

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT  
 CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S  
 PARTS I, II & III

PART I - COST REPORT STATUS

- PROVIDER USE ONLY
1.  ELECTRONICALLY FILED COST REPORT
  2.  MANUALLY SUBMITTED COST REPORT
  3.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
  4.  MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.
- DATE: 05-22-2013 TIME: 09:55\_\_\_\_\_
- CONTRACTOR USE ONLY
5.  COST REPORT STATUS
  6. DATE RECEIVED: \_\_\_\_\_
  7. CONTRACTOR NO: \_\_\_\_\_
  8.  INITIAL REPORT FOR THIS PROVIDER CCN
  9.  FINAL REPORT FOR THIS PROVIDER CCN
  10. NPR DATE: \_\_\_\_\_
  11. CONTRACTOR'S VENDOR CODE: \_\_\_\_\_
  12.  IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED - 0-9.
- 1 - AS SUBMITTED
  - 2 - SETTLED WITHOUT AUDIT
  - 3 - SETTLED WITH AUDIT
  - 4 - REOPENED
  - 5 - AMENDED

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 WHERE 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 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 BELoit MEMORIAL HOSPITAL, INC. (52-0100) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2012 AND ENDING 12/31/2012, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT 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 V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1	HOSPITAL					1
2	SUBPROVIDER - IPF					2
3	SUBPROVIDER - IRF					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	-73,792	540,343		-1,080,939	200

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1969 WEST HART ROAD  
 2 CITY: BELOIT

STATE: WI

P.O.BOX:  
 ZIP CODE: 53511

COUNTY: ROCK

1  
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	52-0100	27500	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF								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	52-7075	27500		09/01/1996	N	P	N	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	52-2324	27500		01/01/2004				18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2012			TO: 12/31/2012				20
21	TYPE OF CONTROL								21

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND '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	
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		OUT-OF-STATE MEDICAID		MEDICAID HMO DAYS	OTHER MEDICAID DAYS
		PAID DAYS	UNPAID DAYS	PAID DAYS	UNPAID DAYS		
		1	2	3	4	5	6
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	1,056	204	190	27	1,665	24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.						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
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	38

39	DOES THE FACILITY POTENTIALLY QUALIFY FOR THE INPATIENT HOSPITAL ADJUSTMENT FOR LOW VOLUME HOSPITALS AS DEEMED BY CMS ACCORDING TO THE FEDERAL REGISTER? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. ADDITIONALLY, DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)							N	N	39
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	V	XVIII	XIX
	1	2	3
45	PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL		
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y

46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS

56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	2	3	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 WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART 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
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61

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 NON-PROVIDER SETTINGS

63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
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SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS  
 THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER  
 JULY 1, 2009 AND BEFORE JUNE 30, 2010.

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 NON-PROVIDER 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)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	64
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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.1/ (COL.3+COL.4))
1	2	3	4	5

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS  
 EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010

66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER 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)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	66
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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5	
<b>INPATIENT PSYCHIATRIC FACILITY PPS</b>					
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N	70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				71
<b>INPATIENT REHABILITATION FACILITY PPS</b>					
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N	75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				76
<b>LONG TERM CARE HOSPITAL PPS</b>					
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N	80
<b>TEFRA PROVIDERS</b>					
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.			N	86
<b>TITLE V AND XIX INPATIENT SERVICES</b>					
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			N	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.			N	91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			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	96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				97
<b>RURAL PROVIDERS</b>					
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.				106
107	COLUMN 1: 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. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&Rs IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.				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
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.		PHY- OCCUP- SICAL ATIONAL	RESPI- RATORY	109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 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 15-1§ 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.	Y		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
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 946,197 PAID LOSSES: SELF INSURANCE:			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 IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S)(MM/DD/YYYY) BELOW.	N		125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			134

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.	N	2	140
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:	CONTRACTOR'S NAME:	CONTRACTOR'S NUMBER:	141
142	STREET:	P.O. BOX:		142
143	CITY:	STATE:	ZIP CODE:	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?		Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.		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, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.		N	146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B. SEE 42 CFR §413.13)	TITLE XVIII PART A	TITLE XVIII PART B	TITLE V	TITLE XIX
155 HOSPITAL	1	2	3	4
156 SUBPROVIDER - IPF	N	N		N
157 SUBPROVIDER - IRF	N	N		
158 SUBPROVIDER - (OTHER)	N	N		
159 SNF	N	N		
160 HHA	N	N		
161 CMHC		N		

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MULTICAMPUS

165 IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? Y 165  
 ENTER 'Y' FOR YES OR 'N' FOR NO.

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.

0	1	2	3	4	5
NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
BELOIT MEMORIAL HOSPITAL	ROCK	WI	53511	27500	802.00
BELOIT CLINIC	ROCK	WI	53511	27500	291.00
NORTHPOINTE HEALTH AND WELLNESS	WINNEBAGO	IL	61073	40420	76.00
RIVERSIDE TERRACE - ASSISTED LIVING	ROCK	WI	53511	27500	24.00
NORTHPOINTE TERRACE - ASSISTED LIVIN	WINNEBAGO	IL	61073	40420	15.00
OCCUPATIONAL HEALH, SPORTS, AND FAMI	ROCK	WI	53511	27500	27.00
WEST SIDE CLINIC	ROCK	WI	53511	27500	8.00
CLINTON CLINIC	ROCK	WI	53525	27500	5.00
DARIEN CLINIC	WALWORTH	WI	53114	27500	4.00
JANESVILLE CLINIC	ROCK	WI	53545	27500	2.00

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. N 167  
 168 IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'),  
 ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS. 168  
 169 IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH  
 (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR. 169

HOSPITAL AND 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
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.	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
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	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.			4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5
APPROVED EDUCATIONAL ACTIVITIES			Y/N	Y/N
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL?		1	2
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL?		N	6
7	COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?			
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
				Y/N
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.			Y 13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14
BED COMPLEMENT				
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y 15

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	04/30/2013	Y	04/30/2013
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)				16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21



HOSPITAL AND 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 RELIEVED 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 CAPITALIZED 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    |  |

COST REPORT PREPARER CONTACT INFORMATION

- |    |                                     |  |                             |    |
|----|-------------------------------------|--|-----------------------------|----|
| 41 | FIRST NAME: AARON                   | LAST NAME: WIERSEMA                            | TITLE: FINANCIAL/COST ANALY | 41 |
| 42 | EMPLOYER: BELOIT HEALTH SYSTEM, INC |  |                             | 42 |
| 43 | PHONE NUMBER: 608-364-5102          | E-MAIL ADDRESS: AWIERSEMA@BELOITHEALTHSYSTEM.O |                             | 43 |





HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II & III

PART II - WAGE DATA

LINE	AMOUNT	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
NUMBER	REPORTED	WKST A-6)	COL. 3)	IN COL. 4	COL. 5)	
1	2	3	4	5	6	
SALARIES						
1	81,834,550		81,834,550	2,608,730.00	31.37	1
2						2
3	71,566		71,566	1,875.00	38.17	3
4	196,233		196,233	1,152.00	170.34	4
4.01						4.01
5	21,106,352		21,106,352	120,976.00	174.47	5
6						6
7						7
7.01						7.01
8						8
9						9
10	4,390,026		4,390,026	194,043.00	22.62	10
11	258,433		258,433	3,897.00	66.32	11
12						12
13						13
14						14
15						15
16						16
17	28,970,059		28,970,059			17
18						18
19	2,402,575		2,402,575			19
20						20
21	27,131		27,131			21
22	27,753		27,753			22
22.01						22.01
23	3,055,870		3,055,870			23
24						24
25						25
26						26
27	10,648,042	-386,938	10,261,104	458,389.00	22.39	27
28	446,616		446,616	1,828.00	244.32	28
29						29
30	1,510,794		1,510,794	61,685.00	24.49	30
31	45,439		45,439	4,653.00	9.77	31
32	1,269,968		1,269,968	108,526.00	11.70	32
33						33
34	914,318		914,318	55,790.00	16.39	34
35						35
36	98,613		98,613	9,250.00	10.66	36
37						37
38	994,731		994,731	34,441.00	28.88	38
39	539,658		539,658	33,935.00	15.90	39
40	1,536,067		1,536,067	39,053.00	39.33	40
41	1,825,363		1,825,363	102,482.00	17.81	41
42	361,850		361,850	13,524.00	26.76	42
43						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	61,103,248		61,103,248	2,487,707.00	24.56	1
2	4,390,026		4,390,026	194,043.00	22.62	2
3	56,713,222		56,713,222	2,293,664.00	24.73	3
4	258,433		258,433	3,897.00	66.32	4
5	28,997,812		28,997,812		51.13%	5
6	85,969,467		85,969,467	2,297,561.00	37.42	6
7	20,191,459	-386,938	19,804,521	923,556.00	21.44	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS		1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	2,029,648	2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	1,648,643	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)	20,187,618	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	391,476	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	34,642	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	29,386	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	393,015	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	3,881,215	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE		19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES	130,050	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	244,366	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	28,970,059	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

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	BENEFIT	
0		LABOR	COST	
		1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST			1
2	HOSPITAL			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

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 52-7075

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		4,371	145	934	5,450	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		331.00				2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			
	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)		1.00	1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL		4.00	4.00	5
6 DIRECT NURSING SERVICE		12.00	12.00	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE		3.00	3.00	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE		1.00	1.00	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE				14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE		3.00	3.00	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY CBSA CODES

19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.	4	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).	27500	20
20.01	40420	20.01
20.02	99914	20.02
20.03	99952	20.03

PPS ACTIVITY

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4	TOTAL (COLS. 1-4) 5	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2				
21 SKILLED NURSING VISITS	4,585	772	191	46	5,594	21
22 SKILLED NURSING VISIT CHARGES	1,376,210	229,768	57,859	13,846	1,677,683	22
23 PHYSICAL THERAPY VISITS	1,694	9	27	15	1,745	23
24 PHYSICAL THERAPY VISIT CHARGES	553,209	2,938	8,699	4,935	569,781	24
25 OCCUPATIONAL THERAPY VISITS	404	10	3	8	425	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	132,433	3,221	964	2,632	139,250	26
27 SPEECH PATHOLOGY VISITS	40				40	27
28 SPEECH PATHOLOGY VISIT CHARGES	13,137				13,137	28
29 MEDICAL SOCIAL SERVICE VISITS	15	2			17	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	6,313	858			7,171	30
31 HOME HEALTH AIDE VISITS	1,316	158	7	15	1,496	31
32 HOME HEALTH AIDE VISIT CHARGES	186,188	22,314	1,001	2,145	211,648	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	8,054	951	228	84	9,317	33
34 OTHER CHARGES	158,913	47,920	6,984	228	214,045	34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	2,426,403	307,019	75,507	23,786	2,832,715	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	448		85	5	538	36
37 TOTAL NUMBER OF OUTLIER EPISODES		19			19	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	145,806	46,326	6,823	228	199,183	38

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 52-2324

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

DESCRIPTION	---- OUTPATIENT ---		---- TRAINING ----		----- HOME -----		
	REGULAR	HIGH FLUX	HEMO-	CAPD	HEMO-	CAPD	
	1	2	3	4	5	6	
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	61					6	1
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00					7.00	2
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	5.00						3
4 CAPD EXCHANGES PER DAY							4
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	312						5
6 NUMBER OF STATIONS	18						6
7 TREATMENT CAPACITY PER DAY PER STATION	6						7
8 UTILIZATION (SEE INSTRUCTIONS)	27.50						8
9 AVERAGE TIMES DIALYZERS RE-USED							9
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10
TRANSPLANT INFORMATION							
11 NUMBER OF PATIENTS ON TRANSPLANT LIST						6	11
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						3	12
EPOETIN							
13 NET COSTS OF EPOETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							13
14 EPOETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							14
15 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							15
16 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							16
ARANESP							
17 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							17
18 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							18
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							19
20 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							20
PHYSICIAN PAYMENT METHOD (ENTER 'X' FOR APPLICABLE METHOD(S))							
21 MCP X INITIAL METHOD							21



HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)			0.292691	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)					
2	NET REVENUE FROM MEDICAID			14,561,000	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?			Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID				5
6	MEDICAID CHARGES			61,735,624	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)			18,069,462	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.			3,508,462	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)					
9	NET REVENUE FROM STAND-ALONE SCHIP				9
10	STAND-ALONE SCHIP CHARGES				10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)				11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.				12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)					
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)				13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)				14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)				15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.				16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)					
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE				17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS				18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)			3,508,462	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL	
		1	2	3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	19,719,446		19,719,446	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	5,771,704		5,771,704	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE			0	22
23	COST OF CHARITY CARE	5,771,704		5,771,704	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM				N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)				25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			6,532,312	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			540,688	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			5,991,624	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			1,753,694	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			7,525,398	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			11,033,860	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
GENERAL SERVICE COST CENTERS						
1	00100		5,291,731	5,291,731	3,229,916	1
2	00200		3,832,736	3,832,736	1,648,939	2
3	00300					3
4	00400		34,495,342	34,495,342		4
5	00500	10,648,042	16,030,094	26,678,136	-1,206,492	5
6	00600					6
7	00700	1,510,794	4,165,295	5,676,089	-9,930	7
8	00800	45,439	505,044	550,483		8
9	00900	1,269,968	364,464	1,634,432	-286	9
10	01000	914,318	350,035	1,264,353		10
11	01100	98,613	500,255	598,868		11
12	01200					12
13	01300	994,731	43,062	1,037,793		13
14	01400	539,658	539,552	1,079,210	-260,002	14
15	01500	1,536,067	-8,430	1,527,637		15
16	01600	1,825,363	662,912	2,488,275		16
17	01700	361,850	-16,298	345,552		17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	6,856,051	243,432	7,099,483		30
31	03100	1,597,842	52,038	1,649,880		31
43	04300	178,175		178,175		43
ANCILLARY SERVICE COST CENTERS						
50	05000	1,685,000	464,884	2,149,884	-9,616	50
51	05100	402,802	15,870	418,672		51
52	05200	440,197		440,197		52
53	05300	71,566	170,035	241,601		53
54	05400	1,531,161	487,386	2,018,547		54
55	05500	323,771	203,625	527,396		55
57	05700	651,410	544,967	1,196,377		57
58	05800	321,990	549,803	871,793	-213,071	58
59	05900	860,695	2,197,184	3,057,879		59
60	06000	2,770,832	4,000,319	6,771,151	-51	60
62.30	06250					62.30
65	06500	711,773	230,209	941,982		65
66	06600	2,159,302	750,384	2,909,686	-11,864	66
67	06700	238,837	32,180	271,017		67
68	06800	119,782	17,772	137,554		68
69	06900	214,832	29,654	244,486		69
71	07100		4,718,174	4,718,174	355,245	71
73	07300		3,272,601	3,272,601	3,990	73
74	07400	921,462	1,382,248	2,303,710		74
75	07500	421,038	9,797	430,835	27,440	75
76	03950					76
76.01	03280	235,241	28,535	263,776		76.01
76.02	03340	560,945	359,748	920,693		76.02
76.03	03450	284,783	654,096	938,879		76.03
76.04	03550	1,853,590	175,644	2,029,234	-3,060	76.04
76.05	03630	416,254	188,571	604,825	-32,052	76.05
76.06	03650	344,032	30,970	375,002		76.06
76.07	03951	295,103	17,942	313,045		76.07
76.97	07697	188,970	6,976	195,946		76.97
76.98	07698					76.98
76.99	07699		60,000	60,000		76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	27,397,810	7,928,366	35,326,176	-55,053	90.01
91	09100	3,644,435	1,020,323	4,664,758	-45,613	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
101	10100	1,516,092	237,692	1,753,784	-10,800	101
SPECIAL PURPOSE COST CENTERS						
113	11300		3,383,535	3,383,535	-3,383,535	113
118		78,960,616	100,220,754	179,181,370	24,105	118
NONREIMBURSABLE COST CENTERS						
190	19000	51,678	38,769	90,447		190
194	07950	20,753	13,327	34,080		194
194.01	07951	106,108	636	106,744		194.01
194.02	07952	97,169	45,859	143,028	-17,340	194.02
194.03	07953	1,037,274	221,027	1,258,301	-1,265	194.03
194.04	07954	1,304,757	1,047,176	2,351,933	-5,500	194.04
194.05	07955	256,195	2,285,352	2,541,547		194.05
194.06	07956					194.06
200		81,834,550	103,872,900	185,707,450		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	8,521,647	-2,107,191	6,414,456	1
2	00200	CAP REL COSTS-MVBLE EQUIP	5,481,675	-96,984	5,384,691	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	34,495,342	-8,011,709	26,483,633	4
5	00500	ADMINISTRATIVE & GENERAL	25,471,644	-5,780,193	19,691,451	5
6	00600	MAINTENANCE & REPAIRS				6
7	00700	OPERATION OF PLANT	5,666,159	-535,342	5,130,817	7
8	00800	LAUNDRY & LINEN SERVICE	550,483	-16,806	533,677	8
9	00900	HOUSEKEEPING	1,634,146	-231,290	1,402,856	9
10	01000	DIETARY	1,264,353	-1,028	1,263,325	10
11	01100	CAFETERIA	598,868	-512,894	85,974	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	1,037,793	-251,924	785,869	13
14	01400	CENTRAL SERVICES & SUPPLY	819,208	-249	818,959	14
15	01500	PHARMACY	1,527,637	-11,961	1,515,676	15
16	01600	MEDICAL RECORDS & LIBRARY	2,488,275	-529,342	1,958,933	16
17	01700	SOCIAL SERVICE	345,552		345,552	17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD				21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	7,099,483	-2,519	7,096,964	30
31	03100	INTENSIVE CARE UNIT	1,649,880		1,649,880	31
43	04300	NURSERY	178,175		178,175	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	2,140,268		2,140,268	50
51	05100	RECOVERY ROOM	418,672		418,672	51
52	05200	DELIVERY ROOM & LABOR ROOM	440,197	-1,145	439,052	52
53	05300	ANESTHESIOLOGY	241,601	-71,566	170,035	53
54	05400	RADIOLOGY-DIAGNOSTIC	2,018,547	-292,633	1,725,914	54
55	05500	RADIOLOGY-THERAPEUTIC	527,396		527,396	55
57	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,196,377		1,196,377	57
58	05800	MAGNETIC RESONANCE IMAGING (MRI)	658,722		658,722	58
59	05900	CARDIAC CATHETERIZATION	3,057,879	-81,250	2,976,629	59
60	06000	LABORATORY	6,771,100	-10,241	6,760,859	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	941,982		941,982	65
66	06600	PHYSICAL THERAPY	2,897,822	-705,969	2,191,853	66
67	06700	OCCUPATIONAL THERAPY	271,017	-4,935	266,082	67
68	06800	SPEECH PATHOLOGY	137,554		137,554	68
69	06900	ELECTROCARDIOLOGY	244,486	-49,408	195,078	69
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	5,073,419		5,073,419	71
73	07300	DRUGS CHARGED TO PATIENTS	3,276,591	-14,435	3,262,156	73
74	07400	RENAL DIALYSIS	2,303,710	-5,555	2,298,155	74
75	07500	ASC (NON-DISTINCT PART)	458,275		458,275	75
76	03950	OTHER ANCILLARY				76
76.01	03280	SLEEP/EEG	263,776		263,776	76.01
76.02	03340	GI	920,693		920,693	76.02
76.03	03450	NUCLEAR MED	938,879		938,879	76.03
76.04	03550	PSYCH	2,026,174	-83,677	1,942,497	76.04
76.05	03630	ULTRASOUND	572,773	-104,921	467,852	76.05
76.06	03650	VASCULAR LAB	375,002	-300	374,702	76.06
76.07	03951	MEDICAL OUTPATIENT	313,045		313,045	76.07
76.97	07697	CARDIAC REHABILITATION	195,946		195,946	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY	60,000		60,000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	PROVIDER BASED PHYSICIAN CLINICS	35,271,123	-33,306,104	1,965,019	90.01
91	09100	EMERGENCY	4,619,145	-391,717	4,227,428	91
92	09200	OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS						
101	10100	HOME HEALTH AGENCY	1,742,984	-2,669	1,740,315	101
SPECIAL PURPOSE COST CENTERS						
113	11300	INTEREST EXPENSE				113
118		SUBTOTALS (SUM OF LINES 1-117)	179,205,475	-53,215,957	125,989,518	118
NONREIMBURSABLE COST CENTERS						
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	90,447		90,447	190
194	07950	PATHOLOGY	34,080		34,080	194
194.01	07951	PHYSIATRY CLINIC	106,744		106,744	194.01
194.02	07952	JANESVILLE MED CTR	125,688		125,688	194.02
194.03	07953	OCCUPATIONAL HEALTH & WELLNESS	1,257,036		1,257,036	194.03
194.04	07954	ASSISTED LIVING CENTERS	2,346,433		2,346,433	194.04
194.05	07955	NORTHPOINTE FITNESS CENTER	2,541,547		2,541,547	194.05
194.06	07956	EMS PHYSICIAN FEES				194.06
200		TOTAL (SUM OF LINES 118-199)	185,707,450	-53,215,957	132,491,493	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER	
			LINE #	SALARY		
	1	2	3	4	5	
1 RECLASS INTEREST EXPENSE TO CAPITAL	A	CAP REL COSTS-BLDG & FIXT	1		3,229,916	1
2		CAP REL COSTS-MVBLE EQUIP	2		153,619	2
500 TOTAL RECLASSIFICATIONS					3,383,535	500
CODE LETTER - A						
1 RECLASS MEDICAL SUPPLIES	C	MEDICAL SUPPLIES CHRGED TO PA	71		401,121	1
2		DRUGS CHARGED TO PATIENTS	73		3,990	2
500 TOTAL RECLASSIFICATIONS					405,111	500
CODE LETTER - C						
1 RECLASS REGISTRATION CLERKS	D	EMERGENCY	91	359,498		1
2		ASC (NON-DISTINCT PART)	75	27,440		2
500 TOTAL RECLASSIFICATIONS				386,938		500
CODE LETTER - D						
1 RENTS & LEASES	E	CAP REL COSTS-MVBLE EQUIP	2		1,495,320	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
500 TOTAL RECLASSIFICATIONS					1,495,320	500
CODE LETTER - E						
GRAND TOTAL (INCREASES)				386,938	5,283,966	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST	A-7 REF.
	1	6	7	8	9	10	10
1 RECLASS INTEREST EXPENSE TO CAPITAL	A	INTEREST EXPENSE	113		3,383,535	11	1
2						11	2
500 TOTAL RECLASSIFICATIONS					3,383,535		500
CODE LETTER - A							
1 RECLASS MEDICAL SUPPLIES	C	EMERGENCY	91		405,111		1
2							2
500 TOTAL RECLASSIFICATIONS					405,111		500
CODE LETTER - C							
1 RECLASS REGISTRATION CLERKS	D	ADMINISTRATIVE & GENERAL	5	386,938			1
2							2
500 TOTAL RECLASSIFICATIONS				386,938			500
CODE LETTER - D							
1 RENTS & LEASES	E	ADMINISTRATIVE & GENERAL	5		819,554	10	1
2		OPERATION OF PLANT	7		9,930	10	2
3		HOUSEKEEPING	9		286	10	3
4		CENTRAL SERVICES & SUPPLY	14		260,002	10	4
5		OPERATING ROOM	50		9,616	10	5
6		MAGNETIC RESONANCE IMAGING (M	58		213,071	10	6
7		LABORATORY	60		51	10	7
8		PHYSICAL THERAPY	66		11,864	10	8
9		MEDICAL SUPPLIES CHRGED TO PA	71		45,876	10	9
10		PSYCH	76.04		3,060	10	10
11		ULTRASOUND	76.05		32,052	10	11
12		PROVIDER BASED PHYSICIAN CLIN	90.01		55,053	10	12
13		HOME HEALTH AGENCY	101		10,800	10	13
14		JANESVILLE MED CTR	194.02		17,340	10	14
15		OCCUPATIONAL HEALTH & WELLNES	194.03		1,265	10	15
16		ASSISTED LIVING CENTERS	194.04		5,500	10	16
500 TOTAL RECLASSIFICATIONS					1,495,320		500
CODE LETTER - E							
GRAND TOTAL (DECREASES)				386,938	5,283,966		

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND RETIREMENTS	BALANCE	DEPRECIATED ASSETS
	1	2	3	4	5	6	7
1 LAND	5,865,455	530,392		530,392		6,395,847	1
2 LAND IMPROVEMENTS	5,920,816	32,287		32,287		5,953,103	2
3 BUILDINGS AND FIXTURES	105,217,733	1,307,004		1,307,004	17,023	106,507,714	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	18,773,600	1,226,498		1,226,498		20,000,098	5
6 MOVABLE EQUIPMENT	48,603,127	3,976,726		3,976,726	1,323,542	51,256,311	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	184,380,731	7,072,907		7,072,907	1,340,565	190,113,073	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	184,380,731	7,072,907		7,072,907	1,340,565	190,113,073	10

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

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	SUMMARY OF CAPITAL	
						OTHER CAPITAL-RELATED COSTS (SEE INSTR.)	TOTAL (1) (SUM OF COLS. 9-14)
	9	10	11	12	13	14	15
1 CAP REL COSTS-BLDG & FIXT	5,291,731						5,291,731
2 CAP REL COSTS-MVBLE EQUIP	3,832,736						3,832,736
3 TOTAL (SUM OF LINES 1-2)	9,124,467						9,124,467

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS	CAPITALIZED LEASES	FOR RATIO (COL. 1 - COL. 2)	RATIO (SEE INSTR.)	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL (SUM OF COLS. 5-7)
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT	138,856,762		138,856,762	0.730390				1
2 CAP REL COSTS-MVBLE EQUIP	51,256,311		51,256,311	0.269610				2
3 TOTAL (SUM OF LINES 1-2)	190,113,073		190,113,073	1.000000				3

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	SUMMARY OF CAPITAL	
						OTHER CAPITAL-RELATED COSTS (SEE INSTR.)	TOTAL (2) (SUM OF COLS. 9-14)
	9	10	11	12	13	14	15
1 CAP REL COSTS-BLDG & FIXT	3,184,540		3,229,916				6,414,456
2 CAP REL COSTS-MVBLE EQUIP	3,735,752	1,495,320	153,619				5,384,691
3 TOTAL	6,920,292	1,495,320	3,383,535				11,799,147

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED	
			COST CENTER	LINE NO.
	1	2	3	4
				WKST A-7 REF 5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	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)	A	-34,082	OPERATION OF PLANT	7
9 PARKING LOT (CHAPTER 21)				9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-21,761,523		10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)				11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1			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				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 OVERPAYMENT				22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19
29 PHYSICIANS' ASSISTANT				29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68
32 CAH HIT ADJ FOR DEPRECIATION AND				32
33 CRNA OFFSET	A	-29,950	EMPLOYEE BENEFITS	4
34 CRNA OFFSET	A	-71,566	ANESTHESIOLOGY	53
35 PATIENT PORTION OF OPERATORS TIME	A	-1,575	EMPLOYEE BENEFITS	4
36 PATIENT PORTION OF OPERATORS TIME	A	-3,765	ADMINISTRATIVE & GENERAL	5
37 ADVERTISING OFFSET	A	-1,108,146	ADMINISTRATIVE & GENERAL	5
38 ADVERTISING OFFSET	A	-239	ADULTS & PEDIATRICS	30
39 ADVERTISING OFFSET	A	-249	CENTRAL SERVICES & SUPPLY	14
40 ADVERTISING OFFSET	A	-373	HOME HEALTH AGENCY	101
41 ADVERTISING OFFSET	A	-14,415	PHYSICAL THERAPY	66
42 ADVERTISING OFFSET	A	-670	PROVIDER BASED PHYSICIAN CLINIC	90.01
43 ADVERTISING OFFSET	A	-50	EMERGENCY	91
44 MISC REV OFFSET	B	-809,278	ADMINISTRATIVE & GENERAL	5
45 MISC REV OFFSET	B	-39,935	OPERATION OF PLANT	7
46 MISC REV OFFSET	B	-1,028	DIETARY	10
47 MISC REV OFFSET	B	-512,894	CAFETERIA	11
48 MISC REV OFFSET	B	-3,096	NURSING ADMINISTRATION	13
49 MISC REV OFFSET	B	-11,961	PHARMACY	15
49.01 MISC REV OFFSET	B	-8,960	MEDICAL RECORDS & LIBRARY	16
49.02 MISC REV OFFSET	B	-2,280	ADULTS & PEDIATRICS	30
49.03 MISC REV OFFSET	B	-1,145	DELIVERY ROOM & LABOR ROOM	52
49.04 MISC REV OFFSET	B	-6,843	RADIOLOGY-DIAGNOSTIC	54
49.05 MISC REV OFFSET	B	-6,158	PHYSICAL THERAPY	66
49.06 MISC REV OFFSET	B	-14,435	DRUGS CHARGED TO PATIENTS	73
49.07 MISC REV OFFSET	B	-5,555	RENAL DIALYSIS	74
49.08 MISC REV OFFSET	B	-500	PSYCH	76.04
49.09 MISC REV OFFSET	B	-300	VASCULAR LAB	76.06
49.10 MISC REV OFFSET	B	-23,111	PROVIDER BASED PHYSICIAN CLINIC	90.01
49.11 MISC REV OFFSET	B	-2,296	HOME HEALTH AGENCY	101
49.12 REMOVE PHYSICIAN BENEFITS	A	-3,083,623	EMPLOYEE BENEFITS	4

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
49.13 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-2,107,191	CAP REL COSTS-BLDG & FIXT	1	9 49.13
49.14 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-96,984	CAP REL COSTS-MVBLE EQUIP	2	9 49.14
49.15 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-4,896,561	EMPLOYEE BENEFITS	4	49.15
49.16 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-3,859,004	ADMINISTRATIVE & GENERAL	5	49.16
49.17 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-461,325	OPERATION OF PLANT	7	49.17
49.18 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-16,806	LAUNDRY & LINEN SERVICE	8	49.18
49.19 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-231,290	HOUSEKEEPING	9	49.19
49.20 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-248,828	NURSING ADMINISTRATION	13	49.20
49.21 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-520,382	MEDICAL RECORDS & LIBRARY	16	49.21
49.22 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-285,790	RADIOLOGY-DIAGNOSTIC	54	49.22
49.23 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-10,241	LABORATORY	60	49.23
49.24 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-485,554	PHYSICAL THERAPY	66	49.24
49.25 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-4,935	OCCUPATIONAL THERAPY	67	49.25
49.26 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-49,408	ELECTROCARDIOLOGY	69	49.26
49.27 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-104,921	ULTRASOUND	76.05	49.27
49.28 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-12,276,736	PROVIDER BASED PHYSICIAN CLINIC	90.01	49.28
50 TOTAL (SUM OF LINES 1 THRU 49)		-53,215,957			50
TRANSFER TO WKST A, COL. 6, LINE 200)					



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 THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1						
2						
3						
4						
5	TOTALS (SUM OF LINES 1-4)					
	TRANSFER COL. 6, LINE 5 TO					
	WKST A-8, COL. 2, LINE 12.					

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

THE SECRETARY, BY VIRTUE OF 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.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES 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	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----		TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	PERCENT OF OWNERSHIP	
1	2	3	4	5
6				
7				
8				
9				
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:

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	90.01 PROVIDER BASED PHYSICIAN FAMILY PRACTICE	2,284,374	2,280,674	3,700	136,700	31	2,037	102
2	90.01 PROVIDER BASED PHYSICIAN INTERNAL MEDICI	2,165,321	2,115,871	49,450	154,100	389	28,820	1,441
3	90.01 PROVIDER BASED PHYSICIAN SURGERY	3,024,180	3,023,014	1,166	204,100	5	491	25
4	90.01 PROVIDER BASED PHYSICIAN PEDIATRICS	991,050	991,050		152,100			
5	90.01 PROVIDER BASED PHYSICIAN OB/GYN	1,914,627	1,914,627		194,500			
6	90.01 PROVIDER BASED PHYSICIAN ALL OTHERS	10,726,800	10,584,883	141,917	171,400	727	59,908	2,995
7	91 EMERGENCY	391,667	391,667		171,400			
8	66 PHYSICAL THERAPY	199,842	199,842		171,400			
9	59 CARDIAC CATHETERIZATION	81,250	81,250		171,400			
10	76.04 PSYCH	83,177	83,177		142,500			
200	TOTAL	21,862,288	21,666,055	196,233		1,152	91,256	4,563

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
10	11	12	13	14	15	16	17	18	
1	90.01 PROVIDER BASED PHYSICIAN FAMILY PRACTICE	21,816	35	53,148	86	2,158	1,542	2,282,216	1
2	90.01 PROVIDER BASED PHYSICIAN INTERNAL MEDICI	34,878	797	61,332	1,401	31,018	18,432	2,134,303	2
3	90.01 PROVIDER BASED PHYSICIAN SURGERY	27,099	10	202,812	78	579	587	3,023,601	3
4	90.01 PROVIDER BASED PHYSICIAN PEDIATRICS	12,892		47,340				991,050	4
5	90.01 PROVIDER BASED PHYSICIAN OB/GYN	11,997		169,476				1,914,627	5
6	90.01 PROVIDER BASED PHYSICIAN ALL OTHERS	129,909	1,719	406,872	5,383	67,010	74,907	10,659,790	6
7	91 EMERGENCY							391,667	7
8	66 PHYSICAL THERAPY							199,842	8
9	59 CARDIAC CATHETERIZATION							81,250	9
10	76.04 PSYCH							83,177	10
200	TOTAL	238,591	2,561	940,980	6,948	100,765	95,468	21,761,523	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	6,414,456	6,414,456				1
2 CAP REL COSTS-MVBLE EQUIP	5,384,691		5,384,691			2
4 EMPLOYEE BENEFITS	26,483,633			26,483,633		4
5 ADMINISTRATIVE & GENERAL	19,691,451	1,514,559	1,667,100	4,474,914	27,348,024	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	5,130,817	298,862	162,680	658,860	6,251,219	7
8 LAUNDRY & LINEN SERVICE	533,677	14,757		19,816	568,250	8
9 HOUSEKEEPING	1,402,856	4,321	7,591	553,836	1,968,604	9
10 DIETARY	1,263,325	43,340	20,653	398,736	1,726,054	10
11 CAFETERIA	85,974	41,061	21,396	43,005	191,436	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	785,869	17,169	91,108	433,804	1,327,950	13
14 CENTRAL SERVICES & SUPPLY	818,959	73,177	159,142	235,346	1,286,624	14
15 PHARMACY	1,515,676	23,199	16,597	669,882	2,225,354	15
16 MEDICAL RECORDS & LIBRARY	1,958,933	96,842	30,648	796,044	2,882,467	16
17 SOCIAL SERVICE	345,552	4,701	225	157,804	508,282	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	7,096,964	399,635	60,431	2,989,938	10,546,968	30
31 INTENSIVE CARE UNIT	1,649,880	34,139	11,936	696,822	2,392,777	31
43 NURSERY	178,175			77,702	255,877	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,140,268	111,133	158,791	734,832	3,145,024	50
51 RECOVERY ROOM	418,672	12,136	4,345	175,663	610,816	51
52 DELIVERY ROOM & LABOR ROOM	439,052			191,971	631,023	52
53 ANESTHESIOLOGY	170,035	4,606	18,271	31,210	224,122	53
54 RADIOLOGY-DIAGNOSTIC	1,725,914	131,208	385,784	667,742	2,910,648	54
55 RADIOLOGY-THERAPEUTIC	527,396	26,884	15,155	141,197	710,632	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,196,377	12,611	118	284,081	1,493,187	57
58 MAGNETIC RESONANCE IMAGING (MRI)	658,722	9,002	113,030	140,420	921,174	58
59 CARDIAC CATHETERIZATION	2,976,629	38,203	217,600	375,351	3,607,783	59
60 LABORATORY	6,760,859	138,074	83,015	1,208,365	8,190,313	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	941,982	23,645	22,811	310,406	1,298,844	65
66 PHYSICAL THERAPY	2,191,853	149,915	32,604	941,676	3,316,048	66
67 OCCUPATIONAL THERAPY	266,082	7,559	91	104,157	377,889	67
68 SPEECH PATHOLOGY	137,554	4,321	177	52,237	194,289	68
69 ELECTROCARDIOLOGY	195,078	4,653	9,568	93,689	302,988	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	5,073,419		23,506		5,096,925	71
73 DRUGS CHARGED TO PATIENTS	3,262,156		8,239		3,270,395	73
74 RENAL DIALYSIS	2,298,155	67,014	62,384	401,851	2,829,404	74
75 ASC (NON-DISTINCT PART)	458,275	75,029	3,330	195,582	732,216	75
76 OTHER ANCILLARY						76
76.01 SLEEP/EEG	263,776	6,419	8,358	102,589	381,142	76.01
76.02 GI	920,693	29,315	57,848	244,629	1,252,485	76.02
76.03 NUCLEAR MED	938,879	7,416	3,966	124,194	1,074,455	76.03
76.04 PSYCH	1,942,497	59,712	8,309	808,354	2,818,872	76.04
76.05 ULTRASOUND	467,852	14,785	17,544	181,529	681,710	76.05
76.06 VASCULAR LAB	374,702	18,954	20,985	150,033	564,674	76.06
76.07 MEDICAL OUTPATIENT	313,045	9,496	492	128,695	451,728	76.07
76.97 CARDIAC REHABILITATION	195,946	15,982	4,106	82,410	298,444	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	60,000				60,000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PROVIDER BASED PHYSICIAN CLINICS	1,965,019	991,833	810,173	2,743,639	6,510,664	90.01
91 EMERGENCY	4,227,428	248,751	501,850	1,746,123	6,724,152	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	1,740,315	31,869	35,050	661,171	2,468,405	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	125,989,518	4,816,287	4,877,007	25,230,305	122,630,337	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	90,447	11,129	769	22,537	124,882	190
194 PATHOLOGY	34,080	4,928	1,264	9,050	49,322	194
194.01 PHYSIATRY CLINIC	106,744	6,400	58	46,274	159,476	194.01
194.02 JANESVILLE MED CTR	125,688	47,737	10,552	42,376	226,353	194.02
194.03 OCCUPATIONAL HEALTH & WELLNESS	1,257,036	82,873	7,699	452,357	1,799,965	194.03

PROVIDER CCN: 52-0100 BELOIT MEMORIAL HOSPITAL, INC.  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 05/22/2013 09:55

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
194.04 ASSISTED LIVING CENTERS	2,346,433	903,870	273,267	569,007	4,092,577	194.04
194.05 NORTHPOINTE FITNESS CENTER	2,541,547	541,232	214,075	111,727	3,408,581	194.05
194.06 EMS PHYSICIAN FEES						194.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	132,491,493	6,414,456	5,384,691	26,483,633	132,491,493	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	27,348,024					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	1,625,955	7,877,174				7
8 LAUNDRY & LINEN SERVICE	147,803	25,265	741,318			8
9 HOUSEKEEPING	512,038	7,397		2,488,039		9
10 DIETARY	448,950	74,201		23,534	2,272,739	10
11 CAFETERIA	49,793	70,299		22,297		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	345,402	29,394		9,323		13
14 CENTRAL SERVICES & SUPPLY	334,653	125,283		39,736		14
15 PHARMACY	578,819	39,718		12,597		15
16 MEDICAL RECORDS & LIBRARY	749,735	165,797		52,586		16
17 SOCIAL SERVICE	132,205	8,048		2,552		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,743,286	684,193	311,178	217,005	2,027,191	30
31 INTENSIVE CARE UNIT	622,366	58,447	39,247	18,538	245,548	31
43 NURSERY	66,554					43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	818,027	190,265	102,323	60,346		50
51 RECOVERY ROOM	158,874	20,777		6,590		51
52 DELIVERY ROOM & LABOR ROOM	164,130					52
53 ANESTHESIOLOGY	58,295	7,885		2,501		53
54 RADIOLOGY-DIAGNOSTIC	757,065	224,634	58,171	71,247		54
55 RADIOLOGY-THERAPEUTIC	184,837	46,026		14,598		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	388,381	21,590		6,848		57
58 MAGNETIC RESONANCE IMAGING (MRI)	239,599	15,412		4,888		58
59 CARDIAC CATHETERIZATION	938,392	65,405		20,744		59
60 LABORATORY	2,130,317	236,388		74,975		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	337,832	40,482		12,840		65
66 PHYSICAL THERAPY	862,511	256,662	16,119	81,405		66
67 OCCUPATIONAL THERAPY	98,290	12,941		4,105		67
68 SPEECH PATHOLOGY	50,535	7,397		2,346		68
69 ELECTROCARDIOLOGY	78,808	7,966		2,527		69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,325,720					71
73 DRUGS CHARGED TO PATIENTS	850,636					73
74 RENAL DIALYSIS	735,934	114,731	25,931	36,389		74
75 ASC (NON-DISTINCT PART)	190,451	128,453	21,727	40,741		75
76 OTHER ANCILLARY						76
76.01 SLEEP/EEG	99,136	10,990		3,486		76.01
76.02 GI	325,774	50,188		15,918		76.02
76.03 NUCLEAR MED	279,468	12,697		4,027		76.03
76.04 PSYCH	733,194	102,229		32,424		76.04
76.05 ULTRASOUND	177,314	25,313		8,029		76.05
76.06 VASCULAR LAB	146,873	32,451	8,410	10,292		76.06
76.07 MEDICAL OUTPATIENT	117,495	16,258		5,156		76.07
76.97 CARDIAC REHABILITATION	77,626	27,362		8,678		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	15,606					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PROVIDER BASED PHYSICIAN CLINICS	1,693,437	1,698,058	28,822	538,574		90.01
91 EMERGENCY	1,748,965	425,873	117,742	135,074		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	642,037	54,561		17,305		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	24,783,118	5,141,036	729,670	1,620,221	2,272,739	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,482	19,054		6,043		190
194 PATHOLOGY	12,829	8,438		2,676		194
194.01 PHYSIATRY CLINIC	41,480	10,958		3,475		194.01
194.02 JANESVILLE MED CTR	58,875	81,728		25,922		194.02
194.03 OCCUPATIONAL HEALTH & WELLNESS	468,174	141,882	11,648	45,001		194.03
194.04 ASSISTED LIVING CENTERS	1,064,487	1,547,465		490,808		194.04
194.05 NORTHPOINTE FITNESS CENTER	886,579	926,613		293,893		194.05

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
194.06 EMS PHYSICIAN FEES						194.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	27,348,024	7,877,174	741,318	2,488,039	2,272,739	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	11	ADMINIS- TRATION 13	SERVICES & SUPPLY 14	15	RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						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	333,825					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	9,051	1,721,120				13
14 CENTRAL SERVICES & SUPPLY	1,065		1,787,361			14
15 PHARMACY	6,389		7	2,862,884		15
16 MEDICAL RECORDS & LIBRARY	26,088		16		3,876,689	16
17 SOCIAL SERVICE	3,727			130		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	69,747	410,686	7,797	639	162,042	30
31 INTENSIVE CARE UNIT	12,778	75,240	1,470	72	69,776	31
43 NURSERY	1,065	6,270			11,983	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	15,440	90,915	2,469	1,560	238,423	50
51 RECOVERY ROOM	2,662	15,675	466		36,106	51
52 DELIVERY ROOM & LABOR ROOM	3,727	21,945			43,573	52
53 ANESTHESIOLOGY	532	3,135	1,602	22,782	18,716	53
54 RADIOLOGY-DIAGNOSTIC	15,440		212	2,291	112,055	54
55 RADIOLOGY-THERAPEUTIC	2,130		129	50	57,076	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	5,324		1,089	18,925	278,183	57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,662		17	11,103	149,497	58
59 CARDIAC CATHETERIZATION	6,389		58	11,445	164,094	59
60 LABORATORY	31,413		11	526	491,538	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	6,921		24	4,234	98,663	65
66 PHYSICAL THERAPY	19,167		54	360	88,836	66
67 OCCUPATIONAL THERAPY	1,597		10	137	18,468	67
68 SPEECH PATHOLOGY	1,065			3	2,599	68
69 ELECTROCARDIOLOGY	3,727	21,945	3	165	29,226	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	7,454	43,890	1,527,259		519,749	71
73 DRUGS CHARGED TO PATIENTS	3,727	21,945		1,001,927	255,962	73
74 RENAL DIALYSIS	10,116	59,565	1,557	135,615	129,023	74
75 ASC (NON-DISTINCT PART)	3,194	18,810	701		19,534	75
76 OTHER ANCILLARY						76
76.01 SLEEP/EEG	2,130	12,540	68		20,883	76.01
76.02 GI	5,324	31,350	5,039	264	111,127	76.02
76.03 NUCLEAR MED	2,130		909	32	81,377	76.03
76.04 PSYCH	11,713		7		40,155	76.04
76.05 ULTRASOUND	2,662		214	11	43,650	76.05
76.06 VASCULAR LAB	2,130	12,540	33	101	64,156	76.06
76.07 MEDICAL OUTPATIENT	2,662	15,675	529	244	14,667	76.07
76.97 CARDIAC REHABILITATION	1,597	9,405	3		12,279	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY					4,264	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PROVIDER BASED PHYSICIAN CLINICS		595,653	2,582	1,642,253	166,382	90.01
91 EMERGENCY	29,815	175,561	220,802	1,084	299,141	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY		72,105	12,107	96	23,486	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	332,760	1,714,850	1,787,244	2,856,049	3,876,689	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,065	6,270				190
194 PATHOLOGY						194
194.01 PHYSIATRY CLINIC			3			194.01
194.02 JANESVILLE MED CTR			2	1,533		194.02
194.03 OCCUPATIONAL HEALTH & WELLNESS			3	5,235		194.03
194.04 ASSISTED LIVING CENTERS			53	9		194.04
194.05 NORTHPOINTE FITNESS CENTER			56	58		194.05



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COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
194.06 EMS PHYSICIAN FEES						194.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	333,825	1,721,120	1,787,361	2,862,884	3,876,689	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	24	25	26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					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	654,944				17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	631,866	17,812,598		17,812,598	30
31 INTENSIVE CARE UNIT	18,057	3,554,316		3,554,316	31
43 NURSERY		341,749		341,749	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		4,664,792		4,664,792	50
51 RECOVERY ROOM		851,966		851,966	51
52 DELIVERY ROOM & LABOR ROOM		864,398		864,398	52
53 ANESTHESIOLOGY		339,570		339,570	53
54 RADIOLOGY-DIAGNOSTIC		4,151,763		4,151,763	54
55 RADIOLOGY-THERAPEUTIC		1,015,478		1,015,478	55
57 COMPUTED TOMOGRAPHY (CT) SCAN		2,213,527		2,213,527	57
58 MAGNETIC RESONANCE IMAGING (MRI)		1,344,352		1,344,352	58
59 CARDIAC CATHETERIZATION		4,814,310		4,814,310	59
60 LABORATORY		11,155,481		11,155,481	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		1,799,840		1,799,840	65
66 PHYSICAL THERAPY		4,641,162		4,641,162	66
67 OCCUPATIONAL THERAPY		513,437		513,437	67
68 SPEECH PATHOLOGY		258,234		258,234	68
69 ELECTROCARDIOLOGY		447,355		447,355	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		8,520,997		8,520,997	71
73 DRUGS CHARGED TO PATIENTS		5,404,592		5,404,592	73
74 RENAL DIALYSIS		4,078,265		4,078,265	74
75 ASC (NON-DISTINCT PART)		1,155,827		1,155,827	75
76 OTHER ANCILLARY					76
76.01 SLEEP/EEG		530,375		530,375	76.01
76.02 GI		1,797,469		1,797,469	76.02
76.03 NUCLEAR MED		1,455,095		1,455,095	76.03
76.04 PSYCH		3,738,594		3,738,594	76.04
76.05 ULTRASOUND		938,903		938,903	76.05
76.06 VASCULAR LAB		841,660		841,660	76.06
76.07 MEDICAL OUTPATIENT		624,414		624,414	76.07
76.97 CARDIAC REHABILITATION		435,394		435,394	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY		79,870		79,870	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 PROVIDER BASED PHYSICIAN CLINICS		12,876,425		12,876,425	90.01
91 EMERGENCY	5,021	9,883,230		9,883,230	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
101 HOME HEALTH AGENCY		3,290,102		3,290,102	101
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	654,944	116,435,540		116,435,540	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		189,796		189,796	190
194 PATHOLOGY		73,265		73,265	194
194.01 PHYSIATRY CLINIC		215,392		215,392	194.01
194.02 JANESVILLE MED CTR		394,413		394,413	194.02
194.03 OCCUPATIONAL HEALTH & WELLNESS		2,471,908		2,471,908	194.03
194.04 ASSISTED LIVING CENTERS		7,195,399		7,195,399	194.04
194.05 NORTHPOINTE FITNESS CENTER		5,515,780		5,515,780	194.05

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COST ALLOCATION - GENERAL SERVICE COSTS

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PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	17	24	25	26	
194.06 EMS PHYSICIAN FEES					194.06
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	654,944	132,491,493		132,491,493	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	ADMINIS- TRATIVE & GENERAL 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL		1,514,559	1,667,100	3,181,659	3,181,659	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		298,862	162,680	461,542	189,162	7
8 LAUNDRY & LINEN SERVICE		14,757		14,757	17,195	8
9 HOUSEKEEPING		4,321	7,591	11,912	59,570	9
10 DIETARY		43,340	20,653	63,993	52,230	10
11 CAFETERIA		41,061	21,396	62,457	5,793	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		17,169	91,108	108,277	40,184	13
14 CENTRAL SERVICES & SUPPLY		73,177	159,142	232,319	38,933	14
15 PHARMACY		23,199	16,597	39,796	67,339	15
16 MEDICAL RECORDS & LIBRARY		96,842	30,648	127,490	87,223	16
17 SOCIAL SERVICE		4,701	225	4,926	15,381	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		399,635	60,431	460,066	319,169	30
31 INTENSIVE CARE UNIT		34,139	11,936	46,075	72,405	31
43 NURSERY					7,743	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		111,133	158,791	269,924	95,168	50
51 RECOVERY ROOM		12,136	4,345	16,481	18,483	51
52 DELIVERY ROOM & LABOR ROOM					19,095	52
53 ANESTHESIOLOGY		4,606	18,271	22,877	6,782	53
54 RADIOLOGY-DIAGNOSTIC		131,208	385,784	516,992	88,076	54
55 RADIOLOGY-THERAPEUTIC		26,884	15,155	42,039	21,504	55
57 COMPUTED TOMOGRAPHY (CT) SCAN		12,611	118	12,729	45,184	57
58 MAGNETIC RESONANCE IMAGING (MRI)		9,002	113,030	122,032	27,875	58
59 CARDIAC CATHETERIZATION		38,203	217,600	255,803	109,172	59
60 LABORATORY		138,074	83,015	221,089	247,839	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		23,645	22,811	46,456	39,303	65
66 PHYSICAL THERAPY		149,915	32,604	182,519	100,344	66
67 OCCUPATIONAL THERAPY		7,559	91	7,650	11,435	67
68 SPEECH PATHOLOGY		4,321	177	4,498	5,879	68
69 ELECTROCARDIOLOGY		4,653	9,568	14,221	9,168	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			23,506	23,506	154,233	71
73 DRUGS CHARGED TO PATIENTS			8,239	8,239	98,962	73
74 RENAL DIALYSIS		67,014	62,384	129,398	85,618	74
75 ASC (NON-DISTINCT PART)		75,029	3,330	78,359	22,157	75
76 OTHER ANCILLARY						76
76.01 SLEEP/EEG		6,419	8,358	14,777	11,533	76.01
76.02 GI		29,315	57,848	87,163	37,900	76.02
76.03 NUCLEAR MED		7,416	3,966	11,382	32,513	76.03
76.04 PSYCH		59,712	8,309	68,021	85,299	76.04
76.05 ULTRASOUND		14,785	17,544	32,329	20,629	76.05
76.06 VASCULAR LAB		18,954	20,985	39,939	17,087	76.06
76.07 MEDICAL OUTPATIENT		9,496	492	9,988	13,669	76.07
76.97 CARDIAC REHABILITATION		15,982	4,106	20,088	9,031	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY					1,816	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PROVIDER BASED PHYSICIAN CLINICS		991,833	810,173	1,802,006	197,013	90.01
91 EMERGENCY		248,751	501,850	750,601	203,473	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY		31,869	35,050	66,919	74,694	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)		4,816,287	4,877,007	9,693,294	2,883,261	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		11,129	769	11,898	3,779	190
194 PATHOLOGY		4,928	1,264	6,192	1,492	194
194.01 PHYSIATRY CLINIC		6,400	58	6,458	4,826	194.01
194.02 JANESVILLE MED CTR		47,737	10,552	58,289	6,849	194.02
194.03 OCCUPATIONAL HEALTH & WELLNESS		82,873	7,699	90,572	54,467	194.03
194.04 ASSISTED LIVING CENTERS		903,870	273,267	1,177,137	123,841	194.04
194.05 NORTHPOINTE FITNESS CENTER		541,232	214,075	755,307	103,144	194.05

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ALLOCATION OF CAPITAL-RELATED COSTS

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PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	ADMINIS- TRATIVE & GENERAL 5	
194.06 EMS PHYSICIAN FEES						194.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		6,414,456	5,384,691	11,799,147	3,181,659	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	& LINEN	KEEPING			
	7	8	9	10	11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	650,704					7
8 LAUNDRY & LINEN SERVICE	2,087	34,039				8
9 HOUSEKEEPING	611		72,093			9
10 DIETARY	6,129		682	123,034		10
11 CAFETERIA	5,807		646		74,703	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,428		270		2,025	13
14 CENTRAL SERVICES & SUPPLY	10,349		1,151		238	14
15 PHARMACY	3,281		365		1,430	15
16 MEDICAL RECORDS & LIBRARY	13,696		1,524		5,838	16
17 SOCIAL SERVICE	665		74		834	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	56,519	14,289	6,288	109,741	15,609	30
31 INTENSIVE CARE UNIT	4,828	1,802	537	13,293	2,859	31
43 NURSERY					238	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	15,717	4,698	1,749		3,455	50
51 RECOVERY ROOM	1,716		191		596	51
52 DELIVERY ROOM & LABOR ROOM					834	52
53 ANESTHESIOLOGY	651		72		119	53
54 RADIOLOGY-DIAGNOSTIC	18,556	2,671	2,064		3,455	54
55 RADIOLOGY-THERAPEUTIC	3,802		423		477	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,783		198		1,191	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,273		142		596	58
59 CARDIAC CATHETERIZATION	5,403		601		1,430	59
60 LABORATORY	19,527		2,172		7,029	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,344		372		1,549	65
66 PHYSICAL THERAPY	21,202	740	2,359		4,289	66
67 OCCUPATIONAL THERAPY	1,069		119		357	67
68 SPEECH PATHOLOGY	611		68		238	68
69 ELECTROCARDIOLOGY	658		73		834	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					1,668	71
73 DRUGS CHARGED TO PATIENTS					834	73
74 RENAL DIALYSIS	9,478	1,191	1,054		2,264	74
75 ASC (NON-DISTINCT PART)	10,611	998	1,181		715	75
76 OTHER ANCILLARY						76
76.01 SLEEP/EEG	908		101		477	76.01
76.02 GI	4,146		461		1,191	76.02
76.03 NUCLEAR MED	1,049		117		477	76.03
76.04 PSYCH	8,445		940		2,621	76.04
76.05 ULTRASOUND	2,091		233		596	76.05
76.06 VASCULAR LAB	2,681	386	298		477	76.06
76.07 MEDICAL OUTPATIENT	1,343		149		596	76.07
76.97 CARDIAC REHABILITATION	2,260		251		357	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PROVIDER BASED PHYSICIAN CLINICS	140,272	1,323	15,606			90.01
91 EMERGENCY	35,180	5,406	3,914		6,672	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	4,507		501			101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	424,683	33,504	46,946	123,034	74,465	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,574		175		238	190
194 PATHOLOGY	697		78			194
194.01 PHYSIATRY CLINIC	905		101			194.01
194.02 JANESVILLE MED CTR	6,751		751			194.02
194.03 OCCUPATIONAL HEALTH & WELLNESS	11,720	535	1,304			194.03
194.04 ASSISTED LIVING CENTERS	127,830		14,222			194.04
194.05 NORTHPOINTE FITNESS CENTER	76,544		8,516			194.05

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	& LINEN	KEEPING			
	7	8	9	10	11	
194.06 EMS PHYSICIAN FEES						194.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	650,704	34,039	72,093	123,034	74,703	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	NURSING ADMINIS-TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						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	153,184					13
14 CENTRAL SERVICES & SUPPLY		282,990				14
15 PHARMACY		1	112,212			15
16 MEDICAL RECORDS & LIBRARY		3		235,774		16
17 SOCIAL SERVICE			5		21,885	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	36,552	1,234	25	9,861	21,114	30
31 INTENSIVE CARE UNIT	6,697	233	3	4,246	603	31
43 NURSERY	558			729		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,092	391	61	14,508		50
51 RECOVERY ROOM	1,395	74		2,197		51
52 DELIVERY ROOM & LABOR ROOM	1,953			2,651		52
53 ANESTHESIOLOGY	279	254	893	1,139		53
54 RADIOLOGY-DIAGNOSTIC		34	90	6,819		54
55 RADIOLOGY-THERAPEUTIC		20	2	3,473		55
57 COMPUTED TOMOGRAPHY (CT) SCAN		172	742	16,928		57
58 MAGNETIC RESONANCE IMAGING (MRI)		3	435	9,097		58
59 CARDIAC CATHETERIZATION		9	449	9,985		59
60 LABORATORY		2	21	29,911		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		4	166	6,004		65
66 PHYSICAL THERAPY		9	14	5,406		66
67 OCCUPATIONAL THERAPY		2	5	1,124		67
68 SPEECH PATHOLOGY				158		68
69 ELECTROCARDIOLOGY	1,953		6	1,778		69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,906	241,807		31,499		71
73 DRUGS CHARGED TO PATIENTS	1,953		39,273	15,576		73
74 RENAL DIALYSIS	5,301	247	5,316	7,851		74
75 ASC (NON-DISTINCT PART)	1,674	111		1,189		75
76 OTHER ANCILLARY						76
76.01 SLEEP/EEG	1,116	11		1,271		76.01
76.02 GI	2,790	798	10	6,762		76.02
76.03 NUCLEAR MED		144	1	4,952		76.03
76.04 PSYCH		1		2,444		76.04
76.05 ULTRASOUND		34		2,656		76.05
76.06 VASCULAR LAB	1,116	5	4	3,904		76.06
76.07 MEDICAL OUTPATIENT	1,395	84	10	893		76.07
76.97 CARDIAC REHABILITATION	837			747		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY				259		76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PROVIDER BASED PHYSICIAN CLINICS	53,016	409	64,368	10,125		90.01
91 EMERGENCY	15,625	34,959	42	18,203	168	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	6,418	1,917	4	1,429		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	152,626	282,972	111,945	235,774	21,885	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	558					190
194 PATHOLOGY						194
194.01 PHYSIATRY CLINIC						194.01
194.02 JANESVILLE MED CTR			60			194.02
194.03 OCCUPATIONAL HEALTH & WELLNESS		1	205			194.03
194.04 ASSISTED LIVING CENTERS		8				194.04
194.05 NORTHPOINTE FITNESS CENTER		9	2			194.05



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
194.06 EMS PHYSICIAN FEES						194.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	153,184	282,990	112,212	235,774	21,885	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				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 SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	1,050,467		1,050,467	30
31 INTENSIVE CARE UNIT	153,581		153,581	31
43 NURSERY	9,268		9,268	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	413,763		413,763	50
51 RECOVERY ROOM	41,133		41,133	51
52 DELIVERY ROOM & LABOR ROOM	24,533		24,533	52
53 ANESTHESIOLOGY	33,066		33,066	53
54 RADIOLOGY-DIAGNOSTIC	638,757		638,757	54
55 RADIOLOGY-THERAPEUTIC	71,740		71,740	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	78,927		78,927	57
58 MAGNETIC RESONANCE IMAGING (MRI)	161,453		161,453	58
59 CARDIAC CATHETERIZATION	382,852		382,852	59
60 LABORATORY	527,590		527,590	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	97,198		97,198	65
66 PHYSICAL THERAPY	316,882		316,882	66
67 OCCUPATIONAL THERAPY	21,761		21,761	67
68 SPEECH PATHOLOGY	11,452		11,452	68
69 ELECTROCARDIOLOGY	28,691		28,691	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	456,619		456,619	71
73 DRUGS CHARGED TO PATIENTS	164,837		164,837	73
74 RENAL DIALYSIS	247,718		247,718	74
75 ASC (NON-DISTINCT PART)	116,995		116,995	75
76 OTHER ANCILLARY				76
76.01 SLEEP/EEG	30,194		30,194	76.01
76.02 GI	141,221		141,221	76.02
76.03 NUCLEAR MED	50,635		50,635	76.03
76.04 PSYCH	167,771		167,771	76.04
76.05 ULTRASOUND	58,568		58,568	76.05
76.06 VASCULAR LAB	65,897		65,897	76.06
76.07 MEDICAL OUTPATIENT	28,127		28,127	76.07
76.97 CARDIAC REHABILITATION	33,571		33,571	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY	2,075		2,075	76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 PROVIDER BASED PHYSICIAN CLINICS	2,284,138		2,284,138	90.01
91 EMERGENCY	1,074,243		1,074,243	91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
101 HOME HEALTH AGENCY	156,389		156,389	101
SPECIAL PURPOSE COST CENTERS				
113 INTEREST EXPENSE				113
118 SUBTOTALS (SUM OF LINES 1-117)	9,142,112		9,142,112	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,222		18,222	190
194 PATHOLOGY	8,459		8,459	194
194.01 PHYSIATRY CLINIC	12,290		12,290	194.01
194.02 JANESVILLE MED CTR	72,700		72,700	194.02
194.03 OCCUPATIONAL HEALTH & WELLNESS	158,804		158,804	194.03
194.04 ASSISTED LIVING CENTERS	1,443,038		1,443,038	194.04
194.05 NORTHPOINTE FITNESS CENTER	943,522		943,522	194.05

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
194.06 EMS PHYSICIAN FEES				194.06
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	11,799,147		11,799,147	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON-CILIATION 5A	ADMINISTRATIVE & GENERAL ACCUM COST 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	675,481					1
2 CAP REL COSTS-MVBLE EQUIP		10,509,289				2
4 EMPLOYEE BENEFITS			60,728,018			4
5 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	159,492	3,253,667	10,261,104	-27,348,024	105,143,469	5
6 OPERATION OF PLANT	31,472	317,502	1,510,794		6,251,219	6
8 LAUNDRY & LINEN SERVICE	1,554		45,439		568,250	8
9 HOUSEKEEPING	455	14,815	1,269,968		1,968,604	9
10 DIETARY	4,564	40,308	914,318		1,726,054	10
11 CAFETERIA	4,324	41,758	98,613		191,436	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,808	177,815	994,731		1,327,950	13
14 CENTRAL SERVICES & SUPPLY	7,706	310,597	539,658		1,286,624	14
15 PHARMACY	2,443	32,392	1,536,067		2,225,354	15
16 MEDICAL RECORDS & LIBRARY	10,198	59,816	1,825,363		2,882,467	16
17 SOCIAL SERVICE	495	439	361,850		508,282	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	42,084	117,943	6,856,051		10,546,968	30
31 INTENSIVE CARE UNIT	3,595	23,296	1,597,842		2,392,777	31
43 NURSERY			178,175		255,877	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	11,703	309,912	1,685,000		3,145,024	50
51 RECOVERY ROOM	1,278	8,481	402,802		610,816	51
52 DELIVERY ROOM & LABOR ROOM			440,197		631,023	52
53 ANESTHESIOLOGY	485	35,660	71,566		224,122	53
54 RADIOLOGY-DIAGNOSTIC	13,817	752,934	1,531,161		2,910,648	54
55 RADIOLOGY-THERAPEUTIC	2,831	29,578	323,771		710,632	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,328	230	651,410		1,493,187	57
58 MAGNETIC RESONANCE IMAGING (MRI)	948	220,601	321,990		921,174	58
59 CARDIAC CATHETERIZATION	4,023	424,690	860,695		3,607,783	59
60 LABORATORY	14,540	162,020	2,770,832		8,190,313	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,490	44,521	711,773		1,298,844	65
66 PHYSICAL THERAPY	15,787	63,633	2,159,302		3,316,048	66
67 OCCUPATIONAL THERAPY	796	178	238,837		377,889	67
68 SPEECH PATHOLOGY	455	345	119,782		194,289	68
69 ELECTROCARDIOLOGY	490	18,674	214,832		302,988	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		45,876			5,096,925	71
73 DRUGS CHARGED TO PATIENTS		16,081			3,270,395	73
74 RENAL DIALYSIS	7,057	121,755	921,462		2,829,404	74
75 ASC (NON-DISTINCT PART)	7,901	6,499	448,478		732,216	75
76 OTHER ANCILLARY						76
76.01 SLEEP/EEG	676	16,313	235,241		381,142	76.01
76.02 GI	3,087	112,901	560,945		1,252,485	76.02
76.03 NUCLEAR MED	781	7,741	284,783		1,074,455	76.03
76.04 PSYCH	6,288	16,216	1,853,590		2,818,872	76.04
76.05 ULTRASOUND	1,557	34,241	416,254		681,710	76.05
76.06 VASCULAR LAB	1,996	40,956	344,032		564,674	76.06
76.07 MEDICAL OUTPATIENT	1,000	960	295,103		451,728	76.07
76.97 CARDIAC REHABILITATION	1,683	8,014	188,970		298,444	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY					60,000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PROVIDER BASED PHYSICIAN CLINICS	104,446	1,581,215	6,291,278		6,510,664	90.01
91 EMERGENCY	26,195	979,460	4,003,933		6,724,152	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	3,356	68,407	1,516,092		2,468,405	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	507,184	9,518,440	57,854,084	-27,348,024	95,282,313	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,172	1,501	51,678		124,882	190
194 PATHOLOGY	519	2,467	20,753		49,322	194
194.01 PHYSIATRY CLINIC	674	114	106,108		159,476	194.01
194.02 JANESVILLE MED CTR	5,027	20,595	97,169		226,353	194.02
194.03 OCCUPATIONAL HEALTH & WELLNESS	8,727	15,026	1,037,274		1,799,965	194.03
194.04 ASSISTED LIVING CENTERS	95,183	533,336	1,304,757		4,092,577	194.04
194.05 NORTHPOINTE FITNESS CENTER	56,995	417,810	256,195		3,408,581	194.05

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
194.06 EMS PHYSICIAN FEES						194.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	6,414,456	5,384,691	26,483,633		27,348,024	202
203 UNIT COST MULT-WS B PT I	9.496131	0.512374	0.436102		0.260102	203
204 COST TO BE ALLOC PER B PT II					3,181,659	204
205 UNIT COST MULT-WS B PT II					0.030260	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	& LINEN	KEEPING			
	SQUARE	POUNDS OF	SQUARE	MEALS	MEALS	
	FEET	LAUNDRY	FEET	SERVED	SERVED	
	7	8	9	10	11	
GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT					1
2	CAP REL COSTS-MVBLE EQUIP					2
4	EMPLOYEE BENEFITS					4
5	ADMINISTRATIVE & GENERAL					5
6	MAINTENANCE & REPAIRS					6
7	OPERATION OF PLANT	484,517				7
8	LAUNDRY & LINEN SERVICE	1,554	836,187			8
9	HOUSEKEEPING	455		482,508		9
10	DIETARY	4,564		4,564	16,355	10
11	CAFETERIA	4,324		4,324		627 11
12	MAINTENANCE OF PERSONNEL					12
13	NURSING ADMINISTRATION	1,808		1,808		17 13
14	CENTRAL SERVICES & SUPPLY	7,706		7,706		2 14
15	PHARMACY	2,443		2,443		12 15
16	MEDICAL RECORDS & LIBRARY	10,198		10,198		49 16
17	SOCIAL SERVICE	495		495		7 17
19	NONPHYSICIAN ANESTHETISTS					19
20	NURSING SCHOOL					20
21	I&R SRVCES-SALARY & FRINGES APPRVD					21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23	PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	42,084	350,999	42,084	14,588	131 30
31	INTENSIVE CARE UNIT	3,595	44,270	3,595	1,767	24 31
43	NURSERY					2 43
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	11,703	115,418	11,703		29 50
51	RECOVERY ROOM	1,278		1,278		5 51
52	DELIVERY ROOM & LABOR ROOM					7 52
53	ANESTHESIOLOGY	485		485		1 53
54	RADIOLOGY-DIAGNOSTIC	13,817	65,615	13,817		29 54
55	RADIOLOGY-THERAPEUTIC	2,831		2,831		4 55
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,328		1,328		10 57
58	MAGNETIC RESONANCE IMAGING (MRI)	948		948		5 58
59	CARDIAC CATHETERIZATION	4,023		4,023		12 59
60	LABORATORY	14,540		14,540		59 60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	RESPIRATORY THERAPY	2,490		2,490		13 65
66	PHYSICAL THERAPY	15,787	18,182	15,787		36 66
67	OCCUPATIONAL THERAPY	796		796		3 67
68	SPEECH PATHOLOGY	455		455		2 68
69	ELECTROCARDIOLOGY	490		490		7 69
71	MEDICAL SUPPLIES CHRGD TO PATIENTS					14 71
73	DRUGS CHARGED TO PATIENTS					7 73
74	RENAL DIALYSIS	7,057	29,250	7,057		19 74
75	ASC (NON-DISTINCT PART)	7,901	24,507	7,901		6 75
76	OTHER ANCILLARY					76
76.01	SLEEP/EEG	676		676		4 76.01
76.02	GI	3,087		3,087		10 76.02
76.03	NUCLEAR MED	781		781		4 76.03
76.04	PSYCH	6,288		6,288		22 76.04
76.05	ULTRASOUND	1,557		1,557		5 76.05
76.06	VASCULAR LAB	1,996	9,486	1,996		4 76.06
76.07	MEDICAL OUTPATIENT	1,000		1,000		5 76.07
76.97	CARDIAC REHABILITATION	1,683		1,683		3 76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	PROVIDER BASED PHYSICIAN CLINICS	104,446	32,511	104,446		90.01
91	EMERGENCY	26,195	132,810	26,195		56 91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
101	HOME HEALTH AGENCY	3,356		3,356		101
SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)	316,220	823,048	314,211	16,355	625 118
NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,172		1,172		2 190
194	PATHOLOGY	519		519		194
194.01	PHYSIATRY CLINIC	674		674		194.01
194.02	JANESVILLE MED CTR	5,027		5,027		194.02
194.03	OCCUPATIONAL HEALTH & WELLNESS	8,727	13,139	8,727		194.03
194.04	ASSISTED LIVING CENTERS	95,183		95,183		194.04
194.05	NORTHPOINTE FITNESS CENTER	56,995		56,995		194.05

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	& LINEN	KEEPING			
	SQUARE	SERVICE	SQUARE	MEALS	MEALS	
	FEET	POUNDS OF	FEET	SERVED	SERVED	
	7	LAUNDRY	8	10	11	
194.06 EMS PHYSICIAN FEES						194.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	7,877,174	741,318	2,488,039	2,272,739	333,825	202
203 UNIT COST MULT-WS B PT I	16.257787	0.886546	5.156472	138.962947	532.416268	203
204 COST TO BE ALLOC PER B PT II	650,704	34,039	72,093	123,034	74,703	204
205 UNIT COST MULT-WS B PT II	1.342995	0.040707	0.149413	7.522715	119.143541	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION DIRECT NRSNG HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	
GENERAL SERVICE COST CENTERS						
1						1
2						2
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13	549					13
14		2,059,351				14
15		8	9,380,307			15
16		19		397,810,333		16
17			427		14,218	17
19						19
20						20
21						21
22						22
23						23
INPATIENT ROUTINE SERV COST CENTERS						
30	131	8,983	2,094	16,628,187	13,717	30
31	24	1,694	237	7,160,204	392	31
43	2			1,229,617		43
ANCILLARY SERVICE COST CENTERS						
50	29	2,845	5,111	24,466,165		50
51	5	537		3,705,067		51
52	7			4,471,280		52
53	1	1,846	74,645	1,920,538		53
54		244	7,506	11,498,686		54
55		149	165	5,856,931		55
57		1,255	62,008	28,546,186		57
58		20	36,380	15,340,870		58
59		67	37,499	16,838,819		59
60		13	1,724	50,440,002		60
62.30						62.30
65		28	13,873	10,124,432		65
66		62	1,180	9,116,038		66
67		11	448	1,895,151		67
68			11	266,716		68
69	7	3	541	2,999,121		69
71	14	1,759,669		53,332,413		71
73	7		3,282,832	26,265,999		73
74	19	1,794	444,344	13,239,939		74
75	6	808		2,004,482		75
76						76
76.01	4	78		2,142,978		76.01
76.02	10	5,806	865	11,403,462		76.02
76.03		1,047	104	8,350,642		76.03
76.04		8		4,120,580		76.04
76.05		246	36	4,479,175		76.05
76.06	4	38	330	6,583,504		76.06
76.07	5	610	799	1,505,080		76.07
76.97	3	3		1,260,074		76.97
76.98						76.98
76.99				437,561		76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	190	2,975	5,380,889	17,073,530		90.01
91	56	254,402	3,552	30,696,852	109	91
92						92
OTHER REIMBURSABLE COST CENTERS						
101	23	13,949	315	2,410,052		101
SPECIAL PURPOSE COST CENTERS						
118	547	2,059,217	9,357,915	397,810,333	14,218	118
NONREIMBURSABLE COST CENTERS						
190	2					190
194						194
194.01		3				194.01
194.02		2	5,023			194.02
194.03		4	17,151			194.03
194.04		61	28			194.04
194.05		64	190			194.05



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	
194.06 EMS PHYSICIAN FEES						194.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,721,120	1,787,361	2,862,884	3,876,689	654,944	202
203 UNIT COST MULT-WS B PT I	3,135.009107	0.867924	0.305202	0.009745	46.064425	203
204 COST TO BE ALLOC PER B PT II	153,184	282,990	112,212	235,774	21,885	204
205 UNIT COST MULT-WS B PT II	279.023679	0.137417	0.011963	0.000593	1.539246	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		
GENERAL SERVICE COST CENTERS		
1	CAP REL COSTS-BLDG & FIXT	1
2	CAP REL COSTS-MVBLE EQUIP	2
4	EMPLOYEE BENEFITS	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 SRVCES-SALARY & FRINGES APPRVD	21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD	22
23	PARAMED ED PRGM-(SPECIFY)	23
INPATIENT ROUTINE SERV COST CENTERS		
30	ADULTS & PEDIATRICS	30
31	INTENSIVE CARE UNIT	31
43	NURSERY	43
ANCILLARY SERVICE COST CENTERS		
50	OPERATING ROOM	50
51	RECOVERY ROOM	51
52	DELIVERY ROOM & LABOR ROOM	52
53	ANESTHESIOLOGY	53
54	RADIOLOGY-DIAGNOSTIC	54
55	RADIOLOGY-THERAPEUTIC	55
57	COMPUTED TOMOGRAPHY (CT) SCAN	57
58	MAGNETIC RESONANCE IMAGING (MRI)	58
59	CARDIAC CATHETERIZATION	59
60	LABORATORY	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
65	RESPIRATORY THERAPY	65
66	PHYSICAL THERAPY	66
67	OCCUPATIONAL THERAPY	67
68	SPEECH PATHOLOGY	68
69	ELECTROCARDIOLOGY	69
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	71
73	DRUGS CHARGED TO PATIENTS	73
74	RENAL DIALYSIS	74
75	ASC (NON-DISTINCT PART)	75
76	OTHER ANCILLARY	76
76.01	SLEEP/EEG	76.01
76.02	GI	76.02
76.03	NUCLEAR MED	76.03
76.04	PSYCH	76.04
76.05	ULTRASOUND	76.05
76.06	VASCULAR LAB	76.06
76.07	MEDICAL OUTPATIENT	76.07
76.97	CARDIAC REHABILITATION	76.97
76.98	HYPERBARIC OXYGEN THERAPY	76.98
76.99	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS		
90.01	PROVIDER BASED PHYSICIAN CLINICS	90.01
91	EMERGENCY	91
92	OBSERVATION BEDS	92
OTHER REIMBURSABLE COST CENTERS		
101	HOME HEALTH AGENCY	101
SPECIAL PURPOSE COST CENTERS		
118	SUBTOTALS (SUM OF LINES 1-117)	118
NONREIMBURSABLE COST CENTERS		
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190
194	PATHOLOGY	194
194.01	PHYSIATRY CLINIC	194.01
194.02	JANESVILLE MED CTR	194.02
194.03	OCCUPATIONAL HEALTH & WELLNESS	194.03
194.04	ASSISTED LIVING CENTERS	194.04
194.05	NORTHPOINTE FITNESS CENTER	194.05

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

194.06	EMS PHYSICIAN FEES	194.06
200	CROSS FOOT ADJUSTMENTS	200
201	NEGATIVE COST CENTER	201
202	COST TO BE ALLOC PER B PT I	202
203	UNIT COST MULT-WS B PT I	203
204	COST TO BE ALLOC PER B PT II	204
205	UNIT COST MULT-WS B PT II	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	17,812,598		17,812,598		17,812,598	30
31 INTENSIVE CARE UNIT	3,554,316		3,554,316		3,554,316	31
43 NURSERY	341,749		341,749		341,749	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,664,792		4,664,792		4,664,792	50
51 RECOVERY ROOM	851,966		851,966		851,966	51
52 DELIVERY ROOM & LABOR ROOM	864,398		864,398		864,398	52
53 ANESTHESIOLOGY	339,570		339,570		339,570	53
54 RADIOLOGY-DIAGNOSTIC	4,151,763		4,151,763		4,151,763	54
55 RADIOLOGY-THERAPEUTIC	1,015,478		1,015,478		1,015,478	55
57 COMPUTED TOMOGRAPHY (CT) SC	2,213,527		2,213,527		2,213,527	57
58 MAGNETIC RESONANCE IMAGING	1,344,352		1,344,352		1,344,352	58
59 CARDIAC CATHETERIZATION	4,814,310		4,814,310		4,814,310	59
60 LABORATORY	11,155,481		11,155,481		11,155,481	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	1,799,840		1,799,840		1,799,840	65
66 PHYSICAL THERAPY	4,641,162		4,641,162		4,641,162	66
67 OCCUPATIONAL THERAPY	513,437		513,437		513,437	67
68 SPEECH PATHOLOGY	258,234		258,234		258,234	68
69 ELECTROCARDIOLOGY	447,355		447,355		447,355	69
71 MEDICAL SUPPLIES CHRGED TO	8,520,997		8,520,997		8,520,997	71
73 DRUGS CHARGED TO PATIENTS	5,404,592		5,404,592		5,404,592	73
74 RENAL DIALYSIS	4,078,265		4,078,265		4,078,265	74
75 ASC (NON-DISTINCT PART)	1,155,827		1,155,827		1,155,827	75
76 OTHER ANCILLARY						76
76.01 SLEEP/EEG	530,375		530,375		530,375	76.01
76.02 GI	1,797,469		1,797,469		1,797,469	76.02
76.03 NUCLEAR MED	1,455,095		1,455,095		1,455,095	76.03
76.04 PSYCH	3,738,594		3,738,594		3,738,594	76.04
76.05 ULTRASOUND	938,903		938,903		938,903	76.05
76.06 VASCULAR LAB	841,660		841,660		841,660	76.06
76.07 MEDICAL OUTPATIENT	624,414		624,414		624,414	76.07
76.97 CARDIAC REHABILITATION	435,394		435,394		435,394	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	79,870		79,870		79,870	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PROVIDER BASED PHYSICIAN CL	12,876,425		12,876,425	95,468	12,971,893	90.01
91 EMERGENCY	9,883,230		9,883,230		9,883,230	91
92 OBSERVATION BEDS	862,541		862,541		862,541	92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	3,290,102		3,290,102		3,290,102	101
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	117,298,081		117,298,081	95,468	117,393,549	200
201 LESS OBSERVATION BEDS	862,541		862,541		862,541	201
202 TOTAL (SEE INSTRUCTIONS)	116,435,540		116,435,540		116,531,008	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	15,940,332		15,940,332			30
31 INTENSIVE CARE UNIT	7,160,204		7,160,204			31
43 NURSERY	1,229,617		1,229,617			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,331,130	15,135,035	24,466,165	0.190663	0.190663	0.190663 50
51 RECOVERY ROOM	1,213,033	2,492,034	3,705,067	0.229946	0.229946	0.229946 51
52 DELIVERY ROOM & LABOR ROOM	2,773,867	1,697,413	4,471,280	0.193322	0.193322	0.193322 52
53 ANESTHESIOLOGY	851,553	1,068,985	1,920,538	0.176810	0.176810	0.176810 53
54 RADIOLOGY-DIAGNOSTIC	2,246,141	9,252,545	11,498,686	0.361064	0.361064	0.361064 54
55 RADIOLOGY-THERAPEUTIC	172,115	5,684,816	5,856,931	0.173381	0.173381	0.173381 55
57 COMPUTED TOMOGRAPHY (CT) SC	5,456,854	23,089,332	28,546,186	0.077542	0.077542	0.077542 57
58 MAGNETIC RESONANCE IMAGING	1,900,636	13,440,234	15,340,870	0.087632	0.087632	0.087632 58
59 CARDIAC CATHETERIZATION	7,676,704	9,162,115	16,838,819	0.285905	0.285905	0.285905 59
60 LABORATORY	16,617,389	33,822,613	50,440,002	0.221163	0.221163	0.221163 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	7,576,092	2,548,340	10,124,432	0.177772	0.177772	0.177772 65
66 PHYSICAL THERAPY	1,060,349	8,055,689	9,116,038	0.509121	0.509121	0.509121 66
67 OCCUPATIONAL THERAPY	733,402	1,161,749	1,895,151	0.270921	0.270921	0.270921 67
68 SPEECH PATHOLOGY	91,026	175,690	266,716	0.968198	0.968198	0.968198 68
69 ELECTROCARDIOLOGY	642,926	2,356,195	2,999,121	0.149162	0.149162	0.149162 69
71 MEDICAL SUPPLIES CHRGD TO	30,440,059	22,892,354	53,332,413	0.159771	0.159771	0.159771 71
73 DRUGS CHARGED TO PATIENTS	16,359,693	9,906,306	26,265,999	0.205764	0.205764	0.205764 73
74 RENAL DIALYSIS	570,582	12,669,357	13,239,939	0.308027	0.308027	0.308027 74
75 ASC (NON-DISTINCT PART)		2,004,482	2,004,482	0.576621	0.576621	0.576621 75
76 OTHER ANCILLARY						76
76.01 SLEEP/EEG	80,951	2,062,027	2,142,978	0.247494	0.247494	0.247494 76.01
76.02 GI	1,046,352	10,357,110	11,403,462	0.157625	0.157625	0.157625 76.02
76.03 NUCLEAR MED	599,625	7,751,017	8,350,642	0.174249	0.174249	0.174249 76.03
76.04 PSYCH	70,178	4,050,402	4,120,580	0.907298	0.907298	0.907298 76.04
76.05 ULTRASOUND	611,039	3,868,136	4,479,175	0.209615	0.209615	0.209615 76.05
76.06 VASCULAR LAB	2,186,848	4,396,656	6,583,504	0.127844	0.127844	0.127844 76.06
76.07 MEDICAL OUTPATIENT	20,943	1,484,137	1,505,080	0.414871	0.414871	0.414871 76.07
76.97 CARDIAC REHABILITATION	3,702	1,256,372	1,260,074	0.345531	0.345531	0.345531 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY		437,561	437,561	0.182535	0.182535	0.182535 76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PROVIDER BASED PHYSICIAN CL		17,073,530	17,073,530	0.754175	0.754175	0.759766 90.01
91 EMERGENCY	4,937,459	25,759,393	30,696,852	0.321962	0.321962	0.321962 91
92 OBSERVATION BEDS		687,855	687,855	1.253958	1.253958	1.253958 92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY		2,410,052	2,410,052			101
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	139,600,801	258,209,532	397,810,333			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	139,600,801	258,209,532	397,810,333			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

CHECK [ ] TITLE V  
 APPLICABLE [XX] TITLE XVIII-PT A  
 BOXES [ ] TITLE XIX

COST CENTER DESCRIPTION	CAP-REL COST	SWING-BED	REDUCED CAP-REL COST	TOTAL PATIENT	PER DIEM	INPAT PGM	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	ADJUSTMENT	(COL.1 MINUS COL.2)	DAYS	(COL.3 ÷ COL.4)	DAYS	(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	1,050,467		1,050,467	15,220	69.02	7,694	531,040	30
31 INTENSIVE CARE UNIT	153,581		153,581	1,767	86.92	964	83,791	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	9,268		9,268	1,155	8.02			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	1,213,316		1,213,316	18,142		8,658	614,831	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[XX] HOSPITAL (52-0100) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA			
		CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
COST CENTER DESCRIPTION							
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	413,763	24,466,165	0.016912	4,207,900	71,164	50
51	RECOVERY ROOM	41,133	3,705,067	0.011102	437,982	4,862	51
52	DELIVERY ROOM & LABOR ROOM	24,533	4,471,280	0.005487	20,491	112	52
53	ANESTHESIOLOGY	33,066	1,920,538	0.017217	547,114	9,420	53
54	RADIOLOGY-DIAGNOSTIC	638,757	11,498,686	0.055550	1,545,553	85,855	54
55	RADIOLOGY-THERAPEUTIC	71,740	5,856,931	0.012249			55
57	COMPUTED TOMOGRAPHY (CT) SCAN	78,927	28,546,186	0.002765	3,073,561	8,498	57
58	MAGNETIC RESONANCE IMAGING (M	161,453	15,340,870	0.010524	1,155,939	12,165	58
59	CARDIAC CATHETERIZATION	382,852	16,838,819	0.022736	930,527	21,156	59
60	LABORATORY	527,590	50,440,002	0.010460	10,301,744	107,756	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	97,198	10,124,432	0.009600	2,413,362	23,168	65
66	PHYSICAL THERAPY	316,882	9,116,038	0.034761	633,652	22,026	66
67	OCCUPATIONAL THERAPY	21,761	1,895,151	0.011482	485,506	5,575	67
68	SPEECH PATHOLOGY	11,452	266,716	0.042937	60,062	2,579	68
69	ELECTROCARDIOLOGY	28,691	2,999,121	0.009566	407,945	3,902	69
71	MEDICAL SUPPLIES CHRGD TO PA	456,619	53,332,413	0.008562	19,787,133	169,417	71
73	DRUGS CHARGED TO PATIENTS	164,837	26,265,999	0.006276	9,593,269	60,207	73
74	RENAL DIALYSIS	247,718	13,239,939	0.018710	406,076	7,598	74
75	ASC (NON-DISTINCT PART)	116,995	2,004,482	0.058367			75
76	OTHER ANCILLARY						76
76.01	SLEEP/EEG	30,194	2,142,978	0.014090	43,048	607	76.01
76.02	GI	141,221	11,403,462	0.012384	602,468	7,461	76.02
76.03	NUCLEAR MED	50,635	8,350,642	0.006064	298,078	1,808	76.03
76.04	PSYCH	167,771	4,120,580	0.040715	27,838	1,133	76.04
76.05	ULTRASOUND	58,568	4,479,175	0.013076	317,569	4,153	76.05
76.06	VASCULAR LAB	65,897	6,583,504	0.010009	2,034,229	20,361	76.06
76.07	MEDICAL OUTPATIENT	28,127	1,505,080	0.018688			76.07
76.97	CARDIAC REHABILITATION	33,571	1,260,074	0.026642	1,390	37	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY	2,075	437,561	0.004742			76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	PROVIDER BASED PHYSICIAN CLIN	2,284,138	17,073,530	0.133782			90.01
91	EMERGENCY	1,074,243	30,696,852	0.034995	2,298,425	80,433	91
92	OBSERVATION BEDS	50,867	687,855	0.073950			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	7,823,274	371,070,128		61,630,861	731,453	200

PROVIDER CCN: 52-0100 BELOIT MEMORIAL HOSPITAL, INC.  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 05/22/2013 09:55

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK [ ] TITLE V  
 APPLICABLE [XX] TITLE XVIII-PT A  
 BOXES [ ] TITLE XIX

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					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 (SUM OF LINES 30-199)					200



PROVIDER CCN: 52-0100 BELOIT MEMORIAL HOSPITAL, INC.  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 05/22/2013 09:55

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK [ ] TITLE V  
 APPLICABLE [XX] TITLE XVIII-PT A  
 BOXES [ ] TITLE XIX

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 + COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	15,220		7,694		30
31 INTENSIVE CARE UNIT	1,767		964		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	1,155				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	18,142		8,658		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (52-0100) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1					
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGED TO PA						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76 OTHER ANCILLARY						76
76.01 SLEEP/EEG						76.01
76.02 GI						76.02
76.03 NUCLEAR MED						76.03
76.04 PSYCH						76.04
76.05 ULTRASOUND						76.05
76.06 VASCULAR LAB						76.06
76.07 MEDICAL OUTPATIENT						76.07
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PROVIDER BASED PHYSICIAN CLIN						90.01
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (52-0100) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	24,466,165			4,207,900		5,351,345	50
51 RECOVERY ROOM	3,705,067			437,982		449,149	51
52 DELIVERY ROOM & LABOR ROOM	4,471,280			20,491		2,929	52
53 ANESTHESIOLOGY	1,920,538			547,114		390,085	53
54 RADIOLOGY-DIAGNOSTIC	11,498,686			1,545,553		6,490,844	54
55 RADIOLOGY-THERAPEUTIC	5,856,931						55
57 COMPUTED TOMOGRAPHY (CT) SCA	28,546,186			3,073,561		7,059,888	57
58 MAGNETIC RESONANCE IMAGING (	15,340,870			1,155,939		3,548,128	58
59 CARDIAC CATHETERIZATION	16,838,819			930,527		1,320,347	59
60 LABORATORY	50,440,002			10,301,744		1,259,870	60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	10,124,432			2,413,362		500,899	65
66 PHYSICAL THERAPY	9,116,038			633,652		25,347	66
67 OCCUPATIONAL THERAPY	1,895,151			485,506			67
68 SPEECH PATHOLOGY	266,716			60,062			68
69 ELECTROCARDIOLOGY	2,999,121			407,945		1,122,564	69
71 MEDICAL SUPPLIES CHRGED TO P	53,332,413			19,787,133		10,224,270	71
73 DRUGS CHARGED TO PATIENTS	26,265,999			9,593,269		9,446,590	73
74 RENAL DIALYSIS	13,239,939			406,076		3,665	74
75 ASC (NON-DISTINCT PART)	2,004,482						75
76 OTHER ANCILLARY							76
76.01 SLEEP/EEG	2,142,978			43,048		605,027	76.01
76.02 GI	11,403,462			602,468		3,432,693	76.02
76.03 NUCLEAR MED	8,350,642			298,078		2,731,550	76.03
76.04 PSYCH	4,120,580			27,838		855,785	76.04
76.05 ULTRASOUND	4,479,175			317,569		1,547,770	76.05
76.06 VASCULAR LAB	6,583,504			2,034,229		2,314,691	76.06
76.07 MEDICAL OUTPATIENT	1,505,080						76.07
76.97 CARDIAC REHABILITATION	1,260,074			1,390		575,904	76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY	437,561						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 PROVIDER BASED PHYSICIAN CLI	17,073,530					7,925,603	90.01
91 EMERGENCY	30,696,852			2,298,425		4,607,278	91
92 OBSERVATION BEDS	687,855					412,906	92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	371,070,128			61,630,861		72,205,127	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (52-0100) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.190663	5,351,345			1,020,303		50
51 RECOVERY ROOM	0.229946	449,149			103,280		51
52 DELIVERY ROOM & LABOR ROOM	0.193322	2,929			566		52
53 ANESTHESIOLOGY	0.176810	390,085			68,971		53
54 RADIOLOGY-DIAGNOSTIC	0.361064	6,490,844			2,343,610		54
55 RADIOLOGY-THERAPEUTIC	0.173381						55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.077542	7,059,888			547,438		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.087632	3,548,128			310,930		58
59 CARDIAC CATHETERIZATION	0.285905	1,320,347			377,494		59
60 LABORATORY	0.221163	1,259,870			278,637		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.177772	500,899			89,046		65
66 PHYSICAL THERAPY	0.509121	25,347			12,905		66
67 OCCUPATIONAL THERAPY	0.270921						67
68 SPEECH PATHOLOGY	0.968198						68
69 ELECTROCARDIOLOGY	0.149162	1,122,564			167,444		69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.159771	10,224,270			1,633,542		71
73 DRUGS CHARGED TO PATIENTS	0.205764	9,446,590			1,943,768		73
74 RENAL DIALYSIS	0.308027	3,665			1,129		74
75 ASC (NON-DISTINCT PART)	0.576621						75
76 OTHER ANCILLARY							76
76.01 SLEEP/EEG	0.247494	605,027			149,741		76.01
76.02 GI	0.157625	3,432,693			541,078		76.02
76.03 NUCLEAR MED	0.174249	2,731,550			475,970		76.03
76.04 PSYCH	0.907298	855,785			776,452		76.04
76.05 ULTRASOUND	0.209615	1,547,770			324,436		76.05
76.06 VASCULAR LAB	0.127844	2,314,691			295,919		76.06
76.07 MEDICAL OUTPATIENT	0.414871						76.07
76.97 CARDIAC REHABILITATION	0.345531	575,904			198,993		76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY	0.182535						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 PROVIDER BASED PHYSICIAN CLINIC	0.754175	7,925,603			5,977,292		90.01
91 EMERGENCY	0.321962	4,607,278			1,483,368		91
92 OBSERVATION BEDS	1.253958	412,906			517,767		92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		72,205,127			19,640,079		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		72,205,127			19,640,079		202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII-PT A  
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	CAP-REL COST	SWING-BED	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	ADJUSTMENT	(COL.1 MINUS COL.2)	DAYS	(COL.3 ÷ COL.4)	DAYS	(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	1,050,467		1,050,467	15,220	69.02	755	52,110	30
31 INTENSIVE CARE UNIT	153,581		153,581	1,767	86.92	69	5,997	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	9,268		9,268	1,155	8.02	232	1,861	43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	1,213,316		1,213,316	18,142		1,056	59,968	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (52-0100) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	413,763	24,466,165	0.016912	391,663	6,624	50
51	RECOVERY ROOM	41,133	3,705,067	0.011102	61,345	681	51
52	DELIVERY ROOM & LABOR ROOM	24,533	4,471,280	0.005487	418,302	2,295	52
53	ANESTHESIOLOGY	33,066	1,920,538	0.017217	73,055	1,258	53
54	RADIOLOGY-DIAGNOSTIC	638,757	11,498,686	0.055550	132,061	7,336	54
55	RADIOLOGY-THERAPEUTIC	71,740	5,856,931	0.012249			55
57	COMPUTED TOMOGRAPHY (CT) SCAN	78,927	28,546,186	0.002765	242,919	672	57
58	MAGNETIC RESONANCE IMAGING (M	161,453	15,340,870	0.010524	73,770	776	58
59	CARDIAC CATHETERIZATION	382,852	16,838,819	0.022736	129,030	2,934	59
60	LABORATORY	527,590	50,440,002	0.010460	941,379	9,847	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	97,198	10,124,432	0.009600	203,997	1,958	65
66	PHYSICAL THERAPY	316,882	9,116,038	0.034761	35,121	1,221	66
67	OCCUPATIONAL THERAPY	21,761	1,895,151	0.011482	15,748	181	67
68	SPEECH PATHOLOGY	11,452	266,716	0.042937	1,600	69	68
69	ELECTROCARDIOLOGY	28,691	2,999,121	0.009566	25,336	242	69
71	MEDICAL SUPPLIES CHRGD TO PA	456,619	53,332,413	0.008562	1,597,413	13,677	71
73	DRUGS CHARGED TO PATIENTS	164,837	26,265,999	0.006276	714,959	4,487	73
74	RENAL DIALYSIS	247,718	13,239,939	0.018710	50,438	944	74
75	ASC (NON-DISTINCT PART)	116,995	2,004,482	0.058367			75
76	OTHER ANCILLARY						76
76.01	SLEEP/EEG	30,194	2,142,978	0.014090	3,075	43	76.01
76.02	GI	141,221	11,403,462	0.012384	37,029	459	76.02
76.03	NUCLEAR MED	50,635	8,350,642	0.006064	14,855	90	76.03
76.04	PSYCH	167,771	4,120,580	0.040715	5,272	215	76.04
76.05	ULTRASOUND	58,568	4,479,175	0.013076	48,469	634	76.05
76.06	VASCULAR LAB	65,897	6,583,504	0.010009	152,619	1,528	76.06
76.07	MEDICAL OUTPATIENT	28,127	1,505,080	0.018688	18,712	350	76.07
76.97	CARDIAC REHABILITATION	33,571	1,260,074	0.026642			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY	2,075	437,561	0.004742			76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	PROVIDER BASED PHYSICIAN CLIN	2,284,138	17,073,530	0.133782			90.01
91	EMERGENCY	1,074,243	30,696,852	0.034995	214,608	7,510	91
92	OBSERVATION BEDS	50,867	687,855	0.073950			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	7,823,274	371,070,128		5,602,775	66,031	200

PROVIDER CCN: 52-0100 BELOIT MEMORIAL HOSPITAL, INC.  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 05/22/2013 09:55

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII-PT A  
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					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 (SUM OF LINES 30-199)					200

PROVIDER CCN: 52-0100 BELOIT MEMORIAL HOSPITAL, INC.  
 PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 05/22/2013 09:55

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII-PT A  
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 + COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
30 INPAT ROUTINE SERV COST CTRS					
31 ADULTS & PEDIATRICS	15,220		755		30
32 INTENSIVE CARE UNIT	1,767		69		31
33 CORONARY CARE UNIT					32
34 BURN INTENSIVE CARE UNIT					33
35 SURGICAL INTENSIVE CARE UNIT					34
40 OTHER SPECIAL CARE (SPECIFY)					35
41 SUBPROVIDER - IPF					40
42 SUBPROVIDER - IRF					41
43 SUBPROVIDER I					42
44 NURSERY	1,155		232		43
45 SKILLED NURSING FACILITY					44
200 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	18,142		1,056		200



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (52-0100) [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [XX] OTHER

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGED TO PA						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76 OTHER ANCILLARY						76
76.01 SLEEP/EEG						76.01
76.02 GI						76.02
76.03 NUCLEAR MED						76.03
76.04 PSYCH						76.04
76.05 ULTRASOUND						76.05
76.06 VASCULAR LAB						76.06
76.07 MEDICAL OUTPATIENT						76.07
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PROVIDER BASED PHYSICIAN CLIN						90.01
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (52-0100) [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [XX] OTHER

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO				
	(FROM WKST	CHARGES	CHARGES	PGM	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 ÷	(COL. 6 ÷	CHARGES	(COL. 8 x		(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	10	COL. 10)	12	COL. 12)
	7	8	9		11		13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	24,466,165			391,663			50
51 RECOVERY ROOM	3,705,067			61,345			51
52 DELIVERY ROOM & LABOR ROOM	4,471,280			418,302			52
53 ANESTHESIOLOGY	1,920,538			73,055			53
54 RADIOLOGY-DIAGNOSTIC	11,498,686			132,061			54
55 RADIOLOGY-THERAPEUTIC	5,856,931						55
57 COMPUTED TOMOGRAPHY (CT) SCA	28,546,186			242,919			57
58 MAGNETIC RESONANCE IMAGING (	15,340,870			73,770			58
59 CARDIAC CATHETERIZATION	16,838,819			129,030			59
60 LABORATORY	50,440,002			941,379			60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	10,124,432			203,997			65
66 PHYSICAL THERAPY	9,116,038			35,121			66
67 OCCUPATIONAL THERAPY	1,895,151			15,748			67
68 SPEECH PATHOLOGY	266,716			1,600			68
69 ELECTROCARDIOLOGY	2,999,121			25,336			69
71 MEDICAL SUPPLIES CHRGED TO P	53,332,413			1,597,413			71
73 DRUGS CHARGED TO PATIENTS	26,265,999			714,959			73
74 RENAL DIALYSIS	13,239,939			50,438			74
75 ASC (NON-DISTINCT PART)	2,004,482						75
76 OTHER ANCILLARY							76
76.01 SLEEP/EEG	2,142,978			3,075			76.01
76.02 GI	11,403,462			37,029			76.02
76.03 NUCLEAR MED	8,350,642			14,855			76.03
76.04 PSYCH	4,120,580			5,272			76.04
76.05 ULTRASOUND	4,479,175			48,469			76.05
76.06 VASCULAR LAB	6,583,504			152,619			76.06
76.07 MEDICAL OUTPATIENT	1,505,080			18,712			76.07
76.97 CARDIAC REHABILITATION	1,260,074						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY	437,561						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 PROVIDER BASED PHYSICIAN CLI	17,073,530						90.01
91 EMERGENCY	30,696,852			214,608			91
92 OBSERVATION BEDS	687,855						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	371,070,128			5,602,775			200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (52-0100) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS		
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.190663		407,765			77,746		50
51 RECOVERY ROOM	0.229946		92,242			21,211		51
52 DELIVERY ROOM & LABOR ROOM	0.193322		149,129			28,830		52
53 ANESTHESIOLOGY	0.176810		54,743			9,679		53
54 RADIOLOGY-DIAGNOSTIC	0.361064		595,629			215,060		54
55 RADIOLOGY-THERAPEUTIC	0.173381		296,100			51,338		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.077542		1,138,838			88,308		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.087632		416,982			36,541		58
59 CARDIAC CATHETERIZATION	0.285905		33,575			9,599		59
60 LABORATORY	0.222163		2,573,019			569,057		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.177772		79,784			14,183		65
66 PHYSICAL THERAPY	0.509121		95,534			48,638		66
67 OCCUPATIONAL THERAPY	0.270921		20,989			5,686		67
68 SPEECH PATHOLOGY	0.968198		27,600			26,722		68
69 ELECTROCARDIOLOGY	0.149162		63,328			9,446		69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.159771		1,095,708			175,062		71
73 DRUGS CHARGED TO PATIENTS	0.205764		459,716			94,593		73
74 RENAL DIALYSIS	0.308027		660,835			203,555		74
75 ASC (NON-DISTINCT PART)	0.576621		55,605			32,063		75
76 OTHER ANCILLARY								76
76.01 SLEEP/EEG	0.247494		79,190			19,599		76.01
76.02 GI	0.157625		209,644			33,045		76.02
76.03 NUCLEAR MED	0.174249		125,939			21,945		76.03
76.04 PSYCH	0.907298		402,828			365,485		76.04
76.05 ULTRASOUND	0.209615		262,085			54,937		76.05
76.06 VASCULAR LAB	0.127844		172,139			22,007		76.06
76.07 MEDICAL OUTPATIENT	0.414871		23,624			9,801		76.07
76.97 CARDIAC REHABILITATION	0.345531		19,744			6,822		76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY	0.182535							76.99
OUTPATIENT SERVICE COST CENTERS								
90.01 PROVIDER BASED PHYSICIAN CLINIC	0.754175							90.01
91 EMERGENCY	0.321962		1,907,388			614,106		91
92 OBSERVATION BEDS	1.253958							92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)			11,519,702			2,865,064		200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)			11,519,702			2,865,064		202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (52-0100) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	15,220	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	15,220	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14,483	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		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 (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	7,694	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 TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE 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)	17,812,598	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	17,812,598	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10,032,069	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10,032,069	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.775566	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 - LINE 36)	17,812,598	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (52-0100) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,170.34 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 9,004,596 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) 9,004,596 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	3,554,316	1,767	2,011.50	964	1,939,086	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					11,958,320	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					22,902,002	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 614,831 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 731,453 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 1,346,284 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 21,555,718 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 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 (LINES 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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 737 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,170.34 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 862,541 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	1,050,467	17,812,598	0.058973	862,541	50,867	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (52-0100) [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [ ] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	15,220	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	15,220	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14,483	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		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 (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	755	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 TITLE XIX ONLY)	1,155	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	232	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)	17,812,598	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	17,812,598	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10,032,069	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10,032,069	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.775566	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 - LINE 36)	17,812,598	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (52-0100) [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,170.34 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 883,607 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) 883,607 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)	341,749	1,155	295.89	232	68,646 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	3,554,316	1,767	2,011.50	69	138,794 43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					1,102,745 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					2,193,792 49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 59,968 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 66,031 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 125,999 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 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 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 (LINES 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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 737 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

	COST	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
	1	2	3	4	5
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST					
90 CAPITAL-RELATED COST					90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (52-0100) [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		9,234,309		30
31 INTENSIVE CARE UNIT		1,892,081		31
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.190663	4,207,900	802,291	50
51 RECOVERY ROOM	0.229946	437,982	100,712	51
52 DELIVERY ROOM & LABOR ROOM	0.193322	20,491	3,961	52
53 ANESTHESIOLOGY	0.176810	547,114	96,735	53
54 RADIOLOGY-DIAGNOSTIC	0.361064	1,545,553	558,044	54
55 RADIOLOGY-THERAPEUTIC	0.173381			55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.077542	3,073,561	238,330	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.087632	1,155,939	101,297	58
59 CARDIAC CATHETERIZATION	0.285905	930,527	266,042	59
60 LABORATORY	0.221163	10,301,744	2,278,365	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.177772	2,413,362	429,028	65
66 PHYSICAL THERAPY	0.509121	633,652	322,606	66
67 OCCUPATIONAL THERAPY	0.270921	485,506	131,534	67
68 SPEECH PATHOLOGY	0.968198	60,062	58,152	68
69 ELECTROCARDIOLOGY	0.149162	407,945	60,850	69
71 MEDICAL SUPPLIES CHRGED TO PATI	0.159771	19,787,133	3,161,410	71
73 DRUGS CHARGED TO PATIENTS	0.205764	9,593,269	1,973,949	73
74 RENAL DIALYSIS	0.308027	406,076	125,082	74
75 ASC (NON-DISTINCT PART)	0.576621			75
76 OTHER ANCILLARY				76
76.01 SLEEP/EEG	0.247494	43,048	10,654	76.01
76.02 GI	0.157625	602,468	94,964	76.02
76.03 NUCLEAR MED	0.174249	298,078	51,940	76.03
76.04 PSYCH	0.907298	27,838	25,257	76.04
76.05 ULTRASOUND	0.209615	317,569	66,567	76.05
76.06 VASCULAR LAB	0.127844	2,034,229	260,064	76.06
76.07 MEDICAL OUTPATIENT	0.414871			76.07
76.97 CARDIAC REHABILITATION	0.345531	1,390	480	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY	0.182535			76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 PROVIDER BASED PHYSICIAN CLINIC	0.759766			90.01
91 EMERGENCY	0.321962	2,298,425	740,006	91
92 OBSERVATION BEDS	1.253958			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		61,630,861	11,958,320	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		61,630,861		202



INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (52-0100) [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		815,763		30
31 INTENSIVE CARE UNIT		142,184		31
43 NURSERY		197,041		43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.190663	391,663	74,676	50
51 RECOVERY ROOM	0.229946	61,345	14,106	51
52 DELIVERY ROOM & LABOR ROOM	0.193322	418,302	80,867	52
53 ANESTHESIOLOGY	0.176810	73,055	12,917	53
54 RADIOLOGY-DIAGNOSTIC	0.361064	132,061	47,682	54
55 RADIOLOGY-THERAPEUTIC	0.173381			55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.077542	242,919	18,836	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.087632	73,770	6,465	58
59 CARDIAC CATHETERIZATION	0.285905	129,030	36,890	59
60 LABORATORY	0.221163	941,379	208,198	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.177772	203,997	36,265	65
66 PHYSICAL THERAPY	0.509121	35,121	17,881	66
67 OCCUPATIONAL THERAPY	0.270921	15,748	4,266	67
68 SPEECH PATHOLOGY	0.968198	1,600	1,549	68
69 ELECTROCARDIOLOGY	0.149162	25,336	3,779	69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.159771	1,597,413	255,220	71
73 DRUGS CHARGED TO PATIENTS	0.205764	714,959	147,113	73
74 RENAL DIALYSIS	0.308027	50,438	15,536	74
75 ASC (NON-DISTINCT PART)	0.576621			75
76 OTHER ANCILLARY				76
76.01 SLEEP/EEG	0.247494	3,075	761	76.01
76.02 GI	0.157625	37,029	5,837	76.02
76.03 NUCLEAR MED	0.174249	14,855	2,588	76.03
76.04 PSYCH	0.907298	5,272	4,783	76.04
76.05 ULTRASOUND	0.209615	48,469	10,160	76.05
76.06 VASCULAR LAB	0.127844	152,619	19,511	76.06
76.07 MEDICAL OUTPATIENT	0.414871	18,712	7,763	76.07
76.97 CARDIAC REHABILITATION	0.345531			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY	0.182535			76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 PROVIDER BASED PHYSICIAN CLINIC	0.754175			90.01
91 EMERGENCY	0.321962	214,608	69,096	91
92 OBSERVATION BEDS	1.253958			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		5,602,775	1,102,745	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		5,602,775		202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK  HOSPITAL (52-0100)  
APPLICABLE BOX:  SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	12,435,043	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	739,378	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	100.99	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)		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)		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.		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) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 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)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		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		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
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)		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 (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0596	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.1794	31
32	SUM OF LINES 30 AND 31	0.2390	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0893	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	1,110,449	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
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 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)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	14,284,870	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 SCH AND MDH ONLY (SEE INSTRUCTIONS)	14,284,870	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	1,152,926	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK  HOSPITAL (52-0100)  
APPLICABLE BOX:  SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	15,437,796	59
60	PRIMARY PAYER PAYMENTS	4,930	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	15,432,866	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,535,820	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	6,069	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	13,890,977	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	13,890,977	71
72	INTERIM PAYMENTS	13,964,769	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-73,792	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART 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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

CHECK APPLICABLE BOX:         HOSPITAL (52-0100)         IPF                     IRF  
                                  SUB (OTHER)                     SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	19,640,079	2
3	PPS PAYMENTS	18,506,227	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	212,906	4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	0.872	5
6	LINE 2 TIMES LINE 5	17,126,149	6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART 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, LINE 69, COL. 4)		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 TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	18,719,133	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	4,249,846	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	14,469,287	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)	14,469,287	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	14,469,287	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)	124,330	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	594,797	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	416,358	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	594,797	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	15,009,975	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	1,796	38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	15,008,179	40
41	INTERIM PAYMENTS	14,467,836	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	540,343	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [XX] HOSPITAL (52-0100) [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		13,875,330		14,467,836	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.		NONE		NONE	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.	.01 07/30/2012	89,439		NONE	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
	.50	NONE		NONE	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	89,439			3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		13,964,769		14,467,836	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.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.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 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01				6.01
	TO .02				6.02
	PROVIDER .01				6.01
	PROVIDER .02				6.02
	TO .01				6.01
	PROGRAM .02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

8 NAME OF CONTRACTOR: \_\_\_\_\_ CONTRACTOR NUMBER: \_\_\_\_\_ NPR DATE: \_\_\_\_\_ 8

PROVIDER CCN: 52-0100 BELOIT MEMORIAL HOSPITAL, INC.  
PERIOD FROM 01/01/2012 TO 12/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
05/22/2013 09:55

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL (52-0100) [ ] 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 FROM WKST S-3, PART I, COLUMN 15, LINE 14	3,962	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	8,658	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,594	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	16,250	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	397,810,333	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	19,719,446	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)		8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)		32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [XX] HOSPITAL (52-0100) [ ] SNF [ ] PPS  
 APPLICABLE [XX] TITLE XIX [ ] IPF [ ] NF [ ] TEFRA  
 BOXES: [ ] IRF [ ] ICF/MR [XX] OTHER  
 [ ] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1 INPATIENT HOSPITAL SNF/NF SERVICES	2,193,792		1
2 MEDICAL AND OTHER SERVICES		2,865,064	2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	2,193,792	2,865,064	4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	2,193,792	2,865,064	7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8 ROUTINE SERVICE CHARGES			8
9 ANCILLARY SERVICE CHARGES	5,602,775	11,519,702	9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE			10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	5,602,775	11,519,702	12
CUSTOMARY CHARGES			
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
14 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)			14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000	15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	5,602,775	11,519,702	16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	3,408,983	8,654,638	17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))			18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	2,193,792	2,865,064	21
PROSPECTIVE PAYMENT AMOUNT			
22 OTHER THAN OUTLIER PAYMENTS			22
23 OUTLIER PAYMENTS			23
24 PROGRAM CAPITAL PAYMENTS			24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)			27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)			28
29 SUM OF LINES 27 AND 21	2,193,792	2,865,064	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30 EXCESS OF REASONABLE COST (FROM LINE 18)			30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	2,193,792	2,865,064	31
32 DEDUCTIBLES			32
33 COINSURANCE			33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			34
35 UTILIZATION REVIEW			35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	2,193,792	2,865,064	36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38 SUBTOTAL (LINE 36 ± LINE 37)	2,193,792	2,865,064	38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)			39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	2,193,792	2,865,064	40
41 INTERIM PAYMENTS	2,163,266	3,976,529	41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	30,526	-1,111,465	42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	11,256,766			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	33,587,057			4
5	OTHER RECEIVABLES	2,617,678			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-13,329,785			6
7	INVENTORY	2,608,601			7
8	PREPAID EXPENSES	1,019,587			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	37,759,904			11
FIXED ASSETS					
12	LAND	6,395,847			12
13	LAND IMPROVEMENTS	5,953,103			13
14	ACCUMULATED DEPRECIATION	-3,253,105			14
15	BUILDINGS	106,507,714			15
16	ACCUMULATED DEPRECIATION	-37,483,920			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	20,000,098			19
20	ACCUMULATED DEPRECIATION	-16,113,972			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	58,854,071			23
24	ACCUMULATED DEPRECIATION	-36,989,776			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	103,870,060			30
OTHER ASSETS					
31	INVESTMENTS	60,299,358			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	11,131,385			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	71,430,743			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	213,060,707			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	15,775,228			37
38	SALARIES, WAGES & FEES PAYABLE	7,624,535			38
39	PAYROLL TAXES PAYABLE	334,960			39
40	NOTES & LOANS PAYABLE (SHORT TERM)	2,397,182			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES				44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	26,131,905			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	78,543,832			47
48	UNSECURED LOANS	17,066,938			48
49	OTHER LONG TERM LIABILITIES				49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	95,610,770			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	121,742,675			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	91,318,032			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	91,318,032			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	213,060,707			60





STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		76,129,581							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		7,875,134							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		84,004,715							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 UNREALIZED GAINS	1,551,720								5
6 CHANGE IN SWAP CONTRACT VALU	360,879								6
7 CHANGE IN PENSION OBLIGATION	4,996,838								7
8 ASSETS RELEASED FROM RESTRIC	508,587								8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		7,418,024							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		91,422,739							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 FOUNDATION RECEIVABLE WRITEO	104,707								13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		104,707							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		91,318,032							19

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	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	17,857,804		17,857,804	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				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)	17,857,804		17,857,804	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	7,160,204		7,160,204	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	7,160,204		7,160,204	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	25,018,008		25,018,008	17
18 ANCILLARY SERVICES	115,866,555	372,022,477	487,889,032	18
19 OUTPATIENT SERVICES				19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		2,410,052	2,410,052	22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	140,884,563	374,432,529	515,317,092	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		185,707,450	29
30 ADD (SPECIFY)			30
31 BAD DEBT EXP NOT INCLUDED IN WKST A			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 WKST G-3, LINE 4)		185,707,450	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	515,317,092	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	332,982,904	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	182,334,188	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	185,707,450	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-3,373,262	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		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 MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER OPERATING INCOME)	8,642,133	24
24.01	OTHER (NONOPERATING INCOME)	2,606,263	24.01
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	11,248,396	25
26	TOTAL (LINE 5 PLUS LINE 25)	7,875,134	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	7,875,134	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 52-7075

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF (COLS. 1-5) 6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDGS & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION (SEE INSTRUCTIONS)						4
5 ADMINISTRATIVE AND GENERAL	262,881			161,379		424,260
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	852,793		51,893			904,686
7 PHYSICAL THERAPY	263,127		16,026			279,153
8 OCCUPATIONAL THERAPY	62,411		3,816			66,227
9 SPEECH PATHOLOGY	3,003					3,003
10 MEDICAL SOCIAL SERVICES	2,207					2,207
11 HOME HEALTH AIDE	69,669		4,579			74,248
12 SUPPLIES (SEE INSTRUCTIONS)						12
13 DRUGS						13
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
24 TOTAL (SUM OF LINES 1-23)	1,516,091		76,314	161,379		1,753,784

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 52-7075

WORKSHEET H  
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4					4
5	-10,800	413,460	-2,669	410,791	5
6		904,686		904,686	6
7		279,153		279,153	7
8		66,227		66,227	8
9		3,003		3,003	9
10		2,207		2,207	10
11		74,248		74,248	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	-10,800	1,742,984	-2,669	1,740,315	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 52-7075

WORKSHEET H-1  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS. 0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS. 4A+5) 6	
	0	1	2	3	4	4A	5	6	
GENERAL SERVICE COST CENTER									
1 CAPITAL RELATED-BLDGS & FIXT									1
2 CAPITAL RELATED-MOVABLE EQUIP									2
3 PLANT OPERATION & MAINTENANCE									3
4 TRANSPORTATION (SEE INSTR.)									4
5 ADMINISTRATIVE AND GENERAL	410,791					410,791	410,791		5
HHA REIMBURSABLE SERVICES									
6 SKILLED NURSING CARE	904,686					904,686	279,525	1,184,211	6
7 PHYSICAL THERAPY	279,153					279,153	86,252	365,405	7
8 OCCUPATIONAL THERAPY	66,227					66,227	20,463	86,690	8
9 SPEECH PATHOLOGY	3,003					3,003	928	3,931	9
10 MEDICAL SOCIAL SERVICES	2,207					2,207	682	2,889	10
11 HOME HEALTH AIDE	74,248					74,248	22,941	97,189	11
12 SUPPLIES (SEE INSTRUCTIONS)									12
13 DRUGS									13
14 DME									14
HHA NONREIMBURSABLE SERVICES									
15 HOME DIALYSIS AIDE SERVICES									15
16 RESPIRATORY THERAPY									16
17 PRIVATE DUTY NURSING									17
18 CLINIC									18
19 HEALTH PROMOTION ACTIVITIES									19
20 DAY CARE PROGRAM									20
21 HOME DELIVERED MEALS PROGRAM									21
22 HOMEMAKER SERVICE									22
23 ALL OTHERS									23
24 TOTAL (SUM OF LINES 1-23)	1,740,315					1,740,315		1,740,315	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 52-7075

WORKSHEET H-1  
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
1							1
2							2
3							3
4							4
5					-410,791	1,329,524	5
6							6
7						904,686	7
8						279,153	8
9						66,227	9
10						3,003	10
11						2,207	11
12						74,248	12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
23.50							23.50
24					-410,791	1,329,524	24
25						410,791	25
26						0.308976	26









ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 52-7075

WORKSHEET H-2  
 PART I

HHA COST CENTER	SUBTOTAL (SUM OF COL. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (SUM OF COL. 4A-23) 26	ALLOCATED HHA A&G (SEE PT. 2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL	408,447		408,447			1
2 SKILLED NURSING CARE	1,960,864		1,960,864	277,934	2,238,798	2
3 PHYSICAL THERAPY	605,044		605,044	85,759	690,803	3
4 OCCUPATIONAL THERAPY	143,536		143,536	20,345	163,881	4
5 SPEECH PATHOLOGY	6,604		6,604	936	7,540	5
6 MEDICAL SOCIAL SERVICES	4,853		4,853	688	5,541	6
7 HOME HEALTH AIDE	160,754		160,754	22,785	183,539	7
8 SUPPLIES						8
9 DRUGS						9
10 DME						10
11 HOME DIALYSIS AIDE SERVICES						11
12 RESPIRATORY THERAPY						12
13 PRIVATE DUTY NURSING						13
14 CLINIC						14
15 HEALTH PROMOTION ACTIVITIES						15
16 DAY CARE PROGRAM						16
17 HOME DELIVERED MEALS PROGRAM						17
18 HOMEMAKER SERVICE						18
19 ALL OTHERS						19
20 TOTAL (SUM OF LINES 1-19)	3,290,102		3,290,102	408,447	3,290,102	20
21 UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.				0.141740		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 52-7075

WORKSHEET H-2  
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
	1	2	3	4	4A	5	6	7	
1 ADMINISTRATIVE AND GENERAL	3,356	68,407		262,881		181,562		3,356	1
2 SKILLED NURSING CARE				852,793		1,556,116			2
3 PHYSICAL THERAPY				263,127		480,155			3
4 OCCUPATIONAL THERAPY				62,411		113,908			4
5 SPEECH PATHOLOGY				3,003		5,241			5
6 MEDICAL SOCIAL SERVICES				2,207		3,851			6
7 HOME HEALTH AIDE				69,670		127,572			7
8 SUPPLIES									8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)	3,356	68,407		1,516,092		2,468,405		3,356	20
21 TOTAL COST TO BE ALLOCATED	31,869	35,050		661,171		642,037		54,561	21
22 UNIT COST MULTIPLIER	9.496126								22
22 UNIT COST MULTIPLIER		0.512374		0.436102		0.260102		16.257747	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 52-7075

WORKSHEET H-2  
 PART II

HHA COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	CAFETERIA MEALS SERVED 11	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15		
1 ADMINISTRATIVE AND GENERAL		3,356				23	13,949	315	1	
2 SKILLED NURSING CARE									2	
3 PHYSICAL THERAPY									3	
4 OCCUPATIONAL THERAPY									4	
5 SPEECH PATHOLOGY									5	
6 MEDICAL SOCIAL SERVICES									6	
7 HOME HEALTH AIDE									7	
8 SUPPLIES									8	
9 DRUGS									9	
10 DME									10	
11 HOME DIALYSIS AIDE SERVICES									11	
12 RESPIRATORY THERAPY									12	
13 PRIVATE DUTY NURSING									13	
14 CLINIC									14	
15 HEALTH PROMOTION ACTIVITIES									15	
16 DAY CARE PROGRAM									16	
17 HOME DELIVERED MEALS PROGRAM									17	
18 HOMEMAKER SERVICE									18	
19 ALL OTHERS									19	
19.50 TELEMEDICINE									19.50	
20 TOTAL (SUM OF LINES 1-19)		3,356				23	13,949	315	20	
21 TOTAL COST TO BE ALLOCATED		17,305				72,105	12,107	96	21	
22 UNIT COST MULTIPLIER							0.867948		22	
22 UNIT COST MULTIPLIER		5.156436				3,135.000000		0.304762	22	



APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 52-7075

WORKSHEET H-3  
 PARTS I & II

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	COSTS (FROM WKST H-2, PART I) 1	ANCILLARY COSTS (FROM PART II) 2	COSTS COLS. 1+2) 3	CHARGES VISITS 4	COST PER VISIT (COL.3 ÷ COL.4) 5	
1	SKILLED NURSING CARE	2	2,238,798		2,238,798	8,939	250.45	1
2	PHYSICAL THERAPY	3	690,803		690,803	2,575	268.27	2
3	OCCUPATIONAL THERAPY	4	163,881		163,881	598	274.05	3
4	SPEECH PATHOLOGY	5	7,540		7,540	50	150.80	4
5	MEDICAL SOCIAL SERVICES	6	5,541		5,541	31	178.74	5
6	HOME HEALTH AIDE	7	183,539		183,539	1,954	93.93	6
7	TOTAL (SUM OF LINES 1-6)		3,290,102		3,290,102	14,147		7

PATIENT SERVICES

8	SKILLED NURSING CARE							8
8.01	SKILLED NURSING CARE							8.01
8.02	SKILLED NURSING CARE							8.02
8.03	SKILLED NURSING CARE							8.03
9	PHYSICAL THERAPY							9
9.01	PHYSICAL THERAPY							9.01
9.02	PHYSICAL THERAPY							9.02
9.03	PHYSICAL THERAPY							9.03
10	OCCUPATIONAL THERAPY							10
10.01	OCCUPATIONAL THERAPY							10.01
10.02	OCCUPATIONAL THERAPY							10.02
10.03	OCCUPATIONAL THERAPY							10.03
11	SPEECH PATHOLOGY							11
11.01	SPEECH PATHOLOGY							11.01
11.02	SPEECH PATHOLOGY							11.02
11.03	SPEECH PATHOLOGY							11.03
12	MEDICAL SOCIAL SERVICES							12
12.01	MEDICAL SOCIAL SERVICES							12.01
12.02	MEDICAL SOCIAL SERVICES							12.02
12.03	MEDICAL SOCIAL SERVICES							12.03
13	HOME HEALTH AIDE							13
13.01	HOME HEALTH AIDE							13.01
13.02	HOME HEALTH AIDE							13.02
13.03	HOME HEALTH AIDE							13.03
14	TOTAL (SUM OF LINES 8-13)							14

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	COSTS (FROM WKST H-2, PART I) 1	ANCILLARY COSTS (FROM PART II) 2	COSTS COLS. 1+2) 3	CHARGES (FROM HHA RECORD) 4	(COL.3 ÷ COL.4) 5	
15	COST OF MEDICAL SUPPLIES	8						15
16	COST OF DRUGS	9						16



APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 52-7075

WORKSHEET H-3  
 PARTS I & II  
 (CONTINUED)

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART B			PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	12
1 SKILLED NURSING CARE	3,058	2,536		765,876	635,141		1,401,017
2 PHYSICAL THERAPY	909	836		243,857	224,274		468,131
3 OCCUPATIONAL THERAPY	213	212		58,373	58,099		116,472
4 SPEECH PATHOLOGY	25	15		3,770	2,262		6,032
5 MEDICAL SOCIAL SERVICES	4	13		715	2,324		3,039
6 HOME HEALTH AIDE	504	992		47,341	93,179		140,520
7 TOTAL (SUM OF LINES 1-6)	4,713	4,604		1,119,932	1,015,279		2,135,211

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		TOTAL
		PART A	SUBJECT TO DEDUCTIBLES & COINSUR	
		2	3	4
8 SKILLED NURSING CARE	27500	2,600	2,198	8
8.01 SKILLED NURSING CARE	40420	338	128	8.01
8.02 SKILLED NURSING CARE	99914	4		8.02
8.03 SKILLED NURSING CARE	99952	116	210	8.03
9 PHYSICAL THERAPY	27500	820	736	9
9.01 PHYSICAL THERAPY	40420	76	82	9.01
9.02 PHYSICAL THERAPY	99914	1		9.02
9.03 PHYSICAL THERAPY	99952	12	18	9.03
10 OCCUPATIONAL THERAPY	27500	199	189	10
10.01 OCCUPATIONAL THERAPY	40420	10	23	10.01
10.02 OCCUPATIONAL THERAPY	99914	1		10.02
10.03 OCCUPATIONAL THERAPY	99952	3		10.03
11 SPEECH PATHOLOGY	27500	25		11
11.01 SPEECH PATHOLOGY	40420			11.01
11.02 SPEECH PATHOLOGY	99914			11.02
11.03 SPEECH PATHOLOGY	99952		15	11.03
12 MEDICAL SOCIAL SERVICES	27500	3	10	12
12.01 MEDICAL SOCIAL SERVICES	40420		2	12.01
12.02 MEDICAL SOCIAL SERVICES	99914			12.02
12.03 MEDICAL SOCIAL SERVICES	99952	1	1	12.03
13 HOME HEALTH AIDE	27500	319	840	13
13.01 HOME HEALTH AIDE	40420	116	92	13.01
13.02 HOME HEALTH AIDE	99914	2		13.02
13.03 HOME HEALTH AIDE	99952	67	60	13.03
14 TOTAL (SUM OF LINES 8-13)		4,713	4,604	14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES			
	PART B			PART B			
OTHER PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	
15 COST OF MEDICAL SUPPLIES							15
16 COST OF DRUGS							16

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

FROM WKST C, PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL.1 x COL.2)	TRANSFER TO PART I AS INDICATED	
1 PHYSICAL THERAPY	66	0.509121		COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY	67	0.270921		COL 2, LINE 3	2
3 SPEECH PATHOLOGY	68	0.968198		COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHRGD TO PAT	71	0.159771		COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	73	0.205764		COL 2, LINE 16	5

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 52-7075

WORKSHEET H-4  
 PARTS I & II

CHECK APPLICABLE BOX: [ ] TITLE V [ XX ] TITLE XVIII [ ] TITLE XIX

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PART A & PART B SERVICES				1
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				2
2 TOTAL CHARGES	1,466,216			2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				3
4 AMOUNT 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(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1,466,216			6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	1,466,216			7
8 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
9 PRIMARY PAYER PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A		
	SERVICES 1	SERVICES 2	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	565,006	548,760	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	33,869	27,455	12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	11,386	15,183	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	2,182	3,531	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
17 TOTAL OTHER PAYMENTS			17
18 DME PAYMENTS			18
19 OXYGEN PAYMENTS			19
20 PROSTHETIC AND ORTHOTIC PAYMENTS			20
21 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
22 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	612,443	594,929	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	612,443	594,929	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	612,443	594,929	26
27 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
28 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
29 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	612,443	594,929	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	612,443	594,929	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	612,443	594,929	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)			34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			35



ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 52-2324

WORKSHEET I-1

CHECK APPLICABLE BOX:                     [ XX ] RENAL DIALYSIS DEPARTMENT                     [   ] HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTE PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	502,143	HOURS OF SERVICE	14,664.00	7.05	1
2 LICENSED PRACTICAL NURSES	75,000	HOURS OF SERVICE	3,742.00	1.80	2
3 NURSES AIDES		HOURS OF SERVICE			3
4 TECHNICIANS	307,597	HOURS OF SERVICE	18,418.00	8.85	4
5 SOCIAL WORKERS		HOURS OF SERVICE			5
6 DIETICIANS		HOURS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	36,722	ACCUMULATED COST			8
9 SUBTOTAL (SUM OF LINES 1-8)	921,462				9
10 EMPLOYEE BENEFITS		SALARY			10
11 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11
12 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS	26,165	PERCENTAGE OF TIME			13
14 SUPPLIES	371,038	REQUISITIONS			14
15 DRUGS	444,919	REQUISITIONS			15
16 OTHER	534,571	ACCUMULATED COST			16
17 SUBTOTAL (SUM OF LINES 9-16)	2,298,155				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES	67,014	SQUARE FEET			18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT	62,384	PERCENTAGE OF TIME			19
20 EMPLOYEE BENEFITS	401,851	SALARY			20
21 ADMINISTRATIVE AND GENERAL	735,934	ACCUMULATED COST			21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	151,120	SQUARE FEET			22
23 MEDICAL EDUCATION PROGRAM COSTS					23
24 CENTRAL SERVICES & SUPPLIES	1,557	REQUISITIONS			24
25 PHARMACY	135,615	REQUISITIONS			25
26 OTHER ALLOCATED COSTS	224,635	ACCUMULATED COST			26
27 SUBTOTAL (SUM OF LINES 17-26)	4,078,265				27
28 LABORATORY		CHARGES			28
29 RESPIRATORY THERAPY		CHARGES			29
30 OTHER ANCILLARY		CHARGES			30
30.01 SLEEP/EEG		CHARGES			30.01
30.02 GI		CHARGES			30.02
30.03 NUCLEAR MED		CHARGES			30.03
30.04 PSYCH		CHARGES			30.04
30.05 ULTRASOUND		CHARGES			30.05
30.06 VASCULAR LAB		CHARGES			30.06
30.07 MEDICAL OUTPATIENT		CHARGES			30.07
30.97 CARDIAC REHABILITATION		CHARGES			30.97
30.98 HYPERBARIC OXYGEN THERAPY		CHARGES			30.98
30.99 LITHOTRIPSY		CHARGES			30.99
31 TOTAL COSTS (SUM OF LINES 27-30)	4,078,265				31

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 52-2324

WORKSHEET I-2

CHECK APPLICABLE BOX:

[ XX ] RENAL DIALYSIS DEPARTMENT

[ ] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE	SALARY	EMPLOYEE		
	BUILDING	EQUIPMENT	RNs	OTHER	BENEFITS	DRUGS	
	1	2	3	4	5	6	
1 TOTAL RENAL DEPT COSTS	218,134	88,549	502,143	382,597	401,851	580,534	1
2 MAINTENANCE							
3 HEMODIALYSIS	172,138	69,873	396,228	301,891	317,086	458,087	2
4 INTERMITTENT PERITONEAL TRAINING							3
5 HEMODIALYSIS							4
6 INTERMITTENT PERITONEAL							5
7 CAPD							6
8 CCPD	357	151	856	657	688	988	7
9 HOME							
10 HEMODIALYSIS							8
11 INTERMITTENT PERITONEAL							9
12 CAPD	844	346	1,952	1,502	1,572	2,271	10
13 CCPD	36,745	14,911	84,581	64,421	67,672	97,760	11
14 OTHER BILLABLE SERVICES							
15 INPATIENT DIALYSIS	8,050	3,268	18,526	14,126	14,833	21,428	12
16 METHOD II HOME PATIENT							13
17 EPO (INCL IN RENAL DEPT)							14
18 ARANESP (INCL IN RENAL DEPT)							15
19 OTHER							16
20 TOTAL (SUM OF LINES 2-16)	218,134	88,549	502,143	382,597	401,851	580,534	17
21 MEDICAL EDUC PGM COSTS							18
22 TOTAL RENAL COSTS (LINES 17+18)							19

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 52-2324

WORKSHEET I-2  
 (CONTINUED)

CHECK APPLICABLE BOX:

[ XX ] RENAL DIALYSIS DEPARTMENT

[ ] HOME PROGRAM DIALYSIS

	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS.1-8) 9	OVERHEAD 10	TOTAL (COL.9 + COL.10) 11	
1 TOTAL RENAL DEPT COSTS MAINTENANCE	372,595		2,546,403	1,531,862	4,078,265	1
2 HEMODIALYSIS	294,088		2,009,391	1,208,807	3,218,198	2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD						6
7 CCPD	623		4,320	2,599	6,919	7
8 HOME HEMODIALYSIS						8
9 INTERMITTENT PERITONEAL						9
10 CAPD	1,454		9,941	5,980	15,921	10
11 CCPD	62,722		428,812	257,964	686,776	11
OTHER BILLABLE SERVICES						
12 INPATIENT DIALYSIS	13,708		93,939	56,512	150,451	12
13 METHOD II HOME PATIENT						13
14 EPO (INCL IN RENAL DEPT)						14
15 ARANESP (INCL IN RENAL DEPT)						15
16 OTHER						16
17 TOTAL (SUM OF LINES 2-16)	372,595		2,546,403	1,531,862	4,078,265	17
18 MEDICAL EDUC PGM COSTS						18
19 TOTAL RENAL COSTS (LINES 17+18)					4,078,265	19

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -  
 STATISTICAL BASIS

COMPONENT NO: 52-2324

WORKSHEET I-3

CHECK APPLICABLE BOX:                    [ XX ] RENAL DIALYSIS DEPARTMENT                    [   ] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY RNs (HOURS) 3	OTHER SALARY (HOURS) 4	EMPLOYEE BENEFITS (SALARY) 5	
	BUILDING (SQUARE FEET) 1	EQUIPMENT (% OF TIME) 2				
1 TOTAL RENAL DEPT COSTS MAINTENANCE	218,134	88,549	502,143	382,597	401,851	1
2 HEMODIALYSIS	5,303	96,074.00	11,571.00	19,298.00	727,093	2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD						6
7 CCPD	11	207.00	25.00	42.00	1,578	7
8 HOME HEMODIALYSIS						8
9 INTERMITTENT PERITONEAL						9
10 CAPD	26	476.00	57.00	96.00	3,605	10
11 CCPD	1,132	20,503.00	2,470.00	4,118.00	155,174	11
OTHER BILLABLE SERVICES						
12 INPT DIAL TRTMNTS 434	248	4,494.00	541.00	903.00	34,012	
13 METHOD II HOME PATIENT						13
14 EPO						14
15 ARANESP						15
16 OTHER						16
17 TOTAL STATISTICAL BASIS	6,720	121,754.00	14,664.00	24,457.00	921,462	17
18 UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)	32.460417	0.727278	34.243249	15.643660	0.436102	18

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -  
 STATISTICAL BASIS

COMPONENT NO: 52-2324

WORKSHEET I-3  
 (CONTINUED)

CHECK APPLICABLE BOX:                     [ XX ] RENAL DIALYSIS DEPARTMENT                     [ ] HOME PROGRAM DIALYSIS

	DRUGS (REQUIST.) 6	MEDICAL SUPPLIES (REQUIST.) 7	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUBTOTAL 9	OVERHEAD (ACCUM. COST) 10	
1 TOTAL RENAL DEPT COSTS MAINTENANCE	580,534	372,595		2,546,403	1,531,862	1
2 HEMODIALYSIS	350,623	1,416				2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD						6
7 CCPD	756	3				7
8 HOME HEMODIALYSIS						8
9 INTERMITTENT PERITONEAL						9
10 CAPD	1,738	7				10
11 CCPD	74,826	302				11
OTHER BILLABLE SERVICES						
12 INPT DIAL TRTMNTS 434	16,401	66				
13 METHOD II HOME PATIENT						13
14 EPO						14
15 ARANESP						15
16 OTHER						16
17 TOTAL STATISTICAL BASIS	444,344	1,794			2,546,403	17
18 UNIT COST MULTIPLIER	1.306497	207.689521			0.601579	18
(LINE 1 ÷ LINE 17)						



COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 52-2324

WORKSHEET I-4

CHECK APPLICABLE BOX:                     [ XX ] RENAL DIALYSIS DEPARTMENT                     [   ] HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST (FROM WKST I-2, COL. 11) 2	AVG COST OF PROGRAM TREATMENTS (COL. 2 ÷ COL. 1) 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES (COL. 4 x COL. 3) 5	TOTAL PROGRAM PAYMENT 6	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4) 7	
1 MAINTENANCE - HEMODIALYSIS	9,278	3,218,198	346.86	6,838	2,371,829	1,695,227	247.91	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD								5
6 TRAINING - CCPD	20	6,919	345.95	12	4,151	3,810	317.50	6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD	46	15,921	346.11	46	15,921	5,066	110.13	9
10 HOME PROGRAM - CCPD	1,980	686,776	346.86	1,610	558,445	168,143	104.44	10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 7)	9,298	3,927,814		6,850	2,950,346	1,872,246		11

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CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 52-2324

WORKSHEET I-5

DESCRIPTION

1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	2,950,346	1
2	TOTAL PAYMENT (FROM I-4, COLUMN 6, LINE 11)	1,872,246	2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	280	3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	374,395	4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	124,330	5
6			6
7	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	124,330	7
8	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 AND 4 LESS LINE 5)	250,345	8
9	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80 PERCENT)	1,497,573	9
10	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LINE 1 MINUS THE SUM OF LINES 8 AND 9) (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 11)	1,202,428	10
11	REIMBURSABLE BAD DEBTS (LESSER OF LINE 10 OR LINE 5) (TRANSFER TO WKST E, PART B, LINE 33)	124,330	11

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK                    [ ] TITLE V                    [XX] HOSPITAL ((52-010))                    [XX] PPS  
APPLICABLE                [XX] TITLE XVIII-PT A                    [ ] SUB (OTHER)                    [ ] COST METHOD  
BOXES                    [ ] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1 CAPITAL DRG OTHER THAN OUTLIER	1,098,443		1
2 CAPITAL DRG OUTLIER PAYMENTS			2
3 TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	44.40		3
4 NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)			4
5 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)			5
6 INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)			6
7 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0596		7
8 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1794		8
9 SUM OF LINES 7 AND 8	0.2390		9
10 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0496		10
11 DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	54,483		11
12 TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	1,152,926		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 FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)			3
4 APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)			4
5 CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)			5
6 PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)			6
7 ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)			7
8 CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (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 FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST 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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY 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						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 SRVCES-SALARY & FRINGES AP						21
22 I&R SRVCES-OTHER PRGM COSTS AP						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS						30
31 INTENSIVE CARE UNIT						31
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (MR						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PAT						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76 OTHER ANCILLARY						76
76.01 SLEEP/EEG						76.01
76.02 GI						76.02
76.03 NUCLEAR MED						76.03
76.04 PSYCH						76.04
76.05 ULTRASOUND						76.05
76.06 VASCULAR LAB						76.06
76.07 MEDICAL OUTPATIENT						76.07
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PROVIDER BASED PHYSICIAN CLINI						90.01
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CA						190
194 PATHOLOGY						194
194.01 PHYSIATRY CLINIC						194.01
194.02 JANESVILLE MED CTR						194.02
194.03 OCCUPATIONAL HEALTH & WELLNESS						194.03
194.04 ASSISTED LIVING CENTERS						194.04
194.05 NORTHPOINTE FITNESS CENTER						194.05

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
194.06 EMS PHYSICIAN FEES						194.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204

WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3 Part IV, Line 4)

EXHIBIT 3

STEP 1: Determine the 3-Year Averaging Period			
1	Wage index fiscal year ending date	12/31/2015	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	01/01/2011	12/31/2011 2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	07/01/2011	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	01/01/2010	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	01/01/2013	5
STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)			
6	Effective date of pension plan		6
7	First day of the provider cost reporting period containing the pension plan effective date		7
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)		8
If this date occurs after the period shown on line 2, stop here and see instructions.			
STEP 3: Average Pension Contributions During the Averaging Period			
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	01/01/2010	9
10	Ending date of averaging period from Line 5	01/01/2013	10
11	Enter provider contributions made during averaging period on Lines 9 & 10		11
11.01		01/22/2010	230,000 11.01
11.02		02/16/2010	230,000 11.02
11.03		03/15/2010	230,000 11.03
11.04		04/16/2010	230,000 11.04
11.05		05/17/2010	230,000 11.05
11.06		06/16/2010	230,000 11.06
11.07		07/15/2010	230,000 11.07
11.08		01/14/2011	62,000 11.08
11.09		10/13/2011	325,000 11.09
11.10		01/11/2012	325,000 11.10
11.11		06/19/2012	325,000 11.11
11.12		08/09/2012	110,000 11.12
11.13		09/07/2012	110,000 11.13
11.14		10/15/2012	110,000 11.14
11.15		11/09/2012	110,000 11.15
11.16		12/10/2012	110,000 11.16
12	Total calendar months included in averaging period (36 unless Step 2 completed)	36	12
13	Total contributions made during averaging period	3,197,000	13
14	Average monthly contribution (Line 13 divided by Line 12)	88,806	14
15	Number of months in provider cost reporting period on Line 2	12	15
16	Average pension contributions (Line 14 times Line 15)	1,065,672	16
STEP 4: Total Pension Cost for Wage Index			
17	Annual prefunding installment (SEE INSTRUCTIONS)	582,971	17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)	582,971	18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	1,648,643	19