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		3,004	3,195	6,199		7,347	63
65	Respiratory Therapy		14,320	15,230	29,550	2,093	17,030	65
66	Physical Therapy		49,119	52,241	101,360	2,929	25,061	66
69	Electrocardiology		98,430	104,686	203,116	832	9,937	69
70	Electroencephalography		1,372	1,459	2,831	85	723	70
71	Medical Supplies Charged to Patients						14,263	71
72	Impl. Dev. Charged to Patients						61,137	72
73	Drugs Charged to Patients						67,718	73
74	Renal Dialysis						7,356	74
76	WOUND CARE		36,404	38,718	75,122	410	4,868	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		93,766	99,726	193,492	1,652	17,697	90
91	Emergency		162,554	172,887	335,441	3,452	35,347	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)		4,122,180	4,384,207	8,506,387	77,261	1,041,286	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		496,483	528,042	1,024,525	2,018	44,100	192
194	MARKETING		4,252	4,522	8,774	628	16,000	194
194.0	HOSPICE		28,722	30,548	59,270		902	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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					111	939	194.0 2
194.0 3	VACANT AREA		112,105		112,105		1,310	194.0 3
194.0 4	LAKEFRONT		25,499	27,120	52,619		615	194.0 4
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		4,789,241	4,974,439	9,763,680	80,018	1,105,152	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	1,458,486						7
8	Laundry & Linen Service	15,845	102,302					8
9	Housekeeping	17,049		123,484				9
10	Dietary	36,043		3,122	244,759			10
11	Cafeteria	18,145		1,572	115,546	227,641		11
12	Maintenance of Personnel							12
13	Nursing Administration	1,969		171		4,031	33,102	13
14	Central Services & Supply	19,006		1,646		3,060		14
15	Pharmacy	6,834		592		5,716	1,320	15
16	Medical Records & Library	14,951		1,295		6,212		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					32,163		21
22	I&R Services-Other Prgm Costs Apprvd	57,007		4,938				22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	313,093	40,081	27,121	61,017	63,168	14,594	30
31	Intensive Care Unit	66,062	13,093	5,722	9,493	11,414	2,637	31
40	Subprovider - IPF	28,495	2,933	2,468	9,232	6,891	1,592	40
41	Subprovider - IRF	55,212	8,761	4,782	5,701	5,274	1,219	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	155,383	11,076	13,459		17,793	4,111	50
50.01	GASTRO INTESTINAL SERVICES	20,176	1,573	1,748		2,076	480	50.01
51	Recovery Room	18,899		1,637		3,010	695	51
53	Anesthesiology	2,222		192		546		53
54	Radiology-Diagnostic	66,692	7,892	5,777		7,792		54
54.01	ULTRA SOUND	962		83		663		54.01
55	Radiology-Therapeutic	20,705	791	1,793		1,914		55
56	Radioisotope	16,745	791	1,450		863		56
56.01	VASCULAR LAB					963		56.01
56.02	STRAUSS ONCOLOGY		791			2,335		56.02
57	CT Scan	5,057		438		1,876		57
58	MRI	5,771		500		738		58
59	Cardiac Catheterization	8,640		748		1,426		59
60	Laboratory	25,772		2,232		9,088		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	1,232		107				63
65	Respiratory Therapy	5,872		509		8,104	1,872	65
66	Physical Therapy	20,142		1,745		8,755	2,023	66
69	Electrocardiology	40,363	791	3,496		3,060		69
70	Electroencephalography	562	791	49		392		70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	WOUND CARE	14,928		1,293		1,380		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	38,451	1,602	3,331		629		90
91	Emergency	66,659	5,133	5,774		11,073	2,559	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,184,944	96,099	99,790	200,989	222,405	33,102	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	203,593	386	17,635	39,441	3,339		192
194	MARKETING	1,744		151		1,584		194
194.0	HOSPICE	11,778	5,817	1,020	3,978			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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	
194.0 2	OTHER NONREIMBURSABLE COST CENTERS				351	313		194.0 2
194.0 3	VACANT AREA	45,971		3,982				194.0 3
194.0 4	LAKEFRONT	10,456		906				194.0 4
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,458,486	102,302	123,484	244,759	227,641	33,102	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	130,553						14
15	Pharmacy		62,522					15
16	Medical Records & Library			115,056				16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				109,494			21
22	I&R Services-Other Prgm Costs Apprvd					377,365		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics			10,003			2,281,642	30
31	Intensive Care Unit			1,665			491,123	31
40	Subprovider - IPF			816			214,293	40
41	Subprovider - IRF			439			379,097	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			16,336			1,111,621	50
50.01	GASTRO INTESTINAL SERVICES			2,794			141,207	50.01
51	Recovery Room			2,817			134,291	51
53	Anesthesiology			2,636			19,230	53
54	Radiology-Diagnostic			3,333			455,247	54
54.01	ULTRA SOUND			776			10,222	54.01
55	Radiology-Therapeutic			1,673			141,433	55
56	Radioisotope			1,379			113,503	56
56.01	VASCULAR LAB			864			4,822	56.01
56.02	STRAUSS ONCOLOGY			616			12,618	56.02
57	CT Scan			7,674			48,181	57
58	MRI			1,524			40,579	58
59	Cardiac Catheterization			2,685			66,056	59
60	Laboratory			14,089			219,558	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.			928			15,813	63
65	Respiratory Therapy			1,954			66,984	65
66	Physical Therapy			3,443			165,458	66
69	Electrocardiology			3,847			265,442	69
70	Electroencephalography			107			5,540	70
71	Medical Supplies Charged to Patients	24,696		4,961			43,920	71
72	Impl. Dev. Charged to Patients	105,857		3,925			170,919	72
73	Drugs Charged to Patients		62,522	13,957			144,197	73
74	Renal Dialysis			230			7,586	74
76	WOUND CARE			552			98,553	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			352			257,206	90
91	Emergency			8,681			474,119	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	130,553	62,522	115,056			7,600,460	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices						1,335,037	192
194	MARKETING						28,881	194
194.0	HOSPICE							194.0
1							82,765	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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						1,714	194.0 2
194.0 3	VACANT AREA						163,368	194.0 3
194.0 4	LAKEFRONT						64,596	194.0 4
200	Cross Foot Adjustments				109,494	377,365	486,859	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	130,553	62,522	115,056	109,494	377,365	9,763,680	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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		2,281,642				30
31	Intensive Care Unit		491,123				31
40	Subprovider - IPF		214,293				40
41	Subprovider - IRF		379,097				41
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room		1,111,621				50
50.01	GASTRO INTESTINAL SERVICES		141,207				50.01
51	Recovery Room		134,291				51
53	Anesthesiology		19,230				53
54	Radiology-Diagnostic		455,247				54
54.01	ULTRA SOUND		10,222				54.01
55	Radiology-Therapeutic		141,433				55
56	Radioisotope		113,503				56
56.01	VASCULAR LAB		4,822				56.01
56.02	STRAUSS ONCOLOGY		12,618				56.02
57	CT Scan		48,181				57
58	MRI		40,579				58
59	Cardiac Catheterization		66,056				59
60	Laboratory		219,558				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.		15,813				63
65	Respiratory Therapy		66,984				65
66	Physical Therapy		165,458				66
69	Electrocardiology		265,442				69
70	Electroencephalography		5,540				70
71	Medical Supplies Charged to Patients		43,920				71
72	Impl. Dev. Charged to Patients		170,919				72
73	Drugs Charged to Patients		144,197				73
74	Renal Dialysis		7,586				74
76	WOUND CARE		98,553				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		257,206				90
91	Emergency		474,119				91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)		7,600,460				118
	NONREIMBURSABLE COST CENTERS						
192	Physicians' Private Offices		1,335,037				192
194	MARKETING		28,881				194
194.0	HOSPICE						194.0
1			82,765				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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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		1,714				194.0 2
194.0 3	VACANT AREA		163,368				194.0 3
194.0 4	LAKEFRONT		64,596				194.0 4
200	Cross Foot Adjustments		486,859				200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)		9,763,680				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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	47,315,544				4
5	Administrative & General	38,791	38,791	4,243,906	-25,094,672	94,558,215		5
6	Maintenance & Repairs							6
7	Operation of Plant	48,242	48,242	1,183,678		7,785,694	259,299	7
8	Laundry & Linen Service	2,817	2,817			575,157	2,817	8
9	Housekeeping	3,031	3,031	937,614		1,630,472	3,031	9
10	Dietary	6,408	6,408	824,783		1,952,618	6,408	10
11	Cafeteria	3,226	3,226			91,311	3,226	11
12	Maintenance of Personnel							12
13	Nursing Administration	350	350	906,662		1,325,339	350	13
14	Central Services & Supply	3,379	3,379	318,621		912,066	3,379	14
15	Pharmacy	1,215	1,215	1,187,853		997,623	1,215	15
16	Medical Records & Library	2,658	2,658	890,616		1,356,815	2,658	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			5,034,415		5,887,925		21
22	I&R Services-Other Prgm Costs Apprvd	10,135	10,135			2,442,669	10,135	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	55,664	55,664	9,669,130		13,748,022	55,664	30
31	Intensive Care Unit	11,745	11,745	2,391,636		3,811,739	11,745	31
40	Subprovider - IPF	5,066	5,066	1,054,052		1,428,070	5,066	40
41	Subprovider - IRF	9,816	9,816	1,018,011		1,552,652	9,816	41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	27,625	27,625	3,300,750		9,065,659	27,625	50
50.01	GASTRO INTESTINAL SERVICES	3,587	3,587	454,629		860,826	3,587	50.01
51	Recovery Room	3,360	3,360	649,654		943,682	3,360	51
53	Anesthesiology	395	395	81,577		198,150	395	53
54	Radiology-Diagnostic	11,857	11,857	1,345,906		2,213,617	11,857	54
54.01	ULTRA SOUND	171	171	187,048		220,807	171	54.01
55	Radiology-Therapeutic	3,681	3,681	367,546		833,728	3,681	55
56	Radioisotope	2,977	2,977	185,979		658,528	2,977	56
56.01	VASCULAR LAB			187,737		229,135		56.01
56.02	STRAUSS ONCOLOGY			459,328		692,969		56.02
57	CT Scan	899	899	352,441		606,980	899	57
58	MRI	1,026	1,026	159,502		234,036	1,026	58
59	Cardiac Catheterization	1,536	1,536	392,905		720,015	1,536	59
60	Laboratory	4,582	4,582	1,126,264		3,146,717	4,582	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	219	219			628,565	219	63
65	Respiratory Therapy	1,044	1,044	1,238,023		1,457,054	1,044	65
66	Physical Therapy	3,581	3,581	1,732,145		2,144,180	3,581	66
69	Electrocardiology	7,176	7,176	492,164		850,175	7,176	69
70	Electroencephalography	100	100	50,128		61,884	100	70
71	Medical Supplies Charged to Patients					1,220,286		71
72	Impl. Dev. Charged to Patients					5,230,730		72
73	Drugs Charged to Patients					5,793,764		73
74	Renal Dialysis					629,393		74
76	WOUND CARE	2,654	2,654	242,401		416,522	2,654	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	6,836	6,836	977,034		1,514,139	6,836	90
91	Emergency	11,851	11,851	2,041,240		3,024,173	11,851	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	300,527	300,527	45,685,378	-25,094,672	89,093,886	210,667	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	36,196	36,196	1,193,147		3,773,110	36,196	192
194	MARKETING	310	310	371,484		1,368,960	310	194

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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			77,181	2,094	194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS			65,535		80,354		194.0 2
194.0 3	VACANT AREA	8,173				112,105	8,173	194.0 3
194.0 4	LAKEFRONT	1,859	1,859			52,619	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)	4,789,241	4,974,439	8,021,635		25,094,672	9,851,932	202
203	Unit Cost Multiplier (Wkst. B, Part I)	13.716505	14.588397	0.169535		0.265389	37.994485	203
204	Cost to be allocated (Per Wkst. B, Part II)			80,018		1,105,152	1,458,486	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.001691		0.011688	5.624727	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	1,027,873						8
9	Housekeeping		253,451					9
10	Dietary		6,408	338,742				10
11	Cafeteria		3,226	159,913	54,605			11
12	Maintenance of Personnel							12
13	Nursing Administration		350		967	714,843		13
14	Central Services & Supply		3,379		734		6,451,016	14
15	Pharmacy		1,215		1,371	28,508		15
16	Medical Records & Library		2,658		1,490			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	402,696	55,664	84,447	15,153	315,176		30
31	Intensive Care Unit	131,550	11,745	13,138	2,738	56,948		31
40	Subprovider - IPF	29,471	5,066	12,777	1,653	34,379		40
41	Subprovider - IRF	88,023	9,816	7,890	1,265	26,317		41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	111,289	27,625		4,268	88,777		50
50.01	GASTRO INTESTINAL SERVICES	15,801	3,587		498	10,366		50.01
51	Recovery Room		3,360		722	15,016		51
53	Anesthesiology		395		131			53
54	Radiology-Diagnostic	79,299	11,857		1,869			54
54.01	ULTRA SOUND		171		159			54.01
55	Radiology-Therapeutic	7,950	3,681		459			55
56	Radioisotope	7,950	2,977		207			56
56.01	VASCULAR LAB				231			56.01
56.02	STRAUSS ONCOLOGY	7,950			560			56.02
57	CT Scan		899		450			57
58	MRI		1,026		177			58
59	Cardiac Catheterization		1,536		342			59
60	Laboratory		4,582		2,180			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		219					63
65	Respiratory Therapy		1,044		1,944	40,427		65
66	Physical Therapy		3,581		2,100	43,678		66
69	Electrocardiology	7,950	7,176		734			69
70	Electroencephalography	7,950	100		94			70
71	Medical Supplies Charged to Patients						1,220,286	71
72	Impl. Dev. Charged to Patients						5,230,730	72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	WOUND CARE		2,654		331			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	16,092	6,836		151			90
91	Emergency	51,573	11,851		2,656	55,251		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	965,544	204,819	278,165	53,349	714,843	6,451,016	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	3,879	36,196	54,586	801			192
194	MARKETING		310		380			194
194.0	HOSPICE	58,450	2,094	5,505				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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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			486	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)	834,827	2,178,342	2,769,365	1,573,200	1,721,235	1,332,690	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.812189	8.594726	8.175440	28.810548	2.407850	0.206586	203
204	Cost to be allocated (Per Wkst. B, Part II)	102,302	123,484	244,759	227,641	33,102	130,553	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.099528	0.487211	0.722553	4.168867	0.046307	0.020238	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	5,793,764					15
16	Medical Records & Library		521,588,634				16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd			77,414			21
22	I&R Services-Other Prgm Costs Apprvd				77,414		22
23	Paramed Ed Prgm-(specify)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		45,262,219	55,647	55,647		30
31	Intensive Care Unit		7,533,901				31
40	Subprovider - IPF		3,693,092				40
41	Subprovider - IRF		1,985,558				41
ANCILLARY SERVICE COST CENTERS							
50	Operating Room		74,887,573	18,060	18,060		50
50.01	GASTRO INTESTINAL SERVICES		12,642,148				50.01
51	Recovery Room		12,745,727				51
53	Anesthesiology		11,926,150				53
54	Radiology-Diagnostic		15,083,663				54
54.01	ULTRA SOUND		3,511,544				54.01
55	Radiology-Therapeutic		7,568,291				55
56	Radioisotope		6,240,100				56
56.01	VASCULAR LAB		3,909,721				56.01
56.02	STRAUSS ONCOLOGY		2,789,549				56.02
57	CT Scan		34,721,996				57
58	MRI		6,897,010				58
59	Cardiac Catheterization		12,151,361				59
60	Laboratory		63,752,880				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.		4,199,169				63
65	Respiratory Therapy		8,839,661				65
66	Physical Therapy		15,580,979				66
69	Electrocardiology		17,406,530				69
70	Electroencephalography		484,703				70
71	Medical Supplies Charged to Patients		22,446,412				71
72	Impl. Dev. Charged to Patients		17,762,131				72
73	Drugs Charged to Patients	5,793,764	63,155,545				73
74	Renal Dialysis		1,042,599				74
76	WOUND CARE		2,496,621				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		1,591,318				90
91	Emergency		39,280,483	3,707	3,707		91
92	Observation Beds (Non-Distinct Part)						92
OTHER REIMBURSABLE COST CENTERS							
SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	5,793,764	521,588,634	77,414	77,414		118
NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices						192
194	MARKETING						194

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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)	1,427,129	1,883,661	7,672,789	3,563,108			202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.246322	0.003611	99.113713	46.026662			203
204	Cost to be allocated (Per Wkst. B, Part II)	62,522	115,056	109,494	377,365			204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.010791	0.000221	1.414395	4.874635			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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	22,366,268		22,366,268	82,233	22,448,501	30
31	Intensive Care Unit	5,827,985		5,827,985	830	5,828,815	31
40	Subprovider - IPF	2,315,218		2,315,218		2,315,218	40
41	Subprovider - IRF	2,665,006		2,665,006	32,080	2,697,086	41
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	13,456,348		13,456,348	192,537	13,648,885	50
50.01	GASTRO INTESTINAL SERVICES	1,354,187		1,354,187		1,354,187	50.01
51	Recovery Room	1,453,646		1,453,646		1,453,646	51
53	Anesthesiology	315,979		315,979		315,979	53
54	Radiology-Diagnostic	3,526,216		3,526,216	7,701	3,533,917	54
54.01	ULTRA SOUND	304,635		304,635		304,635	54.01
55	Radiology-Therapeutic	1,273,495		1,273,495	9,008	1,282,503	55
56	Radioisotope	1,006,944		1,006,944		1,006,944	56
56.01	VASCULAR LAB	310,718		310,718		310,718	56.01
56.02	STRAUSS ONCOLOGY	909,539		909,539	27,834	937,373	56.02
57	CT Scan	948,296		948,296		948,296	57
58	MRI	373,951		373,951		373,951	58
59	Cardiac Catheterization	1,036,392		1,036,392		1,036,392	59
60	Laboratory	4,488,312		4,488,312		4,488,312	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	820,745		820,745		820,745	63
65	Respiratory Therapy	2,077,649		2,077,649		2,077,649	65
66	Physical Therapy	3,101,993		3,101,993		3,101,993	66
69	Electrocardiology	1,500,585		1,500,585	509	1,501,094	69
70	Electroencephalography	93,880		93,880		93,880	70
71	Medical Supplies Charged to Patients	1,877,284		1,877,284		1,877,284	71
72	Impl. Dev. Charged to Patients	7,763,643		7,763,643		7,763,643	72
73	Drugs Charged to Patients	8,986,549		8,986,549		8,986,549	73
74	Renal Dialysis	800,192		800,192		800,192	74
76	WOUND CARE	669,260		669,260	11,865	681,125	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	2,257,625		2,257,625		2,257,625	90
91	Emergency	4,772,170		4,772,170		4,772,170	91
92	Observation Beds (Non-Distinct Part)	2,034,214		2,034,214		2,034,214	92
OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (sum of lines 30 thru 199)	100,688,924		100,688,924	364,597	101,053,521	200
201	Less Observation Beds	2,034,214		2,034,214		2,034,214	201
202	Total (line 200 minus line 201)	98,654,710		98,654,710		99,019,307	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	40,869,905		40,869,905				30
31	Intensive Care Unit	7,533,901		7,533,901				31
40	Subprovider - IPF	3,693,092		3,693,092				40
41	Subprovider - IRF	1,985,558		1,985,558				41
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	34,632,784	40,254,789	74,887,573	0.179687	0.179687	0.182258	50
50.01	GASTRO INTESTINAL SERVICES	6,558,399	6,083,749	12,642,148	0.107117	0.107117	0.107117	50.01
51	Recovery Room	5,267,287	7,478,440	12,745,727	0.114050	0.114050	0.114050	51
53	Anesthesiology	5,763,328	6,162,822	11,926,150	0.026495	0.026495	0.026495	53
54	Radiology-Diagnostic	5,248,531	9,835,132	15,083,663	0.233777	0.233777	0.234288	54
54.01	ULTRA SOUND	1,264,315	2,247,229	3,511,544	0.086752	0.086752	0.086752	54.01
55	Radiology-Therapeutic	569,749	6,998,542	7,568,291	0.168267	0.168267	0.169457	55
56	Radioisotope	2,191,096	4,049,004	6,240,100	0.161367	0.161367	0.161367	56
56.01	VASCULAR LAB	2,268,687	1,641,034	3,909,721	0.079473	0.079473	0.079473	56.01
56.02	STRAUSS ONCOLOGY	9,019	2,780,530	2,789,549	0.326052	0.326052	0.336030	56.02
57	CT Scan	15,291,578	19,430,418	34,721,996	0.027311	0.027311	0.027311	57
58	MRI	1,937,775	4,959,235	6,897,010	0.054219	0.054219	0.054219	58
59	Cardiac Catheterization	8,728,841	3,422,520	12,151,361	0.085290	0.085290	0.085290	59
60	Laboratory	41,734,100	22,018,780	63,752,880	0.070402	0.070402	0.070402	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	3,611,650	587,519	4,199,169	0.195454	0.195454	0.195454	63
65	Respiratory Therapy	8,405,252	434,409	8,839,661	0.235037	0.235037	0.235037	65
66	Physical Therapy	9,803,785	5,777,194	15,580,979	0.199088	0.199088	0.199088	66
69	Electrocardiology	9,799,061	7,607,469	17,406,530	0.086208	0.086208	0.086237	69
70	Electroencephalography	369,133	115,570	484,703	0.193686	0.193686	0.193686	70
71	Medical Supplies Charged to Patients	12,163,981	10,282,431	22,446,412	0.083634	0.083634	0.083634	71
72	Impl. Dev. Charged to Patients	13,751,481	4,010,650	17,762,131	0.437090	0.437090	0.437090	72
73	Drugs Charged to Patients	30,531,651	32,623,894	63,155,545	0.142292	0.142292	0.142292	73
74	Renal Dialysis	1,012,062	30,537	1,042,599	0.767497	0.767497	0.767497	74
76	WOUND CARE	17,213	2,479,408	2,496,621	0.268066	0.268066	0.272819	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	5,523	1,585,795	1,591,318	1.418714	1.418714	1.418714	90
91	Emergency	11,217,611	28,062,872	39,280,483	0.121490	0.121490	0.121490	91
92	Observation Beds (Non-Distinct Part)	1,347,011	3,045,303	4,392,314	0.463130	0.463130	0.463130	92
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (sum of lines 30 thru 199)	287,583,359	234,005,275	521,588,634				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	287,583,359	234,005,275	521,588,634				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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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)	2,281,642		2,281,642	25,845	88.28	10,043	886,596	30
31	Intensive Care Unit	491,123		491,123	3,657	134.30	1,474	197,958	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	214,293		214,293	3,556	60.26	2,222	133,898	40
41	Subprovider - IRF	379,097		379,097	2,196	172.63	1,218	210,263	41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	3,366,155		3,366,155	35,254		14,957	1,428,715	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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
 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	1,111,621	74,887,573	0.014844	14,424,305	214,114	50
50.01	GASTRO INTESTINAL SERVICES	141,207	12,642,148	0.011170	2,482,071	27,725	50.01
51	Recovery Room	134,291	12,745,727	0.010536	2,302,692	24,261	51
53	Anesthesiology	19,230	11,926,150	0.001612	2,240,499	3,612	53
54	Radiology-Diagnostic	455,247	15,083,663	0.030181	1,798,595	54,283	54
54.01	ULTRA SOUND	10,222	3,511,544	0.002911	678,089	1,974	54.01
55	Radiology-Therapeutic	141,433	7,568,291	0.018688	372,387	6,959	55
56	Radioisotope	113,503	6,240,100	0.018189	1,070,399	19,469	56
56.01	VASCULAR LAB	4,822	3,909,721	0.001233	1,016,007	1,253	56.01
56.02	STRAUSS ONCOLOGY	12,618	2,789,549	0.004523			56.02
57	CT Scan	48,181	34,721,996	0.001388	6,600,734	9,162	57
58	MRI	40,579	6,897,010	0.005884	767,177	4,514	58
59	Cardiac Catheterization	66,056	12,151,361	0.005436	3,256,636	17,703	59
60	Laboratory	219,558	63,752,880	0.003444	17,800,915	61,306	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	15,813	4,199,169	0.003766	1,108,984	4,176	63
65	Respiratory Therapy	66,984	8,839,661	0.007578	3,012,482	22,829	65
66	Physical Therapy	165,458	15,580,979	0.010619	3,169,554	33,657	66
69	Electrocardiology	265,442	17,406,530	0.015250	4,418,555	67,383	69
70	Electroencephalography	5,540	484,703	0.011430	127,982	1,463	70
71	Medical Supplies Charged to Pat	43,920	22,446,412	0.001957	5,278,685	10,330	71
72	Impl. Dev. Charged to Patients	170,919	17,762,131	0.009623	6,066,492	58,378	72
73	Drugs Charged to Patients	144,197	63,155,545	0.002283	12,376,084	28,255	73
74	Renal Dialysis	7,586	1,042,599	0.007276	406,534	2,958	74
76	WOUND CARE	98,553	2,496,621	0.039475			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	257,206	1,591,318	0.161631			90
91	Emergency	474,119	39,280,483	0.012070	4,402,155	53,134	91
92	Observation Beds (Non-Distinct	206,755	4,392,314	0.047072	493,852	23,247	92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	4,441,060	467,506,178		95,671,865	752,145	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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)	25,845		10,043		30
31	Intensive Care Unit	3,657		1,474		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	3,556		2,222		40
41	Subprovider - IRF	2,196		1,218		41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	35,254		14,957		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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	74,887,573			14,424,305		10,569,817	50
50.01	GASTRO INTESTINAL SERVICES	12,642,148			2,482,071		1,860,069	50.01
51	Recovery Room	12,745,727			2,302,692		2,824,208	51
53	Anesthesiology	11,926,150			2,240,499		1,564,199	53
54	Radiology-Diagnostic	15,083,663			1,798,595		6,371,349	54
54.01	ULTRA SOUND	3,511,544			678,089		710,765	54.01
55	Radiology-Therapeutic	7,568,291			372,387		52,304	55
56	Radioisotope	6,240,100			1,070,399		1,779,592	56
56.01	VASCULAR LAB	3,909,721			1,016,007		912,033	56.01
56.02	STRAUSS ONCOLOGY	2,789,549					1,447,003	56.02
57	CT Scan	34,721,996			6,600,734		7,700,460	57
58	MRI	6,897,010			767,177		1,843,970	58
59	Cardiac Catheterization	12,151,361			3,256,636		1,630,635	59
60	Laboratory	63,752,880			17,800,915		5,791,573	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	4,199,169			1,108,984		75,957	63
65	Respiratory Therapy	8,839,661			3,012,482		168,869	65
66	Physical Therapy	15,580,979			3,169,554		140,617	66
69	Electrocardiology	17,406,530			4,418,555		3,763,977	69
70	Electroencephalography	484,703			127,982		43,199	70
71	Medical Supplies Charged to Pat	22,446,412			5,278,685		3,810,666	71
72	Impl. Dev. Charged to Patients	17,762,131			6,066,492		1,592,341	72
73	Drugs Charged to Patients	63,155,545			12,376,084		16,605,590	73
74	Renal Dialysis	1,042,599			406,534		6,171	74
76	WOUND CARE	2,496,621					54,822	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	1,591,318					307,287	90
91	Emergency	39,280,483			4,402,155		6,836,091	91
92	Observation Beds (Non-Distinct	4,392,314			493,852		1,113,693	92
OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	467,506,178			95,671,865		79,577,257	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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.)	
1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	0.179687	10,569,817			1,899,259		50	
50.01	GASTRO INTESTINAL SERVICES	0.107117	1,860,069			199,245		50.01	
51	Recovery Room	0.114050	2,824,208			322,101		51	
53	Anesthesiology	0.026495	1,564,199			41,443		53	
54	Radiology-Diagnostic	0.233777	6,371,349			1,489,475		54	
54.01	ULTRA SOUND	0.086752	710,765			61,660		54.01	
55	Radiology-Therapeutic	0.168267	52,304			8,801		55	
56	Radioisotope	0.161367	1,779,592			287,167		56	
56.01	VASCULAR LAB	0.079473	912,033			72,482		56.01	
56.02	STRAUSS ONCOLOGY	0.326052	1,447,003			471,798		56.02	
57	CT Scan	0.027311	7,700,460			210,307		57	
58	MRI	0.054219	1,843,970			99,978		58	
59	Cardiac Catheterization	0.085290	1,630,635			139,077		59	
60	Laboratory	0.070402	5,791,573			407,738		60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63	Blood Storing, Processing & Tra	0.195454	75,957			14,846		63	
65	Respiratory Therapy	0.235037	168,869			39,690		65	
66	Physical Therapy	0.199088	140,617			27,995		66	
69	Electrocardiology	0.086208	3,763,977			324,485		69	
70	Electroencephalography	0.193686	43,199			8,367		70	
71	Medical Supplies Charged to Pat	0.083634	3,810,666			318,701		71	
72	Impl. Dev. Charged to Patients	0.437090	1,592,341			695,996		72	
73	Drugs Charged to Patients	0.142292	16,605,590		46,938	2,362,843	6,679	73	
74	Renal Dialysis	0.767497	6,171			4,736		74	
76	WOUND CARE	0.268066	54,822			14,696		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	1.418714	307,287			435,952		90	
91	Emergency	0.121490	6,836,091			830,517		91	
92	Observation Beds (Non-Distinct	0.463130	1,113,693			515,785		92	
OTHER REIMBURSABLE COST CENTERS									
200	Subtotal (see instructions)		79,577,257		46,938	11,305,140	6,679	200	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)		79,577,257		46,938	11,305,140	6,679	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	1,111,621	74,887,573	0.014844			50
50.01	GASTRO INTESTINAL SERVICES	141,207	12,642,148	0.011170			50.01
51	Recovery Room	134,291	12,745,727	0.010536			51
53	Anesthesiology	19,230	11,926,150	0.001612			53
54	Radiology-Diagnostic	455,247	15,083,663	0.030181	38,211	1,153	54
54.01	ULTRA SOUND	10,222	3,511,544	0.002911	10,937	32	54.01
55	Radiology-Therapeutic	141,433	7,568,291	0.018688			55
56	Radioisotope	113,503	6,240,100	0.018189			56
56.01	VASCULAR LAB	4,822	3,909,721	0.001233	14,363	18	56.01
56.02	STRAUSS ONCOLOGY	12,618	2,789,549	0.004523			56.02
57	CT Scan	48,181	34,721,996	0.001388	112,717	156	57
58	MRI	40,579	6,897,010	0.005884	3,325	20	58
59	Cardiac Catheterization	66,056	12,151,361	0.005436			59
60	Laboratory	219,558	63,752,880	0.003444	647,355	2,229	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	15,813	4,199,169	0.003766			63
65	Respiratory Therapy	66,984	8,839,661	0.007578	28,343	215	65
66	Physical Therapy	165,458	15,580,979	0.010619	163,553	1,737	66
69	Electrocardiology	265,442	17,406,530	0.015250	83,575	1,275	69
70	Electroencephalography	5,540	484,703	0.011430	4,624	53	70
71	Medical Supplies Charged to Pat	43,920	22,446,412	0.001957	4,004	8	71
72	Impl. Dev. Charged to Patients	170,919	17,762,131	0.009623	4,564	44	72
73	Drugs Charged to Patients	144,197	63,155,545	0.002283	612,770	1,399	73
74	Renal Dialysis	7,586	1,042,599	0.007276			74
76	WOUND CARE	98,553	2,496,621	0.039475			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	257,206	1,591,318	0.161631			90
91	Emergency	474,119	39,280,483	0.012070	198,829	2,400	91
92	Observation Beds (Non-Distinct		4,392,314				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	4,234,305	467,506,178		1,927,170	10,739	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	74,887,573							50
50.01	GASTRO INTESTINAL SERVICES	12,642,148							50.01
51	Recovery Room	12,745,727							51
53	Anesthesiology	11,926,150							53
54	Radiology-Diagnostic	15,083,663			38,211		12,044		54
54.01	ULTRA SOUND	3,511,544			10,937				54.01
55	Radiology-Therapeutic	7,568,291							55
56	Radioisotope	6,240,100							56
56.01	VASCULAR LAB	3,909,721			14,363				56.01
56.02	STRAUSS ONCOLOGY	2,789,549							56.02
57	CT Scan	34,721,996			112,717		6,960		57
58	MRI	6,897,010			3,325		3,325		58
59	Cardiac Catheterization	12,151,361							59
60	Laboratory	63,752,880			647,355		374		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	4,199,169							63
65	Respiratory Therapy	8,839,661			28,343				65
66	Physical Therapy	15,580,979			163,553				66
69	Electrocardiology	17,406,530			83,575		7,853		69
70	Electroencephalography	484,703			4,624				70
71	Medical Supplies Charged to Pat	22,446,412			4,004		169		71
72	Impl. Dev. Charged to Patients	17,762,131			4,564				72
73	Drugs Charged to Patients	63,155,545			612,770		2,803		73
74	Renal Dialysis	1,042,599							74
76	WOUND CARE	2,496,621							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	1,591,318							90
91	Emergency	39,280,483			198,829				91
92	Observation Beds (Non-Distinct	4,392,314							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	467,506,178			1,927,170		33,528		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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	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	0.179687						50
50.01	GASTRO INTESTINAL SERVICES	0.107117						50.01
51	Recovery Room	0.114050						51
53	Anesthesiology	0.026495						53
54	Radiology-Diagnostic	0.233777	12,044			2,816		54
54.01	ULTRA SOUND	0.086752						54.01
55	Radiology-Therapeutic	0.168267						55
56	Radioisotope	0.161367						56
56.01	VASCULAR LAB	0.079473						56.01
56.02	STRAUSS ONCOLOGY	0.326052						56.02
57	CT Scan	0.027311	6,960			190		57
58	MRI	0.054219	3,325			180		58
59	Cardiac Catheterization	0.085290						59
60	Laboratory	0.070402	374			26		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	0.195454						63
65	Respiratory Therapy	0.235037						65
66	Physical Therapy	0.199088						66
69	Electrocardiology	0.086208	7,853			677		69
70	Electroencephalography	0.193686						70
71	Medical Supplies Charged to Pat	0.083634	169			14		71
72	Impl. Dev. Charged to Patients	0.437090						72
73	Drugs Charged to Patients	0.142292	2,803			399		73
74	Renal Dialysis	0.767497						74
76	WOUND CARE	0.268066						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	1.418714						90
91	Emergency	0.121490						91
92	Observation Beds (Non-Distinct)	0.463130						92
OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		33,528			4,302		200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)		33,528			4,302		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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,111,621	74,887,573	0.014844	3,406	51	50
50.01	GASTRO INTESTINAL SERVICES	141,207	12,642,148	0.011170	11,574	129	50.01
51	Recovery Room	134,291	12,745,727	0.010536	1,876	20	51
53	Anesthesiology	19,230	11,926,150	0.001612			53
54	Radiology-Diagnostic	455,247	15,083,663	0.030181	20,438	617	54
54.01	ULTRA SOUND	10,222	3,511,544	0.002911	8,033	23	54.01
55	Radiology-Therapeutic	141,433	7,568,291	0.018688	1,782	33	55
56	Radioisotope	113,503	6,240,100	0.018189	5,588	102	56
56.01	VASCULAR LAB	4,822	3,909,721	0.001233	16,646	21	56.01
56.02	STRAUSS ONCOLOGY	12,618	2,789,549	0.004523			56.02
57	CT Scan	48,181	34,721,996	0.001388	13,964	19	57
58	MRI	40,579	6,897,010	0.005884			58
59	Cardiac Catheterization	66,056	12,151,361	0.005436	74,918	407	59
60	Laboratory	219,558	63,752,880	0.003444	306,575	1,056	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	15,813	4,199,169	0.003766	9,912	37	63
65	Respiratory Therapy	66,984	8,839,661	0.007578	64,374	488	65
66	Physical Therapy	165,458	15,580,979	0.010619	1,568,869	16,660	66
69	Electrocardiology	265,442	17,406,530	0.015250	27,732	423	69
70	Electroencephalography	5,540	484,703	0.011430			70
71	Medical Supplies Charged to Pat	43,920	22,446,412	0.001957	72,229	141	71
72	Impl. Dev. Charged to Patients	170,919	17,762,131	0.009623	27,394	264	72
73	Drugs Charged to Patients	144,197	63,155,545	0.002283	411,509	939	73
74	Renal Dialysis	7,586	1,042,599	0.007276	32,885	239	74
76	WOUND CARE	98,553	2,496,621	0.039475			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	257,206	1,591,318	0.161631			90
91	Emergency	474,119	39,280,483	0.012070			91
92	Observation Beds (Non-Distinct		4,392,314				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	4,234,305	467,506,178		2,679,704	21,669	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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 Anesth- etist 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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	74,887,573			3,406				50
50.01	GASTRO INTESTINAL SERVICES	12,642,148			11,574				50.01
51	Recovery Room	12,745,727			1,876				51
53	Anesthesiology	11,926,150							53
54	Radiology-Diagnostic	15,083,663			20,438		4,226		54
54.01	ULTRA SOUND	3,511,544			8,033		737		54.01
55	Radiology-Therapeutic	7,568,291			1,782				55
56	Radioisotope	6,240,100			5,588				56
56.01	VASCULAR LAB	3,909,721			16,646		1,676		56.01
56.02	STRAUSS ONCOLOGY	2,789,549							56.02
57	CT Scan	34,721,996			13,964		2,320		57
58	MRI	6,897,010							58
59	Cardiac Catheterization	12,151,361			74,918				59
60	Laboratory	63,752,880			306,575		589		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	4,199,169			9,912				63
65	Respiratory Therapy	8,839,661			64,374				65
66	Physical Therapy	15,580,979			1,568,869				66
69	Electrocardiology	17,406,530			27,732		6,427		69
70	Electroencephalography	484,703							70
71	Medical Supplies Charged to Pat	22,446,412			72,229		4,383		71
72	Impl. Dev. Charged to Patients	17,762,131			27,394		36		72
73	Drugs Charged to Patients	63,155,545			411,509		34,503		73
74	Renal Dialysis	1,042,599			32,885				74
76	WOUND CARE	2,496,621							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	1,591,318							90
91	Emergency	39,280,483							91
92	Observation Beds (Non-Distinct	4,392,314							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	467,506,178			2,679,704		54,897		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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	0.179687						50	
50.01	GASTRO INTESTINAL SERVICES	0.107117						50.01	
51	Recovery Room	0.114050						51	
53	Anesthesiology	0.026495						53	
54	Radiology-Diagnostic	0.233777	4,226			988		54	
54.01	ULTRA SOUND	0.086752	737			64		54.01	
55	Radiology-Therapeutic	0.168267						55	
56	Radioisotope	0.161367						56	
56.01	VASCULAR LAB	0.079473	1,676			133		56.01	
56.02	STRAUSS ONCOLOGY	0.326052						56.02	
57	CT Scan	0.027311	2,320			63		57	
58	MRI	0.054219						58	
59	Cardiac Catheterization	0.085290						59	
60	Laboratory	0.070402	589			41		60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63	Blood Storing, Processing & Tra	0.195454						63	
65	Respiratory Therapy	0.235037						65	
66	Physical Therapy	0.199088						66	
69	Electrocardiology	0.086208	6,427			554		69	
70	Electroencephalography	0.193686						70	
71	Medical Supplies Charged to Pat	0.083634	4,383			367		71	
72	Impl. Dev. Charged to Patients	0.437090	36			16		72	
73	Drugs Charged to Patients	0.142292	34,503			4,910		73	
74	Renal Dialysis	0.767497						74	
76	WOUND CARE	0.268066						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	1.418714						90	
91	Emergency	0.121490						91	
92	Observation Beds (Non-Distinct)	0.463130						92	
OTHER REIMBURSABLE COST CENTERS									
200	Subtotal (see instructions)		54,897			7,136		200	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)		54,897			7,136		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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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)	25,845	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	25,845	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)	23,503	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)	10,043	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)	22,448,501	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)	22,448,501	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)	22,448,501	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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)						868.58	38
39	Program general inpatient routine service cost (line 9 x line 38)						8,723,149	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)							40
41	Total Program general inpatient routine service cost (line 39 + line 40)						8,723,149	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	5,828,815	3,657	1,593.88	1,474	2,349,379		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)						13,657,739	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						24,730,267	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						1,084,554	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						752,145	51
52	Total Program excludable cost (sum of lines 50 and 51)						1,836,699	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						22,893,568	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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)					2,342	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					868.58	88
89	Observation bed cost (line 87 x line 88) (see instructions)					2,034,214	89
		Cost	Routine Cost (from line 21)	col. 1=col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	2,281,642	22,448,501	0.101639	2,034,214	206,755	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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)	3,556	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,556	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)	3,556	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)	2,222	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)	2,315,218	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)	2,315,218	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 31)		32
33	Average semi-private room per diem charge (line 30 ÷ line 31)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,315,218	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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)	651.07	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,446,678	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)	1,446,678	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	220,879	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,667,557	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	133,898	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	10,739	51
52	Total Program excludable cost (sum of lines 50 and 51)	144,637	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,522,920	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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)	2,196	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,196	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	2,196	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)	1,218	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)	2,697,086	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)	2,697,086	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)	2,697,086	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T082

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,228.18	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,495,923	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)	1,495,923	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	472,051	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,967,974	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	210,263	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	21,669	51
52	Total Program excludable cost (sum of lines 50 and 51)	231,932	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,736,042	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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		16,979,608		30
31	Intensive Care Unit		2,991,192		31
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.182258	14,424,305	2,628,945	50
50.01	GASTRO INTESTINAL SERVICES	0.107117	2,482,071	265,872	50.01
51	Recovery Room	0.114050	2,302,692	262,622	51
53	Anesthesiology	0.026495	2,240,499	59,362	53
54	Radiology-Diagnostic	0.234288	1,798,595	421,389	54
54.01	ULTRA SOUND	0.086752	678,089	58,826	54.01
55	Radiology-Therapeutic	0.169457	372,387	63,104	55
56	Radioisotope	0.161367	1,070,399	172,727	56
56.01	VASCULAR LAB	0.079473	1,016,007	80,745	56.01
56.02	STRAUSS ONCOLOGY	0.336030			56.02
57	CT Scan	0.027311	6,600,734	180,273	57
58	MRI	0.054219	767,177	41,596	58
59	Cardiac Catheterization	0.085290	3,256,636	277,758	59
60	Laboratory	0.070402	17,800,915	1,253,220	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.195454	1,108,984	216,755	63
65	Respiratory Therapy	0.235037	3,012,482	708,045	65
66	Physical Therapy	0.199088	3,169,554	631,020	66
69	Electrocardiology	0.086237	4,418,555	381,043	69
70	Electroencephalography	0.193686	127,982	24,788	70
71	Medical Supplies Charged to Patients	0.083634	5,278,685	441,478	71
72	Impl. Dev. Charged to Patients	0.437090	6,066,492	2,651,603	72
73	Drugs Charged to Patients	0.142292	12,376,084	1,761,018	73
74	Renal Dialysis	0.767497	406,534	312,014	74
76	WOUND CARE	0.272819			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	1.418714			90
91	Emergency	0.121490	4,402,155	534,818	91
92	Observation Beds (Non-Distinct Part)	0.463130	493,852	228,718	92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		95,671,865	13,657,739	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		95,671,865		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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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		2,358,743		40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.182258			50
50.01	GASTRO INTESTINAL SERVICES	0.107117			50.01
51	Recovery Room	0.114050			51
53	Anesthesiology	0.026495			53
54	Radiology-Diagnostic	0.234288	38,211	8,952	54
54.01	ULTRA SOUND	0.086752	10,937	949	54.01
55	Radiology-Therapeutic	0.169457			55
56	Radioisotope	0.161367			56
56.01	VASCULAR LAB	0.079473	14,363	1,141	56.01
56.02	STRAUSS ONCOLOGY	0.336030			56.02
57	CT Scan	0.027311	112,717	3,078	57
58	MRI	0.054219	3,325	180	58
59	Cardiac Catheterization	0.085290			59
60	Laboratory	0.070402	647,355	45,575	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.195454			63
65	Respiratory Therapy	0.235037	28,343	6,662	65
66	Physical Therapy	0.199088	163,553	32,561	66
69	Electrocardiology	0.086237	83,575	7,207	69
70	Electroencephalography	0.193686	4,624	896	70
71	Medical Supplies Charged to Patients	0.083634	4,004	335	71
72	Impl. Dev. Charged to Patients	0.437090	4,564	1,995	72
73	Drugs Charged to Patients	0.142292	612,770	87,192	73
74	Renal Dialysis	0.767497			74
76	WOUND CARE	0.272819			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	1.418714			90
91	Emergency	0.121490	198,829	24,156	91
92	Observation Beds (Non-Distinct Part)	0.463130			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		1,927,170	220,879	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,927,170		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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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		1,057,344		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.182258	3,406	621	50
50.01	GASTRO INTESTINAL SERVICES	0.107117	11,574	1,240	50.01
51	Recovery Room	0.114050	1,876	214	51
53	Anesthesiology	0.026495			53
54	Radiology-Diagnostic	0.234288	20,438	4,788	54
54.01	ULTRA SOUND	0.086752	8,033	697	54.01
55	Radiology-Therapeutic	0.169457	1,782	302	55
56	Radioisotope	0.161367	5,588	902	56
56.01	VASCULAR LAB	0.079473	16,646	1,323	56.01
56.02	STRAUSS ONCOLOGY	0.336030			56.02
57	CT Scan	0.027311	13,964	381	57
58	MRI	0.054219			58
59	Cardiac Catheterization	0.085290	74,918	6,390	59
60	Laboratory	0.070402	306,575	21,583	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.195454	9,912	1,937	63
65	Respiratory Therapy	0.235037	64,374	15,130	65
66	Physical Therapy	0.199088	1,568,869	312,343	66
69	Electrocardiology	0.086237	27,732	2,392	69
70	Electroencephalography	0.193686			70
71	Medical Supplies Charged to Patients	0.083634	72,229	6,041	71
72	Impl. Dev. Charged to Patients	0.437090	27,394	11,974	72
73	Drugs Charged to Patients	0.142292	411,509	58,554	73
74	Renal Dialysis	0.767497	32,885	25,239	74
76	WOUND CARE	0.272819			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	1.418714			90
91	Emergency	0.121490			91
92	Observation Beds (Non-Distinct Part)	0.463130			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		2,679,704	472,051	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		2,679,704		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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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)	7,115,125			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	14,401,649			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)	212,952			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	6,739,157			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	112.58			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	68.42			10
11	FTE count for residents in dental and podiatric programs	9.00			11
12	Current year allowable FTE (see instructions)	69.38			12
13	Total allowable FTE count for the prior year	69.25			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	73.44			14
15	Sum of lines 12 through 14 divided by 3	70.69			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	70.69			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.627909			19
20	Prior year resident to bed ratio (see instructions)	0.605703			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.605703			21
22	IME payment adjustment (see instructions)	6,141,232			22
22.01	IME payment adjustment - Managed Care (see instructions)	1,923,463			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)	8.04			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)	6,141,232			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	1,923,463			29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.1064			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.3086			31
32	Sum of lines 30 and 31	0.4150			32
33	Allowable disproportionate share percentage (see instructions)	0.2345			33
34	Disproportionate share adjustment (see instructions)	1,261,421			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)	1,462,636		1,440,658	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	487,545		959,122	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,446,667			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

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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)	30,579,046			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)	32,502,509			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	2,443,725			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)	3,703,854			52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies	1,563			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)	38,651,651			59
60	Primary payer payments	24,781			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	38,626,870			61
62	Deductibles billed to program beneficiaries	1,747,088			62
63	Coinsurance billed to program beneficiaries	246,029			63
64	Allowable bad debts (see instructions)	1,188,241			64
65	Adjusted reimbursable bad debts (see instructions)	772,357			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	991,765			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	37,406,110			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)	-41,548			70.93
70.94	HRR adjustment amount (see instructions)	-423,570			70.94
70.99	HAC adjustment amount (see instructions)	344,827			70.99
71	Amount due provider (see instructions)	36,596,165			71
71.01	Sequestration adjustment (see instructions)	731,923			71.01
72	Interim payments	35,722,136			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	142,106			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	285,444			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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	7,115,125	7,115,125			7,115,125	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	14,401,649		14,401,649		14,401,649	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	212,952	23,299	189,653		212,952	2
2.01	Outlier payment for discharges for Model 4 BPCI						2.01
3	Operating outlier reconciliation						3
4	Managed Care Simulated Payments	6,739,157	2,235,675	4,503,482		6,739,157	4
	Indirect Medical Education Adjustment						
5	Amount from Worksheet E Part A, line 21	0.605703	0.605703	0.605703			5
6	IME payment adjustment	6,141,232	2,030,771	4,110,461		6,141,232	6
6.01	IME payment adjustment for managed care	1,923,463	638,097	1,285,366		1,923,463	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)	6,141,232	2,030,771	4,110,461		6,141,232	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	1,923,463	638,097	1,285,366		1,923,463	9.01
	Disproportionate Share Adjustment						
10	Allowable disproportionate share percentage	0.2345	0.2345	0.2345	0.2345	0.2345	10
11	Disproportionate share adjustment	1,261,421	417,124	844,297		1,261,421	11
11.01	Uncompensated care payments	1,446,667	487,545	959,122		1,446,667	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12	Total ESRD additional payment						12
13	Subtotal	30,579,046	10,073,864	20,505,182		30,579,046	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	32,502,509	10,711,961	21,790,548		32,502,509	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	2,443,725	800,815	1,642,910		2,443,725	16
17	Special add-on payments for new technologies	1,563	1,563			1,563	17
17.01	DO NOT USE THIS LINE						17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG						17.02
18	Capital outlier reconciliation adjustment amount						18
19	SUBTOTAL		11,514,339	23,433,458		34,947,797	19
20	Capital DRG other than outlier	1,736,379	570,716	1,165,663		1,736,379	20
20.01	Model 4 BPCI Capital DRG other than outlier						20.01
21	Capital DRG outlier payments	21,302	4,609	16,693		21,302	21
21.01	Model 4 BPCI Capital DRG outlier payments						21.01
22	Indirect medical education percentage	30.7500	30.7500	30.7500			22
23	Indirect medical education adjustment	533,937	175,495	358,442		533,937	23
24	Allowable disproportionate share percentage	0.0876	0.0876	0.0876			24
25	Disproportionate share adjustment	152,107	49,995	102,112		152,107	25
26	Total prospective capital payments	2,443,725	800,815	1,642,910		2,443,725	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	-41,548	-10,076	-31,472		-41,548	30
30.01	HVBP payment adjustment for HSP bonus payment						30.01
31	HRR adjustment	-423,570	-108,174	-315,396		-423,570	31
31.01	HRR adjustment for HSP bonus payment						31.01
32	HAC Reduction Program adjustment		113,961	230,866		344,827	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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)	6,679			1
2	Medical and other services reimbursed under OPPS (see instructions)	11,305,140			2
3	PPS payments	9,340,663			3
4	Outlier payment (see instructions)	59,209			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)	6,679			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	46,938			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)	46,938			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)	46,938			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions))	40,259			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)	6,679			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)	9,399,872			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	1,932,638			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)	7,473,913			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	1,479,732			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	8,953,645			30
31	Primary payer payments	685			31
32	Subtotal (line 30 minus line 31)	8,952,960			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)	972,266			34
35	Adjusted reimbursable bad debts (see instructions)	631,973			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	820,102			36
37	Subtotal (see instructions)	9,584,933			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)	9,584,933			40
40.01	Sequestration adjustment (see instructions)	191,699			40.01
41	Interim payments	9,555,754			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-162,520			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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S082

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

	1	1.01	1.02	
1	Medical and other services (see instructions)			1
2	Medical and other services reimbursed under OPPS (see instructions)	4,302		2
3	PPS payments	3,621		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)	3,621		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
25	Deductibles and coinsurance (see instructions)			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	782		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)	2,839		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)	2,839		30
31	Primary payer payments			31
32	Subtotal (line 30 minus line 31)	2,839		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)	2,839		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)	2,839		40
40.01	Sequestration adjustment (see instructions)	57		40.01
41	Interim payments	2,782		41
42	Tentative settlement (for contractors use only)			42
43	Balance due provider/program (see instructions)			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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)	7,136			2
3	PPS payments	1,516			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)	1,516			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	307			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	1,209			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	1,209			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	1,209			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)	1,209			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	1,209			40
40.01	Sequestration adjustment (see instructions)	24			40.01
41	Interim payments	1,185			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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		34,696,559		9,439,122	1	
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2	
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)						
		.01	01/16/2017	1,085,606	01/16/2017	114,727	3.01
		.02			06/05/2017	1,905	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	06/05/2017	60,029			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		1,025,577		116,632	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)			35,722,136		9,555,754	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		142,106			6.01
		.02				-162,520	6.02
7	Total Medicare program liability (see instructions)			35,864,242		9,393,234	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	AMOUNT	mm/dd/yyyy	AMOUNT	
		1	2	3	4	
1	Total interim payments paid to provider		1,988,364		2,782	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)		1,988,364		2,782	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				6.01
		.02				6.02
7	Total Medicare program liability (see instructions)		1,988,364		2,782	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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		2,092,380		1,185	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)		2,092,380		1,185	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	3,119			6.01
		.02				6.02
7	Total Medicare program liability (see instructions)		2,095,499		1,185	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: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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)	5,413	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	11,517	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	3,811	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	27,160	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	521,588,634	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	9,647,226	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)	410,090	8
9	Sequestration adjustment amount (see instructions)	8,202	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	401,888	10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

30	Initial/interim HIT payment(s)	385,170	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	16,718	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.

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S082

**WORKSHEET E-3
PART II**

Check Hospital
Applicable Subprovider IPF
Box:

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)	2,155,909	1
2	Net IPF PPS Outlier payment		2
3	Net IPF PPS ECT payment		3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)		4
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	New teaching program adjustment (see instructions)		5
6	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)		6
7	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)		7
8	Intern and resident count for IPF PPS medical education adjustment (see instructions)		8
9	Average daily census (see instructions)	9,742,466	9
10	Teaching adjustment factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$		10
11	Teaching adjustment (line 1 multiplied by line 10)		11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	2,155,909	12
13	Nursing and allied health managed care payment (see instructions)		13
14	Organ acquisition DO NOT USE THIS LINE		14
15	Cost of physicians' services in a teaching hospital (see instructions)		15
16	Subtotal (see instructions)	2,155,909	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	2,155,909	18
19	Deductibles	96,068	19
20	Subtotal (line 18 minus line 19)	2,059,841	20
21	Coinsurance	30,898	21
22	Subtotal (line 20 minus line 21)	2,028,943	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)	2,028,943	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)	2,028,943	31
31.01	Sequestration adjustment (see instructions)	40,579	31.01
32	Interim payments	1,988,364	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		35

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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)	1,946,234		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.106300		2
3	Inpatient Rehabilitation LIP payments (see instructions)	195,207		3
4	Outlier payments	32,131		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)	6.016438		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	2,173,572		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)	2,173,572		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	2,173,572		19
20	Deductibles	5,152		20
21	Subtotal (line 19 minus line 20)	2,168,420		21
22	Coinsurance	30,156		22
23	Subtotal (line 21 minus line 22)	2,138,264		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)	2,138,264		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)	2,138,264		32
32.01	Sequestration adjustment (see instructions)	42,765		32.01
33	Interim payments	2,092,380		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 33 and 34)	3,119		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			36

TO BE COMPLETED BY CONTRACTOR

50	Original outlier amount from Wkst. E-3, Pt. III, line 4 (see instructions)	32,131		50
51	Outlier reconciliation adjustment amount (see instructions)			51
52	The rate used to calculate the Time Value of Money (see instructions)			52
53	Time Value of Money (see instructions)			53

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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))			1.44	4
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			10.00	4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			64.36	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			68.42	6
7	Enter the lesser of line 5 or line 6			64.36	7
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	40.49	26.80	67.29	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	38.09	25.21	63.30	9
10	Weighted dental and podiatric resident FTE count for the current year		7.50		10
10.01	Unweighted dental and podiatric resident FTE count for the current year		9.00		10.01
11	Total weighted FTE count	38.09	32.71		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	37.28	33.53		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	45.08	29.87		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	40.15	32.04		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
15.01	Unweighted adjustment for residents in initial years of new programs				15.01
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
16.01	Unweighted adjustment for residents displaced by program or hospital closure				16.01
17	Adjusted rolling average FTE count	40.15	32.04		17
18	Per resident amount	127,771.00	120,987.90		18
19	Approved amount for resident costs	5,130,006	3,876,452	9,006,458	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)			4.06	21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)			9,006,458	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	14,957	4,641		
27	Total inpatient days (see instructions)	32,912	32,912		
28	Ratio of inpatient days to total inpatient days	0.454454	0.141012		
29	Program direct GME amount	4,093,021	1,270,019		
30	Reduction for direct GME payments for Medicare Advantage		179,454		
31	Net Program direct GME amount			5,183,586	
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)				
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			1,042,599	
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				
35	Medicare outpatient ESRD charges (see instructions)				
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
Part A Reasonable Cost					
37	Reasonable cost (see instructions)			28,365,798	
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				
39	Cost of physicians' services in a teaching hospital (see instructions)				
40	Primary payer payments (see instructions)			24,781	
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			28,341,017	
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			11,323,257	
43	Primary payer payments (see instructions)			685	
44	Total Part B reasonable cost (line 42 minus line 43)			11,322,572	
45	Total reasonable cost (sum of lines 41 and 44)			39,663,589	
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.714535	
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.285465	
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			5,183,586	
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			3,703,854	
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			1,479,732	

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
Assets (Omit Cents)		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	-656,345				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	19,200,582				4
5	Other receivables	252,763				5
6	Allowances for uncollectible notes and accounts receivable	-2,975,000				6
7	Inventory	3,265,412				7
8	Prepaid expenses	494,569				8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	19,581,981				11
FIXED ASSETS						
12	Land	18,200,000				12
13	Land improvements	228,233				13
14	Accumulated depreciation					14
15	Buildings	32,378,553				15
16	Accumulated depreciation					16
17	Leasehold improvements	520,901				17
18	Accumulated depreciation					18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	12,251,643				23
24	Accumulated depreciation	-13,711,053				24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable	1,008,099				29
30	Total fixed assets (sum of lines 12-29)	50,876,376				30
OTHER ASSETS						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	4,140,083				34
35	Total other assets (sum of lines 31-34)	4,140,083				35
36	Total assets (sum of lines 11, 30 and 35)	74,598,440				36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	8,332,556				37
38	Salaries, wages and fees payable	5,344,649				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	-3,710,841				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	597,755				44
45	Total current liabilities (sum of lines 37 thru 44)	10,564,119				45
LONG TERM LIABILITIES						
46	Mortgage payable	151,689,953				46
47	Notes payable	626,643				47
48	Unsecured loans					48
49	Other long term liabilities	3,184,985				49
50	Total long term liabilities (sum of lines 46 thru 49)	155,501,581				50
51	Total liabilities (sum of lines 45 and 50)	166,065,700				51
CAPITAL ACCOUNTS						
52	General fund balance	-91,467,260				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

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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)	-91,467,260				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	74,598,440				60

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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		-90,737,595		1
2	Net income (loss) (from Worksheet G-3, line 29)		7,690,436		2
3	Total (sum of line 1 and line 2)		-83,047,159		3
4	Additions (credit adjustments) (specify)				4
5	ROUNDING	297			5
6					6
7					7
8					8
9					9
10	Total additions (sum of lines 4-9)		297		10
11	Subtotal (line 3 plus line 10)		-83,046,862		11
12	Deductions (debit adjustments) (specify)				12
13	PERIOD 13 RETAINED EARNINGS	7,797,666			13
14	OUT OF BALANCE ADJ.	622,732			14
15					15
16					16
17					17
18	Total deductions (sum of lines 12-17)		8,420,398		18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		-91,467,260		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	ROUNDING				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

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	40,869,905		40,869,905	1
2	Subprovider IPF	3,693,092		3,693,092	2
3	Subprovider IRF	1,985,558		1,985,558	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)	46,548,555		46,548,555	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	7,533,901		7,533,901	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)	7,533,901		7,533,901	16
17	Total inpatient routine care services (sum of lines 10 and 16)	54,082,456		54,082,456	17
18	Ancillary services	220,930,758	201,311,304	422,242,062	18
19	Outpatient services	12,570,146	32,693,971	45,264,117	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		1,010,202	1,010,202	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	287,583,360	235,015,477	522,598,837	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		114,141,083	29
30	Add (specify)			30
31				31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		114,141,083	43

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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)	522,598,837	1
2	Less contractual allowances and discounts on patients' accounts	402,573,074	2
3	Net patient revenues (line 1 minus line 2)	120,025,763	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	114,141,083	4
5	Net income from service to patients (line 3 minus line 4)	5,884,680	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services	16	8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts	404,779	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	5,717	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	879,334	22
23	Governmental appropriations		23
24	Other (HOSPICE BED RENTAL REVENUE)	188,451	24
24.0	Other (OTHER OPERATING REVENUE)	327,459	24.0
1			1
25	Total other income (sum of lines 6-24)	1,805,756	25
26	Total (line 5 plus line 25)	7,690,436	26
29	Net income (or loss) for the period (line 26 minus line 28)	7,690,436	29

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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	1,736,379	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	21,302	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)	74.41	3
4	Number of interns & residents (see instructions)	70.69	4
5	Indirect medical education percentage (see instructions)	30.75	5
6	Indirect medical education adjustment (see instructions)	533,937	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.1064	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.3086	8
9	Sum of lines 7 and 8	0.4150	9
10	Allowable disproportionate share percentage (see instructions)	0.0876	10
11	Disproportionate share adjustment (see instructions)	152,107	11
12	Total prospective capital payments (see instructions)	2,443,725	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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

KPMG LLP Compu-Max 2552-10

LOUIS A. WEISS MEMORIAL HOSPITAL Provider CCN: 14-0082	In Lieu of Form CMS-2552-10	Period : From: 06/01/2016 To: 05/31/2017	Run Date: 10/30/2017 Run Time: 19:22 Version: 2017.10 (10/12/2017)
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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