

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 DATE: 05-22-2014 TIME: 16:29____
 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.

CONTRACTOR 5. COST REPORT STATUS 6. DATE RECEIVED: _____ 10. NPR DATE: _____
 USE ONLY 1 - AS SUBMITTED 7. CONTRACTOR NO: _____ 11. CONTRACTOR'S VENDOR CODE: _____
 2 - SETTLED WITHOUT AUDIT 8. INITIAL REPORT FOR THIS PROVIDER CCN 12. IF LINE 5, COLUMN 1 IS 4: ENTER
 3 - SETTLED WITH AUDIT 9. FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.
 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 01/01/2013 AND ENDING 12/31/2013, 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		185,135	312,185	-79,416	1,066,967	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		185,135	312,185	-79,416	1,066,967	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	BELOIT MEMORIAL HOSPITAL, INC.	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	AT HOME HEALTHCARE	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	BELOIT MEMORIAL DIALYSIS	52-2324	27500		01/01/2004				18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2013				TO: 12/31/2013				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.									1	2
22.01	DID THIS HOSPITAL RECEIVE INTERIM UNCOMPENSATED CARE PAYMENTS FOR THIS COST REPORTING PERIOD? ENTER IN COLUMN 1, 'Y' FOR YES OR 'N' FOR NO FOR THE PORTION OF THE COST REPORTING PERIOD OCCURRING PRIOR TO OCTOBER 1. ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO FOR THE PORTION OF THE COST REPORTING PERIOD OCCURRING ON OR AFTER OCTOBER 1. (SEE INSTRUCTIONS)									N	N 22.01
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
24	IF THIS PROVIDER IS AN IPPS 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.										
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 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 THIS FACILITY QUALIFY FOR THE INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR LOW VOLUME HOSPITALS IN ACCORDANCE WITH 42 CFR §412.101(b)(2)(ii)? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)(ii)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)									1	2

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL		1	2	3	
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N	45
46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	56
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			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 HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. (SEE INSTRUCTIONS)	Y/N	IME	DIRECT GME	61
61.01	ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	N			61.01
61.02	ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN, GENERAL SURGERY FTEs, AND PRIMARY CARE FTEs ADDED UNDER SECTION 5503) OF ACA). (SEE INSTRUCTIONS)				61.02
61.03	ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS)				61.03
61.04	ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)				61.04
61.05	ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS)				61.05
61.06	ENTER THE AMOUNT OF ACA §5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS)				61.06
	OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
		PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED IME FTE COUNT 3	UNWEIGHTED DIRECT GME FTE COUNT 4
					61.10
	OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
					61.20
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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.		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL 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)				64
ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4)). (SEE INSTRUCTIONS)					
PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.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)				66
ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4)). (SEE INSTRUCTIONS)					
PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5	
INPATIENT PSYCHIATRIC FACILITY PPS					
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
INPATIENT REHABILITATION FACILITY PPS					
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
LONG TERM CARE HOSPITAL PPS					
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N	80
TEFRA PROVIDERS					
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.			N	85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N	86

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

	V	XIX	
TITLE V AND XIX INPATIENT SERVICES	1	2	
90 DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.	N	Y	90
91 IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	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	N	93
94 DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	94
95 IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96 DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	96
97 IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
RURAL PROVIDERS	1	2	
105 DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?	N		105
106 IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			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.	N	PHY- OCCUP- RESPI- SICAL ATIONAL SPEECH RATORY	109
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: 675,791 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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

ALL PROVIDERS

		1	2	
140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	N		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		TITLE V	TITLE XIX
	PART A	PART B		
155 HOSPITAL	1	2	3	4
156 SUBPROVIDER - IPF	N	N		N 155
157 SUBPROVIDER - IRF	N	N		156
158 SUBPROVIDER - (OTHER)	N	N		157
159 SNF	N	N		158
160 HHA	N	N		159
161 CMHC		N		160
161.10 CORF				161
				161.10

MULTICAMPUS

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

166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.							
	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS		
	0	1	2	3	4	5		

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT					
167 IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.				Y	167
168 IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND 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.				1.00	169
170 IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE FOR THE REPORTING PERIOD, RESPECTIVELY. (mmdyyy) (SEE INSTRUCTIONS)				10/01/2012 09/30/2013	170

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.			N 13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14
BED COMPLEMENT				Y 15
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	04/30/2014	Y	04/30/2014
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 RELIEFED 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: SR FINANCIAL ANALYST | 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	TOTAL SALARIES (SEE INSTRUCTIONS)	200	83,965,595	83,965,595	2,638,415.00	31.82
2	NON-PHYSICIAN ANESTHETIST PART A					
3	NON-PHYSICIAN ANESTHETIST PART B		68,849	68,849	1,799.00	38.27
4	PHYSICIAN-PART A ADMINISTRATIVE		317,145	317,145	1,954.00	162.31
4.01	PHYSICIAN-PART A - TEACHING					4.01
5	PHYSICIAN-PART B		21,494,303	21,494,303	125,102.00	171.81
6	NON-PHYSICIAN-PART B					
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21				
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)					7.01
8	HOME OFFICE PERSONNEL					
9	SNF	44				
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		4,574,939	4,574,939	200,027.00	22.87
	OTHER WAGES & RELATED COSTS					
11	CONTRACT LABOR (SEE INSTRUCTIONS)		161,802	161,802	2,331.00	69.41
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES					
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE					
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS					
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE					
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING					
	WAGE-RELATED COSTS					
17	WAGE-RELATED COSTS (CORE)		29,842,597	29,842,597		
18	WAGE-RELATED COSTS (OTHER)					
19	EXCLUDED AREAS		2,512,504	2,512,504		
20	NON-PHYSICIAN ANESTHETIST PART A					
21	NON-PHYSICIAN ANESTHETIST PART B		26,568	26,568		
22	PHYSICIAN PART A - ADMINISTRATIVE		49,081	49,081		
22.01	PHYSICIAN PART A - TEACHING					22.01
23	PHYSICIAN PART B		3,223,017	3,223,017		
24	WAGE-RELATED COSTS (RHC/FQHC)					
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)					
	OVERHEAD COSTS - DIRECT SALARIES					
26	EMPLOYEE BENEFITS DEPARTMENT					
27	ADMINISTRATIVE & GENERAL		12,334,917	12,334,917	534,370.00	23.08
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		263,457	263,457	759.00	347.11
29	MAINTENANCE & REPAIRS					
30	OPERATION OF PLANT		1,771,210	1,771,210	83,644.00	21.18
31	LAUNDRY & LINEN SERVICE		43,972	43,972	4,669.00	9.42
32	HOUSEKEEPING		1,017,668	1,017,668	85,408.00	11.92
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)					
34	DIETARY		932,004	932,004	57,442.00	16.23
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)					
36	CAFETERIA		99,127	99,127	9,154.00	10.83
37	MAINTENANCE OF PERSONNEL					
38	NURSING ADMINISTRATION		1,065,353	1,065,353	36,162.00	29.46
39	CENTRAL SERVICES AND SUPPLY		537,887	537,887	33,912.00	15.86
40	PHARMACY		1,720,334	1,720,334	42,375.00	40.60
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,845,104	1,845,104	98,617.00	18.71
42	SOCIAL SERVICE		358,390	358,390	13,130.00	27.30
43	OTHER GENERAL SERVICE					

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	62,665,900	62,665,900	2,512,273.00	24.94	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	4,574,939	4,574,939	200,027.00	22.87	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	58,090,961	58,090,961	2,312,246.00	25.12	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	161,802	161,802	2,331.00	69.41	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	29,891,678	29,891,678		51.46%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	88,144,441	88,144,441	2,314,577.00	38.08	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	21,989,423	21,989,423	999,642.00	22.00	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	2,089,615	2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	1,591,811	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)	20,888,425	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	462,350	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	39,821	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	20,810	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	304,905	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	4,039,287	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE		19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES	169,205	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	236,368	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	29,842,597	24

PART B - OTHER THAN CORE RELATED COST

25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25
---	--	----

PROVIDER CCN: 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
PERIOD FROM 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03
05/22/2014 16:29

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		4,050	347	639	5,036	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION		432.00				2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: .00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			TOTAL 3	
	STAFF 1	CONTRACT 2			
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)					3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			1.00	1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL			3.00	3.00	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			2.00	2.00	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.					3	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					99952	20.02

PPS ACTIVITY

	FULL EPISODES				TOTAL (COLS. 1-4)	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	5,070	771	204	121	6,166	21
22 SKILLED NURSING VISIT CHARGES	1,607,899	254,713	58,127	38,324	1,959,063	22
23 PHYSICAL THERAPY VISITS	1,985	28	70	40	2,123	23
24 PHYSICAL THERAPY VISIT CHARGES	700,494	9,916	22,743	14,440	747,593	24
25 OCCUPATIONAL THERAPY VISITS	665	22	9	9	705	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	238,182	7,942	3,217	3,249	252,590	26
27 SPEECH PATHOLOGY VISITS	59				59	27
28 SPEECH PATHOLOGY VISIT CHARGES	21,299				21,299	28
29 MEDICAL SOCIAL SERVICE VISITS	28	2			30	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	13,188	942			14,130	30
31 HOME HEALTH AIDE VISITS	1,433	172	12	18	1,635	31
32 HOME HEALTH AIDE VISIT CHARGES	221,938	26,346	1,413	2,826	252,523	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	9,240	995	295	188	10,718	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	2,803,000	299,859	85,500	58,839	3,247,198	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	543		92	8	643	36
37 TOTAL NUMBER OF OUTLIER EPISODES		25		2	27	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	183,570	35,365	5,689	15,592	240,216	38

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 52-2324

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

DESCRIPTION	---- OUTPATIENT ---		---- TRAINING ----		----- HOME -----	
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	61					9
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00					7.00
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	5.00					
4 CAPD EXCHANGES PER DAY						4
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	312					
6 NUMBER OF STATIONS	18					
7 TREATMENT CAPACITY PER DAY PER STATION	6					
8 UTILIZATION (SEE INSTRUCTIONS)						
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						
ESRD PPS						1
10.01 IS THE DIALYSIS FACILITY APPROVED AS A LOW-VOLUME FACILITY FOR THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)						N
10.02 DID YOUR FACILITY ELECT 100% PPS EFFECTIVE JANUARY 1, 2011? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS FOR 'NEW' PROVIDERS.)						Y
10.03 IF YOU RESPONDED 'N' TO LINE 10.02, ENTER IN COLUMN 1 THE YEAR OF TRANSITION FOR PERIODS PRIOR TO JANUARY 1 AND ENTER IN COLUMN 2 THE YEAR OF TRANSITION FOR PERIODS AFTER DECEMBER 31. (SEE INSTRUCTIONS)						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST						7
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						3
EPOETIN						
13 NET COSTS OF EPOETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
14 EPOETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
15 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						
16 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
ARANESP						
17 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
18 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						
20 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER 'X' FOR APPLICABLE METHOD(S))						
21 MCP X INITIAL METHOD						
ENTER IN COLUMN 1 THE ESA DESCRIPTION. ENTER IN COLUMN 2 THE NET COSTS OF ESAs FURNISHED TO ALL RENAL DIALYSIS PATIENTS. ENTER IN COLUMN 3 THE NET COST OF ESAs FURNISHED TO ALL HOME DIALYSIS PROGRAM PATIENTS. ENTER IN COLUMN 4 THE NUMBER OF ESA UNITS FURNISHED TO PATIENTS IN THE RENAL DIALYSIS DEPARTMENT. ENTER IN COLUMN 5 THE NUMBER OF UNITS FURNISHED TO PATIENTS IN THE HOME DIALYSIS PROGRAM. (SEE INSTR.)						

EPA DESCRIPTION 1	NET COST OF ESAs FOR RENAL PATIENTS 2	NET COST OF ESAs FOR HOME PATIENTS 3	NUMBER OF ESA UNITS RENAL DIALYSIS DEPT. 4	NUMBER OF ESA UNITS HOME DIALYSIS DEPT. 5
-------------------------	---	--	---	--

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)			0.288739	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)					
2	NET REVENUE FROM MEDICAID			20,936,000	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			86,651,747	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)			25,019,739	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.			4,083,739	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)			4,083,739	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	13,146,012		13,146,012	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	3,795,766		3,795,766	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE			0	22
23	COST OF CHARITY CARE	3,795,766		3,795,766	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)			14,181,263	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			454,496	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			13,726,767	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			3,963,453	29
30	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			7,759,219	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			11,842,958	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		5,564,917	5,564,917	3,716,845	1
2	00200		3,528,366	3,528,366	1,428,343	2
3	00300					3
4	00400		34,951,112	34,951,112		4
5	00500	12,334,917	19,056,409	31,391,326	-1,192,965	5
6	00600					6
7	00700	1,771,210	4,756,647	6,527,857	-9,762	7
8	00800	43,972	437,436	481,408		8
9	00900	1,017,668	265,030	1,282,698	-170	9
10	01000	932,004	339,476	1,271,480		10
11	01100	99,127	522,335	621,462		11
12	01200					12
13	01300	1,065,353	21,843	1,087,196		13
14	01400	537,887	433,479	971,366	-107,134	14
15	01500	1,720,334	-35,182	1,685,152	-8,500	15
16	01600	1,845,104	965,329	2,810,433		16
17	01700	358,390	62,828	421,218		17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	6,326,429	202,028	6,528,457		30
31	03100	1,577,721	31,212	1,608,933		31
43	04300	164,050		164,050		43
ANCILLARY SERVICE COST CENTERS						
50	05000	1,827,435	472,090	2,299,525	-4,488	50
51	05100	424,647	7,115	431,762		51
52	05200	405,300		405,300		52
53	05300	68,849	124,303	193,152		53
54	05400	1,469,527	622,377	2,091,904		54
55	05500	358,765	256,436	615,201		55
57	05700	682,017	410,428	1,092,445		57
58	05800	300,425	484,792	785,217	-196,866	58
59	05900	937,284	390,025	1,327,309		59
60	06000	2,826,928	3,717,288	6,544,216	-61,649	60
62.30	06250					62.30
65	06500	724,540	167,000	891,540		65
66	06600	2,422,189	272,715	2,694,904	-969	66
67	06700	232,532	2,109	234,641		67
68	06800	116,041	1,593	117,634		68
69	06900	196,894	12,235	209,129		69
71	07100		8,406,120	8,406,120	-42,000	71
73	07300		8,724,053	8,724,053		73
74	07400	903,672	483,041	1,386,713		74
75	07500	399,285	2,892	402,177		75
76	03950					76
76.01	03280	218,010	30,550	248,560	-267	76.01
76.02	03340	533,977	185,631	719,608		76.02
76.03	03450	263,663	551,214	814,877		76.03
76.04	03550	1,797,248	266,379	2,063,627	-3,060	76.04
76.05	03630	383,566	201,178	584,744	-32,052	76.05
76.06	03650	381,306	45,236	426,542		76.06
76.07	03951	238,256	5,348	243,604		76.07
76.97	07697	186,889	5,269	192,158		76.97
76.98	07698					76.98
76.99	07699		56,467	56,467		76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	27,909,481	2,158,984	30,068,465	-53,257	90.01
91	09100	3,387,764	800,670	4,188,434		91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
101	10100	1,534,369	178,617	1,712,986		101
SPECIAL PURPOSE COST CENTERS						
113	11300		3,407,044	3,407,044	-3,407,044	113
118		80,925,025	103,552,464	184,477,489	25,005	118
NONREIMBURSABLE COST CENTERS						
190	19000	42,811	36,744	79,555		190
194	07950	39,796	43,492	83,288		194
194.01	07951	138,457	5,872	144,329		194.01
194.02	07952	109,407	57,413	166,820	-17,340	194.02
194.03	07953	1,058,153	219,126	1,277,279	-1,265	194.03
194.04	07954	1,407,816	778,814	2,186,630	-6,000	194.04
194.05	07955	244,130	2,076,058	2,320,188	-400	194.05
200		83,965,595	106,769,983	190,735,578		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	9,281,762	-1,146,075	8,135,687	1
2	00200	CAP REL COSTS-MVBLE EQUIP	4,956,709		4,956,709	2
3	00300	OTHER CAP REL COSTS				3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	34,951,112	-8,610,211	26,340,901	4
5	00500	ADMINISTRATIVE & GENERAL	30,198,361	-5,931,139	24,267,222	5
6	00600	MAINTENANCE & REPAIRS				6
7	00700	OPERATION OF PLANT	6,518,095	-451,317	6,066,778	7
8	00800	LAUNDRY & LINEN SERVICE	481,408	-15,510	465,898	8
9	00900	HOUSEKEEPING	1,282,528	-232,198	1,050,330	9
10	01000	DIETARY	1,271,480	-1,322	1,270,158	10
11	01100	CAFETERIA	621,462	-528,866	92,596	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	1,087,196	-297,966	789,230	13
14	01400	CENTRAL SERVICES & SUPPLY	864,232	-43	864,189	14
15	01500	PHARMACY	1,676,652	-35,943	1,640,709	15
16	01600	MEDICAL RECORDS & LIBRARY	2,810,433	-459,049	2,351,384	16
17	01700	SOCIAL SERVICE	421,218		421,218	17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	6,528,457	-3,326	6,525,131	30
31	03100	INTENSIVE CARE UNIT	1,608,933		1,608,933	31
43	04300	NURSERY	164,050		164,050	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	2,295,037	-67	2,294,970	50
51	05100	RECOVERY ROOM	431,762		431,762	51
52	05200	DELIVERY ROOM & LABOR ROOM	405,300	-100	405,200	52
53	05300	ANESTHESIOLOGY	193,152	-68,849	124,303	53
54	05400	RADIOLOGY-DIAGNOSTIC	2,091,904	-306,814	1,785,090	54
55	05500	RADIOLOGY-THERAPEUTIC	615,201	-4,253	610,948	55
57	05700	CT SCAN	1,092,445		1,092,445	57
58	05800	MRI	588,351		588,351	58
59	05900	CARDIAC CATHETERIZATION	1,327,309		1,327,309	59
60	06000	LABORATORY	6,482,567	-7,719	6,474,848	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	891,540	-5	891,535	65
66	06600	PHYSICAL THERAPY	2,693,935	-684,544	2,009,391	66
67	06700	OCCUPATIONAL THERAPY	234,641	-571	234,070	67
68	06800	SPEECH PATHOLOGY	117,634		117,634	68
69	06900	ELECTROCARDIOLOGY	209,129	-40,124	169,005	69
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,364,120	-1,205,587	7,158,533	71
73	07300	DRUGS CHARGED TO PATIENTS	8,724,053	-3,051,665	5,672,388	73
74	07400	RENAL DIALYSIS	1,386,713	-1,852	1,384,861	74
75	07500	ASC (NON-DISTINCT PART)	402,177		402,177	75
76	03950	OTHER ANCILLARY				76
76.01	03280	SLEEP/EEG	248,293		248,293	76.01
76.02	03340	GI	719,608		719,608	76.02
76.03	03450	NUCLEAR MED	814,877		814,877	76.03
76.04	03550	PSYCH	2,060,567	-218,720	1,841,847	76.04
76.05	03630	ULTRASOUND	552,692	-103,350	449,342	76.05
76.06	03650	VASCULAR LAB	426,542	-2,016	424,526	76.06
76.07	03951	MEDICAL OUTPATIENT	243,604		243,604	76.07
76.97	07697	CARDIAC REHABILITATION	192,158		192,158	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY	56,467		56,467	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	PROVIDER BASED PHYSICIAN CLINICS	30,015,208	-27,892,318	2,122,890	90.01
91	09100	EMERGENCY	4,188,434	-327,217	3,861,217	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92
OTHER REIMBURSABLE COST CENTERS						
101	10100	HOME HEALTH AGENCY	1,712,986	-5,474	1,707,512	101
SPECIAL PURPOSE COST CENTERS						
113	11300	INTEREST EXPENSE				113
118		SUBTOTALS (sum of lines 1-117)	184,502,494	-51,634,210	132,868,284	118
NONREIMBURSABLE COST CENTERS						
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	79,555		79,555	190
194	07950	PATHOLOGY	83,288		83,288	194
194.01	07951	PHYSIATRY CLINIC	144,329		144,329	194.01
194.02	07952	JANESVILLE MED CTR	149,480		149,480	194.02
194.03	07953	OCCUPATIONAL HEALTH & WELLNESS	1,276,014		1,276,014	194.03
194.04	07954	ASSISTED LIVING CENTERS	2,180,630		2,180,630	194.04
194.05	07955	NORTHPOINTE FITNESS & SPA CENTER	2,319,788		2,319,788	194.05
200		TOTAL (sum of lines 118-199)	190,735,578	-51,634,210	139,101,368	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		3,219,465	1
2		CAP REL COSTS-MVBLE EQUIP	2		187,579	2
500 TOTAL RECLASSIFICATIONS					3,407,044	500
CODE LETTER - A						
1 RENTS & LEASES	B	CAP REL COSTS-BLDG & FIXT	1		497,380	1
2		CAP REL COSTS-MVBLE EQUIP	2		1,240,764	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
17						17
18						18
500 TOTAL RECLASSIFICATIONS					1,738,144	500
CODE LETTER - B						
GRAND TOTAL (INCREASES)					5,145,188	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF. 10
	1	6	7	8	9	10
1 RECLASS INTEREST EXPENSE TO CAPITAL	A	INTEREST EXPENSE	113		3,407,044	11 1
2						11 2
500 TOTAL RECLASSIFICATIONS					3,407,044	500
CODE LETTER - A						
1 RENTS & LEASES	B	ADMINISTRATIVE & GENERAL	5		1,192,965	10 1
2		OPERATION OF PLANT	7		9,762	10 2
3		HOUSEKEEPING	9		170	10 3
4		CENTRAL SERVICES & SUPPLY	14		107,134	10 4
5		PHARMACY	15		8,500	10 5
6		OPERATING ROOM	50		4,488	10 6
7		MRI	58		196,866	10 7
8		LABORATORY	60		61,649	10 8
9		PHYSICAL THERAPY	66		969	10 9
10		MEDICAL SUPPLIES CHARGED TO P	71		42,000	10 10
11		SLEEP/EEG	76.01		267	10 11
12		PSYCH	76.04		3,060	10 12
13		ULTRASOUND	76.05		32,052	10 13
14		PROVIDER BASED PHYSICIAN CLIN	90.01		53,257	10 14
15		JANESVILLE MED CTR	194.02		17,340	10 15
16		OCCUPATIONAL HEALTH & WELLNES	194.03		1,265	10 16
17		ASSISTED LIVING CENTERS	194.04		6,000	10 17
18		NORTHPOINTE FITNESS & SPA CEN	194.05		400	18
500 TOTAL RECLASSIFICATIONS					1,738,144	500
CODE LETTER - B						
GRAND TOTAL (DECREASES)					5,145,188	

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	6,395,847	1,705,030		1,705,030		8,100,877	
2 LAND IMPROVEMENTS	5,953,103					5,953,103	985,460
3 BUILDINGS AND FIXTURES	106,507,714	1,383,559		1,383,559		107,891,273	17,015,069
4 BUILDING IMPROVEMENTS							
5 FIXED EQUIPMENT	20,000,098	12,691,031		12,691,031		32,691,129	7,969,402
6 MOVABLE EQUIPMENT	51,256,311	2,581,505		2,581,505		53,837,816	30,996,904
7 HIT DESIGNATED ASSETS							
8 SUBTOTAL (SUM OF LINES 1-7)	190,113,073	18,361,125		18,361,125		208,474,198	56,966,835
9 RECONCILING ITEMS							
10 TOTAL (LINE 7 MINUS LINE 9)	190,113,073	18,361,125		18,361,125		208,474,198	56,966,835

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

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	
						CAPITAL-RELATED COSTS (SEE INSTR.)	TOTAL (1) (SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.) 12	(SEE INSTR.) 13	14	15
1 CAP REL COSTS-BLDG & FIXT	5,564,917						5,564,917
2 CAP REL COSTS-MVBLE EQUIP	3,528,366						3,528,366
3 TOTAL (SUM OF LINES 1-2)	9,093,283						9,093,283

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	154,636,382		154,636,382	0.741753				
2 CAP REL COSTS-MVBLE EQUIP	53,837,816		53,837,816	0.258247				
3 TOTAL (SUM OF LINES 1-2)	208,474,198		208,474,198	1.000000				

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	
						CAPITAL-RELATED COSTS (SEE INSTR.)	TOTAL (2) (SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.) 12	(SEE INSTR.) 13	14	15
1 CAP REL COSTS-BLDG & FIXT	4,418,842	497,380	3,219,465				8,135,687
2 CAP REL COSTS-MVBLE EQUIP	3,528,366	1,240,764	187,579				4,956,709
3 TOTAL	7,947,208	1,738,144	3,407,044				13,092,396

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (chapter 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (chapter 21)	A	-32,075	OPERATION OF PLANT	7	8
9 PARKING LOT (chapter 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-21,948,916			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	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 CRNA OFFSET	A	-28,655	EMPLOYEE BENEFITS DEPARTMENT	4	33
34 CRNA OFFSET	A	-68,849	ANESTHESIOLOGY	53	34
35 PATIENT PORTION OF OPERATORS TIME	A	-1,324	EMPLOYEE BENEFITS DEPARTMENT	4	35
36 PATIENT PORTION OF OPERATORS TIME	A	-3,182	ADMINISTRATIVE & GENERAL	5	36
37 ADVERTISING OFFSET	A	-1,374,289	ADMINISTRATIVE & GENERAL	5	37
38 ADVERTISING OFFSET	A	-54	DIETARY	10	38
39 ADVERTISING OFFSET	A	-7	OPERATING ROOM	50	39
40 ADVERTISING OFFSET	A	-50	RADIOLOGY-DIAGNOSTIC	54	40
41 ADVERTISING OFFSET	A	-7,218	PHYSICAL THERAPY	66	41
42 ADVERTISING OFFSET	A	-19	PSYCH	76.04	42
43 ADVERTISING OFFSET	A	-539	PROVIDER BASED PHYSICIAN CLINIC	90.01	43
44 ADVERTISING OFFSET	A	-50	EMERGENCY	91	44
45 ADVERTISING OFFSET	A	-1,099	HOME HEALTH AGENCY	101	45
46 REMOVE PHYSICIAN BENEFITS	A	-3,272,098	EMPLOYEE BENEFITS DEPARTMENT	4	46
47 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-1,146,075	CAP REL COSTS-BLDG & FIXT	1	9 47
48 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-5,308,134	EMPLOYEE BENEFITS DEPARTMENT	4	48
49 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-3,930,386	ADMINISTRATIVE & GENERAL	5	49
49.01 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-412,793	OPERATION OF PLANT	7	49.01
49.02 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-15,460	LAUNDRY & LINEN SERVICE	8	49.02
49.03 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-230,797	HOUSEKEEPING	9	49.03
49.04 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-297,930	NURSING ADMINISTRATION	13	49.04
49.05 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-416,784	MEDICAL RECORDS & LIBRARY	16	49.05
49.06 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-298,238	RADIOLOGY-DIAGNOSTIC	54	49.06
49.07 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-7,719	LABORATORY	60	49.07
49.08 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-548,152	PHYSICAL THERAPY	66	49.08
49.09 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-571	OCCUPATIONAL THERAPY	67	49.09
49.10 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-40,124	ELECTROCARDIOLOGY	69	49.10
49.11 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-1,205,587	MEDICAL SUPPLIES CHARGED TO PAT	71	49.11
49.12 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-3,051,665	DRUGS CHARGED TO PATIENTS	73	49.12

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
			COST CENTER 3	LINE NO. 4	
49.13 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-103,350	ULTRASOUND	76.05	49.13
49.14 REMOVE ESTIMATE OF PHYSICIAN COSTS	A	-6,534,476	PROVIDER BASED PHYSICIAN CLINIC	90.01	49.14
49.15 MISC REV OFFSET	B	-623,282	ADMINISTRATIVE & GENERAL	5	49.15
49.16 MISC REV OFFSET	B	-6,449	OPERATION OF PLANT	7	49.16
49.17 MISC REV OFFSET	B	-50	LAUNDRY & LINEN SERVICE	8	49.17
49.18 MISC REV OFFSET	B	-1,401	HOUSEKEEPING	9	49.18
49.19 MISC REV OFFSET	B	-1,268	DIETARY	10	49.19
49.20 MISC REV OFFSET	B	-528,866	CAFETERIA	11	49.20
49.21 MISC REV OFFSET	B	-36	NURSING ADMINISTRATION	13	49.21
49.22 MISC REV OFFSET	B	-43	CENTRAL SERVICES & SUPPLY	14	49.22
49.23 MISC REV OFFSET	B	-35,943	PHARMACY	15	49.23
49.24 MISC REV OFFSET	B	-42,265	MEDICAL RECORDS & LIBRARY	16	49.24
49.25 MISC REV OFFSET	B	-3,326	ADULTS & PEDIATRICS	30	49.25
49.26 MISC REV OFFSET	B	-60	OPERATING ROOM	50	49.26
49.27 MISC REF OFFSET	B	-100	DELIVERY ROOM & LABOR ROOM	52	49.27
49.28 MISC REF OFFSET	B	-8,526	RADIOLOGY-DIAGNOSTIC	54	49.28
49.29 MISC REV OFFSET	B	-4,253	RADIOLOGY-THERAPEUTIC	55	49.29
49.30 MISC REV OFFSET	B	-5	RESPIRATORY THERAPY	65	49.30
49.31 MISC REV OFFSET	B	-9,909	PHYSICAL THERAPY	66	49.31
49.32 MISC REV OFFSET	B	-1,852	RENAL DIALYSIS	74	49.32
49.33 MISC REV OFFSET	B	-58,748	PSYCH	76.04	49.33
49.34 MISC REV OFFSET	B	-2,016	VASCULAR LAB	76.06	49.34
49.35 MISC REV OFFSET	B	-14,772	PROVIDER BASED PHYSICIAN CLINIC	90.01	49.35
49.36 MISC REV OFFSET	B	-4,375	HOME HEALTH AGENCY	101	49.36
50 TOTAL (SUM OF LINES 1 THRU 49)		-51,634,210			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
LINE NO.	2	3	4	5	6	7	8	9
1	90.01 PROVIDER BASED PHYSICIAN FAMILY PRACTICE	2,011,171	1,988,138	23,033	136,700	215	14,130	707
2	90.01 PROVIDER BASED PHYSICIAN INTERNAL MEDICI	2,134,872	2,084,872	50,000	154,100	419	31,042	1,552
3	90.01 PROVIDER BASED PHYSICIAN SURGERY	3,349,687	3,326,610	23,077	204,100	111	10,892	545
4	90.01 PROVIDER BASED PHYSICIAN PEDIATRICS	824,669	824,669		152,100			
5	90.01 PROVIDER BASED PHYSICIAN OB/GYN	1,634,873	1,634,873		194,500			
6	90.01 PROVIDER BASED PHYSICIAN ALL OTHERS	11,539,031	11,317,996	221,035	142,500	1,209	82,828	4,141
7	76.04 PSYCH PSYCHIATRY	159,953	159,953		142,500			
8	91 EMERGENCY ER PHYSICIANS	327,167	327,167		171,400			
9	66 PHYSICAL THERAPY PT PHYSICIAN	119,265	119,265		171,400			
200	TOTAL	22,100,688	21,783,543	317,145		1,954	138,892	6,945

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	30,240	346	48,055	550	15,026	8,007	1,996,145	1
2	90.01 PROVIDER BASED PHYSICIAN INTERNAL MEDICI	29,595	693	40,684	953	32,688	17,312	2,102,184	2
3	90.01 PROVIDER BASED PHYSICIAN SURGERY	24,329	168	134,524	927	11,987	11,090	3,337,700	3
4	90.01 PROVIDER BASED PHYSICIAN PEDIATRICS	15,434		31,402				824,669	4
5	90.01 PROVIDER BASED PHYSICIAN OB/GYN	20,165		112,411				1,634,873	5
6	90.01 PROVIDER BASED PHYSICIAN ALL OTHERS	184,079	3,526	298,472	5,717	92,071	128,964	11,446,960	6
7	76.04 PSYCH	2,080		10,243				159,953	7
8	91 EMERGENCY							327,167	8
9	66 PHYSICAL THERAPY							119,265	9
200	TOTAL	305,922	4,733	675,791	8,147	151,772	165,373	21,948,916	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 DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	8,135,687	8,135,687				1
2 CAP REL COSTS-MVBLE EQUIP	4,956,709		4,956,709			2
4 EMPLOYEE BENEFITS DEPARTMENT	26,340,901			26,340,901		4
5 ADMINISTRATIVE & GENERAL	24,267,222	1,920,968	2,343,883	5,200,999	33,733,072	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	6,066,778	379,058	108,502	746,827	7,301,165	7
8 LAUNDRY & LINEN SERVICE	465,898	18,717		18,541	503,156	8
9 HOUSEKEEPING	1,050,330	5,480	11,036	429,098	1,495,944	9
10 DIETARY	1,270,158	54,970	15,078	392,978	1,733,184	10
11 CAFETERIA	92,596	52,079	2,877	41,797	189,349	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	789,230	21,776	107,094	449,204	1,367,304	13
14 CENTRAL SERVICES & SUPPLY	864,189	92,813	247,164	226,799	1,430,965	14
15 PHARMACY	1,640,709	29,424	42,954	725,375	2,438,462	15
16 MEDICAL RECORDS & LIBRARY	2,351,384	122,828	8,107	777,984	3,260,303	16
17 SOCIAL SERVICE	421,218	5,962	318	151,114	578,612	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	6,525,131	506,872	126,926	2,667,526	9,826,455	30
31 INTENSIVE CARE UNIT	1,608,933	43,299	30,277	665,243	2,347,752	31
43 NURSERY	164,050			69,171	233,221	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,294,970	140,954	317,594	770,534	3,524,052	50
51 RECOVERY ROOM	431,762	15,393	12,269	179,052	638,476	51
52 DELIVERY ROOM & LABOR ROOM	405,200			170,894	576,094	52
53 ANESTHESIOLOGY	124,303	5,841	34,694	29,030	193,868	53
54 RADIOLOGY-DIAGNOSTIC	1,785,090	166,416	498,384	619,623	3,069,513	54
55 RADIOLOGY-THERAPEUTIC	610,948	34,097	45,880	151,273	842,198	55
57 CT SCAN	1,092,445	15,995		287,571	1,396,011	57
58 MRI	588,351	11,418	296,632	126,674	1,023,075	58
59 CARDIAC CATHETERIZATION	1,327,309	48,454	351,999	395,204	2,122,966	59
60 LABORATORY	6,474,848	175,124	303,056	1,191,969	8,144,997	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	891,535	29,990	51,985	305,501	1,279,011	65
66 PHYSICAL THERAPY	2,009,391	190,143		1,021,311	3,220,845	66
67 OCCUPATIONAL THERAPY	234,070	9,587		98,047	341,704	67
68 SPEECH PATHOLOGY	117,634	5,480		48,928	172,042	68
69 ELECTROCARDIOLOGY	169,005	5,902		83,020	257,927	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,158,533				7,158,533	71
73 DRUGS CHARGED TO PATIENTS	5,672,388				5,672,388	73
74 RENAL DIALYSIS	1,384,861	84,997		381,031	1,850,889	74
75 ASC (NON-DISTINCT PART)	402,177	95,162		168,358	665,697	75
76 OTHER ANCILLARY						76
76.01 SLEEP/EEG	248,293	8,142		91,923	348,358	76.01
76.02 GI	719,608	37,181		225,150	981,939	76.02
76.03 NUCLEAR MED	814,877	9,407		111,173	935,457	76.03
76.04 PSYCH	1,841,847	75,734		757,806	2,675,387	76.04
76.05 ULTRASOUND	449,342	18,753		161,730	629,825	76.05
76.06 VASCULAR LAB	424,526	24,040		160,777	609,343	76.06
76.07 MEDICAL OUTPATIENT	243,604	12,044		100,460	356,108	76.07
76.97 CARDIAC REHABILITATION	192,158	20,271		78,801	291,230	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	56,467				56,467	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PROVIDER BASED PHYSICIAN CLINICS	2,122,890	1,257,978		2,704,947	6,085,815	90.01
91 EMERGENCY	3,861,217	315,500		1,428,444	5,605,161	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	1,707,512	40,421		646,964	2,394,897	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (sum of lines 1-117)	132,868,284	6,108,670	4,956,709	25,058,851	129,559,217	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	79,555	14,116		18,051	111,722	190
194 PATHOLOGY	83,288	6,251		16,780	106,319	194
194.01 PHYSIATRY CLINIC	144,329	8,118		58,380	210,827	194.01
194.02 JANESVILLE MED CTR	149,480	60,547		46,131	256,158	194.02
194.03 OCCUPATIONAL HEALTH & WELLNESS	1,276,014	105,110		446,168	1,827,292	194.03

PROVIDER CCN: 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03
 05/22/2014 16:29

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 DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	
194.04 ASSISTED LIVING CENTERS	2,180,630	1,146,411		593,603	3,920,644	194.04
194.05 NORTHPOINTE FITNESS & SPA CENTER	2,319,788	686,464		102,937	3,109,189	194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	139,101,368	8,135,687	4,956,709	26,340,901	139,101,368	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 DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL	33,733,072					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	2,337,424	9,638,589				7
8 LAUNDRY & LINEN SERVICE	161,082	30,914	695,152			8
9 HOUSEKEEPING	478,917	9,051		1,983,912		9
10 DIETARY	554,868	90,793		18,766	2,397,611	10
11 CAFETERIA	60,619	86,018		17,779		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	437,734	35,967		7,434		13
14 CENTRAL SERVICES & SUPPLY	458,115	153,297		31,685		14
15 PHARMACY	780,659	48,599		10,045		15
16 MEDICAL RECORDS & LIBRARY	1,043,766	202,871		41,931		16
17 SOCIAL SERVICE	185,239	9,847		2,035		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,145,925	837,185	291,828	173,035	2,126,292	30
31 INTENSIVE CARE UNIT	751,619	71,516	36,832	14,781	271,319	31
43 NURSERY	74,664					43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,128,204	232,810	95,946	48,119		50
51 RECOVERY ROOM	204,404	25,423		5,255		51
52 DELIVERY ROOM & LABOR ROOM	184,433					52
53 ANESTHESIOLOGY	62,066	9,648		1,994		53
54 RADIOLOGY-DIAGNOSTIC	982,686	274,864	54,541	56,811		54
55 RADIOLOGY-THERAPEUTIC	269,625	56,318		11,640		55
57 CT SCAN	446,925	26,418		5,460		57
58 MRI	327,531	18,859		3,898		58
59 CARDIAC CATHETERIZATION	679,655	80,030		16,541		59
60 LABORATORY	2,607,572	289,247		59,784		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	409,468	49,534		10,238		65
66 PHYSICAL THERAPY	1,031,134	314,054	15,132	64,911		66
67 OCCUPATIONAL THERAPY	109,394	15,835		3,273		67
68 SPEECH PATHOLOGY	55,078	9,051		1,871		68
69 ELECTROCARDIOLOGY	82,574	9,748		2,015		69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,291,761					71
73 DRUGS CHARGED TO PATIENTS	1,815,981					73
74 RENAL DIALYSIS	592,551	140,386	24,278	29,016		74
75 ASC (NON-DISTINCT PART)	213,119	157,176	20,370	32,486		75
76 OTHER ANCILLARY						76
76.01 SLEEP/EEG	111,525	13,448		2,779		76.01
76.02 GI	314,362	61,410		12,693		76.02
76.03 NUCLEAR MED	299,481	15,537		3,211		76.03
76.04 PSYCH	856,509	125,088		25,854		76.04
76.05 ULTRASOUND	201,635	30,974		6,402		76.05
76.06 VASCULAR LAB	195,078	39,707	7,899	8,207		76.06
76.07 MEDICAL OUTPATIENT	114,006	19,893		4,112		76.07
76.97 CARDIAC REHABILITATION	93,236	33,480		6,920		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	18,078					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PROVIDER BASED PHYSICIAN CLINICS	1,948,337	2,077,764	27,021	429,446		90.01
91 EMERGENCY	1,794,459	521,102	110,413	107,705		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	766,712	66,762		13,799		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (sum of lines 1-117)	30,678,210	6,290,624	684,260	1,291,931	2,397,611	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	35,767	23,315		4,819		190
194 PATHOLOGY	34,037	10,325		2,134		194
194.01 PHYSIATRY CLINIC	67,495	13,408		2,771		194.01
194.02 JANESVILLE MED CTR	82,007	100,003		20,669		194.02
194.03 OCCUPATIONAL HEALTH & WELLNESS	584,997	173,608	10,892	35,883		194.03
194.04 ASSISTED LIVING CENTERS	1,255,171	1,893,494		391,361		194.04
194.05 NORTHPOINTE FITNESS & SPA CENTER	995,388	1,133,812		234,344		194.05

PROVIDER CCN: 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
PERIOD FROM 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03
05/22/2014 16:29

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	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	33,733,072	9,638,589	695,152	1,983,912	2,397,611	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	353,765					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	9,990	1,858,429				13
14 CENTRAL SERVICES & SUPPLY	9,402		2,083,464			14
15 PHARMACY	11,753		41,554	3,331,072		15
16 MEDICAL RECORDS & LIBRARY	27,620		178		4,576,669	16
17 SOCIAL SERVICE	3,526					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	70,516	433,874	66,392	31,983	197,390	30
31 INTENSIVE CARE UNIT	14,104	86,775	21,389	8,638	75,752	31
43 NURSERY	1,763	10,847			18,875	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	16,454	101,237	56,662	36,373	393,109	50
51 RECOVERY ROOM	2,938	18,078	957		37,861	51
52 DELIVERY ROOM & LABOR ROOM	3,526	21,694		548	46,552	52
53 ANESTHESIOLOGY	588	3,616	27,914	48,141	40,969	53
54 RADIOLOGY-DIAGNOSTIC	15,867		11,886	2,575	125,227	54
55 RADIOLOGY-THERAPEUTIC	2,351		1,022	156	73,665	55
57 CT SCAN	5,876		2,822	5,918	303,177	57
58 MRI	2,351		1,213	3,227	171,655	58
59 CARDIAC CATHETERIZATION	7,052		444,378	10,961	177,578	59
60 LABORATORY	35,259		7,806	161	555,055	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	7,639		6,660	2,195	104,548	65
66 PHYSICAL THERAPY	21,743		61,017	599	102,488	66
67 OCCUPATIONAL THERAPY	1,763		1,194	343	19,028	67
68 SPEECH PATHOLOGY	588		2,502	33	3,178	68
69 ELECTROCARDIOLOGY	3,526	21,694	601	15	45,603	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			963,577		552,488	71
73 DRUGS CHARGED TO PATIENTS				1,560,633	319,426	73
74 RENAL DIALYSIS	11,165	68,697	78,498	112,646	142,996	74
75 ASC (NON-DISTINCT PART)	3,526	21,694	4,810	2,885	22,682	75
76 OTHER ANCILLARY						76
76.01 SLEEP/EEG	2,351	14,462	1,038		22,818	76.01
76.02 GI	5,876	36,156	39,828	693	137,957	76.02
76.03 NUCLEAR MED	1,763		1,523	6,484	80,337	76.03
76.04 PSYCH	12,928		921		48,109	76.04
76.05 ULTRASOUND	2,938		623	96	48,224	76.05
76.06 VASCULAR LAB	2,351	14,462	605	12	67,678	76.06
76.07 MEDICAL OUTPATIENT	2,351	14,462	9,370		18,874	76.07
76.97 CARDIAC REHABILITATION	1,763	10,847	14	14	10,283	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY			21		949	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PROVIDER BASED PHYSICIAN CLINICS		708,663	123,369	1,483,668	196,686	90.01
91 EMERGENCY	30,558	188,012	90,370	9,131	390,985	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY		83,159	12,750	2,944	24,467	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (sum of lines 1-117)	353,765	1,858,429	2,083,464	3,331,072	4,576,669	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 & SPA CENTER						194.05

PROVIDER CCN: 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
PERIOD FROM 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03
05/22/2014 16:29

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11	13	14	15	16	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	353,765	1,858,429	2,083,464	3,331,072	4,576,669	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 DEPARTMENT					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE	779,259				17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	771,226	17,972,101		17,972,101	30
31 INTENSIVE CARE UNIT	7,482	3,707,959		3,707,959	31
43 NURSERY		339,370		339,370	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		5,632,966		5,632,966	50
51 RECOVERY ROOM		933,392		933,392	51
52 DELIVERY ROOM & LABOR ROOM		832,847		832,847	52
53 ANESTHESIOLOGY		388,804		388,804	53
54 RADIOLOGY-DIAGNOSTIC		4,593,970		4,593,970	54
55 RADIOLOGY-THERAPEUTIC		1,256,975		1,256,975	55
57 CT SCAN		2,192,607		2,192,607	57
58 MRI		1,551,809		1,551,809	58
59 CARDIAC CATHETERIZATION		3,539,161		3,539,161	59
60 LABORATORY		11,699,881		11,699,881	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		1,869,293		1,869,293	65
66 PHYSICAL THERAPY		4,831,923		4,831,923	66
67 OCCUPATIONAL THERAPY		492,534		492,534	67
68 SPEECH PATHOLOGY		244,343		244,343	68
69 ELECTROCARDIOLOGY		423,703		423,703	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		10,966,359		10,966,359	71
73 DRUGS CHARGED TO PATIENTS		9,368,428		9,368,428	73
74 RENAL DIALYSIS		3,051,122		3,051,122	74
75 ASC (NON-DISTINCT PART)		1,144,445		1,144,445	75
76 OTHER ANCILLARY					76
76.01 SLEEP/EEG		516,779		516,779	76.01
76.02 GI		1,590,914		1,590,914	76.02
76.03 NUCLEAR MED		1,343,793		1,343,793	76.03
76.04 PSYCH		3,744,796		3,744,796	76.04
76.05 ULTRASOUND		920,717		920,717	76.05
76.06 VASCULAR LAB		945,342		945,342	76.06
76.07 MEDICAL OUTPATIENT		539,176		539,176	76.07
76.97 CARDIAC REHABILITATION		447,787		447,787	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY		75,515		75,515	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 PROVIDER BASED PHYSICIAN CLINICS		13,080,769		13,080,769	90.01
91 EMERGENCY	551	8,848,447		8,848,447	91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
101 HOME HEALTH AGENCY		3,365,490		3,365,490	101
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (sum of lines 1-117)	779,259	122,453,517		122,453,517	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		175,623		175,623	190
194 PATHOLOGY		152,815		152,815	194
194.01 PHYSIATRY CLINIC		294,501		294,501	194.01
194.02 JANESVILLE MED CTR		458,837		458,837	194.02
194.03 OCCUPATIONAL HEALTH & WELLNESS		2,632,672		2,632,672	194.03
194.04 ASSISTED LIVING CENTERS		7,460,670		7,460,670	194.04
194.05 NORTHPOINTE FITNESS & SPA CENTER		5,472,733		5,472,733	194.05

PROVIDER CCN: 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
PERIOD FROM 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03
05/22/2014 16:29

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	
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	779,259	139,101,368		139,101,368	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 DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL		1,920,968	2,343,883	4,264,851	4,264,851	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		379,058	108,502	487,560	295,522	7
8 LAUNDRY & LINEN SERVICE		18,717		18,717	20,366	8
9 HOUSEKEEPING		5,480	11,036	16,516	60,550	9
10 DIETARY		54,970	15,078	70,048	70,152	10
11 CAFETERIA		52,079	2,877	54,956	7,664	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		21,776	107,094	128,870	55,343	13
14 CENTRAL SERVICES & SUPPLY		92,813	247,164	339,977	57,920	14
15 PHARMACY		29,424	42,954	72,378	98,699	15
16 MEDICAL RECORDS & LIBRARY		122,828	8,107	130,935	131,964	16
17 SOCIAL SERVICE		5,962	318	6,280	23,420	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		506,872	126,926	633,798	397,696	30
31 INTENSIVE CARE UNIT		43,299	30,277	73,576	95,028	31
43 NURSERY					9,440	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		140,954	317,594	458,548	142,640	50
51 RECOVERY ROOM		15,393	12,269	27,662	25,843	51
52 DELIVERY ROOM & LABOR ROOM					23,318	52
53 ANESTHESIOLOGY		5,841	34,694	40,535	7,847	53
54 RADIOLOGY-DIAGNOSTIC		166,416	498,384	664,800	124,242	54
55 RADIOLOGY-THERAPEUTIC		34,097	45,880	79,977	34,089	55
57 CT SCAN		15,995		15,995	56,505	57
58 MRI		11,418	296,632	308,050	41,410	58
59 CARDIAC CATHETERIZATION		48,454	351,999	400,453	85,929	59
60 LABORATORY		175,124	303,056	478,180	329,677	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		29,990	51,985	81,975	51,769	65
66 PHYSICAL THERAPY		190,143		190,143	130,367	66
67 OCCUPATIONAL THERAPY		9,587		9,587	13,831	67
68 SPEECH PATHOLOGY		5,480		5,480	6,964	68
69 ELECTROCARDIOLOGY		5,902		5,902	10,440	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					289,749	71
73 DRUGS CHARGED TO PATIENTS					229,596	73
74 RENAL DIALYSIS		84,997		84,997	74,917	74
75 ASC (NON-DISTINCT PART)		95,162		95,162	26,945	75
76 OTHER ANCILLARY						76
76.01 SLEEP/EEG		8,142		8,142	14,100	76.01
76.02 GI		37,181		37,181	39,745	76.02
76.03 NUCLEAR MED		9,407		9,407	37,864	76.03
76.04 PSYCH		75,734		75,734	108,289	76.04
76.05 ULTRASOUND		18,753		18,753	25,493	76.05
76.06 VASCULAR LAB		24,040		24,040	24,664	76.06
76.07 MEDICAL OUTPATIENT		12,044		12,044	14,414	76.07
76.97 CARDIAC REHABILITATION		20,271		20,271	11,788	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY					2,286	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PROVIDER BASED PHYSICIAN CLINICS		1,257,978		1,257,978	246,329	90.01
91 EMERGENCY		315,500		315,500	226,874	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY		40,421		40,421	96,936	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (sum of lines 1-117)		6,108,670	4,956,709	11,065,379	3,878,624	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		14,116		14,116	4,522	190
194 PATHOLOGY		6,251		6,251	4,303	194
194.01 PHYSIATRY CLINIC		8,118		8,118	8,533	194.01
194.02 JANESVILLE MED CTR		60,547		60,547	10,368	194.02
194.03 OCCUPATIONAL HEALTH & WELLNESS		105,110		105,110	73,961	194.03
194.04 ASSISTED LIVING CENTERS		1,146,411		1,146,411	158,692	194.04
194.05 NORTHPOINTE FITNESS & SPA CENTER		686,464		686,464	125,848	194.05

PROVIDER CCN: 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
PERIOD FROM 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03
05/22/2014 16:29

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	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)		8,135,687	4,956,709	13,092,396	4,264,851	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 DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	783,082					7
8 LAUNDRY & LINEN SERVICE	2,512	41,595				8
9 HOUSEKEEPING	735		77,801			9
10 DIETARY	7,376		736	148,312		10
11 CAFETERIA	6,989		697		70,306	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,922		292		1,985	13
14 CENTRAL SERVICES & SUPPLY	12,455		1,243		1,869	14
15 PHARMACY	3,948		394		2,336	15
16 MEDICAL RECORDS & LIBRARY	16,482		1,644		5,489	16
17 SOCIAL SERVICE	800		80		701	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	68,017	17,460	6,786	131,529	14,016	30
31 INTENSIVE CARE UNIT	5,810	2,204	580	16,783	2,803	31
43 NURSERY					350	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	18,915	5,741	1,887		3,270	50
51 RECOVERY ROOM	2,066		206		584	51
52 DELIVERY ROOM & LABOR ROOM					701	52
53 ANESTHESIOLOGY	784		78		117	53
54 RADIOLOGY-DIAGNOSTIC	22,331	3,264	2,228		3,153	54
55 RADIOLOGY-THERAPEUTIC	4,575		456		467	55
57 CT SCAN	2,146		214		1,168	57
58 MRI	1,532		153		467	58
59 CARDIAC CATHETERIZATION	6,502		649		1,401	59
60 LABORATORY	23,500		2,344		7,007	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	4,024		401		1,518	65
66 PHYSICAL THERAPY	25,515	905	2,546		4,321	66
67 OCCUPATIONAL THERAPY	1,287		128		350	67
68 SPEECH PATHOLOGY	735		73		117	68
69 ELECTROCARDIOLOGY	792		79		701	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	11,406	1,453	1,138		2,219	74
75 ASC (NON-DISTINCT PART)	12,770	1,219	1,274		701	75
76 OTHER ANCILLARY						76
76.01 SLEEP/EEG	1,093		109		467	76.01
76.02 GI	4,989		498		1,168	76.02
76.03 NUCLEAR MED	1,262		126		350	76.03
76.04 PSYCH	10,163		1,014		2,569	76.04
76.05 ULTRASOUND	2,516		251		584	76.05
76.06 VASCULAR LAB	3,226	473	322		467	76.06
76.07 MEDICAL OUTPATIENT	1,616		161		467	76.07
76.97 CARDIAC REHABILITATION	2,720		271		350	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PROVIDER BASED PHYSICIAN CLINICS	168,806	1,617	16,840			90.01
91 EMERGENCY	42,337	6,607	4,224		6,073	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	5,424		541			101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (sum of lines 1-117)	511,078	40,943	50,663	148,312	70,306	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,894		189			190
194 PATHOLOGY	839		84			194
194.01 PHYSIATRY CLINIC	1,089		109			194.01
194.02 JANESVILLE MED CTR	8,125		811			194.02
194.03 OCCUPATIONAL HEALTH & WELLNESS	14,105	652	1,407			194.03
194.04 ASSISTED LIVING CENTERS	153,836		15,348			194.04
194.05 NORTHPOINTE FITNESS & SPA CENTER	92,116		9,190			194.05

PROVIDER CCN: 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
PERIOD FROM 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03
05/22/2014 16:29

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		7	8	9	10	11	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	783,082	41,595	77,801	148,312	70,306	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 DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	189,412					13
14 CENTRAL SERVICES & SUPPLY		413,464				14
15 PHARMACY		8,246	186,001			15
16 MEDICAL RECORDS & LIBRARY		35		286,549		16
17 SOCIAL SERVICE					31,281	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	44,221	13,175	1,786	12,364	30,959	30
31 INTENSIVE CARE UNIT	8,844	4,245	482	4,745	300	31
43 NURSERY	1,106			1,182		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	10,318	11,245	2,031	24,624		50
51 RECOVERY ROOM	1,843	190		2,372		51
52 DELIVERY ROOM & LABOR ROOM	2,211		31	2,916		52
53 ANESTHESIOLOGY	369	5,540	2,688	2,566		53
54 RADIOLOGY-DIAGNOSTIC		2,359	144	7,844		54
55 RADIOLOGY-THERAPEUTIC		203	9	4,614		55
57 CT SCAN		560	330	18,991		57
58 MRI		241	180	10,752		58
59 CARDIAC CATHETERIZATION		88,186	612	11,123		59
60 LABORATORY		1,549	9	34,641		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		1,322	123	6,549		65
66 PHYSICAL THERAPY		12,109	33	6,420		66
67 OCCUPATIONAL THERAPY		237	19	1,192		67
68 SPEECH PATHOLOGY		496	2	199		68
69 ELECTROCARDIOLOGY	2,211	119	1	2,857		69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		191,223		34,607		71
73 DRUGS CHARGED TO PATIENTS			87,142	20,009		73
74 RENAL DIALYSIS	7,002	15,578	6,290	8,957		74
75 ASC (NON-DISTINCT PART)	2,211	955	161	1,421		75
76 OTHER ANCILLARY						76
76.01 SLEEP/EEG	1,474	206		1,429		76.01
76.02 GI	3,685	7,904	39	8,641		76.02
76.03 NUCLEAR MED		302	362	5,032		76.03
76.04 PSYCH		183		3,013		76.04
76.05 ULTRASOUND		124	5	3,021		76.05
76.06 VASCULAR LAB	1,474	120	1	4,239		76.06
76.07 MEDICAL OUTPATIENT	1,474	1,859		1,182		76.07
76.97 CARDIAC REHABILITATION	1,106	3	1	644		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY		4		59		76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PROVIDER BASED PHYSICIAN CLINICS	72,225	24,482	82,846	12,320		90.01
91 EMERGENCY	19,162	17,934	510	24,491	22	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	8,476	2,530	164	1,533		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (sum of lines 1-117)	189,412	413,464	186,001	286,549	31,281	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 & SPA CENTER						194.05

PROVIDER CCN: 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
PERIOD FROM 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03
05/22/2014 16:29

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	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	189,412	413,464	186,001	286,549	31,281	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 DEPARTMENT				4
5 ADMINISTRATIVE & GENERAL				5
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SERVICES-SALARY & FRINGES APPRVD				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	1,371,807		1,371,807	30
31 INTENSIVE CARE UNIT	215,400		215,400	31
43 NURSERY	12,078		12,078	43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	679,219		679,219	50
51 RECOVERY ROOM	60,766		60,766	51
52 DELIVERY ROOM & LABOR ROOM	29,177		29,177	52
53 ANESTHESIOLOGY	60,524		60,524	53
54 RADIOLOGY-DIAGNOSTIC	830,365		830,365	54
55 RADIOLOGY-THERAPEUTIC	124,390		124,390	55
57 CT SCAN	95,909		95,909	57
58 MRI	362,785		362,785	58
59 CARDIAC CATHETERIZATION	594,855		594,855	59
60 LABORATORY	876,907		876,907	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	147,681		147,681	65
66 PHYSICAL THERAPY	372,359		372,359	66
67 OCCUPATIONAL THERAPY	26,631		26,631	67
68 SPEECH PATHOLOGY	14,066		14,066	68
69 ELECTROCARDIOLOGY	23,102		23,102	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	515,579		515,579	71
73 DRUGS CHARGED TO PATIENTS	336,747		336,747	73
74 RENAL DIALYSIS	213,957		213,957	74
75 ASC (NON-DISTINCT PART)	142,819		142,819	75
76 OTHER ANCILLARY				76
76.01 SLEEP/EEG	27,020		27,020	76.01
76.02 GI	103,850		103,850	76.02
76.03 NUCLEAR MED	54,705		54,705	76.03
76.04 PSYCH	200,965		200,965	76.04
76.05 ULTRASOUND	50,747		50,747	76.05
76.06 VASCULAR LAB	59,026		59,026	76.06
76.07 MEDICAL OUTPATIENT	33,217		33,217	76.07
76.97 CARDIAC REHABILITATION	37,154		37,154	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY	2,349		2,349	76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 PROVIDER BASED PHYSICIAN CLINICS	1,883,443		1,883,443	90.01
91 EMERGENCY	663,734		663,734	91
92 OBSERVATION BEDS (NON-DISTINCT PART)				92
OTHER REIMBURSABLE COST CENTERS				
101 HOME HEALTH AGENCY	156,025		156,025	101
SPECIAL PURPOSE COST CENTERS				
113 INTEREST EXPENSE				113
118 SUBTOTALS (sum of lines 1-117)	10,379,358		10,379,358	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,721		20,721	190
194 PATHOLOGY	11,477		11,477	194
194.01 PHYSIATRY CLINIC	17,849		17,849	194.01
194.02 JANESVILLE MED CTR	79,851		79,851	194.02
194.03 OCCUPATIONAL HEALTH & WELLNESS	195,235		195,235	194.03
194.04 ASSISTED LIVING CENTERS	1,474,287		1,474,287	194.04
194.05 NORTHPOINTE FITNESS & SPA CENTER	913,618		913,618	194.05

PROVIDER CCN: 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
PERIOD FROM 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03
05/22/2014 16:29

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION		SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		24	25	26	
200	CROSS FOOT ADJUSTMENTS				200
201	NEGATIVE COST CENTER				201
202	TOTAL (SUM OF LINES 118-201)	13,092,396		13,092,396	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 DEPARTMENT GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	675,481					1
2 CAP REL COSTS-MVBLE EQUIP		3,426,339				2
4 EMPLOYEE BENEFITS DEPARTMENT			62,471,292			4
5 ADMINISTRATIVE & GENERAL	159,492	1,620,215	12,334,917	-33,733,072	105,368,296	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	31,472	75,002	1,771,210		7,301,165	7
8 LAUNDRY & LINEN SERVICE	1,554		43,972		503,156	8
9 HOUSEKEEPING	455	7,629	1,017,668		1,495,944	9
10 DIETARY	4,564	10,423	932,004		1,733,184	10
11 CAFETERIA	4,324	1,989	99,127		189,349	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,808	74,029	1,065,353		1,367,304	13
14 CENTRAL SERVICES & SUPPLY	7,706	170,853	537,887		1,430,965	14
15 PHARMACY	2,443	29,692	1,720,334		2,438,462	15
16 MEDICAL RECORDS & LIBRARY	10,198	5,604	1,845,104		3,260,303	16
17 SOCIAL SERVICE	495	220	358,390		578,612	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	42,084	87,738	6,326,429		9,826,455	30
31 INTENSIVE CARE UNIT	3,595	20,929	1,577,721		2,347,752	31
43 NURSERY			164,050		233,221	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	11,703	219,538	1,827,435		3,524,052	50
51 RECOVERY ROOM	1,278	8,481	424,647		638,476	51
52 DELIVERY ROOM & LABOR ROOM			405,300		576,094	52
53 ANESTHESIOLOGY	485	23,982	68,849		193,868	53
54 RADIOLOGY-DIAGNOSTIC	13,817	344,509	1,469,527		3,069,513	54
55 RADIOLOGY-THERAPEUTIC	2,831	31,715	358,765		842,198	55
57 CT SCAN	1,328		682,017		1,396,011	57
58 MRI	948	205,048	300,425		1,023,075	58
59 CARDIAC CATHETERIZATION	4,023	243,320	937,284		2,122,966	59
60 LABORATORY	14,540	209,488	2,826,928		8,144,997	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,490	35,935	724,540		1,279,011	65
66 PHYSICAL THERAPY	15,787		2,422,189		3,220,845	66
67 OCCUPATIONAL THERAPY	796		232,532		341,704	67
68 SPEECH PATHOLOGY	455		116,041		172,042	68
69 ELECTROCARDIOLOGY	490		196,894		257,927	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					7,158,533	71
73 DRUGS CHARGED TO PATIENTS					5,672,388	73
74 RENAL DIALYSIS	7,057		903,672		1,850,889	74
75 ASC (NON-DISTINCT PART)	7,901		399,285		665,697	75
76 OTHER ANCILLARY						76
76.01 SLEEP/EEG	676		218,010		348,358	76.01
76.02 GI	3,087		533,977		981,939	76.02
76.03 NUCLEAR MED	781		263,663		935,457	76.03
76.04 PSYCH	6,288		1,797,248		2,675,387	76.04
76.05 ULTRASOUND	1,557		383,566		629,825	76.05
76.06 VASCULAR LAB	1,996		381,306		609,343	76.06
76.07 MEDICAL OUTPATIENT	1,000		238,256		356,108	76.07
76.97 CARDIAC REHABILITATION	1,683		186,889		291,230	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY					56,467	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PROVIDER BASED PHYSICIAN CLINICS	104,446		6,415,178		6,085,815	90.01
91 EMERGENCY	26,195		3,387,764		5,605,161	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	3,356		1,534,369		2,394,897	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (sum of lines 1-117)	507,184	3,426,339	59,430,722	-33,733,072	95,826,145	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,172		42,811		111,722	190
194 PATHOLOGY	519		39,796		106,319	194
194.01 PHYSIATRY CLINIC	674		138,457		210,827	194.01
194.02 JANESVILLE MED CTR	5,027		109,407		256,158	194.02
194.03 OCCUPATIONAL HEALTH & WELLNESS	8,727		1,058,153		1,827,292	194.03
194.04 ASSISTED LIVING CENTERS	95,183		1,407,816		3,920,644	194.04
194.05 NORTHPOINTE FITNESS & SPA CENTER	56,995		244,130		3,109,189	194.05

PROVIDER CCN: 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03
 05/22/2014 16:29

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	8,135,687	4,956,709	26,340,901		33,733,072	202
203 UNIT COST MULT-WS B PT I	12.044287	1.446649	0.421648		0.320144	203
204 COST TO BE ALLOC PER B PT II					4,264,851	204
205 UNIT COST MULT-WS B PT II					0.040476	205

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
GENERAL SERVICE COST CENTERS					
1	CAP REL COSTS-BLDG & FIXT				1
2	CAP REL COSTS-MVBLE EQUIP				2
4	EMPLOYEE BENEFITS DEPARTMENT				4
5	ADMINISTRATIVE & GENERAL				5
6	MAINTENANCE & REPAIRS				6
7	OPERATION OF PLANT	484,517			7
8	LAUNDRY & LINEN SERVICE	1,554	836,100		8
9	HOUSEKEEPING	455		482,508	9
10	DIETARY	4,564		4,564	15,871
11	CAFETERIA	4,324		4,324	602
12	MAINTENANCE OF PERSONNEL				12
13	NURSING ADMINISTRATION	1,808		1,808	17
14	CENTRAL SERVICES & SUPPLY	7,706		7,706	16
15	PHARMACY	2,443		2,443	20
16	MEDICAL RECORDS & LIBRARY	10,198		10,198	47
17	SOCIAL SERVICE	495		495	6
19	NONPHYSICIAN ANESTHETISTS				19
20	NURSING SCHOOL				20
21	I&R SERVICES-SALARY & FRINGES APPRVD				21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD				22
23	PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS	42,084	351,000	42,084	14,075
31	INTENSIVE CARE UNIT	3,595	44,300	3,595	1,796
43	NURSERY				3
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	11,703	115,400	11,703	28
51	RECOVERY ROOM	1,278		1,278	5
52	DELIVERY ROOM & LABOR ROOM				6
53	ANESTHESIOLOGY	485		485	1
54	RADIOLOGY-DIAGNOSTIC	13,817	65,600	13,817	27
55	RADIOLOGY-THERAPEUTIC	2,831		2,831	4
57	CT SCAN	1,328		1,328	10
58	MRI	948		948	4
59	CARDIAC CATHETERIZATION	4,023		4,023	12
60	LABORATORY	14,540		14,540	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	2,490		2,490	13
66	PHYSICAL THERAPY	15,787	18,200	15,787	37
67	OCCUPATIONAL THERAPY	796		796	3
68	SPEECH PATHOLOGY	455		455	1
69	ELECTROCARDIOLOGY	490		490	6
71	MEDICAL SUPPLIES CHARGED TO PATIENTS				71
73	DRUGS CHARGED TO PATIENTS				73
74	RENAL DIALYSIS	7,057	29,200	7,057	19
75	ASC (NON-DISTINCT PART)	7,901	24,500	7,901	6
76	OTHER ANCILLARY				76
76.01	SLEEP/EEG	676		676	4
76.02	GI	3,087		3,087	10
76.03	NUCLEAR MED	781		781	3
76.04	PSYCH	6,288		6,288	22
76.05	ULTRASOUND	1,557		1,557	5
76.06	VASCULAR LAB	1,996	9,500	1,996	4
76.07	MEDICAL OUTPATIENT	1,000		1,000	4
76.97	CARDIAC REHABILITATION	1,683		1,683	3
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	PROVIDER BASED PHYSICIAN CLINICS	104,446	32,500	104,446	90.01
91	EMERGENCY	26,195	132,800	26,195	52
92	OBSERVATION BEDS (NON-DISTINCT PART)				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	823,000	314,211	15,871
NONREIMBURSABLE COST CENTERS					
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,172		1,172	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	13,100	8,727	194.03
194.04	ASSISTED LIVING CENTERS	95,183		95,183	194.04
194.05	NORTHPOINTE FITNESS & SPA CENTER	56,995		56,995	194.05

PROVIDER CCN: 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03
 05/22/2014 16:29

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		
200	CROSS FOOT ADJUSTMENTS					200	
201	NEGATIVE COST CENTER					201	
202	COST TO BE ALLOC PER B PT I	9,638,589	695,152	1,983,912	2,397,611	353,765	202
203	UNIT COST MULT-WS B PT I	19.893191	0.831422	4.111667	151.068679	587.649502	203
204	COST TO BE ALLOC PER B PT II	783,082	41,595	77,801	148,312	70,306	204
205	UNIT COST MULT-WS B PT II	1.616212	0.049749	0.161243	9.344843	116.787375	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINISTRATION 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 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	514					13
14 CENTRAL SERVICES & SUPPLY		6,642,603				14
15 PHARMACY		132,483	8,910,339			15
16 MEDICAL RECORDS & LIBRARY		566		424,097,134		16
17 SOCIAL SERVICE					9,894	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	120	211,674	85,551	18,290,426	9,792	30
31 INTENSIVE CARE UNIT	24	68,195	23,105	7,019,245	95	31
43 NURSERY	3			1,748,956		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	28	180,653	97,295	36,425,927		50
51 RECOVERY ROOM	5	3,051		3,508,284		51
52 DELIVERY ROOM & LABOR ROOM	6		1,465	4,313,521		52
53 ANESTHESIOLOGY	1	88,997	128,774	3,796,256		53
54 RADIOLOGY-DIAGNOSTIC		37,897	6,888	11,603,642		54
55 RADIOLOGY-THERAPEUTIC		3,257	418	6,825,876		55
57 CT SCAN		8,996	15,830	28,092,717		57
58 MRI		3,866	8,633	15,905,809		58
59 CARDIAC CATHETERIZATION		1,416,786	29,320	16,454,614		59
60 LABORATORY		24,889	431	51,449,673		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		21,234	5,872	9,687,543		65
66 PHYSICAL THERAPY		194,538	1,602	9,496,621		66
67 OCCUPATIONAL THERAPY		3,806	918	1,763,174		67
68 SPEECH PATHOLOGY		7,976	87	294,454		68
69 ELECTROCARDIOLOGY	6	1,915	40	4,225,622		69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,072,130		51,194,244		71
73 DRUGS CHARGED TO PATIENTS			4,174,551	29,598,451		73
74 RENAL DIALYSIS	19	250,272	301,320	13,250,197		74
75 ASC (NON-DISTINCT PART)	6	15,337	7,716	2,101,717		75
76 OTHER ANCILLARY						76
76.01 SLEEP/EEG	4	3,308		2,114,369		76.01
76.02 GI	10	126,982	1,855	12,783,232		76.02
76.03 NUCLEAR MED		4,857	17,345	7,444,134		76.03
76.04 PSYCH		2,935		4,457,807		76.04
76.05 ULTRASOUND		1,986	257	4,468,513		76.05
76.06 VASCULAR LAB	4	1,929	33	6,271,148		76.06
76.07 MEDICAL OUTPATIENT	4	29,874		1,748,889		76.07
76.97 CARDIAC REHABILITATION	3	45	38	952,843		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY		66		87,899		76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PROVIDER BASED PHYSICIAN CLINICS	196	393,331	3,968,694	18,225,123		90.01
91 EMERGENCY	52	288,122	24,425	36,229,107	7	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	23	40,650	7,876	2,267,101		101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (sum of lines 1-117)	514	6,642,603	8,910,339	424,097,134	9,894	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 & SPA CENTER						194.05

PROVIDER CCN: 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03
 05/22/2014 16:29

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	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,858,429	2,083,464	3,331,072	4,576,669	779,259	202
203 UNIT COST MULT-WS B PT I	3,615.620623	0.313652	0.373843	0.010792	78.760764	203
204 COST TO BE ALLOC PER B PT II	189,412	413,464	186,001	286,549	31,281	204
205 UNIT COST MULT-WS B PT II	368.505837	0.062244	0.020875	0.000676	3.161613	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 DEPARTMENT	4
5	ADMINISTRATIVE & GENERAL	5
6	MAINTENANCE & REPAIRS	6
7	OPERATION OF PLANT	7
8	LAUNDRY & LINEN SERVICE	8
9	HOUSEKEEPING	9
10	DIETARY	10
11	CAFETERIA	11
12	MAINTENANCE OF PERSONNEL	12
13	NURSING ADMINISTRATION	13
14	CENTRAL SERVICES & SUPPLY	14
15	PHARMACY	15
16	MEDICAL RECORDS & LIBRARY	16
17	SOCIAL SERVICE	17
19	NONPHYSICIAN ANESTHETISTS	19
20	NURSING SCHOOL	20
21	I&R SERVICES-SALARY & FRINGES APPRVD	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	22
23	PARAMED ED PRGM-(SPECIFY)	23
INPATIENT ROUTINE SERV COST CENTERS		
30	ADULTS & PEDIATRICS	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	CT SCAN	57
58	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 CHARGED 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 (NON-DISTINCT PART)	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 & SPA CENTER	194.05

PROVIDER CCN: 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
PERIOD FROM 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03
05/22/2014 16:29

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

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	17,972,101		17,972,101		17,972,101	30
31 INTENSIVE CARE UNIT	3,707,959		3,707,959		3,707,959	31
43 NURSERY	339,370		339,370		339,370	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,632,966		5,632,966		5,632,966	50
51 RECOVERY ROOM	933,392		933,392		933,392	51
52 DELIVERY ROOM & LABOR ROOM	832,847		832,847		832,847	52
53 ANESTHESIOLOGY	388,804		388,804		388,804	53
54 RADIOLOGY-DIAGNOSTIC	4,593,970		4,593,970		4,593,970	54
55 RADIOLOGY-THERAPEUTIC	1,256,975		1,256,975		1,256,975	55
57 CT SCAN	2,192,607		2,192,607		2,192,607	57
58 MRI	1,551,809		1,551,809		1,551,809	58
59 CARDIAC CATHETERIZATION	3,539,161		3,539,161		3,539,161	59
60 LABORATORY	11,699,881		11,699,881		11,699,881	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	1,869,293		1,869,293		1,869,293	65
66 PHYSICAL THERAPY	4,831,923		4,831,923		4,831,923	66
67 OCCUPATIONAL THERAPY	492,534		492,534		492,534	67
68 SPEECH PATHOLOGY	244,343		244,343		244,343	68
69 ELECTROCARDIOLOGY	423,703		423,703		423,703	69
71 MEDICAL SUPPLIES CHARGED TO	10,966,359		10,966,359		10,966,359	71
73 DRUGS CHARGED TO PATIENTS	9,368,428		9,368,428		9,368,428	73
74 RENAL DIALYSIS	3,051,122		3,051,122		3,051,122	74
75 ASC (NON-DISTINCT PART)	1,144,445		1,144,445		1,144,445	75
76 OTHER ANCILLARY						76
76.01 SLEEP/EEG	516,779		516,779		516,779	76.01
76.02 GI	1,590,914		1,590,914		1,590,914	76.02
76.03 NUCLEAR MED	1,343,793		1,343,793		1,343,793	76.03
76.04 PSYCH	3,744,796		3,744,796		3,744,796	76.04
76.05 ULTRASOUND	920,717		920,717		920,717	76.05
76.06 VASCULAR LAB	945,342		945,342		945,342	76.06
76.07 MEDICAL OUTPATIENT	539,176		539,176		539,176	76.07
76.97 CARDIAC REHABILITATION	447,787		447,787		447,787	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	75,515		75,515		75,515	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PROVIDER BASED PHYSICIAN CL	13,080,769		13,080,769	165,373	13,246,142	90.01
91 EMERGENCY	8,848,447		8,848,447		8,848,447	91
92 OBSERVATION BEDS (NON-DISTI	761,728		761,728		761,728	92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	3,365,490		3,365,490		3,365,490	101
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	123,215,245		123,215,245	165,373	123,380,618	200
201 LESS OBSERVATION BEDS	761,728		761,728		761,728	201
202 TOTAL (SEE INSTRUCTIONS)	122,453,517		122,453,517		122,618,890	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	17,660,448		17,660,448				30
31 INTENSIVE CARE UNIT	7,019,245		7,019,245				31
43 NURSERY	1,748,956		1,748,956				43
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	18,489,019	17,936,908	36,425,927	0.154642	0.154642	0.154642	50
51 RECOVERY ROOM	893,661	2,614,623	3,508,284	0.266054	0.266054	0.266054	51
52 DELIVERY ROOM & LABOR ROOM	2,062,050	2,251,471	4,313,521	0.193078	0.193078	0.193078	52
53 ANESTHESIOLOGY	1,346,885	2,449,371	3,796,256	0.102418	0.102418	0.102418	53
54 RADIOLOGY-DIAGNOSTIC	2,218,932	9,384,710	11,603,642	0.395908	0.395908	0.395908	54
55 RADIOLOGY-THERAPEUTIC	171,958	6,653,918	6,825,876	0.184149	0.184149	0.184149	55
57 CT SCAN	5,631,524	22,461,193	28,092,717	0.078049	0.078049	0.078049	57
58 MRI	2,134,942	13,770,867	15,905,809	0.097562	0.097562	0.097562	58
59 CARDIAC CATHETERIZATION	8,033,023	8,421,591	16,454,614	0.215086	0.215086	0.215086	59
60 LABORATORY	16,647,543	34,802,130	51,449,673	0.227404	0.227404	0.227404	60
62.30 BLOOD CLOTTING FOR HEMOPHIL							62.30
65 RESPIRATORY THERAPY	7,393,745	2,293,798	9,687,543	0.192958	0.192958	0.192958	65
66 PHYSICAL THERAPY	969,600	8,527,021	9,496,621	0.508804	0.508804	0.508804	66
67 OCCUPATIONAL THERAPY	591,449	1,171,725	1,763,174	0.279345	0.279345	0.279345	67
68 SPEECH PATHOLOGY	87,292	207,162	294,454	0.829817	0.829817	0.829817	68
69 ELECTROCARDIOLOGY	1,583,236	2,642,386	4,225,622	0.100270	0.100270	0.100270	69
71 MEDICAL SUPPLIES CHARGED TO	29,599,058	21,595,186	51,194,244	0.214211	0.214211	0.214211	71
73 DRUGS CHARGED TO PATIENTS	17,303,572	12,294,879	29,598,451	0.316518	0.316518	0.316518	73
74 RENAL DIALYSIS	437,545	12,812,652	13,250,197	0.230270	0.230270	0.230270	74
75 ASC (NON-DISTINCT PART)		2,101,717	2,101,717	0.544529	0.544529	0.544529	75
76 OTHER ANCILLARY							76
76.01 SLEEP/EEG	39,863	2,074,506	2,114,369	0.244413	0.244413	0.244413	76.01
76.02 GI	1,280,091	11,503,141	12,783,232	0.124453	0.124453	0.124453	76.02
76.03 NUCLEAR MED	574,490	6,869,644	7,444,134	0.180517	0.180517	0.180517	76.03
76.04 PSYCH	8,992	4,448,815	4,457,807	0.840053	0.840053	0.840053	76.04
76.05 ULTRASOUND	368,853	4,099,660	4,468,513	0.206046	0.206046	0.206046	76.05
76.06 VASCULAR LAB	1,907,998	4,363,150	6,271,148	0.150745	0.150745	0.150745	76.06
76.07 MEDICAL OUTPATIENT	17,808	1,731,081	1,748,889	0.308296	0.308296	0.308296	76.07
76.97 CARDIAC REHABILITATION	1,944	950,899	952,843	0.469948	0.469948	0.469948	76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY	26,557	61,342	87,899	0.859111	0.859111	0.859111	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 PROVIDER BASED PHYSICIAN CL		18,225,123	18,225,123	0.717733	0.717733	0.726807	90.01
91 EMERGENCY	5,577,742	30,651,365	36,229,107	0.244236	0.244236	0.244236	91
92 OBSERVATION BEDS (NON-DISTI		629,978	629,978	1.209134	1.209134	1.209134	92
OTHER REIMBURSABLE COST CENTERS							
101 HOME HEALTH AGENCY		2,267,101	2,267,101				101
113 INTEREST EXPENSE							113
200 SUBTOTAL (SEE INSTRUCTIONS)	151,828,021	272,269,113	424,097,134				200
201 LESS OBSERVATION BEDS							201
202 TOTAL (SEE INSTRUCTIONS)	151,828,021	272,269,113	424,097,134				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 DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	ADJUSTMENT	(COL.1 MINUS COL.2)		(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	1,371,807		1,371,807	14,581	94.08	7,391	695,345	30
31 INTENSIVE CARE UNIT	215,400		215,400	1,796	119.93	964	115,613	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	12,078		12,078	1,117	10.81			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	1,599,285		1,599,285	17,494		8,355	810,958	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	
	ANCILLARY SERVICE COST CENTERS									
50					679,219	36,425,927	0.018647	5,143,323	95,908	50
51					60,766	3,508,284	0.017321	317,417	5,498	51
52					29,177	4,313,521	0.006764	3,780	26	52
53					60,524	3,796,256	0.015943	693,458	11,056	53
54					830,365	11,603,642	0.071561	1,621,384	116,028	54
55					124,390	6,825,876	0.018223			55
57					95,909	28,092,717	0.003414	3,052,874	10,423	57
58					362,785	15,905,809	0.022808	1,006,786	22,963	58
59					594,855	16,454,614	0.036151	1,240,500	44,845	59
60					876,907	51,449,673	0.017044	10,053,439	171,351	60
62.30										62.30
65					147,681	9,687,543	0.015244	1,278,668	19,492	65
66					372,359	9,496,621	0.039210	698,559	27,390	66
67					26,631	1,763,174	0.015104	426,592	6,443	67
68					14,066	294,454	0.047770	31,449	1,502	68
69					23,102	4,225,622	0.005467	1,181,098	6,457	69
71					515,579	51,194,244	0.010071	23,283,879	234,492	71
73					336,747	29,598,451	0.011377	7,085,889	80,616	73
74					213,957	13,250,197	0.016147	288,929	4,665	74
75					142,819	2,101,717	0.067953			75
76										76
76.01					27,020	2,114,369	0.012779	30,130	385	76.01
76.02					103,850	12,783,232	0.008124	706,061	5,736	76.02
76.03					54,705	7,444,134	0.007349	294,210	2,162	76.03
76.04					200,965	4,457,807	0.045082	3,618	163	76.04
76.05					50,747	4,468,513	0.011357	268,180	3,046	76.05
76.06					59,026	6,271,148	0.009412	1,242,908	11,698	76.06
76.07					33,217	1,748,889	0.018993			76.07
76.97					37,154	952,843	0.038993	306	12	76.97
76.98										76.98
76.99					2,349	87,899	0.026724			76.99
	OUTPATIENT SERVICE COST CENTERS									
90.01					1,883,443	18,225,123	0.103343			90.01
91					663,734	36,229,107	0.018320	2,910,802	53,326	91
92					58,143	629,978	0.092294			92
	OTHER REIMBURSABLE COST CENTERS									
200					8,682,191	395,401,384		62,864,239	935,683	200

PROVIDER CCN: 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03
 05/22/2014 16:29

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 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03
 05/22/2014 16:29

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	14,581		7,391		30
31	INTENSIVE CARE UNIT	1,796		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	1,117				43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	17,494		8,355		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 CT SCAN						57
58 MRI						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 CHARGED TO P						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 (NON-DISTINC						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	36,425,927			5,143,323		5,732,756	50
51 RECOVERY ROOM	3,508,284			317,417		284,146	51
52 DELIVERY ROOM & LABOR ROOM	4,313,521			3,780		2,494	52
53 ANESTHESIOLOGY	3,796,256			693,458		659,105	53
54 RADIOLOGY-DIAGNOSTIC	11,603,642			1,621,384		6,748,189	54
55 RADIOLOGY-THERAPEUTIC	6,825,876						55
57 CT SCAN	28,092,717			3,052,874		7,147,284	57
58 MRI	15,905,809			1,006,786		3,644,064	58
59 CARDIAC CATHETERIZATION	16,454,614			1,240,500		1,289,914	59
60 LABORATORY	51,449,673			10,053,439		832,736	60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	9,687,543			1,278,668		323,476	65
66 PHYSICAL THERAPY	9,496,621			698,559		37,079	66
67 OCCUPATIONAL THERAPY	1,763,174			426,592		114	67
68 SPEECH PATHOLOGY	294,454			31,449			68
69 ELECTROCARDIOLOGY	4,225,622			1,181,098		2,175,523	69
71 MEDICAL SUPPLIES CHARGED TO	51,194,244			23,283,879		10,964,557	71
73 DRUGS CHARGED TO PATIENTS	29,598,451			7,085,889		10,265,836	73
74 RENAL DIALYSIS	13,250,197			288,929		8,493	74
75 ASC (NON-DISTINCT PART)	2,101,717						75
76 OTHER ANCILLARY							76
76.01 SLEEP/EEG	2,114,369			30,130		451,634	76.01
76.02 GI	12,783,232			706,061		3,956,277	76.02
76.03 NUCLEAR MED	7,444,134			294,210		2,400,322	76.03
76.04 PSYCH	4,457,807			3,618		626,007	76.04
76.05 ULTRASOUND	4,468,513			268,180		1,456,876	76.05
76.06 VASCULAR LAB	6,271,148			1,242,908		1,477,037	76.06
76.07 MEDICAL OUTPATIENT	1,748,889						76.07
76.97 CARDIAC REHABILITATION	952,843			306		393,705	76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY	87,899						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 PROVIDER BASED PHYSICIAN CLI	18,225,123					8,774,263	90.01
91 EMERGENCY	36,229,107			2,910,802		4,915,807	91
92 OBSERVATION BEDS (NON-DISTIN	629,978					198,143	92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	395,401,384			62,864,239		74,765,837	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	0.154642	5,732,756			886,525		50
51 RECOVERY ROOM	0.266054	284,146			75,598		51
52 DELIVERY ROOM & LABOR ROOM	0.193078	2,494			482		52
53 ANESTHESIOLOGY	0.102418	659,105			67,504		53
54 RADIOLOGY-DIAGNOSTIC	0.395908	6,748,189			2,671,662		54
55 RADIOLOGY-THERAPEUTIC	0.184149						55
57 CT SCAN	0.078049	7,147,284			557,838		57
58 MRI	0.097562	3,644,064			355,522		58
59 CARDIAC CATHETERIZATION	0.215086	1,289,914			277,442		59
60 LABORATORY	0.227404	832,736			189,367		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.192958	323,476			62,417		65
66 PHYSICAL THERAPY	0.508804	37,079			18,866		66
67 OCCUPATIONAL THERAPY	0.279345	114			32		67
68 SPEECH PATHOLOGY	0.829817						68
69 ELECTROCARDIOLOGY	0.100270	2,175,523			218,140		69
71 MEDICAL SUPPLIES CHARGED TO PAT	0.214211	10,964,557			2,348,729		71
73 DRUGS CHARGED TO PATIENTS	0.316518	10,265,836			3,249,322		73
74 RENAL DIALYSIS	0.230270	8,493			1,956		74
75 ASC (NON-DISTINCT PART)	0.544529						75
76 OTHER ANCILLARY							76
76.01 SLEEP/EEG	0.244413	451,634			110,385		76.01
76.02 GI	0.124453	3,956,277			492,371		76.02
76.03 NUCLEAR MED	0.180517	2,400,322			433,299		76.03
76.04 PSYCH	0.840053	626,007			525,879		76.04
76.05 ULTRASOUND	0.206046	1,456,876			300,183		76.05
76.06 VASCULAR LAB	0.150745	1,477,037			222,656		76.06
76.07 MEDICAL OUTPATIENT	0.308296						76.07
76.97 CARDIAC REHABILITATION	0.469948	393,705			185,021		76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY	0.859111						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 PROVIDER BASED PHYSICIAN CLINIC	0.717733	8,774,263			6,297,578		90.01
91 EMERGENCY	0.244236	4,915,807			1,200,617		91
92 OBSERVATION BEDS (NON-DISTINCT)	1.209134	198,143			239,581		92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		74,765,837			20,988,972		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		74,765,837			20,988,972		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	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	1,371,807		1,371,807	14,581	94.08	830	78,086	30
31 INTENSIVE CARE UNIT	215,400		215,400	1,796	119.93	54	6,476	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	12,078		12,078	1,117	10.81	162	1,751	43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	1,599,285		1,599,285	17,494		1,046	86,313	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	679,219	36,425,927	0.018647	663,439	12,371	50
51	RECOVERY ROOM	60,766	3,508,284	0.017321	44,596	772	51
52	DELIVERY ROOM & LABOR ROOM	29,177	4,313,521	0.006764	458,993	3,105	52
53	ANESTHESIOLOGY	60,524	3,796,256	0.015943	103,384	1,648	53
54	RADIOLOGY-DIAGNOSTIC	830,365	11,603,642	0.071561	164,550	11,775	54
55	RADIOLOGY-THERAPEUTIC	124,390	6,825,876	0.018223			55
57	CT SCAN	95,909	28,092,717	0.003414	354,610	1,211	57
58	MRI	362,785	15,905,809	0.022808	140,970	3,215	58
59	CARDIAC CATHETERIZATION	594,855	16,454,614	0.036151	159,105	5,752	59
60	LABORATORY	876,907	51,449,673	0.017044	1,243,549	21,195	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	147,681	9,687,543	0.015244	182,753	2,786	65
66	PHYSICAL THERAPY	372,359	9,496,621	0.039210	51,912	2,035	66
67	OCCUPATIONAL THERAPY	26,631	1,763,174	0.015104	25,319	382	67
68	SPEECH PATHOLOGY	14,066	294,454	0.047770	277	13	68
69	ELECTROCARDIOLOGY	23,102	4,225,622	0.005467	102,462	560	69
71	MEDICAL SUPPLIES CHARGED TO P	515,579	51,194,244	0.010071	2,161,108	21,765	71
73	DRUGS CHARGED TO PATIENTS	336,747	29,598,451	0.011377	963,688	10,964	73
74	RENAL DIALYSIS	213,957	13,250,197	0.016147	66,298	1,071	74
75	ASC (NON-DISTINCT PART)	142,819	2,101,717	0.067953			75
76	OTHER ANCILLARY						76
76.01	SLEEP/EEG	27,020	2,114,369	0.012779	2,050	26	76.01
76.02	GI	103,850	12,783,232	0.008124	9,694	79	76.02
76.03	NUCLEAR MED	54,705	7,444,134	0.007349	26,864	197	76.03
76.04	PSYCH	200,965	4,457,807	0.045082	4,364	197	76.04
76.05	ULTRASOUND	50,747	4,468,513	0.011357	39,734	451	76.05
76.06	VASCULAR LAB	59,026	6,271,148	0.009412	136,489	1,285	76.06
76.07	MEDICAL OUTPATIENT	33,217	1,748,889	0.018993	8,243	157	76.07
76.97	CARDIAC REHABILITATION	37,154	952,843	0.038993			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY	2,349	87,899	0.026724			76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	PROVIDER BASED PHYSICIAN CLIN	1,883,443	18,225,123	0.103343			90.01
91	EMERGENCY	663,734	36,229,107	0.018320	287,009	5,258	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	58,143	629,978	0.092294			92
200	TOTAL (SUM OF LINES 50-199)	8,682,191	395,401,384		7,401,460	108,270	200

PROVIDER CCN: 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03
 05/22/2014 16:29

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 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03
 05/22/2014 16:29

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	
	INPAT ROUTINE SERV COST CTRS					
30	ADULTS & PEDIATRICS	14,581		830		30
31	INTENSIVE CARE UNIT	1,796		54		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	1,117		162		43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	17,494		1,046		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	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 CT SCAN						57
58 MRI						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 CHARGED TO P						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 (NON-DISTINC						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	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO			
	(FROM WKST	CHARGES	CHARGES	INPAT	PASS-THRU	PASS-THRU
	C, PT. I,	(COL. 5 ÷	(COL. 6 ÷	PGM	(COL. 8 x	(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)	COL. 12)
	7	8	9	10	11	13
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	36,425,927			663,439		50
51 RECOVERY ROOM	3,508,284			44,596		51
52 DELIVERY ROOM & LABOR ROOM	4,313,521			458,993		52
53 ANESTHESIOLOGY	3,796,256			103,384		53
54 RADIOLOGY-DIAGNOSTIC	11,603,642			164,550		54
55 RADIOLOGY-THERAPEUTIC	6,825,876					55
57 CT SCAN	28,092,717			354,610		57
58 MRI	15,905,809			140,970		58
59 CARDIAC CATHETERIZATION	16,454,614			159,105		59
60 LABORATORY	51,449,673			1,243,549		60
62.30 BLOOD CLOTTING FOR HEMOPHILI						62.30
65 RESPIRATORY THERAPY	9,687,543			182,753		65
66 PHYSICAL THERAPY	9,496,621			51,912		66
67 OCCUPATIONAL THERAPY	1,763,174			25,319		67
68 SPEECH PATHOLOGY	294,454			277		68
69 ELECTROCARDIOLOGY	4,225,622			102,462		69
71 MEDICAL SUPPLIES CHARGED TO	51,194,244			2,161,108		71
73 DRUGS CHARGED TO PATIENTS	29,598,451			963,688		73
74 RENAL DIALYSIS	13,250,197			66,298		74
75 ASC (NON-DISTINCT PART)	2,101,717					75
76 OTHER ANCILLARY						76
76.01 SLEEP/EEG	2,114,369			2,050		76.01
76.02 GI	12,783,232			9,694		76.02
76.03 NUCLEAR MED	7,444,134			26,864		76.03
76.04 PSYCH	4,457,807			4,364		76.04
76.05 ULTRASOUND	4,468,513			39,734		76.05
76.06 VASCULAR LAB	6,271,148			136,489		76.06
76.07 MEDICAL OUTPATIENT	1,748,889			8,243		76.07
76.97 CARDIAC REHABILITATION	952,843					76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY	87,899					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 PROVIDER BASED PHYSICIAN CLI	18,225,123					90.01
91 EMERGENCY	36,229,107			287,009		91
92 OBSERVATION BEDS (NON-DISTIN	629,978					92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	395,401,384			7,401,460		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	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST 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	0.154642		674,061			104,238		50
51 RECOVERY ROOM	0.266054		80,432			21,399		51
52 DELIVERY ROOM & LABOR ROOM	0.193078		121,301			23,421		52
53 ANESTHESIOLOGY	0.102418		95,038			9,734		53
54 RADIOLOGY-DIAGNOSTIC	0.395908		888,501			351,765		54
55 RADIOLOGY-THERAPEUTIC	0.184149		74,606			13,739		55
57 CT SCAN	0.078049		1,231,511			96,118		57
58 MRI	0.097562		436,581			42,594		58
59 CARDIAC CATHETERIZATION	0.215086		69,227			14,890		59
60 LABORATORY	0.227404		2,048,164			465,761		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.192958		73,177			14,120		65
66 PHYSICAL THERAPY	0.508804		76,395			38,870		66
67 OCCUPATIONAL THERAPY	0.279345		5,565			1,555		67
68 SPEECH PATHOLOGY	0.829817		18,132			15,046		68
69 ELECTROCARDIOLOGY	0.100270		155,508			15,593		69
71 MEDICAL SUPPLIES CHARGED TO PAT	0.214211		1,232,629			264,043		71
73 DRUGS CHARGED TO PATIENTS	0.316518		1,010,510			319,845		73
74 RENAL DIALYSIS	0.230270		388,252			89,403		74
75 ASC (NON-DISTINCT PART)	0.544529		12,796			6,968		75
76 OTHER ANCILLARY								76
76.01 SLEEP/EEG	0.244413		57,343			14,015		76.01
76.02 GI	0.124453		189,725			23,612		76.02
76.03 NUCLEAR MED	0.180517		109,911			19,841		76.03
76.04 PSYCH	0.840053		648,102			544,440		76.04
76.05 ULTRASOUND	0.206046		339,477			69,948		76.05
76.06 VASCULAR LAB	0.150745		76,871			11,588		76.06
76.07 MEDICAL OUTPATIENT	0.308296		8,755			2,699		76.07
76.97 CARDIAC REHABILITATION	0.469948		33,318			15,658		76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY	0.859111							76.99
OUTPATIENT SERVICE COST CENTERS								
90.01 PROVIDER BASED PHYSICIAN CLINIC	0.717733		715,154			513,290		90.01
91 EMERGENCY	0.244236		2,471,333			603,588		91
92 OBSERVATION BEDS (NON-DISTINCT)	1.209134		20,493			24,779		92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)			13,362,868			3,752,560		200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)			13,362,868			3,752,560		202

WORKSHEET D-1
 PART I

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)	14,581 1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	14,581 2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	13,963 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)	7,391 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)	17,972,101 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	17,972,101 27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	12,762,998 28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	12,762,998 30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.408141 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)	17,972,101 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)			1,232.57	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)			9,109,925	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)			9,109,925	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						
44	3,707,959	1,796	2,064.57	964	1,990,245	43
45						44
46						45
47						46
48						47
49						48
49						49

PASS-THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)				810,958	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)				935,683	51
52	TOTAL PROGRAM EXCLUDABLE COST				1,746,641	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)				23,104,456	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)				618	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2)			1,232.57		88
89	OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)				761,728	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	1,371,807	17,972,101	0.076330	761,728	58,143	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)	14,581	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	14,581	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	13,963	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)	830	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)	1,117	15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	162	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)	17,972,101	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	17,972,101	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	12,762,998	28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	12,762,998	30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.408141	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)	17,972,101	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)			1,232.57	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)			1,023,033	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)				40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)			1,023,033	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)	339,370	1,117	303.82	162	49,219	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	3,707,959	1,796	2,064.57	54	111,487	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)					1,611,357	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					2,795,096	49

PASS-THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)				86,313	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)				108,270	51
52	TOTAL PROGRAM EXCLUDABLE COST				194,583	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)				618	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		9,573,128		30
31 INTENSIVE CARE UNIT		3,502,634		31
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.154642	5,143,323	795,374	50
51 RECOVERY ROOM	0.266054	317,417	84,450	51
52 DELIVERY ROOM & LABOR ROOM	0.193078	3,780	730	52
53 ANESTHESIOLOGY	0.102418	693,458	71,023	53
54 RADIOLOGY-DIAGNOSTIC	0.395908	1,621,384	641,919	54
55 RADIOLOGY-THERAPEUTIC	0.184149			55
57 CT SCAN	0.078049	3,052,874	238,274	57
58 MRI	0.097562	1,006,786	98,224	58
59 CARDIAC CATHETERIZATION	0.215086	1,240,500	266,814	59
60 LABORATORY	0.227404	10,053,439	2,286,192	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.192958	1,278,668	246,729	65
66 PHYSICAL THERAPY	0.508804	698,559	355,430	66
67 OCCUPATIONAL THERAPY	0.279345	426,592	119,166	67
68 SPEECH PATHOLOGY	0.829817	31,449	26,097	68
69 ELECTROCARDIOLOGY	0.100270	1,181,098	118,429	69
71 MEDICAL SUPPLIES CHARGED TO PAT	0.214211	23,283,879	4,987,663	71
73 DRUGS CHARGED TO PATIENTS	0.316518	7,085,889	2,242,811	73
74 RENAL DIALYSIS	0.230270	288,929	66,532	74
75 ASC (NON-DISTINCT PART)	0.544529			75
76 OTHER ANCILLARY				76
76.01 SLEEP/EEG	0.244413	30,130	7,364	76.01
76.02 GI	0.124453	706,061	87,871	76.02
76.03 NUCLEAR MED	0.180517	294,210	53,110	76.03
76.04 PSYCH	0.840053	3,618	3,039	76.04
76.05 ULTRASOUND	0.206046	268,180	55,257	76.05
76.06 VASCULAR LAB	0.150745	1,242,908	187,362	76.06
76.07 MEDICAL OUTPATIENT	0.308296			76.07
76.97 CARDIAC REHABILITATION	0.469948	306	144	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY	0.859111			76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 PROVIDER BASED PHYSICIAN CLINIC	0.726807			90.01
91 EMERGENCY	0.244236	2,910,802	710,923	91
92 OBSERVATION BEDS (NON-DISTINCT	1.209134			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		62,864,239	13,750,927	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		62,864,239		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		1,247,360		30
31 INTENSIVE CARE UNIT		545,905		31
43 NURSERY		38,133		43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.154642	663,439	102,596	50
51 RECOVERY ROOM	0.266054	44,596	11,865	51
52 DELIVERY ROOM & LABOR ROOM	0.193078	458,993	88,621	52
53 ANESTHESIOLOGY	0.102418	103,384	10,588	53
54 RADIOLOGY-DIAGNOSTIC	0.395908	164,550	65,147	54
55 RADIOLOGY-THERAPEUTIC	0.184149			55
57 CT SCAN	0.078049	354,610	27,677	57
58 MRI	0.097562	140,970	13,753	58
59 CARDIAC CATHETERIZATION	0.215086	159,105	34,221	59
60 LABORATORY	0.227404	1,243,549	282,788	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.192958	182,753	35,264	65
66 PHYSICAL THERAPY	0.508804	51,912	26,413	66
67 OCCUPATIONAL THERAPY	0.279345	25,319	7,073	67
68 SPEECH PATHOLOGY	0.829817	277	230	68
69 ELECTROCARDIOLOGY	0.100270	102,462	10,274	69
71 MEDICAL SUPPLIES CHARGED TO PAT	0.214211	2,161,108	462,933	71
73 DRUGS CHARGED TO PATIENTS	0.316518	963,688	305,025	73
74 RENAL DIALYSIS	0.230270	66,298	15,266	74
75 ASC (NON-DISTINCT PART)	0.544529			75
76 OTHER ANCILLARY				76
76.01 SLEEP/EEG	0.244413	2,050	501	76.01
76.02 GI	0.124453	9,694	1,206	76.02
76.03 NUCLEAR MED	0.180517	26,864	4,849	76.03
76.04 PSYCH	0.840053	4,364	3,666	76.04
76.05 ULTRASOUND	0.206046	39,734	8,187	76.05
76.06 VASCULAR LAB	0.150745	136,489	20,575	76.06
76.07 MEDICAL OUTPATIENT	0.308296	8,243	2,541	76.07
76.97 CARDIAC REHABILITATION	0.469948			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY	0.859111			76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 PROVIDER BASED PHYSICIAN CLINIC	0.717733			90.01
91 EMERGENCY	0.244236	287,009	70,098	91
92 OBSERVATION BEDS (NON-DISTINCT)	1.209134			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		7,401,460	1,611,357	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		7,401,460		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	1.01	
1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS			1
1.01	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCTOBER 1, 2013 (SEE INSTRUCTIONS)	9,300,917		1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (SEE INSTRUCTIONS)	3,173,931		1.02
1.03	DRG FOR FEDERAL SPECIFIC OPERATING PAYMENT FOR MODEL 4 BPCI (SEE INSTRUCTIONS)			1.03
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	1,011,639		2
2.01	OUTLIER RECONCILIATION AMOUNT			2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (SEE INSTRUCTIONS)			2.02
3	MANAGED CARE SIMULATED PAYMENTS			3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	101.31		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 FACTOR (SEE INSTRUCTIONS)			27
28	IME ADD-ON ADJUSTMENT AMOUNT (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)	0.0505		30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.1775		31
32	SUM OF LINES 30 AND 31	0.2280		32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0803		33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	810,581		34
	UNCOMPENSATED CARE ADJUSTMENT			
		PRIOR TO	ON OR AFTER	
		OCTOBER 1	OCTOBER 1	
35	TOTAL UNCOMPENSATED CARE AMOUNT (SEE INSTRUCTIONS)		9,046,380.1	35
35.01	FACTOR 3 (SEE INSTRUCTIONS)		0.000114083	35.01
35.02	HOSPITAL UNCOMPENSATED CARE PAYMENT (IF LINE 34 IS ZERO, ENTER ZERO ON THIS LINE) (SEE INSTRUCTIONS)		1,032,038	35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (SEE INSTRUCTIONS)		260,130	35.03
36	TOTAL UNCOMPENSATED CARE (SUM OF COLUMNS 1 AND 2 ON LINE 35.03)	260,130		36
	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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

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)	14,557,198	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)	14,557,198	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	1,146,227	50
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)	15,703,425	59
60	PRIMARY PAYER PAYMENTS		60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	15,703,425	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,498,272	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	40,848	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	221,124	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	143,731	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	221,124	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	14,308,036	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 (SEE INSTRUCTIONS)	14,308,036	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	216,051	71.01
72	INTERIM PAYMENTS	13,906,850	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	185,135	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, 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)	20,988,972	2
3	PPS PAYMENTS	17,514,101	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	307,917	4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	0.872	5
6	LINE 2 TIMES LINE 5	18,302,384	6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6	0.9738	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)	17,822,018	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	4,054,398	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	13,767,620	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)	13,767,620	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	13,767,620	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)	37,015	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	421,154	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	273,750	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	421,154	36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	14,078,385	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	14,078,385	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	212,584	40.01
41	INTERIM PAYMENTS	13,553,616	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	312,185	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	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		13,971,266		13,553,616	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.		NONE		NONE	3.01
					3.02
					3.03
					3.04
					3.05
					3.06
					3.07
					3.08
					3.09
	07/08/2013	64,416		NONE	3.50
					3.51
					3.52
					3.53
					3.54
					3.55
					3.56
					3.57
					3.58
					3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		-64,416			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)		13,906,850		13,553,616	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

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	3,796	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	8,355	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,634	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	15,759	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	424,097,134	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	13,146,012	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)	1,654,733	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	33,095	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)	1,621,638	10
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)	1,701,054	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	-79,416	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	2,795,096		1
2 MEDICAL AND OTHER SERVICES		3,752,560	2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	2,795,096	3,752,560	4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	2,795,096	3,752,560	7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8 ROUTINE SERVICE CHARGES			8
9 ANCILLARY SERVICE CHARGES	7,401,460	13,362,868	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)	7,401,460	13,362,868	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)	7,401,460	13,362,868	16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	4,606,364	9,610,308	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)	2,795,096	3,752,560	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	2,795,096	3,752,560	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)	2,795,096	3,752,560	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)	2,795,096	3,752,560	36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38 SUBTOTAL (LINE 36 ± LINE 37)	2,795,096	3,752,560	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)	2,795,096	3,752,560	40
41 INTERIM PAYMENTS	2,757,935	2,722,754	41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	37,161	1,029,806	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	19,762,799			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	50,915,864			4
5	OTHER RECEIVABLES	2,672,101			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-19,881,000			6
7	INVENTORY	3,147,664			7
8	PREPAID EXPENSES	741,511			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	57,358,939			11
FIXED ASSETS					
12	LAND	8,100,877			12
13	LAND IMPROVEMENTS	5,953,103			13
14	ACCUMULATED DEPRECIATION	-3,676,502			14
15	BUILDINGS	107,891,273			15
16	ACCUMULATED DEPRECIATION	-40,856,070			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	32,691,129			19
20	ACCUMULATED DEPRECIATION	-15,870,319			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	53,837,816			23
24	ACCUMULATED DEPRECIATION	-42,420,659			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)	105,650,648			30
OTHER ASSETS					
31	INVESTMENTS	55,603,159			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	13,318,465			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	68,921,624			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	231,931,211			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	7,121,564			37
38	SALARIES, WAGES & FEES PAYABLE	7,973,172			38
39	PAYROLL TAXES PAYABLE	379,002			39
40	NOTES & LOANS PAYABLE (SHORT TERM)	5,400,774			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	9,613,167			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	30,487,679			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	73,407,183			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	11,486,111			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	84,893,294			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	115,380,973			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	116,550,238			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)	116,550,238			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	231,931,211			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		91,318,032							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		7,269,052							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		98,587,084							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 CHANGE IN UNREALIZED GAINS/LOSSES		2,071,135							5
6 CHANGE IN SWAP VALUE		4,123,245							6
7 ASSETS RELEASED FROM RESTRICTIONS		241,753							7
8 CHANGE IN PENSION OBLIGATION		11,623,938							8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		18,060,071							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		116,647,155							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 FOUNDATION RECEIVABLE WRITEDOWN		96,917							13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		96,917							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		116,550,238							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	42,039,415		42,039,415	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)	42,039,415		42,039,415	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	13,019,245		13,019,245	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)	13,019,245		13,019,245	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	55,058,660		55,058,660	17
18 ANCILLARY SERVICES	99,215,308	402,894,655	502,109,963	18
19 OUTPATIENT SERVICES				19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		2,267,100	2,267,100	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)	154,273,968	405,161,755	559,435,723	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		190,735,578	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		190,735,578	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	559,435,723	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	374,445,351	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	184,990,372	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	190,735,578	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-5,745,206	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		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 REVENUE)	11,362,839	24
24.01	OTHER (NONOPERATING INCOME - NET)	1,651,419	24.01
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	13,014,258	25
26	TOTAL (LINE 5 PLUS LINE 25)	7,269,052	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)	7,269,052	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	254,868			104,143		359,011
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	831,774		48,408			880,182
7 PHYSICAL THERAPY	274,750		16,384			291,134
8 OCCUPATIONAL THERAPY	98,585		5,958			104,543
9 SPEECH PATHOLOGY	5,619					5,619
10 MEDICAL SOCIAL SERVICES	1,817					1,817
11 HOME HEALTH AIDE	66,956		3,724			70,680
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)	1,534,369		74,474	104,143		1,712,986

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		359,011	-5,474	353,537	5
6		880,182		880,182	6
7		291,134		291,134	7
8		104,543		104,543	8
9		5,619		5,619	9
10		1,817		1,817	10
11		70,680		70,680	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		1,712,986	-5,474	1,707,512	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 & FIXTUR									1
2 CAPITAL RELATED-MOVABLE EQUIPM									2
3 PLANT OPERATION & MAINTENANCE									3
4 TRANSPORTATION (SEE INSTR.)									4
5 ADMINISTRATIVE AND GENERAL	353,537					353,537	353,537		5
HHA REIMBURSABLE SERVICES									
6 SKILLED NURSING CARE	880,182					880,182	229,826	1,110,008	6
7 PHYSICAL THERAPY	291,134					291,134	76,018	367,152	7
8 OCCUPATIONAL THERAPY	104,543					104,543	27,297	131,840	8
9 SPEECH PATHOLOGY	5,619					5,619	1,467	7,086	9
10 MEDICAL SOCIAL SERVICES	1,817					1,817	474	2,291	10
11 HOME HEALTH AIDE	70,680					70,680	18,455	89,135	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)	1,707,512					1,707,512		1,707,512	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	GENERAL SERVICE COST CENTER						
2	CAPITAL RELATED-BLDGS & FIXTUR						1
3	CAPITAL RELATED-MOVABLE EQUIPM	57,723					2
4	PLANT OPERATION & MAINTENANCE						3
5	TRANSPORTATION (SEE INSTR.)						4
6	ADMINISTRATIVE AND GENERAL	57,723			-353,537	1,353,975	5
7	HHA REIMBURSABLE SERVICES						
8	SKILLED NURSING CARE					880,182	6
9	PHYSICAL THERAPY					291,134	7
10	OCCUPATIONAL THERAPY					104,543	8
11	SPEECH PATHOLOGY					5,619	9
12	MEDICAL SOCIAL SERVICES					1,817	10
13	HOME HEALTH AIDE					70,680	11
14	SUPPLIES (SEE INSTRUCTIONS)						12
15	DRUGS						13
16	DME						14
17	HHA NONREIMBURSABLE SERVICES						
18	HOME DIALYSIS AIDE SERVICES						15
19	RESPIRATORY THERAPY						16
20	PRIVATE DUTY NURSING						17
21	CLINIC						18
22	HEALTH PROMOTION ACTIVITIES						19
23	DAY CARE PROGRAM						20
24	HOME DELIVERED MEALS PROGRAM						21
25	HOMEMAKER SERVICE						22
26	ALL OTHERS						23
23.50	TELEMEDICINE						23.50
24	TOTAL (SUM OF LINES 1-23)	57,723			-353,537	1,353,975	24
25	COST TO BE ALLOC (PER W/S H)					353,537	25
26	UNIT COST MULTIPLIER					0.261110	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	399,112		399,112			1
2 SKILLED NURSING CARE	1,928,365		1,928,365	259,452	2,187,817	2
3 PHYSICAL THERAPY	637,630		637,630	85,790	723,420	3
4 OCCUPATIONAL THERAPY	228,924		228,924	30,801	259,725	4
5 SPEECH PATHOLOGY	12,482		12,482	1,679	14,161	5
6 MEDICAL SOCIAL SERVICES	4,036		4,036	543	4,579	6
7 HOME HEALTH AIDE	154,941		154,941	20,847	175,788	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)	3,365,490		3,365,490	399,112	3,365,490	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.				0.134545		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 DEPARTMENT 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			254,868		147,886		3,356	1
2 SKILLED NURSING CARE				831,774		1,460,724			2
3 PHYSICAL THERAPY				274,750		483,000			3
4 OCCUPATIONAL THERAPY				98,585		173,408			4
5 SPEECH PATHOLOGY				5,619		9,455			5
6 MEDICAL SOCIAL SERVICES				1,817		3,057			6
7 HOME HEALTH AIDE				66,956		117,367			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			1,534,369		2,394,897		3,356	20
21 TOTAL COST TO BE ALLOCATED	40,421			646,964		766,712		66,762	21
22 UNIT COST MULTIPLIER	12.044398								22
22 UNIT COST MULTIPLIER				0.421648		0.320144		19.893325	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							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							20
21 TOTAL COST TO BE ALLOCATED		13,799							21
22 UNIT COST MULTIPLIER						83,159	12,750	2,944	22
22 UNIT COST MULTIPLIER		4.111740				3,615.608696	0.313653	0.373794	22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 52-7075

WORKSHEET H-3
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
		WKST H-2,	COSTS	ANCILLARY	COSTS	CHARGES	COST PER	
PATIENT SERVICES		PART I,	(FROM	COSTS	(FROM	(FROM HHA	VISIT	
		COL 28,	WKST H-2,	(FROM	PART II)	RECORD)	(COL.3 ÷	
		LINE	PART I)	PART II)	COLS. 1+2)	4	COL.4)	
			1	2	3	5	5	
1	SKILLED NURSING CARE	2	2,187,817		2,187,817	9,936	220.19	1
2	PHYSICAL THERAPY	3	723,420		723,420	2,818	256.71	2
3	OCCUPATIONAL THERAPY	4	259,725		259,725	949	273.68	3
4	SPEECH PATHOLOGY	5	14,161		14,161	84	168.58	4
5	MEDICAL SOCIAL SERVICES	6	4,579		4,579	40	114.48	5
6	HOME HEALTH AIDE	7	175,788		175,788	1,999	87.94	6
7	TOTAL (SUM OF LINES 1-6)		3,365,490		3,365,490	15,826		7

PATIENT SERVICES

8	SKILLED NURSING CARE							8
8.01	SKILLED NURSING CARE							8.01
8.02	SKILLED NURSING CARE							8.02
9	PHYSICAL THERAPY							9
9.01	PHYSICAL THERAPY							9.01
9.02	PHYSICAL THERAPY							9.02
10	OCCUPATIONAL THERAPY							10
10.01	OCCUPATIONAL THERAPY							10.01
10.02	OCCUPATIONAL THERAPY							10.02
11	SPEECH PATHOLOGY							11
11.01	SPEECH PATHOLOGY							11.01
11.02	SPEECH PATHOLOGY							11.02
12	MEDICAL SOCIAL SERVICES							12
12.01	MEDICAL SOCIAL SERVICES							12.01
12.02	MEDICAL SOCIAL SERVICES							12.02
13	HOME HEALTH AIDE							13
13.01	HOME HEALTH AIDE							13.01
13.02	HOME HEALTH AIDE							13.02
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,	COSTS	ANCILLARY	COSTS	CHARGES	(COL.3 ÷	
		PART I,	(FROM	COSTS	(FROM HHA	RECORD)	COL.4)	
		COL 28,	WKST H-2,	(FROM	PART II)	4	COL.4)	
		LINE	PART I)	PART II)	COLS. 1+2)	5		
			1	2	3			
15	COST OF MEDICAL SUPPLIES	8				1,476		15
16	COST OF DRUGS	9				3,639		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

PATIENT SERVICES	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
1 SKILLED NURSING CARE	2,648	3,518		583,063	774,628		1,357,691
2 PHYSICAL THERAPY	911	1,212		233,863	311,133		544,996
3 OCCUPATIONAL THERAPY	280	425		76,630	116,314		192,944
4 SPEECH PATHOLOGY	28	31		4,720	5,226		9,946
5 MEDICAL SOCIAL SERVICES	10	20		1,145	2,290		3,435
6 HOME HEALTH AIDE	371	1,264		32,626	111,156		143,782
7 TOTAL (SUM OF LINES 1-6)	4,248	6,470		932,047	1,320,747		2,252,794

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		TOTAL
		PART A	SUBJECT TO DEDUCTIBLES & COINSUR	
8 SKILLED NURSING CARE	27500	2,337	2,985	8
8.01 SKILLED NURSING CARE	40420	288	348	8.01
8.02 SKILLED NURSING CARE	99952	23	185	8.02
9 PHYSICAL THERAPY	27500	790	1,025	9
9.01 PHYSICAL THERAPY	40420	121	161	9.01
9.02 PHYSICAL THERAPY	99952		26	9.02
10 OCCUPATIONAL THERAPY	27500	240	380	10
10.01 OCCUPATIONAL THERAPY	40420	39	40	10.01
10.02 OCCUPATIONAL THERAPY	99952	1	5	10.02
11 SPEECH PATHOLOGY	27500	28	23	11
11.01 SPEECH PATHOLOGY	40420		2	11.01
11.02 SPEECH PATHOLOGY	99952		6	11.02
12 MEDICAL SOCIAL SERVICES	27500	9	18	12
12.01 MEDICAL SOCIAL SERVICES	40420		1	12.01
12.02 MEDICAL SOCIAL SERVICES	99952	1	1	12.02
13 HOME HEALTH AIDE	27500	279	950	13
13.01 HOME HEALTH AIDE	40420	92	211	13.01
13.02 HOME HEALTH AIDE	99952		103	13.02
14 TOTAL (SUM OF LINES 8-13)		4,248	6,470	14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES		
	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR
15 COST OF MEDICAL SUPPLIES						
16 COST OF DRUGS						

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	0.508804			COL 2, LINE 2
2 OCCUPATIONAL THERAPY	0.279345			COL 2, LINE 3
3 SPEECH PATHOLOGY	0.829817			COL 2, LINE 4
4 MEDICAL SUPPLIES CHARGED TO PA	0.214211			COL 2, LINE 15
5 DRUGS CHARGED TO PATIENTS	0.316518			COL 2, LINE 16

CALCULATION OF HHA REMIBURSEMENT 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)				1
2 TOTAL CHARGES	1,448,593			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)	1,448,593			6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	1,448,593			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	556,800	804,053	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	28,001	43,676	12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	12,651	19,936	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	10,410	5,813	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)	607,862	873,478	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	607,862	873,478	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	607,862	873,478	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)	607,862	873,478	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	607,862	873,478	31
31.01 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	8,307	13,416	31.01
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	599,555	860,062	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)			34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, 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	FTEs PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	378,125	HOURS OF SERVICE	11,369.00	5.47	1
2 LICENSED PRACTICAL NURSES	68,021	HOURS OF SERVICE	3,330.00	1.60	2
3 NURSES AIDES		HOURS OF SERVICE			3
4 TECHNICIANS	330,477	HOURS OF SERVICE	19,492.00	9.37	4
5 SOCIAL WORKERS		HOURS OF SERVICE			5
6 DIETICIANS		HOURS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	127,049	ACCUMULATED COST			8
9 SUBTOTAL (SUM OF LINES 1-8)	903,672				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	26,915	PERCENTAGE OF TIME			13
14 SUPPLIES	137,609	REQUISITIONS			14
15 DRUGS		REQUISITIONS			15
16 OTHER	316,665	ACCUMULATED COST			16
17 SUBTOTAL (SUM OF LINES 9-16)	1,384,861				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES	84,997	SQUARE FEET			18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			19
20 EMPLOYEE BENEFITS DEPARTMENT	381,031	SALARY			20
21 ADMINISTRATIVE AND GENERAL	592,551	ACCUMULATED COST			21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	169,402	SQUARE FEET			22
23 MEDICAL EDUCATION PROGRAM COSTS					23
24 CENTRAL SERVICES & SUPPLIES	78,498	REQUISITIONS			24
25 PHARMACY	112,646	REQUISITIONS			25
26 OTHER ALLOCATED COSTS	247,136	ACCUMULATED COST			26
27 SUBTOTAL (SUM OF LINES 17-26)	3,051,122				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)	3,051,122				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 BENEFITS			
	BUILDING	EQUIPMENT	RNs	OTHER	DEPARTMENT	DRUGS		
	1	2	3	4	5	6		
1	TOTAL RENAL DEPT COSTS	254,399	26,915	378,125	398,498	381,031	112,646	1
2	MAINTENANCE							
3	HEMODIALYSIS	202,352	21,409	300,763	316,974	303,080	89,600	2
4	INTERMITTENT PERITONEAL TRAINING							3
5	HEMODIALYSIS							4
6	INTERMITTENT PERITONEAL							5
7	CAPD	76	6	100	88	91	34	6
8	CCPD	757	83	1,164	1,237	1,179	335	7
9	HOME							
10	HEMODIALYSIS							8
11	INTERMITTENT PERITONEAL							9
12	CAPD	4,959	526	7,384	7,787	7,446	2,196	10
13	CCPD	39,782	4,208	59,135	62,299	59,568	17,615	11
14	OTHER BILLABLE SERVICES							
15	INPATIENT DIALYSIS	6,473	683	9,579	10,113	9,667	2,866	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)	254,399	26,915	378,125	398,498	381,031	112,646	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:		[<input checked="" type="checkbox"/>] RENAL DIALYSIS DEPARTMENT		[<input type="checkbox"/>] 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	216,107		1,767,721	1,283,401	3,051,122	1
2	HEMODIALYSIS	171,896		1,406,074	1,020,838	2,426,912	2
3	INTERMITTENT PERITONEAL TRAINING						3
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD	64		459	333	792	6
7	CCPD	643		5,398	3,919	9,317	7
	HOME						
8	HEMODIALYSIS						8
9	INTERMITTENT PERITONEAL						9
10	CAPD	4,212		34,510	25,055	59,565	10
11	CCPD	33,794		276,401	200,673	477,074	11
	OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS	5,498		44,879	32,583	77,462	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)	216,107		1,767,721	1,283,401	3,051,122	17
18	MEDICAL EDUC PGM COSTS						18
19	TOTAL RENAL COSTS (LINES 17+18)					3,051,122	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 RNS (HOURS)	SALARY OTHER (HOURS)	EMPLOYEE BENEFITS DEPARTMENT (SALARY)	
	BUILDING (SQUARE FEET) 1	EQUIPMENT (% OF TIME) 2				
1 TOTAL RENAL DEPT COSTS MAINTENANCE	254,399	26,915	378,125	398,498	381,031	1
2 HEMODIALYSIS	5,346	46,876.00	9,043.00	21,532.00	732,950	2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD	2	14.00	3.00	6.00	219	6
7 CCPD	20	182.00	35.00	84.00	2,852	7
8 HOME						8
9 HEMODIALYSIS						9
10 INTERMITTENT PERITONEAL						10
11 CAPD	131	1,152.00	222.00	529.00	18,007	11
12 CCPD	1,051	9,213.00	1,778.00	4,232.00	144,056	11
OTHER BILLABLE SERVICES						
13 INPT DIAL TRIMNTS	171	1,495.00	288.00	687.00	23,378	
14 METHOD II HOME PATIENT						13
15 EPO						14
16 ARANESP						15
17 OTHER						16
18 TOTAL STATISTICAL BASIS	6,721	58,932.00	11,369.00	27,070.00	921,462	17
UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)	37.851361	0.456713	33.259302	14.721020	0.413507	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	112,646	216,107		1,767,721	1,283,401	1
2 HEMODIALYSIS	5,346	5,346				2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD	2	2				6
7 CCPD	20	20				7
8 HOME HEMODIALYSIS						8
9 INTERMITTENT PERITONEAL						9
10 CAPD	131	131				10
11 CCPD	1,051	1,051				11
OTHER BILLABLE SERVICES						
12 INPT DIAL TRMNTS	171	171				
13 METHOD II HOME PATIENT						13
14 EPO						14
15 ARANESP						15
16 OTHER						16
17 TOTAL STATISTICAL BASIS	6,721	6,721			1,767,721	17
18 UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)	16.760304	32.153995			0.726020	18

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 52-2324

WORKSHEET I-4

CHECK APPLICABLE BOX: 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	NUMBER OF PROGRAM TREATMENTS 4.01	NUMBER OF PROGRAM TREATMENTS 4.02	TOTAL PROGRAM EXPENSES (SEE INSTR.) 5	
1 MAINTENANCE - HEMODIALYSIS	9,865	2,426,912	246.01			6,780	1,667,948	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD	1	792	792.00			1	792	5
6 TRAINING - CCPD	40	9,317	232.93			13	3,028	6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD	242	59,565	246.14			131	32,244	9
10 HOME PROGRAM - CCPD	1,939	477,074	246.04			1,048	257,850	10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 6)	9,906	2,973,660				7,973	1,961,862	11
12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3))	9,906							12

PROVIDER CCN: 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
 PERIOD FROM 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03
 05/22/2014 16:29

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 52-2324

WORKSHEET I-4
 (CONTINUED)

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

	TOTAL PROGRAM PAYMENT 6	TOTAL PROGRAM PAYMENT 6.01	TOTAL PROGRAM PAYMENT 6.02	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4) 7	AVERAGE PAYMENT RATE (COL. 6.01 ÷ COL. 4.01) 7.01	AVERAGE PAYMENT RATE (COL. 6.02 ÷ COL. 4.02) 7.02	
1 MAINTENANCE - HEMODIALYSIS			1,727,125			254.74	1
2 MAINTENANCE - PERITONEAL DIALYSIS							2
3 TRAINING - HEMODIALYSIS							3
4 TRAINING - PERITONEAL DIALYSIS							4
5 TRAINING - CAPD			278			278.00	5
6 TRAINING - CCPD			4,234			325.69	6
7 HOME PROGRAM - HEMODIALYSIS							7
8 HOME PROGRAM - PERITONEAL DIALYSIS							8
9 HOME PROGRAM - CAPD			14,011			106.95	9
10 HOME PROGRAM - CCPD			113,782			108.57	10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 6)			1,859,430				11
12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3))							12

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)	1,961,862		1
		1	2	
2	TOTAL PAYMENT DUE (FROM I-4, COL. 6, LINE 11)(SEE INSTRUCTIONS)			2
2.01	TOTAL PAYMENT DUE (FROM I-4, COL. 6.01, LINE 11)(SEE INSTRUCTIONS)			2.01
2.02	TOTAL PAYMENT DUE (FROM I-4, COL. 6.02, LINE 11)(SEE INSTRUCTIONS)	1,859,430	1,859,431	2.02
2.03	TOTAL PAYMENT DUE (SEE INSTRUCTIONS)	1,859,430	1,859,431	2.03
2.04	OUTLIER PAYMENTS			2.04
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3
3.01	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.01
3.02	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.02
3.03	TOTAL DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.03
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)	371,886		4
4.01	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.01
4.02	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.02
4.03	TOTAL COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.03
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES			5
5.01	TRANSITION PERIOD 1 (75-25%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2011 BUT BEFORE 1/1/2012			5.01
5.02	TRANSITION PERIOD 2 (50-50%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2012 BUT BEFORE 1/1/2013			5.02
5.03	TRANSITION PERIOD 3 (25-75%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2013 BUT BEFORE 1/1/2014			5.03
5.04	100% PPS BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2014	42,063	42,063	5.04
5.05	TOTAL BAD DEBTS (SUM OF LINE 5 THROUGH LINE 5.04)	42,063	42,063	5.05
6	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	37,015		6
7	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	42,063		7
8	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)		-42,063	8
9	PROGRAM PAYMENT (SEE INSTRUCTIONS)		1,487,545	9
10	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			10
11	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) (TRANSFER TO WKST E, PART B, LINE 33)	37,015		11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE RATE PERCENTAGE

12	TOTAL ALLOWABLE EXPENSES (SEE INSTRUCTIONS)	2,973,660		12
13	TOTAL COMPOSITE COSTS (FROM WKST I-4, COL. 2, LINE 11)	2,973,660		13
14	FACILITY SPECIFIC COMPOSITE COST PERCENTAGE (LINE 13 DIVIDED BY LINE 12)	1.000000		14

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	1,094,459	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS		2
2.01	MODEL 4 BPCI CAPITAL DRG OUTLIER PAYMENTS		2.01
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	43.18	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (MULTIPLY LINE 5 BY THE SUM OF LINES 1 AND 1.01)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0505	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.1775	8
9	SUM OF LINES 7 AND 8	0.2280	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0473	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES THE SUM OF LINES 1 AND 1.01)	51,768	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1, 1.01, 2, 2.01, 6 AND 11)	1,146,227	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 DEPARTMENT					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES					21
22 I&R SERVICES-OTHER PRGM COSTS					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 CT SCAN					57
58 MRI					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 CHARGED 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 CLINI					90.01
91 EMERGENCY					91
92 OBSERVATION BEDS (NON-DISTINCT					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 & SPA CENT					194.05

PROVIDER CCN: 52-0100 BELOIT MEMORIAL HOSPITAL, INC.
PERIOD FROM 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03
05/22/2014 16:29

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	
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	09/30/2017	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	01/01/2013	12/31/2013 2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	07/01/2013	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	01/01/2012	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	01/01/2015	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	01/01/2012	9
10	Ending date of averaging period from Line 5	01/01/2015	10
11	Enter provider contributions made during averaging period on Lines 9 & 10		11
11.01		01/11/2012	325,000 11.01
11.02		06/20/2012	325,000 11.02
11.03		07/12/2012	506,534 11.03
11.04		08/10/2012	110,000 11.04
11.05		09/10/2012	110,000 11.05
11.06		10/18/2012	110,000 11.06
11.07		11/13/2012	110,000 11.07
11.08		12/10/2012	110,000 11.08
11.09		03/31/2014	220,000 11.09
11.10		04/30/2014	220,000 11.10
11.11		05/31/2014	220,000 11.11
11.12		06/30/2014	220,000 11.12
11.13		07/31/2014	220,000 11.13
11.14		08/31/2014	220,000 11.14
12	Total calendar months included in averaging period (36 unless Step 2 completed)	36	12
13	Total contributions made during averaging period	3,026,534	13
14	Average monthly contribution (Line 13 divided by Line 12)	84,070	14
15	Number of months in provider cost reporting period on Line 2	12	15
16	Average pension contributions (Line 14 times Line 15)	1,008,840	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)	1,591,811	19